



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

Overview of one-year experience of PRIME eligibility assessment

First anniversary of PRIME: experience so far, 19 May 2017

Presented by Robert Hemmings
SAWP chair

An agency of the European Union



Eligibility to PRIME scheme

Based on Accelerated Assessment criteria



Medicinal products of major public health interest and in particular from the viewpoint of therapeutic innovation.

- Potential to address to a significant extent **an unmet medical need**
- Scientific justification, based on data and evidence available from nonclinical and clinical development

No satisfactory method or if method exists, bring a major therapeutic advantage

Introducing new methods or improving existing ones

Meaningful improvement of efficacy (impact on onset, duration, improving morbidity, mortality)

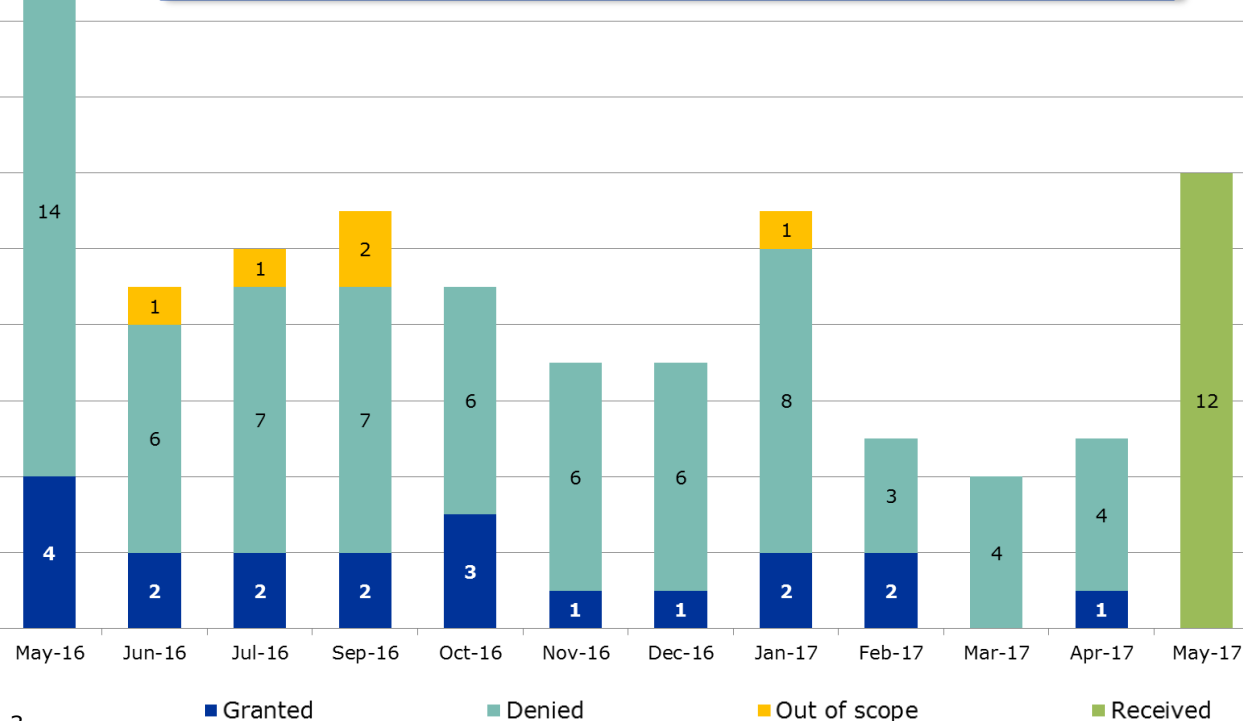


2

+
**Publication of
report and list
of products on
EMA website**



**9 requests per month on average
(range: 4-18)**

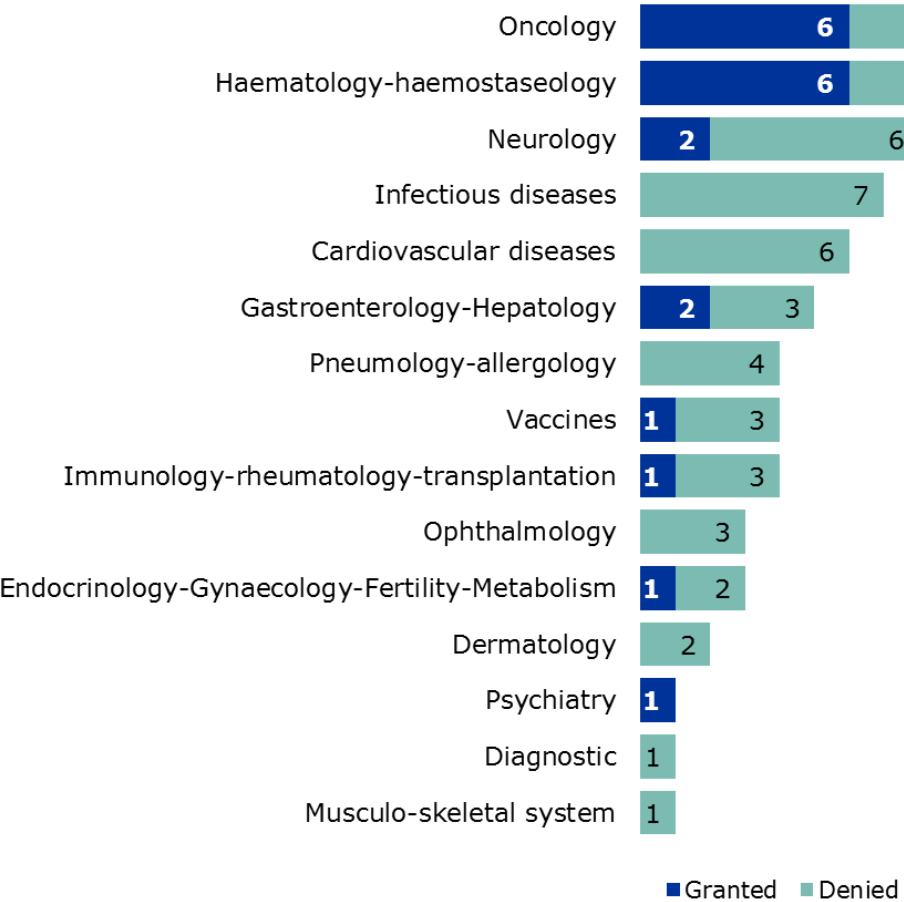


Good quality of applications

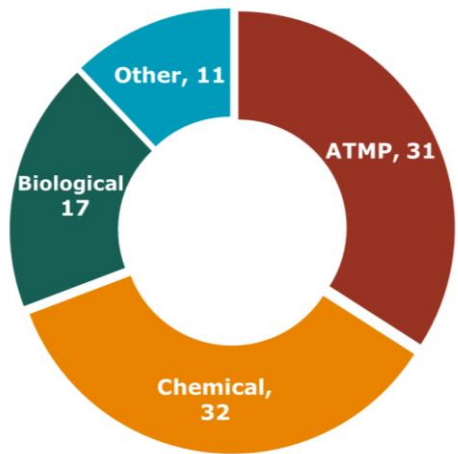
Few 'out of scope' applications

- Academic or SME with no FIM data
- Non-SME with no exploratory data
- Issue with definition as medicinal product
- Resubmission with no new data

Requests covering wide range of therapeutic areas and product type



**70 % in
oncology/haematology
34% of requests for ATMPs**



Assessment of eligibility requests: 40-day procedure



**Short, lean process, involving multiple committees
for robust assessment**



Examples of Oversight group policy discussions

**Products in late
stage of
development**

Examples of Oversight group policy discussions

**Products in late
stage of
development**

**Main focus of PRIME is to
support early in development**

**Before denying, consider
additional benefits of PRIME
for the concerned
development and type of
product**



Examples of Oversight group policy discussions

**Products in late
stage of
development**

**Comparison to
products under
development or
evaluation**

Examples of Oversight group policy discussions

**Products in late
stage of
development**

**Comparison to
products under
development or
evaluation**

**Other products under
development or evaluation
do not yet fulfil the unmet
medical need**



Examples of Oversight group policy discussions

**Products in late
stage of
development**

**Comparison to
products under
development or
evaluation**

**Unmet medical
need**

Examples of Oversight group policy discussions



**Unmet medical
need**

Can be agreed:

**in *subgroup*, if clearly defined,
with mechanistic rationale for use
vs entire population**

**in *prevention* setting and
prevention of clinical complication if
relevance duly justified.**

in *non-life threatening condition*



Examples of Oversight group policy discussions

**Products in late
stage of
development**

**Comparison to
products under
development or
evaluation**

**Unmet medical
need**

**Requests based on
literature**



Examples of Oversight group policy discussions

More acceptable at proof of principle

**Use of literature may not be
applicable similarly between
chemicals, biologicals and ATMPs**

**Need reliable, trustworthy, high
quality literature**

Applicant planning further studies

**Requests based on
literature**



Examples of Oversight group policy discussions

**Products in late
stage of
development**

**Comparison to
products under
development or
evaluation**

**Unmet medical
need**

**Requests based on
literature**

**Extrapolation of
data from other
products**

Examples of Oversight group policy discussions

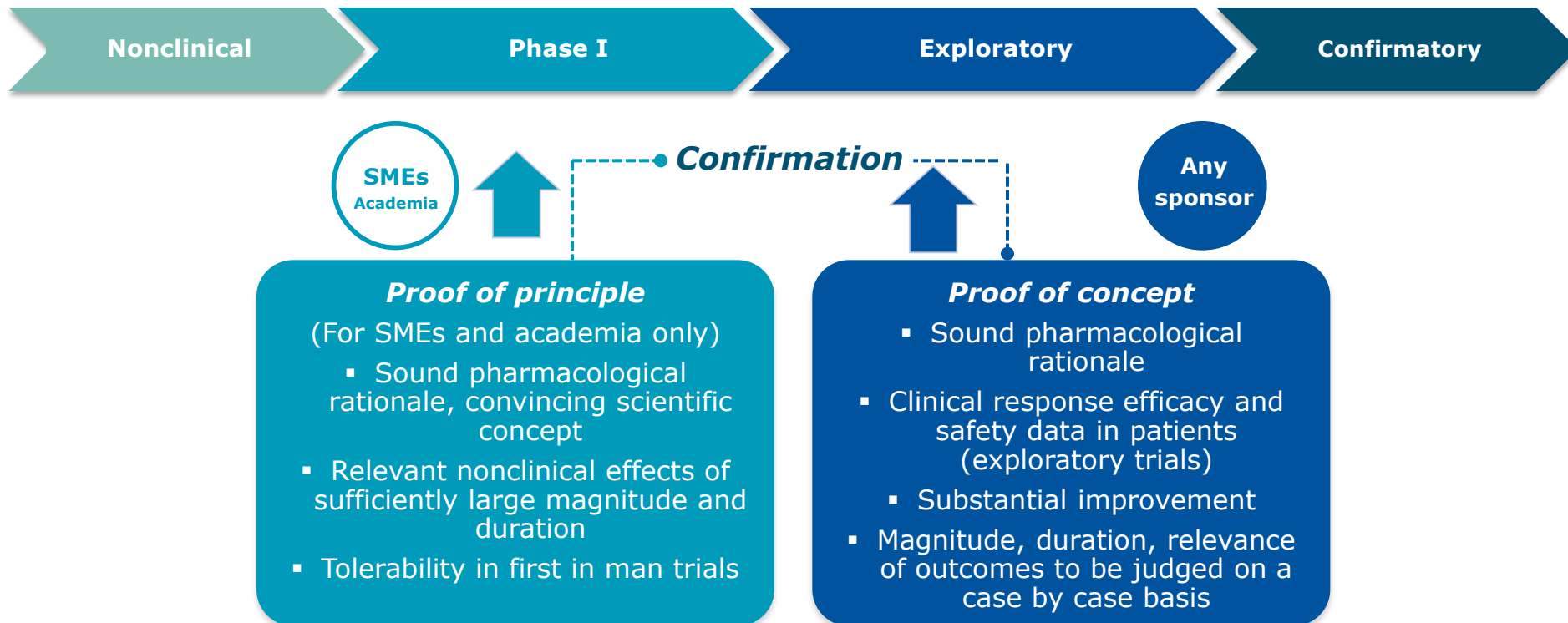
Expect data generated with the product itself

Acknowledge possibility for other products' data to be supportive (e.g. in cases with surrogate marker validated)

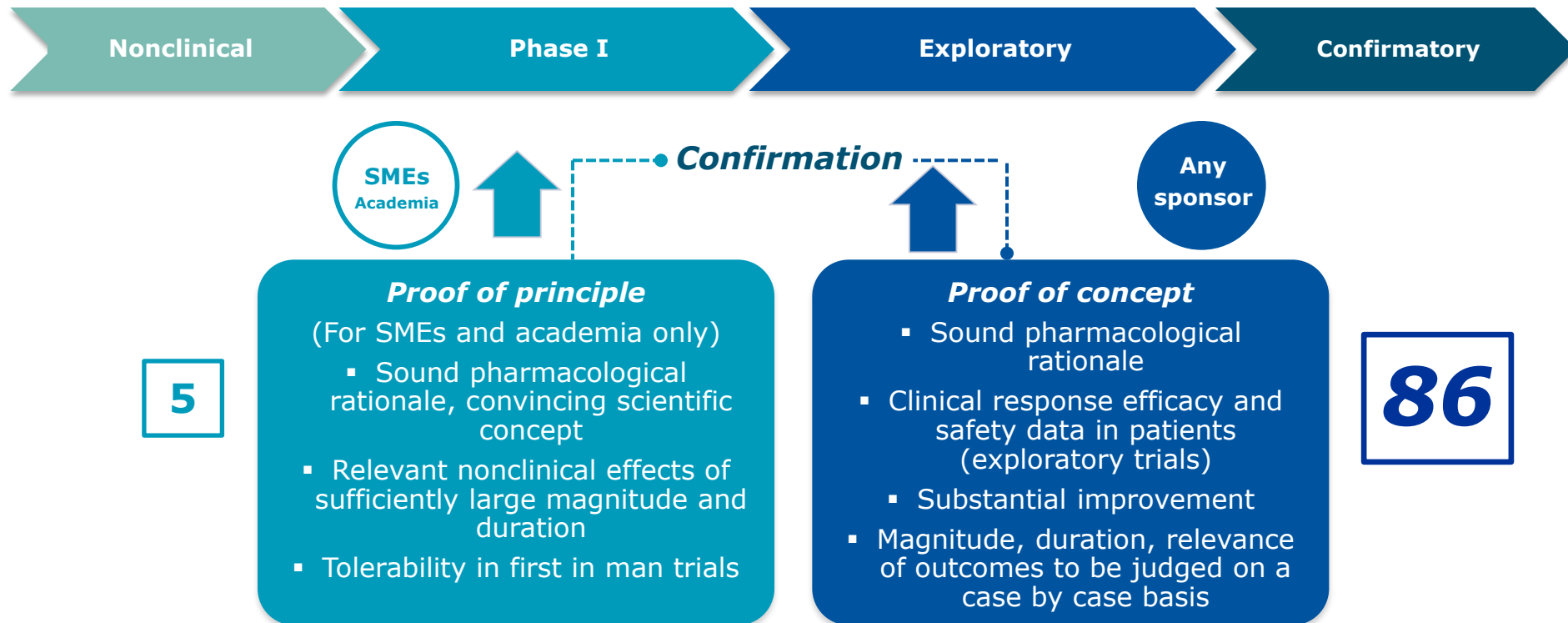
Requests based on literature

Extrapolation of data from other products

Entry points of PRIME eligibility requests



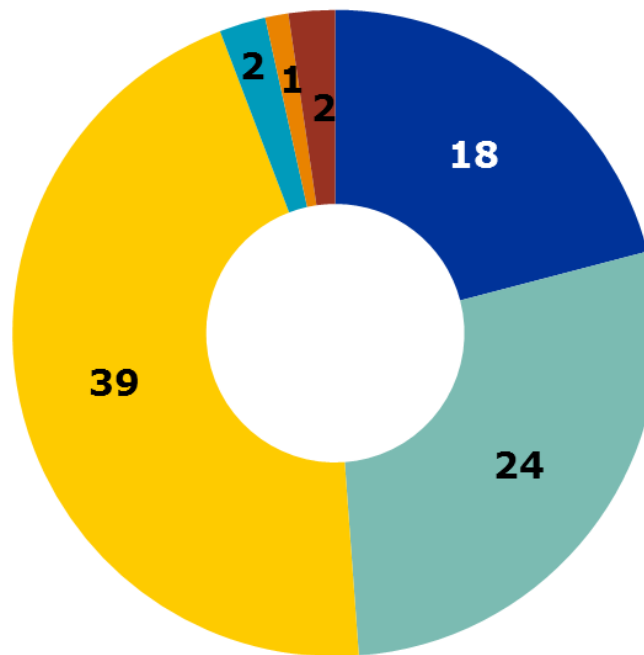
Entry points of PRIME eligibility requests



Proof of concept: phase of supportive studies

**Mostly data from
phase 1-2**

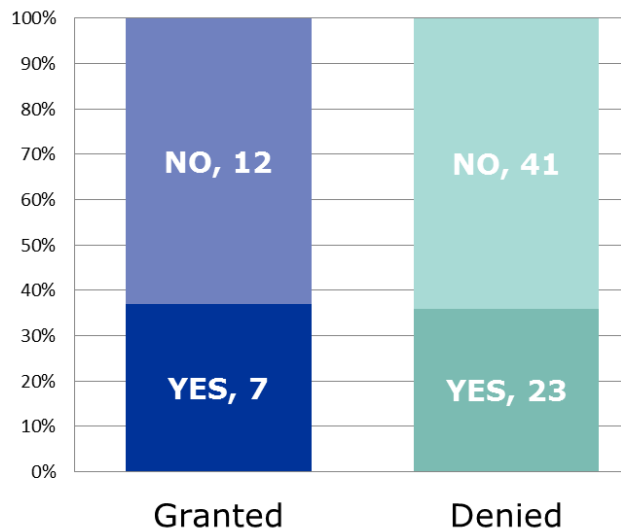
**> 50% with
supportive data from
only 1 study**



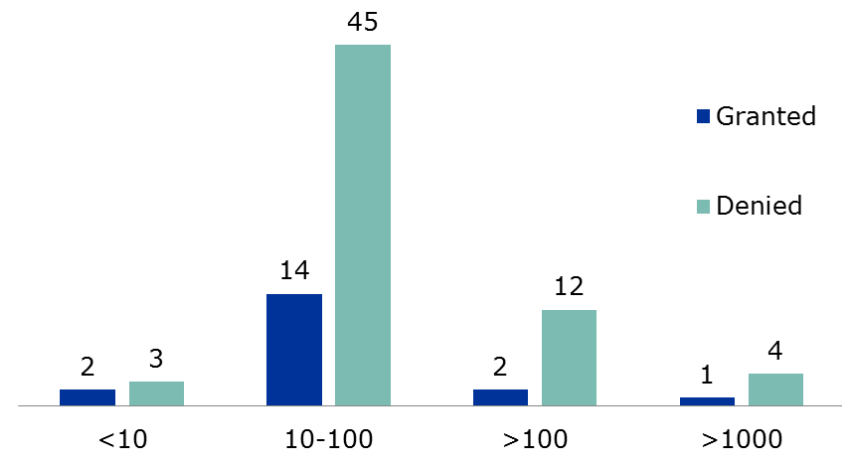
- Phase 1
- Phase 1-2
- Phase 2
- Phase 3
- Compassionate use
- Literature

Proof of concept: study data and number of patients

Data from randomised and controlled trial



Number of patients in target population



No correlation between study type, number of patients and success rate

Proof of principle 'early' stage: only 1/5 request granted



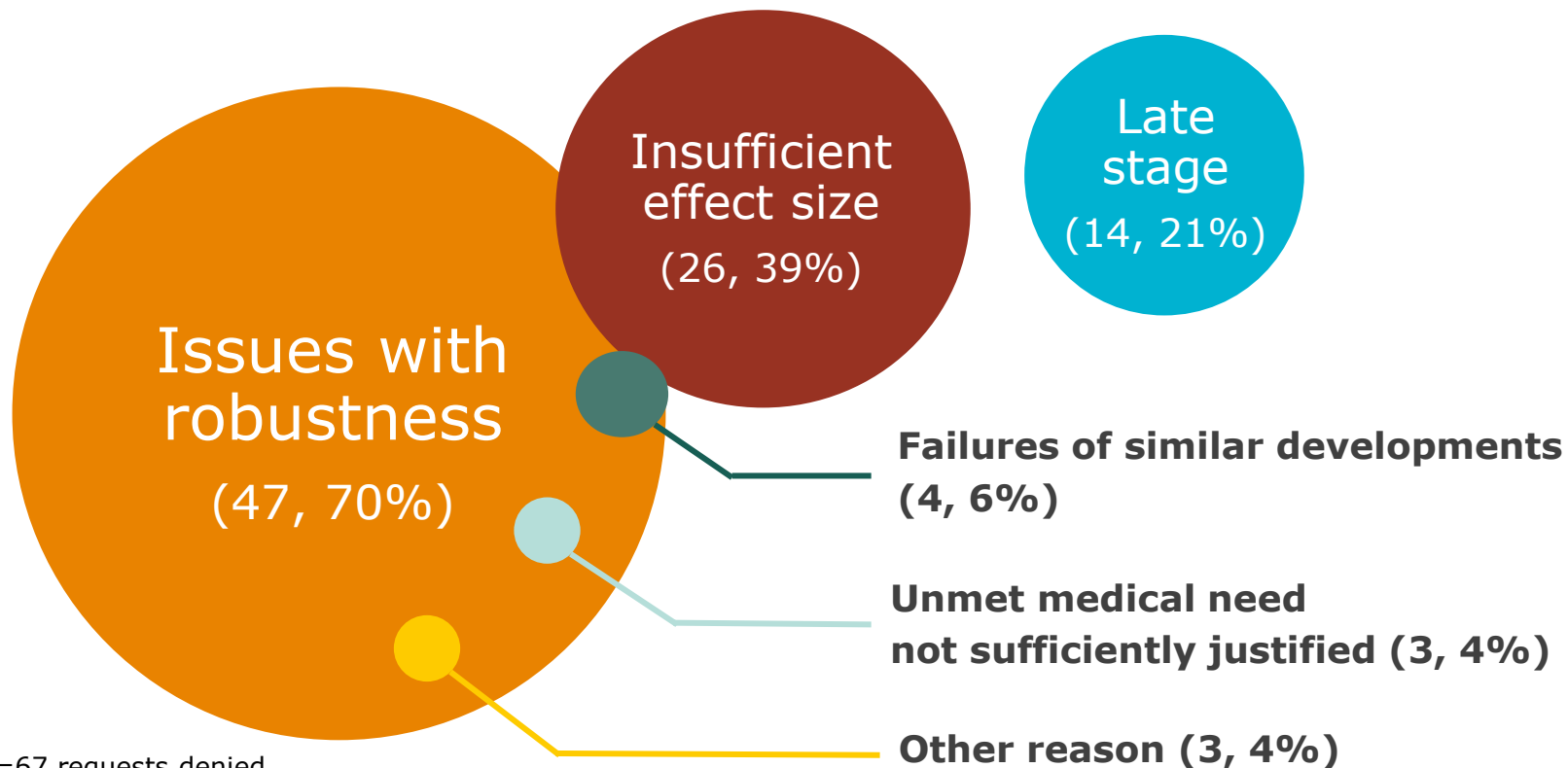
Main reasons for denial

Weak pharmacological rationale, insufficient nonclinical evidence on the claimed mechanism of action

Limited relevance of animal models presented

Insufficient PK exposure data to support expected clinical outcome

Reasons for denial at proof of concept stage



Reasons for denial at proof of concept stage: Examples of robustness issues



Trial design issues eg treatment effect not isolated from other factors, use of concomitant treatments

Failed study

Inconsistency of results

across studies, study groups or endpoints

Claim in subgroup insufficiently justified

Sample issues

size, heterogeneity, insufficient information on baseline

Comparison to inadequate historical control data

What do we expect to grant eligibility?



Unmet medical need

No treatment, or clear limitations of existing therapies (e.g. Alzheimer's disease)

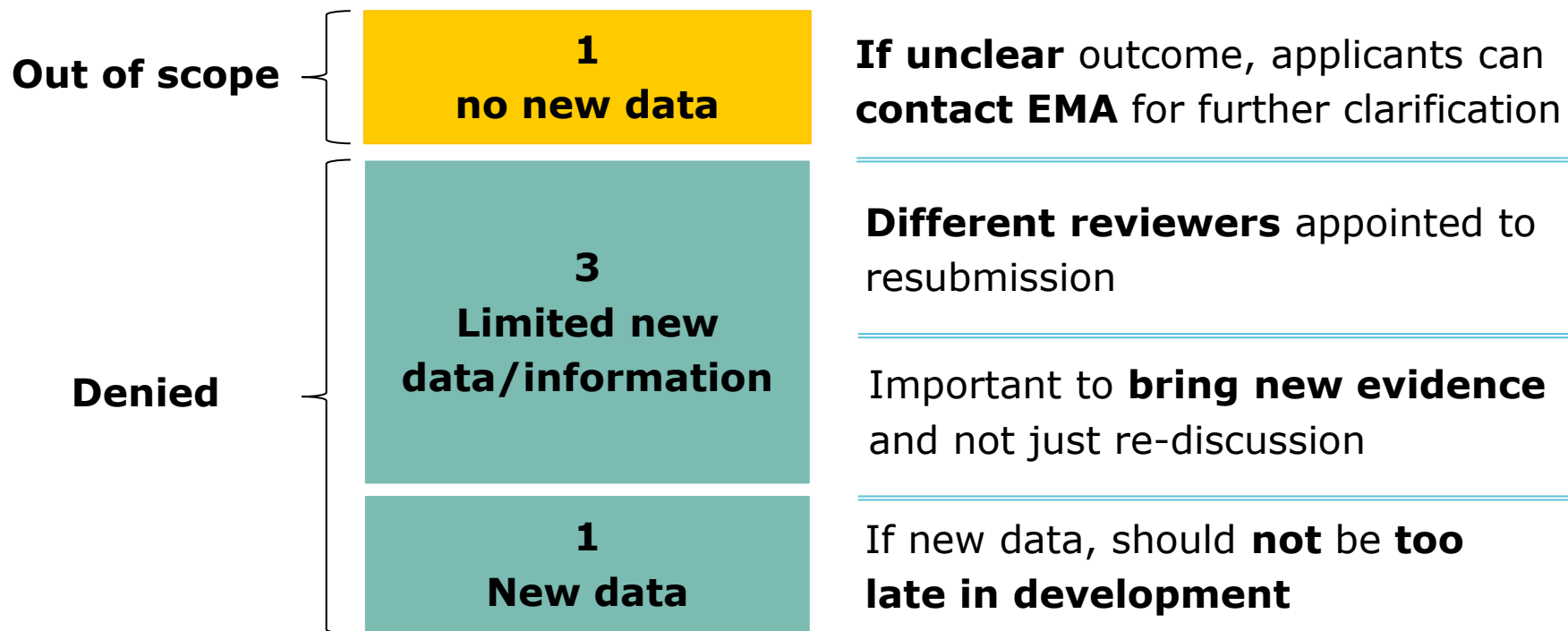
Nonclinical data supporting pharmacological rationale (e.g. gene therapy)

Clinical exploratory data on **relevant endpoint**

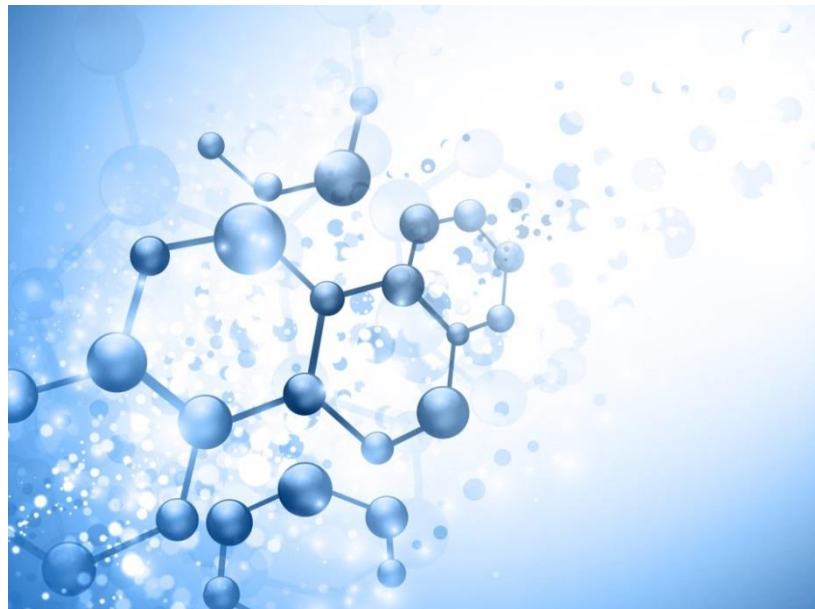
If uncontrolled, use **comparable historical control** i.e. need sufficient information on baseline characteristics

Magnitude of the effect size supporting major therapeutic advantage

5 re-submissions following denied eligibility



In summary,



Eligibility review: robust, short time, in writing

Quality of applications received is generally high

Substantiate the reliability of comparisons to external control

Proof of concept data and policy considerations determine timing for eligibility request

Resubmission should include new elements



Thank you for your attention

Further information

prime@ema.europa.eu

European Medicines Agency

30 Churchill Place • Canary Wharf • London E14 5EU • United Kingdom

Telephone +44 (0)20 3660 6000 **Facsimile** +44 (0)20 3660 5555

Send a question via our website www.ema.europa.eu/contact

Follow us on  **@EMA_News**

#PRIME