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EMA/COMP/299582/2012
Committee for Orphan Medicinal Products

Recommendation for maintenance of orphan designation at the time of marketing authorisation

Jakavi (ruxolitinib) for the treatment of chronic idiopathic myelofibrosis and myelofibrosis secondary to polycythaemia vera or essential thrombocythaemia

During its meeting of 10-11 May 2012, the Committee for Orphan Medicinal Products (COMP) reviewed the designations EU/3/08/572 and EU/3/09/620 for Jakavi (ruxolitinib[1]) as an orphan medicinal product for the treatment of chronic idiopathic myelofibrosis and myelofibrosis secondary to polycythaemia vera or essential thrombocythaemia. The COMP assessed whether, at the time of marketing authorisation, the medicinal product still met the criteria for orphan designation. The Committee looked at the seriousness and prevalence of the conditions, and the existence of other satisfactory methods of treatment. As other satisfactory methods of treatment for patients with chronic idiopathic myelofibrosis are authorised in the European Union (EU), the COMP also looked at the significant benefit of the product over existing treatments. The COMP recommended that the orphan designation of the medicine be maintained[2].

Life-threatening or long-term debilitating nature of the condition

The Committee for Medicinal Products for Human Use (CHMP) recommended the authorisation of Jakavi for:

'the treatment of disease-related splenomegaly or symptoms in adult patients with primary myelofibrosis (also known as chronic idiopathic myelofibrosis), post polycythaemia vera myelofibrosis or post essential thrombocythaemia myelofibrosis'.

This falls within the scope of the product's designated orphan conditions, which are: 'chronic idiopathic myelofibrosis', and 'myelofibrosis secondary to polycythaemia vera or essential thrombocythaemia'.

[1] At time of orphan designation ruxolitinib was known as (R)-3-(4-(7H-pyrrolo[2,3-d]pyrimidin-4-yl)-1H-pyrazol-1-yl)-3-cyclopentylpropanenitrile phosphate.
[2] The maintenance of the orphan designation at time of marketing authorisation would, except in specific situations, give an orphan medicinal product 10 years of market exclusivity in the EU. This means that in the 10 years after its authorisation similar products with a comparable therapeutic indication cannot be placed on the market.

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The COMP concluded that there had been no change in the seriousness of the conditions since the orphan designations in 2008 and 2009. Chronic idiopathic myelofibrosis and myelofibrosis secondary to polycythaemia vera or essential thrombocythaemia are conditions that are debilitating in the long term and life threatening, particularly due to the development of pancytopenia (low blood cell count), splenomegaly (enlarged spleen), hepatomegaly (enlarged liver) and leukaemia.

Prevalence of the condition

The sponsor provided recent scientific literature on the prevalence of chronic idiopathic myelofibrosis and myelofibrosis secondary to polycythaemia vera or essential thrombocythaemia in the EU. On the basis of this information and the knowledge of the COMP, the COMP concluded that the prevalence of these conditions remains below the ceiling for orphan designation, which is 5 people in 10,000. At the time of the review of the orphan designation, the prevalence for chronic idiopathic myelofibrosis was estimated to be approximately 0.3 people in 10,000, and for myelofibrosis secondary to polycythaemia vera or essential thrombocythaemia it was estimated to be less than 0.3 people in 10,000. This is equivalent to a total of around, or fewer than, 15,000 people in the EU for each condition, respectively.

Existence of other satisfactory methods of treatment

At the time of the review of the orphan designation, hydroxycarbamide and busulfan were authorised in the EU for chronic idiopathic myelofibrosis, but there were no treatments authorised specifically for myelofibrosis secondary to polycythaemia vera or essential thrombocythaemia. Medicines were authorised to treat the symptoms of these diseases, including erythropoietin to treat anaemia, and surgery or radiation were used to remove or shrink the enlarged spleen.

Significant benefit over existing treatments

The COMP noted that, for myelofibrosis secondary to polycythaemia vera or essential thrombocythaemia, no justification of significant benefit over existing treatments was needed as no alternative treatments were authorised in the EU at time of the review.

Regarding the treatment of chronic idiopathic myelofibrosis, the COMP noted that Jakavi works in a different way to authorised treatments, inhibiting enzymes known as Janus kinases (JAKs) 1 and 2, which are known to be over-activated in patients with this condition. More importantly, the COMP noted that in two main phase III studies, the medicine significantly reduced the spleen volume and improved the symptoms of the disease compared with placebo or best available treatment. In the first study, which compared Jakavi with placebo, the significant benefit of the medicine was demonstrated by its efficacy in patients who could not be treated or did not respond to other available treatments. The second study showed improved efficacy of Jakavi as compared with best available treatments. In particular, 29% of patients receiving Jakavi experienced a reduction in spleen size by at least 35% following 48 weeks of treatment, compared with zero patients receiving best available treatment.

Therefore, although other satisfactory methods for the treatment of chronic idiopathic myelofibrosis have been authorised in the EU, the COMP concluded that Jakavi is of significant benefit for patients affected by this condition.

Conclusions

Based on the data submitted and the scientific discussion within the COMP, the COMP considered that Jakavi still meets the criteria for designation as an orphan medicinal product and that it should remain in the Community Register of Orphan Medicinal Products.

Further information on the current regulatory status of Jakavi can be found in the European public assessment report (EPAR) on the Agency's website ema.europa.eu/Find medicine/Human medicines/European Public Assessment Reports.