Brussels, September 23rd, 2023

EFCG response to the ECHA consultation on the proposed restriction on the manufacture, placing on the market and use of per- and polyfluoroalkyl substances (PFAS)

The European Fine Chemicals Group (EFCG), a sector group of Cefic[1], represents the European manufacturers of Active Pharmaceutical Ingredients (APIs), their pharmaceutical intermediates and excipients.

Europe traditionally has a very strong and important API manufacturing base, using highly technological and regulated industrial processes, both during the R&D and commercial production phases.[2]

EFCG members are an essential part of the European pharmaceutical supply chain, developing and manufacturing the essential components that are responsible for the pharmaceutical effect of medicines. As such, we would like to draw attention to the future impact of the ongoing work within the European Union on per- and polyfluoroalkylated substances known under the generic name of PFAS.

The restriction proposal submitted in January 2023 by the Netherlands, Germany, Sweden, Denmark and Norway to ECHA includes a proposal for a time-unlimited derogation for active substances in human and veterinary medicinal products. As explained in this cover note and in the detailed attachment, the proposed derogation as it is formulated now will not be sufficient and will not avoid profound negative consequences on essential health products and technologies sector.

API synthesis is a very complex process requiring numerous steps and raw materials. We think that the impact of the restriction has been underestimated by the five competent authorities as their proposal considers a derogation for APIs but does not extend the derogation to the synthesis routes used to produce them and thus omitting to take into account either the number of APIs requiring the use of PFAS for their production or the raw materials, synthesis intermediates and reagents required for their production.

The absence of a derogation for all steps of the API supply chain (starting materials, intermediates, APIs, excipients, etc …) would impede their production in Europe and lead to the off-shoring of their production and a weakening of their supply and availability.

The proposed restriction would thus have an in-depth impact on the accessibility and availability of medicinal products for European citizens and on the EU's Strategic Autonomy targets and competitiveness. The expected consequences of the ban would jeopardise all production of pharmaceutical substances in Europe and would counteract the efforts of most European Member States to relocate critical pharmaceutical production chains on EU territory. Furthermore, it would

[1] Cefic is the European Chemical Industry Council, aisbl

[2] How is a pharmaceutical specialty developed: https://efcg.cefic.org/active-pharmaceutical-ingredients/rd-production/

definitely curb the initiative of European Member States to promote a "Critical Medicines Act" to reduce Europe's health dependence on non-European countries.

Impact on patients

EFCG strongly believes that the most important socio-economic aspect to evaluate is the impact of the restriction in terms of non-availability of medicinal products on patients. To assess this, EFCG teamed up with the four major pharmaceutical industry associations[3] and gathered evidence across its membership to inform ECHA of the potential impact of the PFAS Restriction on the medicinal product supply chain and, ultimately, on medicine shortages.

The survey[4] shows that the proposed restriction would negatively impact the availability of compounds from very diverse chemical and therapeutic classes, including 674 medicines from the WHO list of essential medicines, distributed across a variety of pharmacological/therapeutic groups. Many of the medicines manufactured using PFAS are used in treating life-threatening conditions, including cancer and cardiovascular diseases. In the absence of a full derogation for all steps of API manufacturing, patients would face delays or be forced to switch to less effective treatments, compromising patient outcomes and safety. In many cases, they would completely lose access to treatments. Furthermore, a heavy impact was also identified across the European Member State's "Critical Medicines lists" developed to counter shortages and to reduce Europe's health dependence on non-EU imports.

Notably, the supply chains of 93% of the active substances listed in the survey were found to involve EU manufacturing operations, which depend on fluoropolymers, within plant, equipment and single use systems. If the proposed PFAS restriction prohibits the supply of these critical raw materials, manufacturing operations at EU facilities will have to cease once contingency stock levels are depleted.

Availability of substitutes

Survey responses show that there are currently no "drop-in" alternatives available, either for APIs or for their intermediates and production equipment. Companies are aware of the hazards involved in the use of PFAS, and are endeavouring to find suitable alternatives – including in the supply chain, quality, and manufacturing processes. Currently it is estimated that it may take approximately a minimum of 10 years to find, test and implement replacements, which entails an elevated risk of not meeting regulatory demands.

Conclusion

If the proposed restriction is implemented in its current state, a large number of essential medicines would be heavily impacted and many will no longer be available, restricting patient's access to medicines.

To allow for the continued research, development and manufacturing of medicines including biopharmaceuticals and vaccines, the products in scope of specific regulations should generally be derogated from a universal PFAS restriction, including all steps which are necessary for their manufacturing, packaging and delivery devices, in the EEA.

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[3] The European Federation of Pharmaceutical Industries and Associations (EFPIA), the European Fine Chemicals Group (EFCG), the Association of the European Self-Care Industry (AESGP), Medicines for Europe (MfE) and Vaccines Europe

[4] Human health associations' Patient impact survey