Five years with the Orphan Drug Directive in the EU
Achievements by the COMP

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Overview of the COMP main tasks*

1) Designation-related activities: the EMEA OMP Policy continuity

2) Non designation-related activities: public-health oriented

* *All COMP activities are fully and closely supported by the EMEA (Sector of OMP and Scientific Advice): legal, regulatory, procedural, administrative and specific scientific support*

What does Orphan Designation implies?

- **Scientific-based/product-oriented and disease-management assessment.**
- **Provides different incentives to facilitate drug research and Market Exclusivity**

…Conditions for achieving orphan drug status…

- The sponsor's hypothesis should be biologically plausible
- The indication should be a genuine one (i.e. valid condition) and not a 'manufactured' one by sub-setting a common condition (i.e. artificial subset or "salami-slicing")
- The prevalence limit should not exceed 5 per 10,000 (227,000 patients affected in the EU)
- Significant Benefit Criterion ("added value")
- Alternatively an economic criterion can be considered

Orphan Medicinal Products

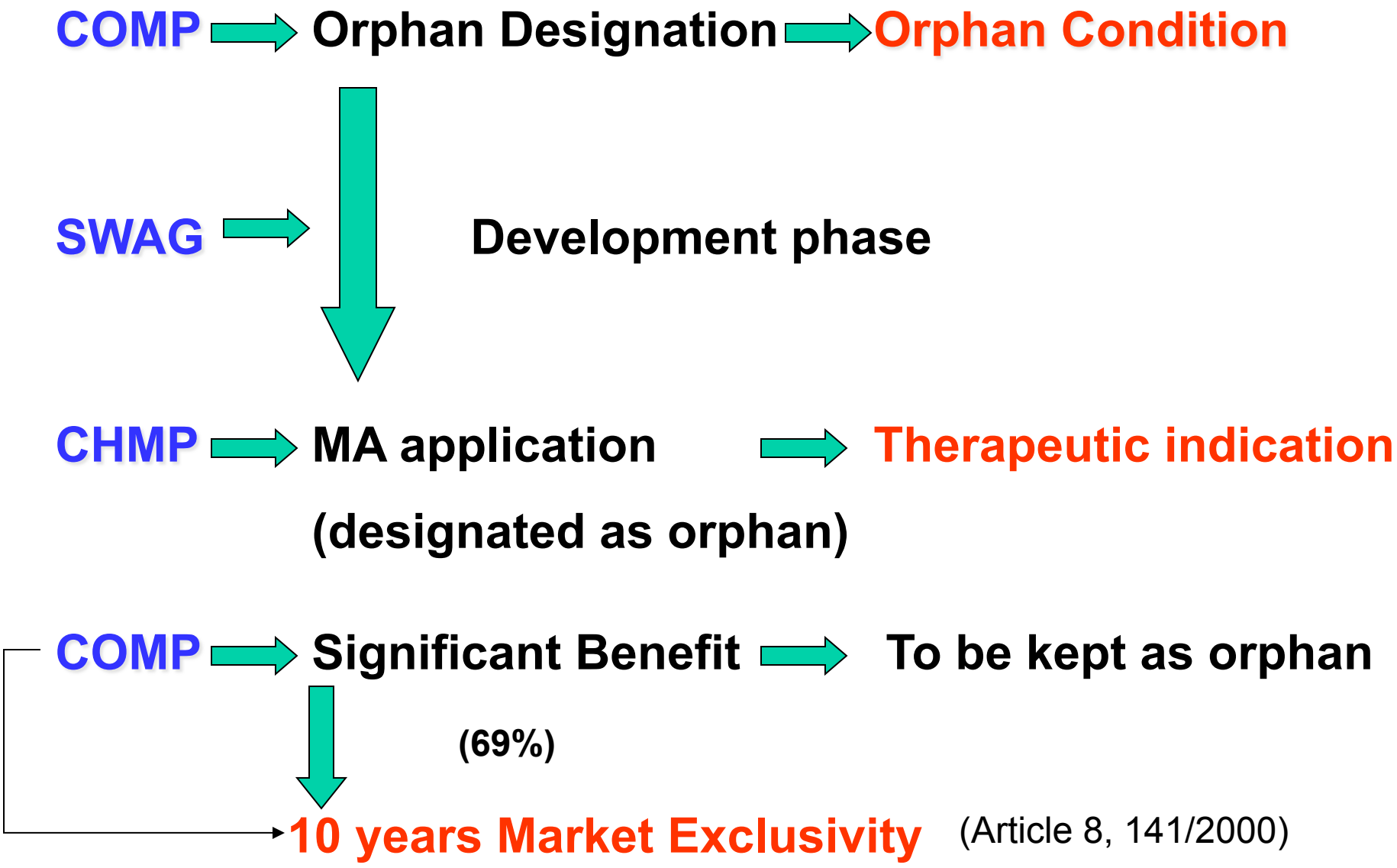
Main EU Incentives

- Ten years exclusivity from the date of marketing authorisation
- Protocol assistance from the EMEA
- Direct access to Centralised Procedure
- Fees reduction for centralised applications
- Priority access to EU research programs

National Incentives

- Inventory published on Commission Web-site

EMEA/OMP Policy Continuity



Public-Health COMP related activities

1) To advise the Commission: EU Policy on OMP

2) To assist the Commission:

    a) In liaising internationally
    b) In liaising with patients support groups
    c) In preparing guidelines

* *The COMP/EMEA 3-year report (1st Mandate, have addressed this issue)*

Turning Hopes into Reality: Designation

COMP achievements April 2000-February 2005

Applications submitted	440
Positive COMP opinions	297
Commission decisions	259
Final negative COMP decisions	6
Applications withdrawn	128

Withdrawals failure rate*

- **Overall (April 2000 – February 2005): 31%**
  - 2000: 19%
  - 2001: 31%
  - 2002: 43%
  - 2003: 44%**
  - 2004: 23%

*Including negative COMP opinions
** Reinforcing the pre-submission EMEA meetings + COMP Guidelines

PROFILLING THE COMP OPINIONS -I-

→By ATC Code:

- **36% Oncology**
- **11% Metabolism**
- **11% Immunology**
- **7% Musculoskeletal and CNS**

→By Product type:

- **Innovative / "old" substances ratio: 60%**
- **Biotech-based products: 33%**
- **Biological / plant-based products: 6%**

PROFILLING THE COMP OPINIONS -II-

→By prevalence:

- < 1 / 10 000 = 61%
- 1-3 /10 000 = 31%
- 3-5 / 10 000 = 8%

→By population type:

- Children and adults 56.3%
- Children only 9.4%
- Adults only 34.4%

→By company size: SME 85%

Turning Hopes into reality: MA

CHMP Achievements: up to February 2005

- ✓18 Authorised Orphan Medicinal Products
- ✓2 CHMP positive opinion in decision-making
- ✓3 Extension-line of new indications granted
- ✓9 Centralised application on-going (review phase)
- ✓4 Applications submitted MR*
- ✓67 Protocol assistance**

**Centralised review Mandatory as November 2005*
*** Provided by SAWG with COMP contribution*

Challenges on Orphan Drug Clinical Development

- Conventional methodological designs need to be adjusted and applied in a flexible manner
- Alternative methodological approaches and patient-saving designs should be encouraged
- Compassionate and expanded access programmes should not undermined the conduct of well-designed studies
- Investigation phase goes beyond the MA: conditional / under exceptional circumstances approval, thus early PhV planning becomes crucial

Public Health related COMP/EMEA achievements

1) Regular interactions with OOPD/FDA
2) More input to funding community projects: DG Research and DG SANCO
3) Gathering information from national initiatives
4) Contributing to make RD more “visible” and “known” by society and health professionals by catalyzing discussions among relevant stakeholders

Increasing the Awareness on RD

✓2nd *Workshop for Learned Societies and Academia*:

EMEA, 4TH March 2005

✓Contribution to the EUROPEAN CONFERENCE FOR RARE DISEASES (“*From difficulties to solutions for the rare disease community*”), organized by Eurordis, under de Luxembourg presidency of the EU: 21-22 June 2005

EMEA/COMP ad-hoc group for the review of the Orphan Legislation (horizon 2006)

- ✓COMP adoption – May 2005
- ✓Transmission to the Commission – June 2005
- ✓Commission shall publish a general report on the experience gained + public health benefits obtained by 22 January 2006 (art. 10; 141/2000)

EU Regulation Benefits of Orphan Medicines

1. Patients

2. Academic and professional development

3. Pharmaceutical Industry

Patients

Increase of society awareness and advocacy

- **EURORDIS**
- **National organization**
- **Patients associations**
- **Affected families**

More authorised medicines and drugs on the investigational track.

More objective information on new medicines is available.

The role of patients groups as "non-medical experts" will be increased

Clinical Trials Public Rare Diseases Database is ongoing.

Availability and true access to OMP is what really

Academic Environment and Professional Development

- More research activities founded by EU/National grants.
- Translation from basic research to clinical (e.g. emerging therapies derived from Human Genome knowledge).
- Pan-European network of centres of excellence.
- Contributing to expand the rare diseases paradigm.
- Empowering patients in the co-decision interventions.
- Clinical Trials Public Rare Diseases Database is ongoing.

More public founds for research and continuing activities are still a priority

Pharmaceutical Industry

- **Incentives to develop medicines for a small segment of market.**
- **Positive impact on SME's.**
- **Increasing use of EMEA Protocol assistance.**
- **Guidance for planning and conducting research on rare diseases by the EMEA' scientific committees has been released for public consultation.**

Establishing the fair price of Orphan Medicines a pending issue for ensuring long-term sustainability by national competent authorities

The experience gained so far …

- RD/OMP is a high priority in the EU Public Health
- The current EU OMP legislation has demonstrate clear benefits for all stake holders, paving the road to fostering biomedical research in this field
- Health professionals and voiced patients play an irreplaceable role
- The EMEA together with its scientific committees gives the appropriated forum to maximize the overall orphan drug research

In Conclusion

COMP Members and EMEA Staff are ready to interact openly with all sponsors in order to improve the overall outcome of the Orphan Legislation for the sake of patients and Public Health Interested.

EMEA/COMP is working together with interested parties to make proposals and give advice to Commission on the next revision of the EU OMP legislation frame.