

Experience with the review of the orphan designation in the context of extension of indication

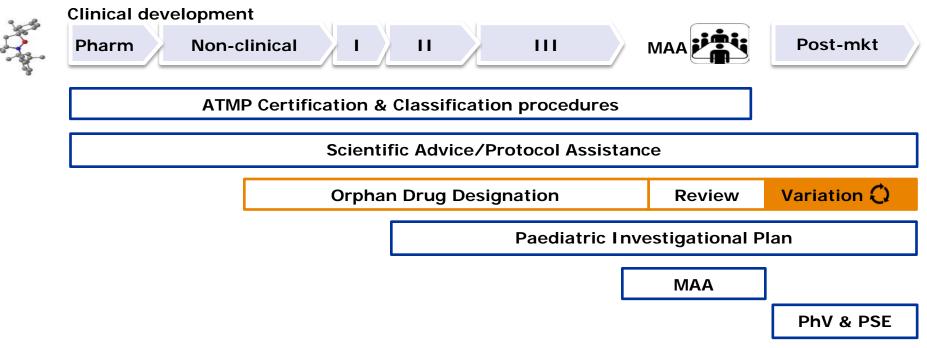
SME Info Day

Legal background

- 1. Regulation (EC) No 141/2000 of the European Parliament and of the Council on Orphan Medicinal Products of 16 December 1999
 - COMP
 - Criteria for designation (rarity, seriousness, intent to treat, significant benefit)
 - Incentives and procedure
- 2. Commission Regulation (EC) No 847/2000 of 27 April 2000
- 3. Commission notice on the application of Articles 3, 5 and 7 of Regulation (EC) No 141/2000 on orphan medicinal products (2016/C 424/03)



European regulatory input along drug life cycle





Key elements of the Notice

Prevalence "0": "or a prevalence of approximately zero in the EU"

Availability: "Significant benefit" should not be based on: possible increased supply/availability due to shortages of existing authorised products or to existing products being authorised in only one or a limited number of Member States. (Exceptions may be made if the sponsor has evidence of patient harm)"

Hospital formulations: "magistral formula" and "officinal formula" may be considered as satisfactory treatment if they are well known and safe and this is a general practice in the EU.

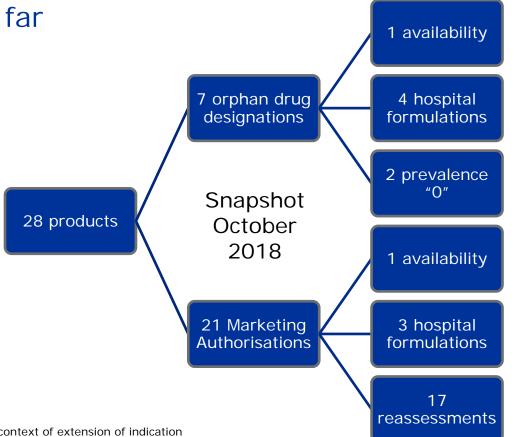
Reassessment: "This verification should cover regulatory procedures relating to the addition of a new therapeutic indication or to the modification of an existing one (e.g. major type-II variations or extension of the marketing authorisation)."



Overview of experience so far

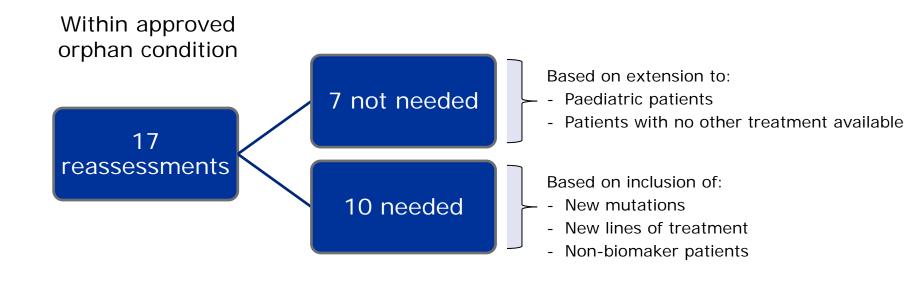
Since entry into force of Notice 18.11.2016:

- 28 products affected in total
- 7 at orphan drug designation
- 21 at time of marketing or extension of indication





Market Authorisation - reassessment at extension of indication





Clarification on reassessment

"to further therapeutic indications within the same orphan condition or to vary the indication as a first-line treatment"

- No reassessment of:
 - Extensions to different age groups. The COMP considers that there are no changes to the clinical characteristics of the condition by changing the age of the target population and as such there is no "justified and serious doubts" (e.g. Nplate extension to paediatric population)
 - If nothing is approved for that "new" target population (within the same condition).
 - Already authorised indication for which the COMP has already done an assessment.
- Reassessment needed if target patient population is broadened (within the orphan condition) e.g.:
 - New line of treatment (e.g. Darzalex extension to frontline in patients not eligible to SCT)
 - New subgroup (severity, biomarker, mutations etc.) where alternative treatment is approved



What is needed from the applicant?

Same procedure as for as for initial maintenance:

- Same type of maintenance report from applicant
- Similar timelines (same as for accelerated assessment)
- Same level of assessment by COMP
 - Consistency and reliability for applicant as well as COMP
 - Same challenges as for initial MA (establish a significant benefit over all authorised products)
- Protocol Assistance can be requested



New submission platform

- As of October 2018 all submissions to orphan office will be handled via the IRIS portal, including extensions of indication
- Maintenance reports should be submitted a few days after submission to CHMP to let the systems integrate the data

Any questions?

Further information

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