

The EMA regulatory framework

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EMA workshop on non-clinical data for regulatory decision-making on the efficacy of medical countermeasures

24 November 2025



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EMA endorses the 3Rs principles of replacement, reduction, and refinement of the use of animals in biomedical research.

https://www.ema.europa.eu/en/documents/scientific-guideline/guideline-principles-regulatory-acceptance-3rs-replacement-reduction-refinement-testing-approaches_en.pdf

Introduction and background



Randomised, double-blind, placebo-controlled efficacy and safety **studies** are the **cornerstone of regulatory approval**



Circumstances in which randomised clinical studies **unethical** or **unfeasible**

❖ **Exposure to lethal or permanently disabling toxic threat**

❖ **Low/sporadic prevalence and case numbers**



Serious public health threats, including chemical, biological, radiological and nuclear threats (CBRN) → **significant risk** for public health



Medical countermeasures (MCMs) are **urgently needed**

→ **Preparedness** for the next outbreak/incidence

→ **Regulatory flexible approaches** needed to ensure preparedness

EU medical countermeasures approved under CMA/MAUEC

Product Name (INN)	MAH	Therapeutic indication	MA approval	Approval status	MA type
Tecovirimat SIGA (tecovirimat monohydrate)	SIGA Technologies	Treatment of mpox, smallpox, cowpox	06/01/2022	Approved	MAUEC
Dectova (zanamivir i.v.)	GSK	Treatment of complicated and potential life-threatening influenza when resistance to antivirals or other antivirals not suitable	26/04/2019	Approved	MAUEC
Gohibic (vilobelimab)	InflaRx GmbH	Treatment of adult patients with SARS-CoV2-induced acute respiratory distress syndrome (ARDS)	14/11/2024	Approved	MAUEC
Imreplis (sargramostim)	Partner Therapeutics	Treatment for exposure to myelosuppressive doses of radiation with H-ARS	19/06/2025	Approved	MAUEC
Nyxthracis (obiltoxaximab)	SFL Pharmaceuticals	Treatment of inhalation anthrax in combination with antibacterial drugs	18/11/2020	Withdrawn 02/08/2024	MAUEC
Imvanex (Live Modified Vaccinia Virus Ankara))	Bavarian Nordic	Prevention of smallpox, mpox and disease caused by vaccinia virus	31/07/2013	Approved	MAUEC
Zabdeno (Ad26.ZEBOV-GP [recombinant]) Mvabea (MVA-BN-Filo [recombinant])	Janssen-Cilag	Prevention of disease caused by Ebola virus	01/07/2020	Approved	MAUEC
Ervebo (rVSVΔG-ZEBOV-GP, live)	MSD	Prevention of disease caused by Ebola virus	11/11/2019	Approved	CMA (now full MA)
Foclivia (pandemic influenza vaccine (H5N1) (surface antigen, inactivated, adjuvanted)	Seqirus	Prophylaxis of influenza in an officially declared pandemic situation	18/10/2009	Approved	MAUEC
Adjupanrix (split virion, inactivated, adjuvanted)	GSK	Prophylaxis of influenza in an officially declared pandemic situation	10/10/2009	Approved	MAUEC
Pandemic influenza vaccine H5N1 AstraZeneca (live attenuated, nasal)	AstraZeneca	Prophylaxis of influenza in an officially declared pandemic situation	20/05/2016	Approved	CMA
Incellipan (live attenuated, nasal)	Seqirus	Prophylaxis of influenza in an officially declared pandemic situation	19/04/2024	Approved	CMA
Pandemic Influenza Vaccine H5N1 (whole virion, inactivated, prepared in cell culture)	Baxter AG	Prophylaxis of influenza in an officially declared pandemic situation	16/10/2009	Withdrawn 11/09/2023	MAUEC
Pumarix (split virion, inactivated, adjuvanted)	GSK	Prophylaxis of influenza in an officially declared pandemic situation	04/03/2011	Withdrawn 11/02/2015	MAUEC
Daronrix ((whole virion, inactivated, adjuvanted)	GSK	Prophylaxis of influenza in an officially declared pandemic situation	21/03/2007	Withdrawn 24/06/2013	MAUEC
Arepanrix (surface antigen, inactivated, adjuvanted, prepared in cell cultures)	GSK	Prophylaxis of influenza in an officially declared pandemic situation	23/03/2010	Withdrawn 13/12/2010	CMA
Humenza (split virion, inactivated, adjuvanted)	Sanofi Pasteur	Prophylaxis of influenza in an officially declared pandemic situation	08/06/2010	Withdrawn 14/06/2011	CMA

Comparison of marketing authorisation types

	Standard marketing authorisation (MA)	Conditional marketing authorisation (CMA)	Marketing authorisation under exceptional circumstances (MAUEC)
Legal Basis	Article 8 (3) of Directive 2001/83/EC	Article 14-a of Regulation (EC) No 726/2004.	Article 14 (8) of the Regulation (EC) No 726/2004
Authorisation based on:	Full and comprehensive data package	Favourable benefit/risk without comprehensive data Comprehensive data are still being generated post authorisation in agreed timelines.	Comprehensive data on efficacy and safety cannot or are unlikely to be obtained
Data requirements and exceptions	Demonstrated positive benefit/risk balance based on full scientific data on quality, non-clinical and clinical data	<u>Fulfilling legislative criteria</u> - Applicant likely to be able to provide comprehensive data and - Fulfilment of unmet medical need and Benefits of immediate availability outweigh the risks related to additional data still being required.	<u>Specific reasons foreseen in the legislation:</u> Rare indications → cannot be reasonably expected to provide comprehensive evidence, or Present scientific knowledge → comprehensive information cannot be provided, or Contrary to principles of medical ethics to collect such information.
Obligations	<u>May have</u> condition like PAES, PASS	<u>Will have</u> specific obligations and other conditions	<u>Will have</u> specific obligations and other conditions
Validity of the MA	Five years Renewable based on a re-evaluation of the B/R May then be valid for an unlimited period	One year Annual renewals based on reconfirmation of B/R Comprehensive data are provided → switched to a standard MA	Five years Renewable and annual reassessment of B/R Not intended to be switched to a standard MA

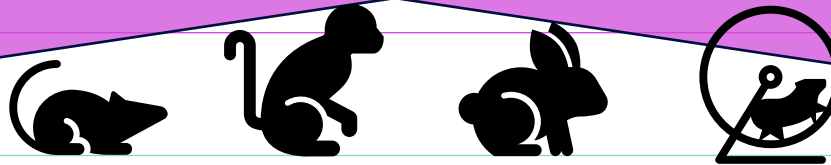
→ MA type agreed on a case-by-case basis

→ Depends on **comprehensiveness** of **data** collected and expected to be collected

EU approval based on non-clinical efficacy data

Not
feasible

- Phase 2 or Phase 3 trials to demonstrate efficacy and safety in humans



Feasible

Animal efficacy data as pivotal evidence of efficacy and extrapolation of dose and efficacy to humans

Requirements:

- 1. Prevents/treats a serious, life-threatening disease**
- 2. Complete CMC and non-clinical package** is available
- 3. A relevant animal model** reflective of the human disease is available
- 4. Efficacy** is demonstrated in **well-controlled animal efficacy studies**
- 5. Clinical trials** on safety, pharmacokinetic and pharmacodynamic data in humans and animals → **allow selection** of an **effective dose in humans**
- 6. MCM is reasonably likely to provide a clinical benefit in humans**
- 7. Specific obligations** to conduct a PAES, in case of an outbreak

Requirements for the animal model



As **reflective** as possible to the **human disease**

- ❖ **Clinical course** of the disease
- ❖ **Exposure** to the drug
- ❖ **Route of challenge**



Establishment of the **challenge agent and inoculation dose**



Suitable for the **investigational product**

- ❖ **Pharmacological action**, PK and pharmacodynamic responsiveness,
- ❖ **ADME profile**,
- ❖ **On and off-target binding affinities**
- ❖ **Receptor/ligand occupancy** and **kinetics**

Requirements for the animal efficacy study



Well-controlled, **randomised, blinded, placebo-controlled** studies in **different** relevant **animal species**



Reliable and relevant animal model has been **established**
→ use of **one animal species** may be considered sufficient.



Inoculation dose, route of exposure and preparation of the challenge agent



Relevant primary efficacy endpoint to desired effect in humans
→ e.g. reduced mortality, increased survival



Dose, administration route and timing of administration medicinal product
→ **reflective** of the **intended use** in **humans**

https://www.ema.europa.eu/en/documents/scientific-guideline/guideline-strategies-identify-and-mitigate-risks-first-human-and-early-clinical-trials-investigational-medicinal-products-revision-1_en.pdf

Prediction of human dose and safety, PK and PD studies

- **Prediction of the human dose** needed for efficacy:
 - **Animal efficacy studies** and **comparative pharmacokinetic (PK) and pharmacodynamic (PD)** and **immunogenicity studies**
 - **Potential use of Model-informed drug development (MIDD)** in line with ICH-M15
- Investigate the **predicted dose** and **duration** → inform about safety, PK, PD and immunogenicity (vaccines) of investigational product in humans
- **Healthy volunteers** or, if possible, infected patients
- Conducted under the **existing requirements** for **establishing** the **safety of new drugs (ICH-S7A)**
- **Size and composition** of **human safety database** should be in line with **usual EMA standards** (ICH-S7)
- For serious public health threats, available safety database **may** in many cases **not encompass infected patients** → **important limitation**

Totality of data

- Should **allow** for **selection** of an **effective dose in humans**
- **Reasonably likely** to **provide a clinical benefit** in humans

Summary and conclusion



Preparedness against **serious public health threats** → paramount and of **utmost importance**



EMA **supports developers** of **MCMs** for serious public health threats including CBRN agents



Flexible regulatory approaches can be **applied** for serious public health threats



Marketing authorisation type will be decided on **case-by-case and dependent on:**

❖ **Comprehensiveness** of **available data** at the time of MAA

❖ **Likelihood** of collecting of **comprehensive data post-marketing**



Seek **EMA ETF advice** early in clinical development

❖ Whether the **product qualifies** for **flexible regulatory approaches**

❖ **Development program** of the MCM

❖ **Choice, development** and **relevance** of the **animal model** for demonstrating of efficacy



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Thank you

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Specific type of MA: Pandemic influenza vaccines

- **Specific type** of MA to **develop and authorise** a vaccine **before an influenza pandemic**
- Based on the **long-standing experience** with influenza vaccine strain updates
- Usually include a **strain of avian influenza** (A/H5N1) that few patients have been exposed to and could **potentially cause a pandemic**
- Tested to determine if **adequate immunogenicity** is generated **against strains included** in the vaccine
- Include often **more than one virus strain**
- Pandemic preparedness vaccines can be **authorised but not marketed** before an influenza pandemic.
- In case of pandemic: MAH can include the strain in the authorised pandemic preparedness vaccine → authorised pandemic vaccine
- Advantage: Fast approval, as safety and efficacy has been demonstrated with other pandemic strains