



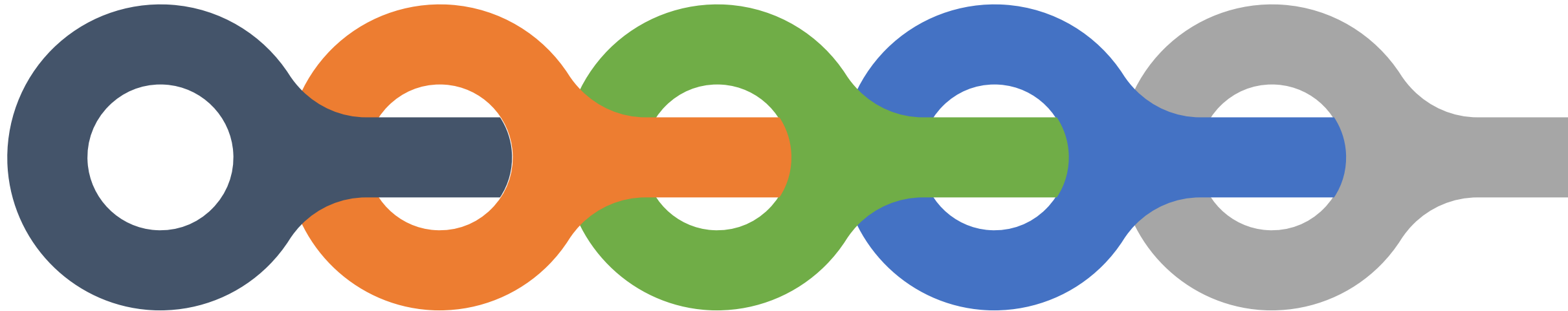
# STAMP PROPOSAL FOR THE REPURPOSING OF OFF-PATENT MEDICINES

Commission Expert Group on Safe and Timely Access to Medicines for Patients (STAMP)  
State-of-play of discussions with potential Champions

François Houyez

Joint meeting of patients', consumers' and healthcare professionals' organisations, EMA - September 25<sup>th</sup>, 2019

# Drug repurposing? EURORDIS involved since...



## Forsteo

For **osteoporosis**  
(menopausal women or people with high risk of bone fractures)

Form of [parathyroid hormone](#)  
Eli Lilly, authorised 2003  
Sales US\$ 779 mio 2008

## HypoPara- Thyroidism

In children : rare condition, unmet need  
Dr Karen Winer tested parathyroid hormone with some results (USA)  
2007: Gudrun Ruth Vidarsdottir and Scandinavian groups talked to Flaminia

## Issues

Could patients with HPTH use Forsteo off-label?  
But: evidence? Does it help?  
At what dose? Risk to induce osteosarcoma?  
Off-label not legally possible in all MS  
Reimbursement?

## EURORDIS targets

- Asked for SA to Afssaps on this new use
- Met with Eli Lilly. Obtained Eli Lilly grant CAB 2010
- To convince Eli Lilly to conduct CTs and submit a MA variation and/or post-MA monitoring

## Nowhere!

- Disagreement between Italian clinicians and Dr. Winer. Who thought first?
- Patient groups divided. No CAB possible
- No agreement with Eli Lilly

## Own Expertise in the area?

Scientific basis for the new indication?

If yes, then

SA

## Medical aspects to consider

Feasibility

SA

Is there a need for patients?

SA

Are all data there?

If more needed, feasible?

What other data are needed?

Manufacture or formulation changes?

SA

SA

Does this support a variation?

SA

## Economic aspects

Affordability

Costs of further data generation

Costs for obtaining and maintaining variation

Costs of manufacture or formulation changes

## Legal aspects

Liability

Patent disputes, competition ...

# MAH's questions. And reasons why SA might help

Repurposing medicines – at the same price?

## Example: Anticancer Fund UK

Proposes 9 medicines for repurposing them in oncology



## Example: Clarithromycin



- Authorised for bacterial infections
- New use: in multiple myeloma (MM)

## Interest

- Increases response rates to first-line treatments such as thalidomide and lenalidomide
- Can overcome resistance to lenalidomide and dexamethasone

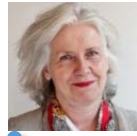
## Clinical data and supportive evidence

- CTs in progress, some peer-reviewed data
- SA to identify potential gaps in the data
- Multiple myeloma eligible for ODD
- SME status: access to SA fees reduction?
- Trials in US. Data can be extrapolated to EU



Rick Thompson  
CEO

Find A Cure



Elizabeth Vroom

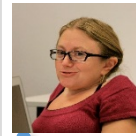
Duchenne Data  
Foundation?

World Duchenne?



Bruce Bloom  
Scientific advisor

Cures Within Reach



Ingunn  
Westerheim

Osteogenesis  
Imperfecta Federation  
Europe



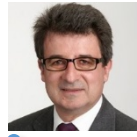
Prof Emile von  
Schaftingen

Christian de Duve  
Institute



Michela Gabaldo

Fondazione Telethon  
Italia



Christophe  
Poincilit

Schweizerische  
Niemann Pick  
Vereinigung?

INPDA?



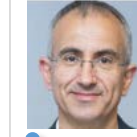
Prof Marc  
Doms

University Hospitals  
Leuven



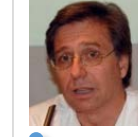
Jordi Mestres

Systems Pharmacology  
group, IMIM-UPF



Serge Braun  
Scientific Director

AFM-Telethon



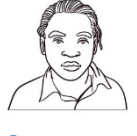
Pablo Lapunzina  
Badia  
Scientific Director

CIBERER



Marc de Broe

Uni. Antwerpen



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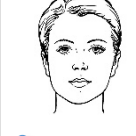
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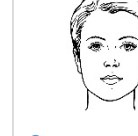
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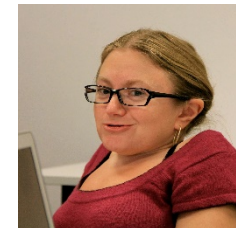


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# Champion 6

Ingunn Westerheim, OI Federation Europe  
23 May 2019



## Interest

Several bisphosphonates used to treat children (skeleton development) for 15 to 20 years (95% of children use them)

Conference mid-2019 to discuss with their scientific committee

Registered as an association in the Netherlands (*V40240387, Chamber of Commerce. Eindhoven*). Non-profit charity-status (ANBI) – fiscal number 8028 90 891



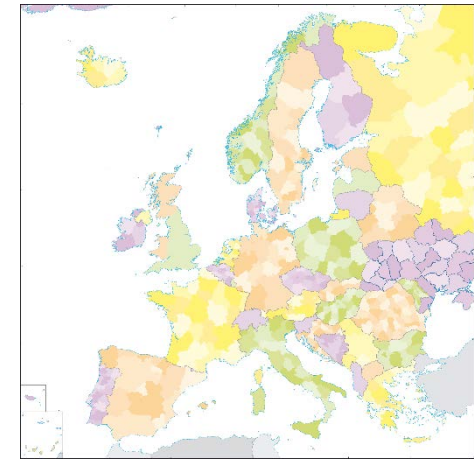
## Issues

Cochrane review on the use of bisphosphonate in Oï (children): mitigated conclusions. A case for a CHMP public hearing or larger meeting?

New product in development (anti-sclerostin) but no authorised comparator



# Champion 9 EURORDIS?



## Interest

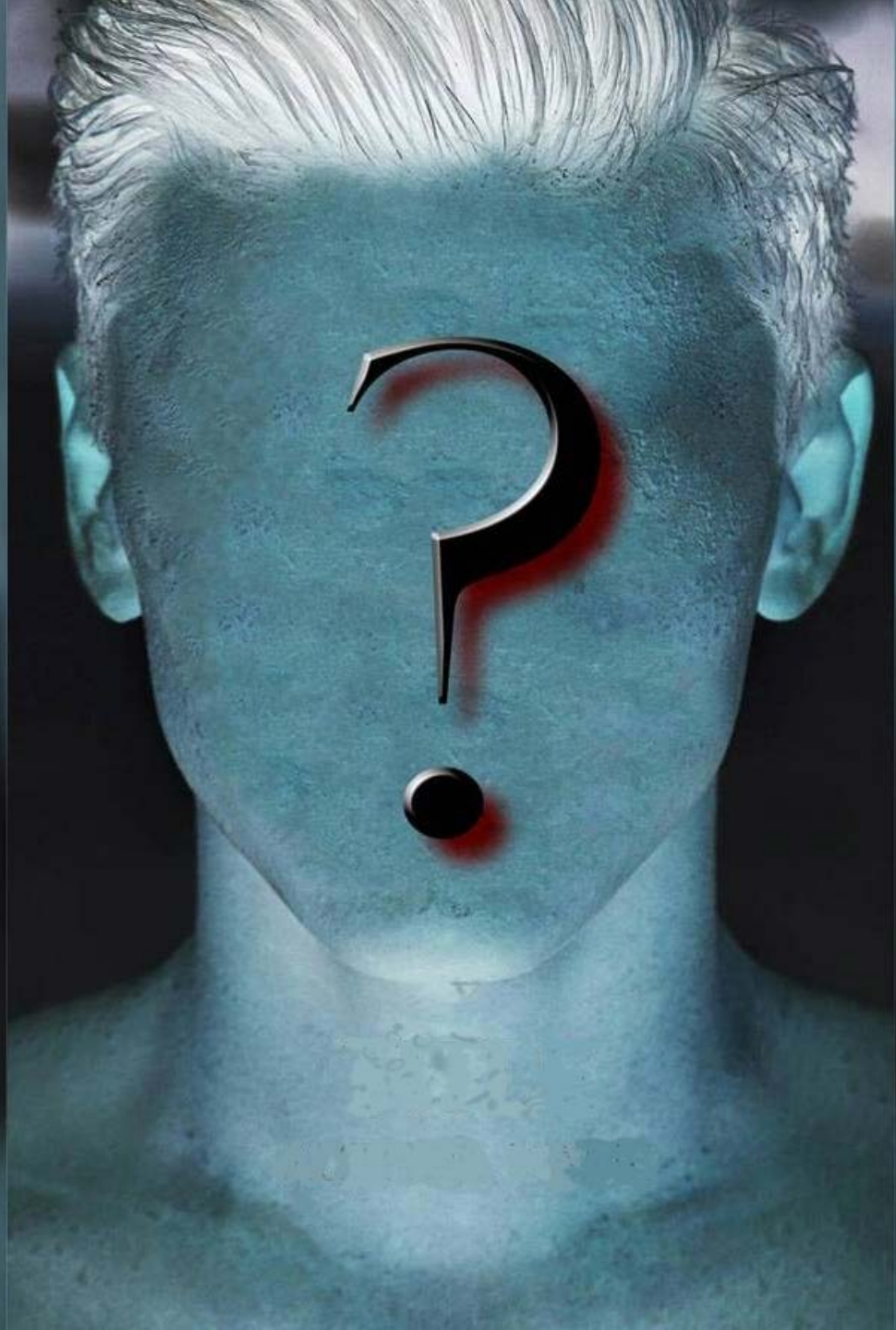
Our Mission and Vision

Precedents (e.g. Forsteo®)

Position on drug repurposing

STAMP working group member, RepOG member





*Who could help?*



*"Your idea sounds really interesting"*

Tomas  
Salmonson

Chair, CHMP,  
EMA 2012-  
2018

Now associate  
in Consilium  
Salmonson &  
Hemmings



*EURORDIS should definitely be doing it. I'd like to take part*

Rob  
Hemmings

Former chair  
of EMA SAWP

Now associate  
in Consilium  
Salmonson &  
Hemmings



*"This is a great and stimulating idea, thanks to EURORDIS for proposing it."*

Leeza  
Osipenko

led SA at  
NICE

Now lecturer  
at LSE  
Department  
of Health  
Policy



*"I definitely want to establish a collaboration on lower cost R&D with you guys"*

Mira  
Pavlovic

Deputy Director  
for HTA EU  
Collaboration  
HAS

Head of SA,  
French Agency  
Now MDT  
consulting and  
NDA Reg

Clare  
Thibodeaux

Cures Within  
Reach

Scientific  
director

# Some outstanding issues to monitor

Assessment of evidence quality when studies not compliant with ICH standards ?

How to bring HTA perspective in the SA dossier? E.g. relative effectiveness

Unexpected obstacles / more guidance needed (Repurposing Observatory Group)

Product with evidence that needs to be generated: who pays? New funding sources?  
Crowdfunding, H2020 and beyond?

R&D at a lower cost including ATMPs?

Economic analysis

How to guarantee price will be kept limited? → political agenda

# At a fair price? Price comparison of selected medicines for common and rare indications in Belgium in 2011 (Source: Prof Marc Dooms, Uni Leuven)

Active substance name	Brand name common disease	Unit dose	Cost per unit dose	Marketing date	Brand name rare disease	Unit dose	Cost per unit dose	Marketing date	Price difference
aztreonam	Azactam	4,000 mg	58.88	1984	Cayston	225 mg	131.52	2004	x 40
Celecoxib	Celebrex	200 mg	0.96	2000	Onsenal	800 mg	4.05	2001	x 1.05
Chenodeoxycholic acid	Chenofalk	750 mg	2.01	1975	Xenbilox	750 mg	23.76	-	x 11
Cladribine	Leustatin	8 mg	315.32	1991	Litak	2 mg	356.91	2001	x 4.5
Dexrazoxane	Cardioxane	1,500 mg	867.87	2000	Savene	500 mg	10,140.5	2001	x 35
Everolimus	Certican	0.25 mg	2.33	2006	Afinitor	10 mg	265.80	2007	x 2.5
Histamine	Histamine	1 mg	0.75	1970	Ceplene	1 mg	150.00	2005	x 200
Sildenafil	Viagra	50 mg	19.14	2002	Revatio	60 mg	29.10	2003	x 1.3
Tadalafil	Cialis	10 mg	13.27	2004	Adcirca	20 mg	15.45	-	x 0.6
Tobramycin	Obracin	240 mg	12.78	1996	Tobi	300 mg	44.17	2003	x 2.8
Carbidopa / levodopa	Sinemet	75 mg/ caps	0.36	2000	Duodopa	500 mg/ infusion	116.66	2001	X 49

# Some questions to regulators



Rare Diseases: there are orphan drug designations with no progress (no R&D). Could they be transferred to Champion or MAH to benefit from incentives?



Is there a possible conflict for organisations engaged with EMA and working with academics on drug repurposing to obtain SA? Or to look for a MAH willing to submit a variation?



Same question for members of scientific committees representing patients, when their organisation engages in repurposing scientific advice?



SA at EMA 38 000 – 76 000 €. Fee exemptions for academics, SMEs, PRIME products... Patients' or healthcare professionals' organisations?

**Your views?**

THANK YOU