



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

Optimising Regulatory Strategy

Workshop for Micro, Small and Medium Sized Enterprises,
EMA
26 May 2011

Presented by: Zaide Frias
Head of Regulatory Affairs, EMA

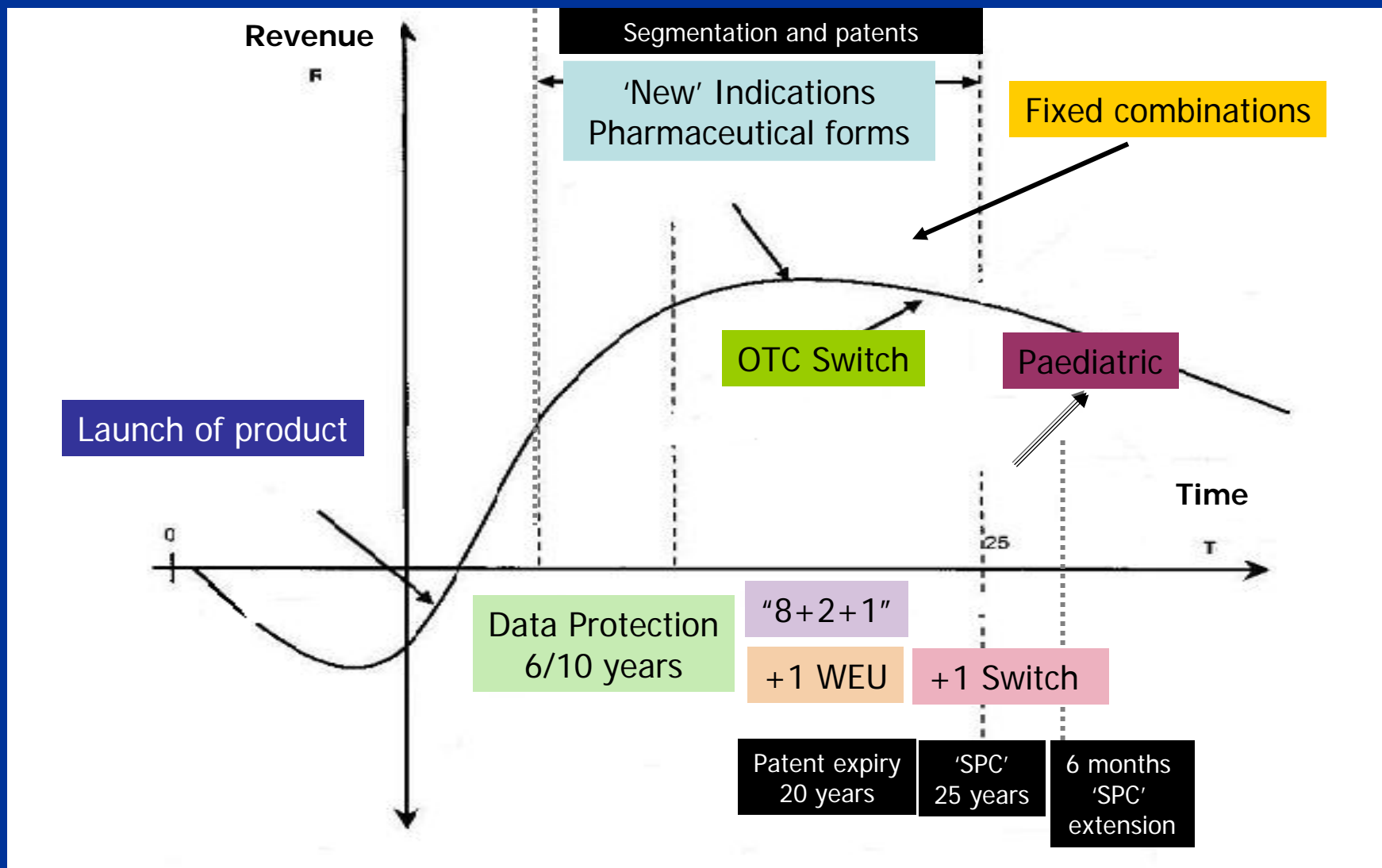


Evolving regulatory framework and introduction of new incentives

In 1990's	2000	Revision 2004-5	2006	2007 →
Data protection MRP/NAP 6 or 10 yrs CAP 10 yrs	Orphans Market exclusivity (ME)	"Early Access" tools Conditional MA Accelerated assessment Data/market exclusivity 8+2/(+1) yr ME (new indication) +1 yr data exclusivity for well established substance (new indication) +1 yr data exclusivity legal status switch SME status	Paediatrics Supplementary Protection Certificate extension 10+2 yrs ME (orphans) Scientific Advice free	ATMPs Fee reduction Certification of quality and non clinical data (SME)



Lifecycle of innovator product



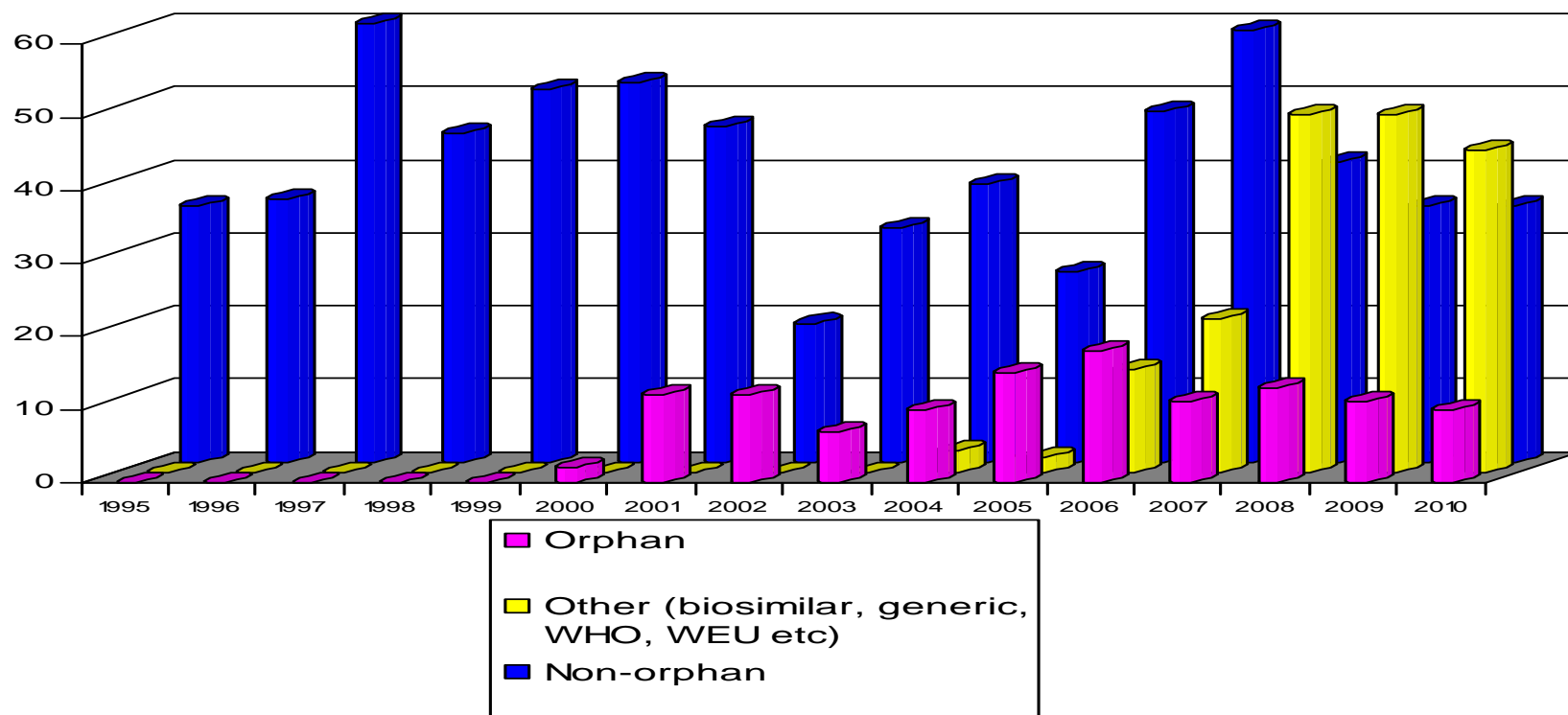


Data and market exclusivity provisions





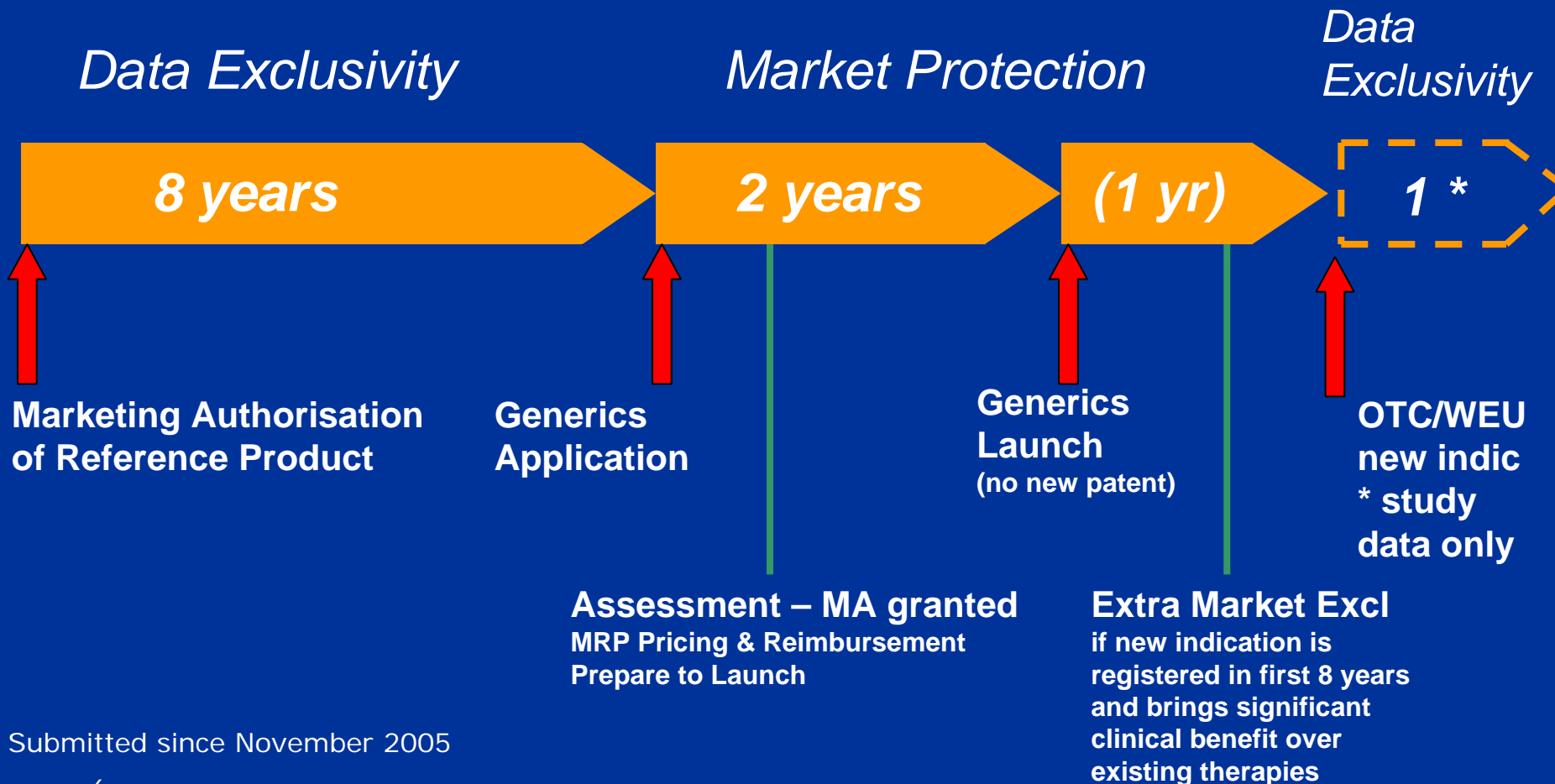
Trends in EU Marketing Authorisation Applications 1995-2010





Data Exclusivity

8 + 2 (+1) Data exclusivity Formula for all MA Procedures

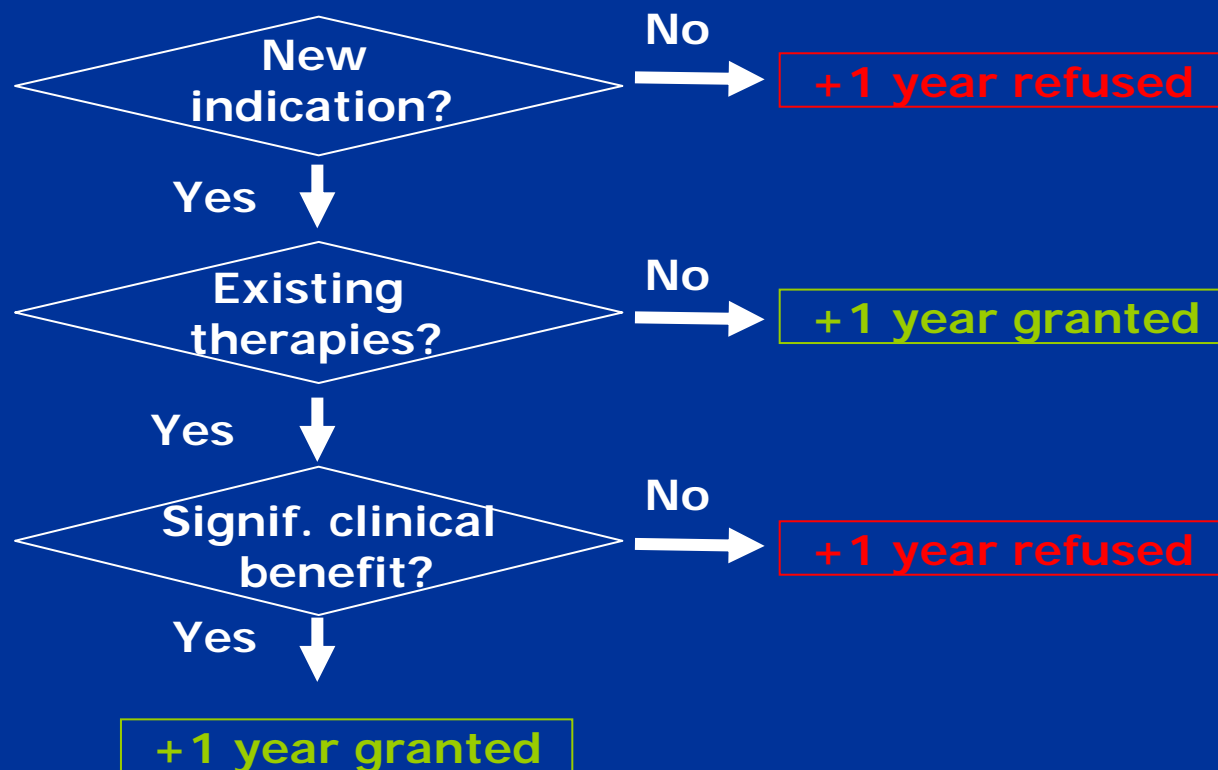


Submitted since November 2005



Decision tree

EC Guidance on elements required to support the significant clinical benefit in comparison with existing therapies of a new indication in order to benefit from an extended (11-year) marketing protection period [November 2007]






Is it a new indication?

SmPC guideline [Sep 2009], Section 4.1 Therapeutic indications

*'The indication(s) ... should define the **target disease** or **condition** distinguishing between treatment (...), prevention (...) and diagnostic indication. When appropriate it should define the **target population**'*

- 
- ✓ New target disease
 - ✓ Different stages or severity of a disease
 - ✓ Extended target population for the same disease
 - ✓ Change from the 2nd line to 1st line treatment
 - ✓ Change from combination therapy to monotherapy, or from one combination therapy to another
 - ✓ Change from treatment to prevention or diagnosis of a disease
 - ✓ Change from treatment to prevention of progression or to prevention of relapses of a disease
 - ✓ Change from short-term treatment to long-term maintenance therapy in chronic disease



What are the existing therapies?

Satisfactory methods of diagnosis, prevention or treatment of the disease. These include:

- ➡ **Authorised medicinal products** in 1 or > MSs in the proposed indication
- ➡ **Non-pharmacological** approaches (e.g. psychotherapy)
- ➡ Other 'state-of-the art' **therapeutic methods** for the indication

Off-label use of medicinal products not considered existing therapies!



How does it compare to existing therapies?

Justification of significant clinical benefit

➤ Improved efficacy

Same level of evidence needed to support a comparative efficacy claim for two different medicinal products. Direct comparative clinical trials preferred

➤ Improved safety

The relative safety profile will have to be globally assessed compared to existing therapy(ies), preferable through comparative trial(s).

No important reduction in benefit should be seen

➤ Major contribution to patient care

- ✓ *New mode / route of administration*
- ✓ *Treatment alternative*
- ✓ *Response different from other treatments in a substantial part of the target population*



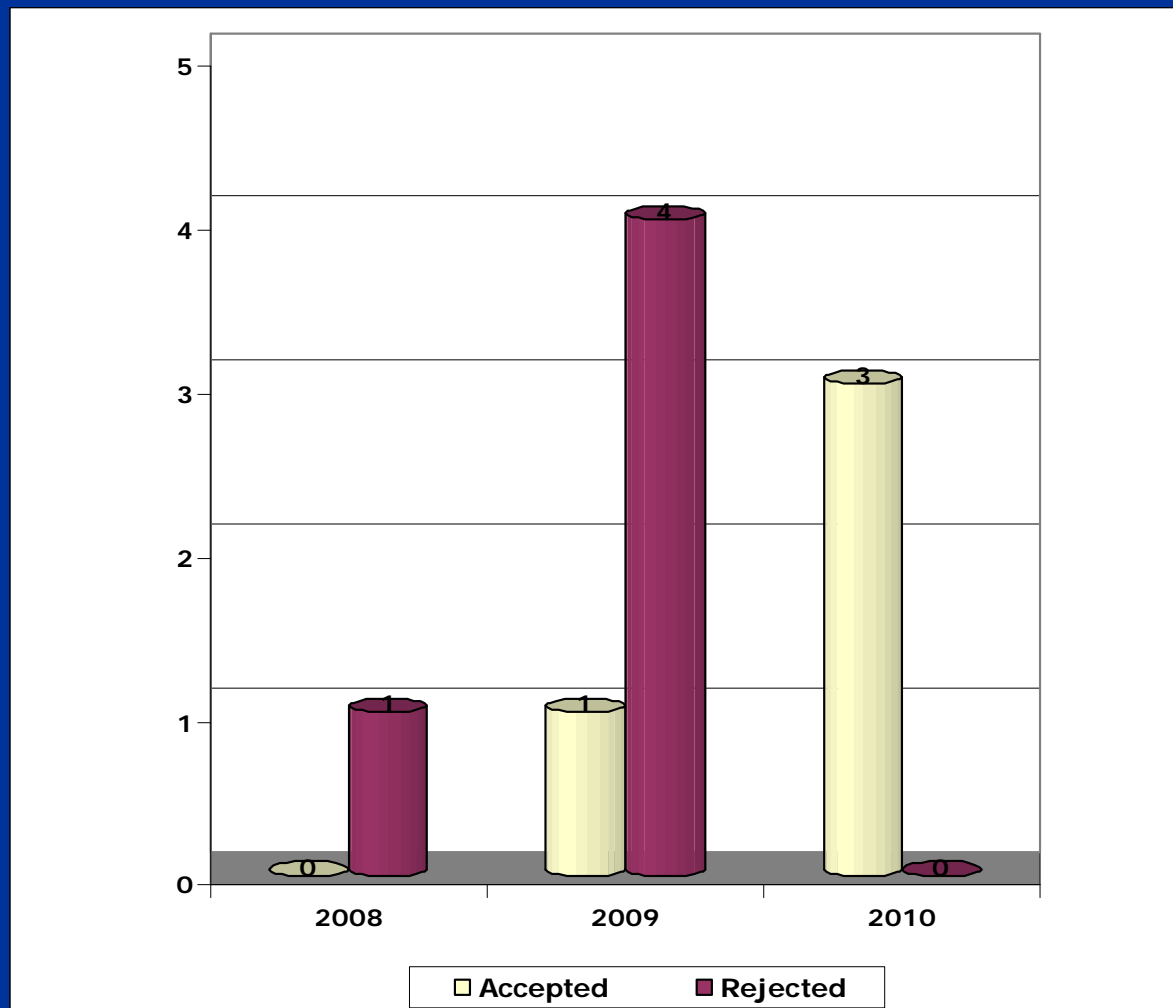
Examples

8+2(+1) year market exclusivity

Medicinal product	Therapeutic indication	Grounds for acceptance/refusal
TORISEL (temsirolimus) +1 year granted	<i>Treatment of adult patients with relapsed and/or refractory mantle cell lymphoma (MCL)</i>	In the EU there are <u>no approved treatments</u> for relapsed MCL.
YONDELIS (trabectedin) +1 year refused	<i>Treatment of patients with relapsed platinum-sensitive ovarian cancer in combination with pegylated liposomal doxorubicin (PLD)</i>	Lack of <u>head-to-head comparison</u> of trabectedin + PLD with platinum based regimens
ISENTRESS (raltegravir) +1 year refused	<i>ART-naïve patients</i>	Lack of proof of superior efficacy results and safety profile.



Overview of extensions of exclusivity





Orphan Medicinal Products





Development of Orphan Medicines

Patients affected by rare diseases have the same rights as fellow citizens

Incentives include

10 years of market exclusivity per therapeutic indication granted for a designated condition

No mix of orphan and non-orphan indications allowed in the same MA (e.g. VIAGRA vs. REVATIO)

Protocol assistance throughout development

Fee reductions for EMA procedures applications

Access to EU research programs (Framework Programme)

<http://www.ema.europa.eu/htms/human/orphans/intro.htm>



Market exclusivity for Orphan

Data Exclusivity

8 years

Market Protection

2 years

(1 yr)

1 *

OTC/WEU

Generics Application

Generics Application

Marketing Authorisation of Reference Product

Market Exclusivity (Orphan)

10 years

(1 yr)

1 *

OTC/WEU

Generics Application

Marketing Authorisation of Reference Product

6 years

Generics Application

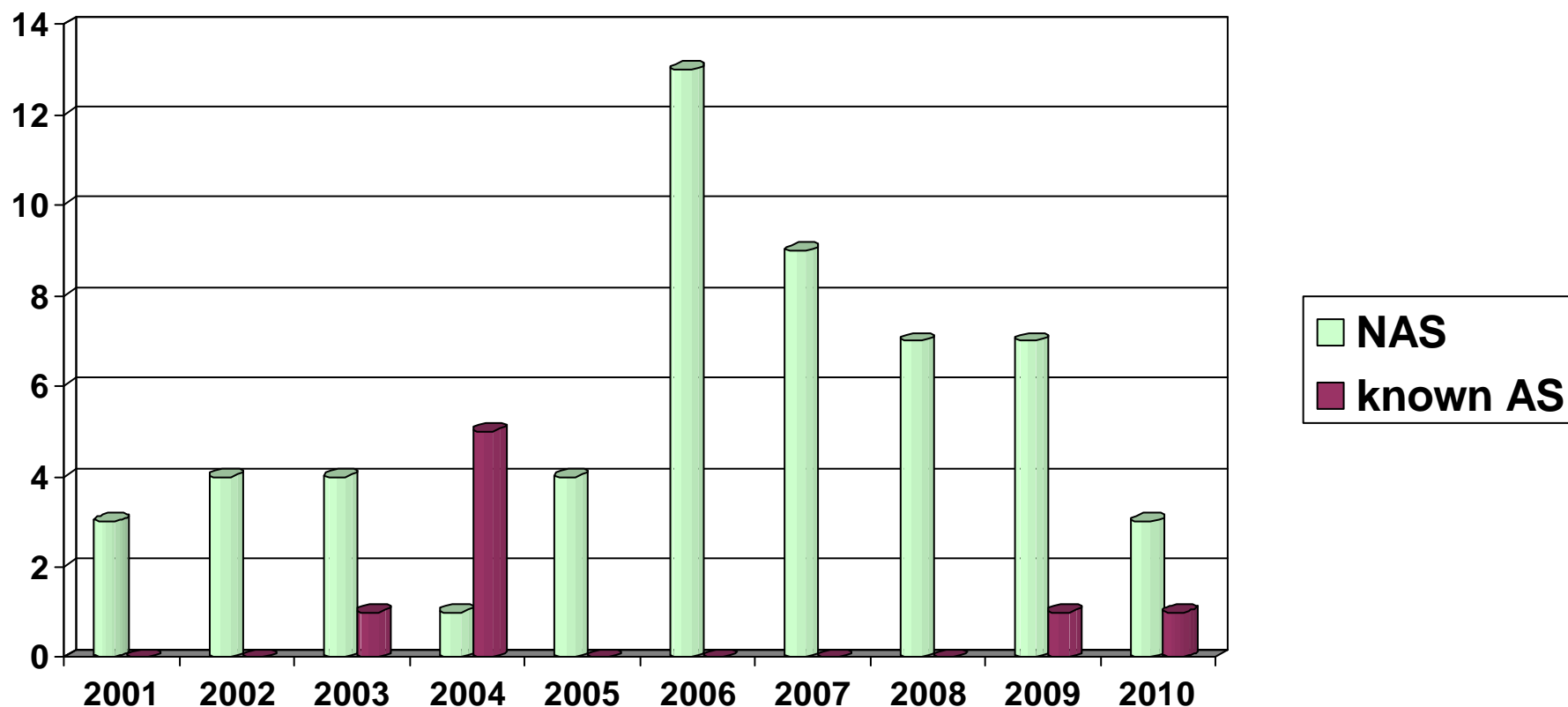
Marketing Authorisation of Reference Product

15

Submitted since November 2005



Active substance status Orphan medicinal products





Example of Orphan with several ODD and ME periods

Orphan condition	Glivec indication	EC approval
Treatment of chronic myeloid leukaemia (EU/3/01/021)	<i>• Adult and paediatric patients with Ph+ CML in chronic phase after failure of interferon-alpha therapy or in accelerated phase or blast crisis</i>	07/11/2001
	<i>• Adult and paediatric patients with newly diagnosed Philadelphia chromosome (bcr-abl) positive (Ph+ for whom bone marrow transplantation is not considered as the first line of treatment</i>	19/12/2002 (ext of indication and children)
Treatment of chronic eosinophylic leukaemia and the hyper-eosinophilic syndrome (EU/3/05/320)	<i>Co-administered with low-dose ritonavir in combination with other antiretroviral medicinal products for the treatment of HIV-1 infection in ARV treatment-naïve adults.</i>	28/11/2006



Generic/Hybrid/Biosimilar medicinal product



Two Entry Points for Centralised Generics/Hybrid/Biosimilar

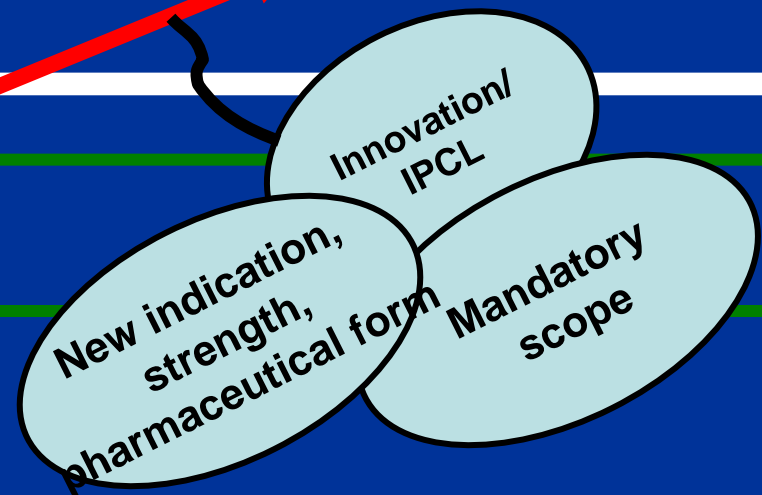
Automatic access if already authorised Centrally

Optional access if Innovative/IPCL shown

Mandatory is within mandatory 'biologicals' scope

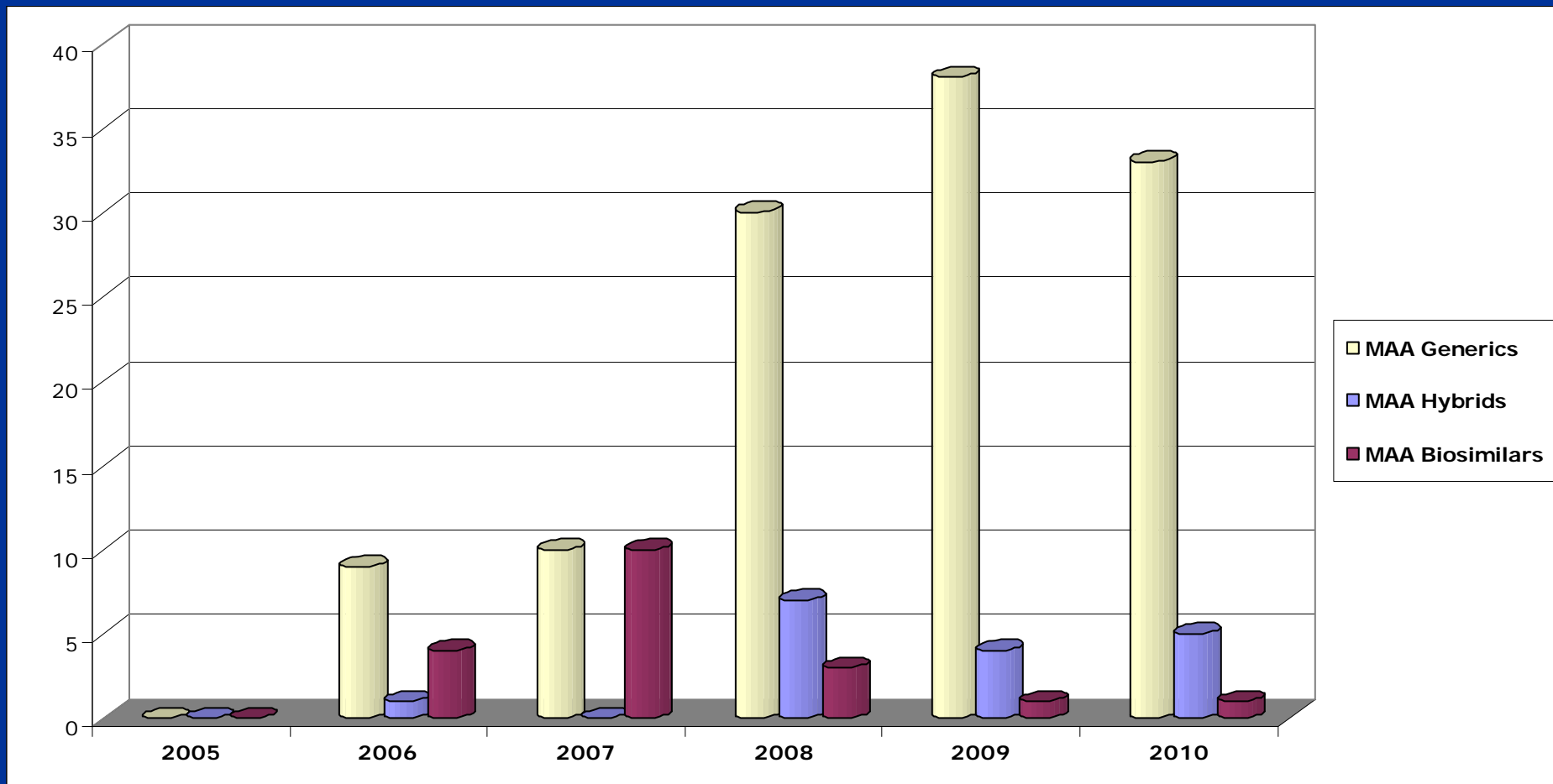
CAP RMP → **CAP Generic/Hybrid/Biosimilar**

NAP RMP





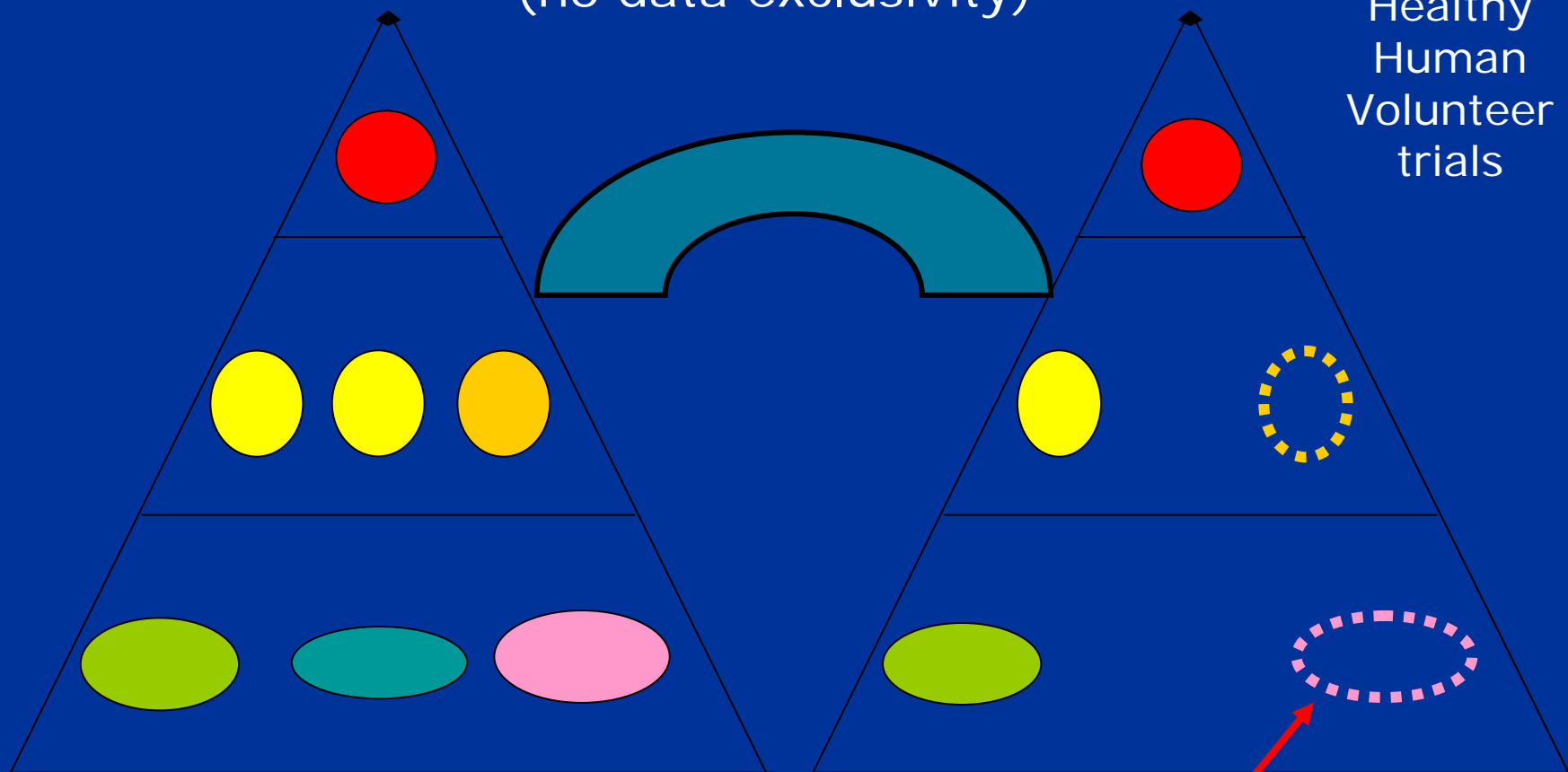
Generic, Hybrids and Biosimilar MAAs 2005-2010





Abridged application – generic
(no data exclusivity)

Healthy
Human
Volunteer
trials

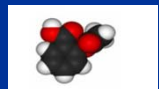


Reference Product

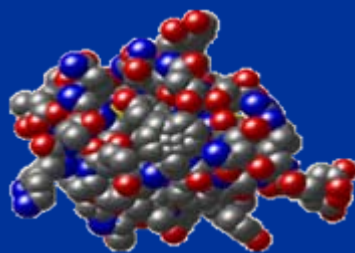
Bioequivalence Study



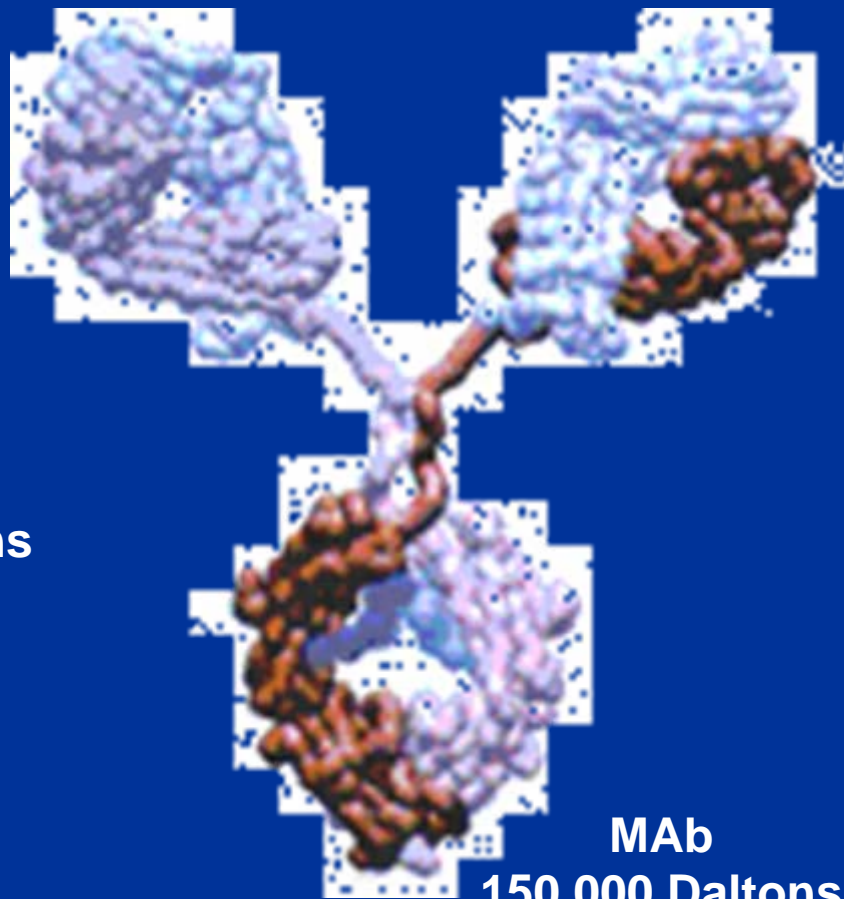
Why „biosimilar“ (and not „biogeneric“)?



Aspirin
180 Daltons

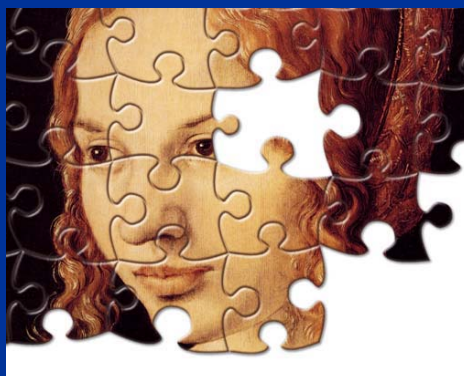


Insulin
5 700 Daltons



MAb
150 000 Daltons

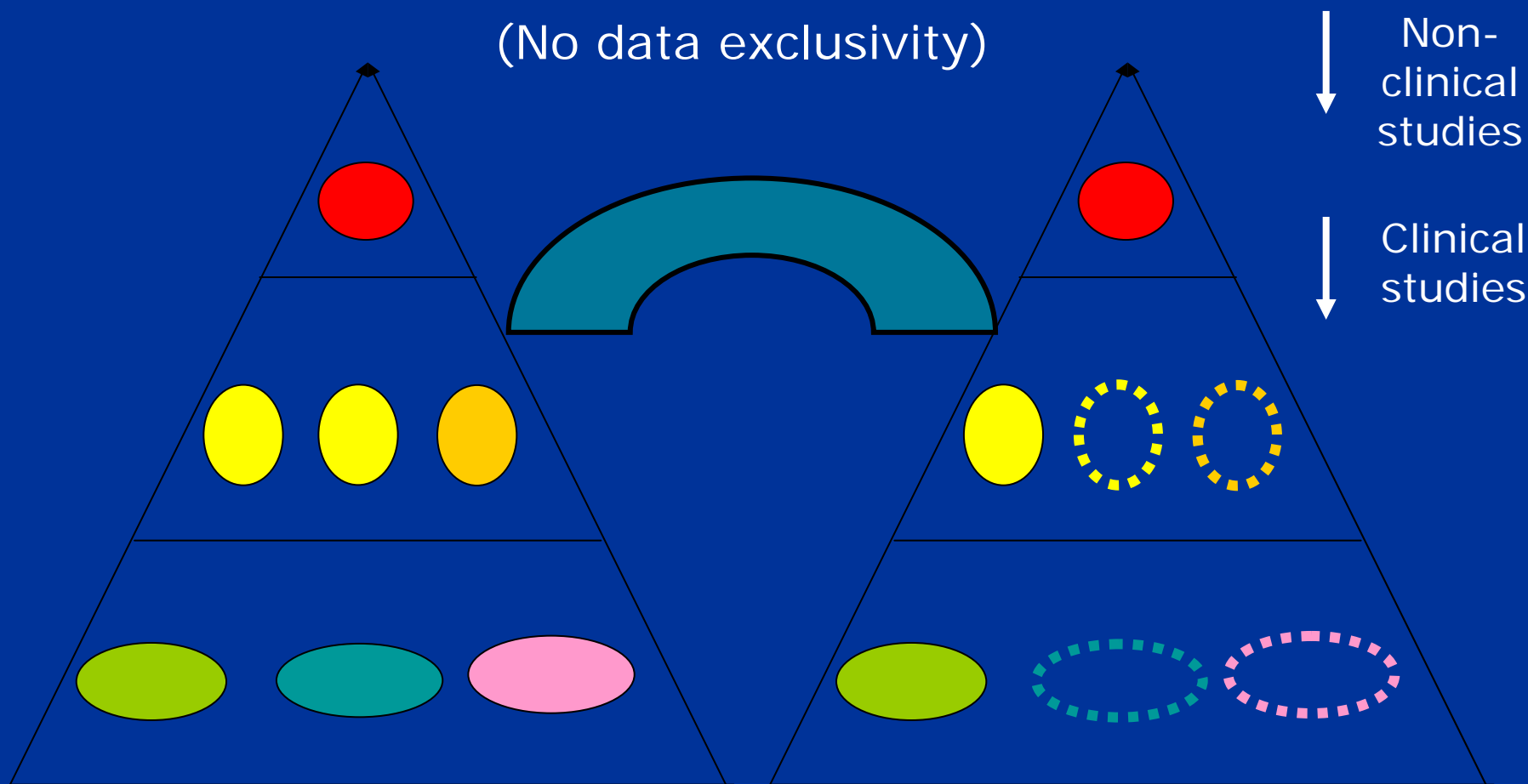
How far can we go?



What do we need to know?



Abridged application – Hybrid/Biosimilar (No data exclusivity)



Reference Product



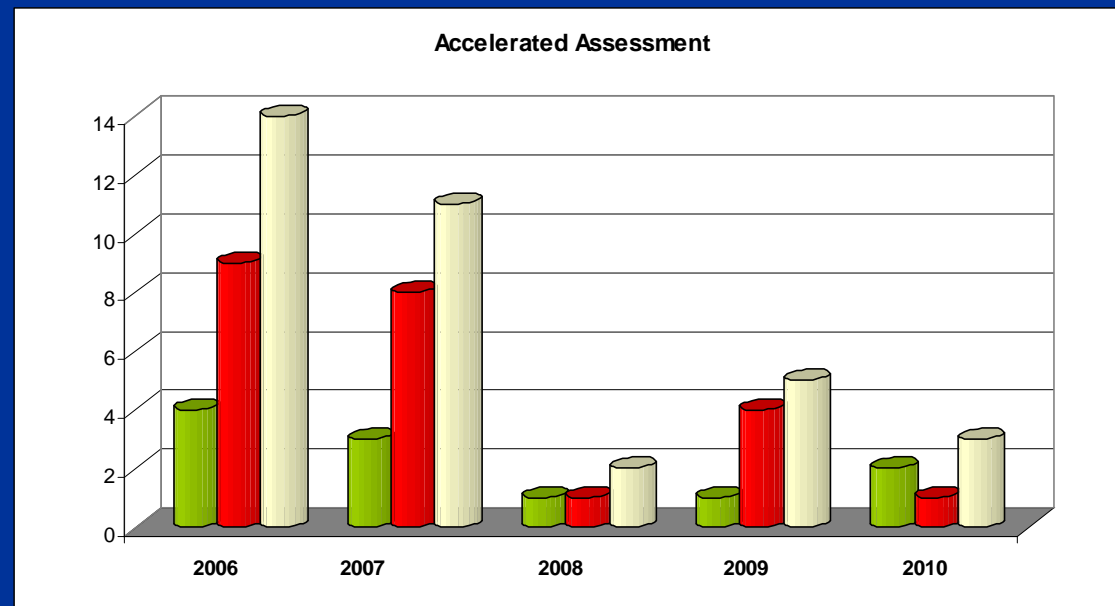
Early access tools



Accelerated Assessment Requests 2006-2010

May be requested for medicinal products of **major interest from the point of view of public health** and in particular from the **view point of therapeutic innovation**

Possibly **CHMP Opinion at Day 150** or switch to normal TT



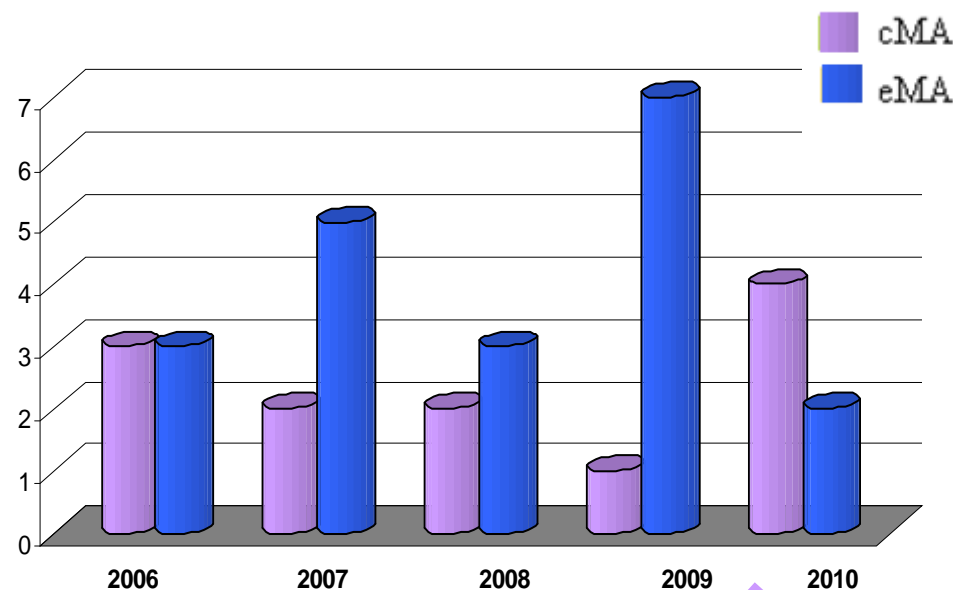
(2006: Soliris, 2007: Isentress, 2009: Vpriv)



Conditional MA

- Comprehensive (clinical) data not available, to be provided after approval
- Must fulfil scope (orphan drugs, emergency threats, serious and life-threatening diseases) and requirements
- Approval valid for 1 year, renewable

Conditional and Exceptional MA

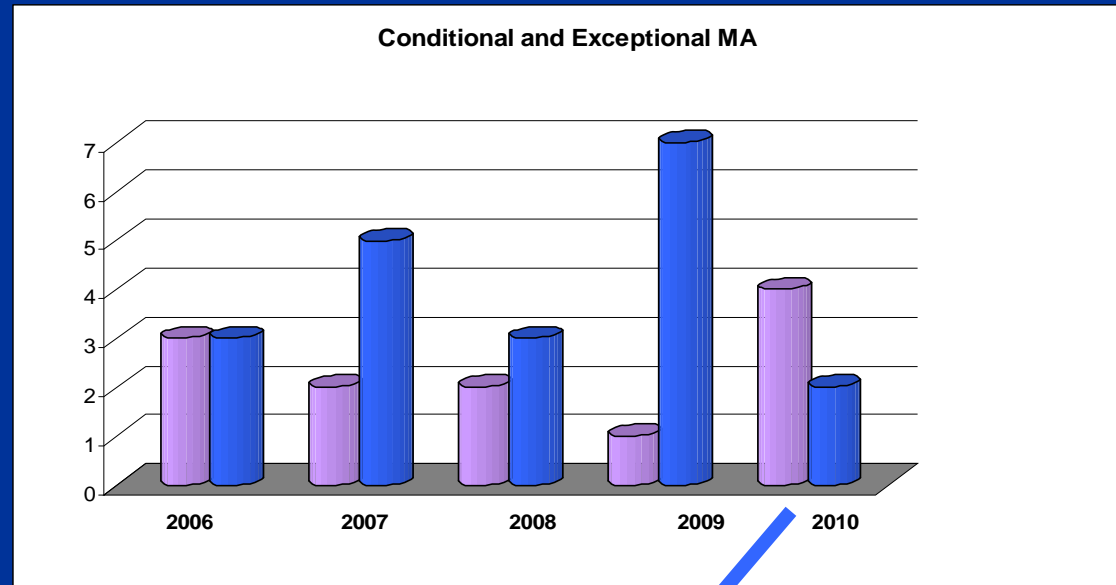


Arepanrix	Vaccine	J	Split Virion
Arzerra	Chronic lymphocytic leukemia	L	ofatumumab
Votrient	Renal cell Carcinoma	L	pazopanib
Humenza	H1N1 vaccine	J	Split virion



Exceptional Circumstances MA

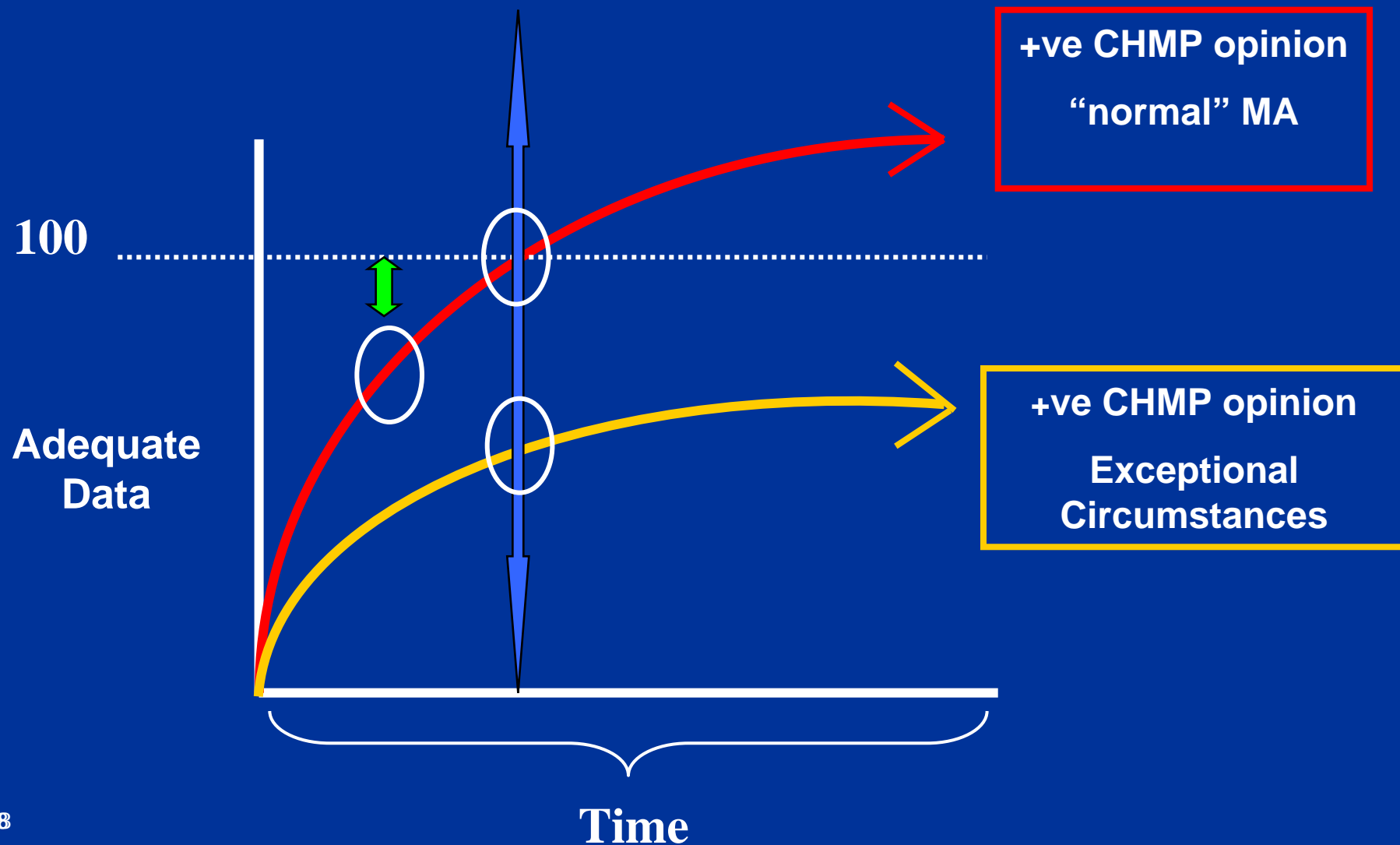
- Comprehensive data not available and cannot be provided
- Must meet criteria (rarity, medical ethics, state of scientific knowledge)
- Approval valid for 5 years, annual re-assessment



Pumarix	Vaccine	J	Split Virion
---------	---------	---	--------------



Normal vs. Conditional or Exceptional MAs





Paediatric Medicines





Development of paediatric medicines

Obligation

To study drugs in children for new products or new indications, pharmaceutical form and route of administration

Agree Paediatric Investigation Plan by Paediatric Committee (PDCO)

PIP outlines timing & measures to be undertaken

Deferral or Waiver, if applicable

Compliance check at time of marketing application

Reward

6 month ext of supplementary patent certificate

extra market exclusivity for orphan (2 years)

PUMA (Paediatric Use Marketing Authorisation) Incentives for old products →

8+2(+1) data/market protection

<http://www.ema.europa.eu/htms/human/paediatrics/introduction.htm>



Paediatric SPC extension

“Protects any invention with commercial application (idea of innovation)”

Patent protection

20 years

SPC

5 y

SPC ext.

[6]m

“Operates at the very beginning of the development of a medicinal product,
Long before submission of an application”

OR

Paediatric Orphan Market exclusivity

Market exclusivity (orphan + paediatric)

10 years

2 y



Examples of compliance statement

Year	Companies	Products: Invented name (international non-proprietary name)
	Centrally authorised products	
2008	Merck Sharp and Dohme	Cancidas (caspofungin)
2009	Schering-Plough Europe	Rebetol (ribavirin)
2009	Bristol-Myers Squibb Pharma EEIG	Orencia (abatacept)
2010	Novartis Europharm Ltd	Zometa (zoledronic acid)
	Art. 29 Paediatrics	
2008	Merck Sharp and Dohme BV	Cozaar and associated names (losartan)
2009	Astra Zeneca AB	Arimidex and associated names (anastrozole)
2009	Novartis Pharma AG	Diovan and associated names (valsartan)
2010	Pfizer Limited	Sorties and associated names (atorvastatin)
2010	Pfizer Limited	Xalatan and associated names (latanoprost)



Conclusions

Explore different Regulatory strategies to maximise existing legislative incentives

Engage in early discussions of strategies with the Competent Authorities and with Rapporteurs

Benefit from Scientific and Regulatory Affairs Advice also on:

- Data exclusivity provisions
- Early access tools 'conditional/exceptional'
- Dossier requirements for 'hybrid' or 'biosimilars'
- ...



Zaide Frias

Head of Regulatory Affairs

Tel: +44 (0) 207 523 7019

zaide.frias@ema.europa.eu

EMA
7, Westferry Circus
Canary Wharf
London E14 4HB
United Kingdom

www.ema.europa.eu



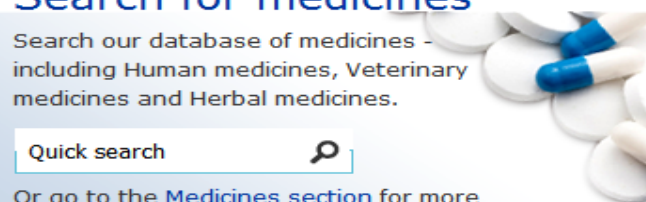
Search for medicines

Search our database of medicines - including Human medicines, Veterinary medicines and Herbal medicines.

Quick search



Or go to the [Medicines](#) section for more options to help you find what you need.



About Us

The European Medicines Agency is a decentralised body of the European Union located in London

Find out more about what we do...



Find information for...

► [Patients and carers](#)



► [Healthcare professionals](#)



► [Animal health professionals](#)



► [Business](#)



► [Media professionals](#)



What's New
on the website



RSS news
feeds



Follow us on
[twitter](#)

Latest news

⚠ [Patient safety](#)

⚠ [Veterinary alerts](#)

[New Medicines](#)

Public Consultations

26/04/2011

European Medicines Agency addresses development of new antibacterials

The European Medicines Agency has published a report summarising the discussions at its workshop on antibacterials, held in London in February 2011. ... [► Read more](#)

20/04/2011

NicOx S.A. withdraws its marketing authorisation application for Beprana (naproxcinod)

The European Medicines Agency has been formally notified by NicOx S.A. of its decision to withdraw its application for a centralised marketing authorisation for the medicine Beprana (naproxcinod), 375 mg hard capsules. ... [► Read more](#)

19/04/2011

European Medicines Agency holds first stakeholder forum on the implementation of the new pharmacovigilance legislation

On 15 April 2011, the European Medicines Agency held a stakeholder forum on the implementation of the new pharmacovigilance legislation with a broad cross-

EU Clinical Trials
Register