

# Targeted Product Development: Personalized Medicine and Orphan Product Development

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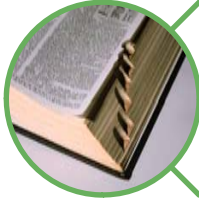
# Introduction

Personalized Medicine

US Orphan Product Development

EU Orphan Product Development

# Personalized Medicine



What Does it Mean?



What is the Current Status?



What are the Future Goals?



Personalized Medicines as  
Orphan Products

# Personalized Medicine: What Does It Mean?

Tailoring medicines to an individual

A priori identification of therapeutic targets

Companion diagnostic products

FDA Safety and Innovation Act vs. Comparative Effectiveness Research

Personalized Medicine Coalition (PMC)

# Companion Diagnostic Products

Herceptin  
(Genentech/  
Dako) - 1998

(HER2+)  
Breast  
Cancer

Selzentry  
(Pfizer/  
Monogram) -  
2007

HIV  
Subtype

Xalkori  
(Pfizer/Abbot)  
- 2011

5 percent  
of lung  
cancer  
patients

Zelboraf  
(Roche/Plexxi  
kon) - 2011

50 percent  
of  
melanoma  
patients

> 70 Diagnostic Tests Currently

[FDA Guidance 7/2011](#)

# Companion Diagnostic Development Problems

Large Pharma/Small Device Company

Limiting to Pharma Profits

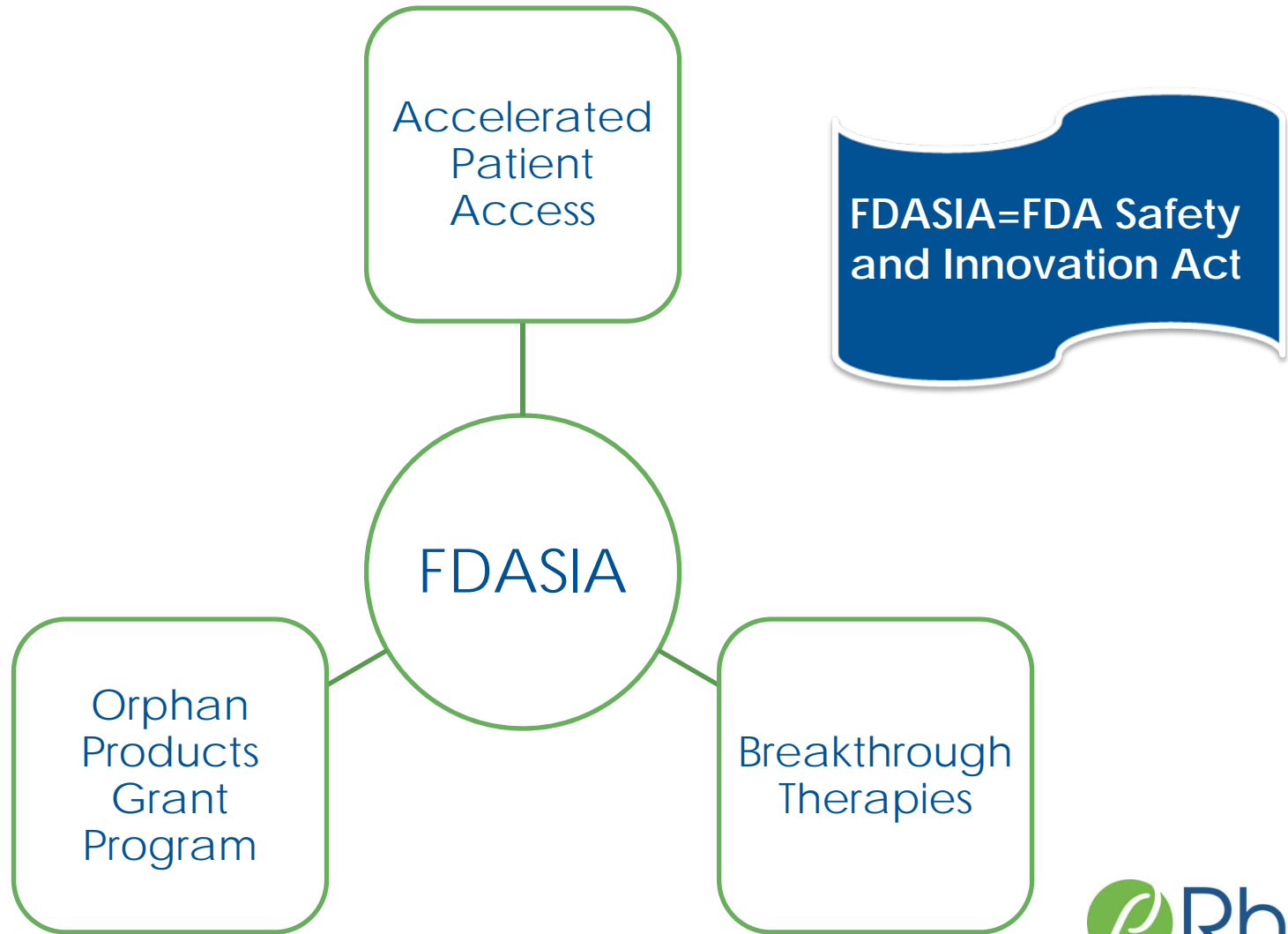
Sufficient Understanding of Mechanism of Action

Drug May Never Reach Market

How to Divide the Profits?

Diagnostics Have No Exclusivity

# Personalized Medicine – Current Status



# Comparative Effectiveness Research (CER)



"One size fits all"



Patient Centered Outcomes Research Institute (PCORI)



Objections voiced by PMC and National Organization of Rare Diseases (NORD) is probably not happy



Cost of CER clinical studies more practical with personalized medicines

# Personalized Medicine: Future Goals

## Biomarker Identification

Surrogate marker validation

Accelerated approval utilization

## Electronic Health Data Systems

Greater collaboration

Proteomic and genomic databases

## Better Patient Care Through Advanced Science

Greater chance of successful therapy

Fewer failed treatment regimens

Fewer adverse events

# Personalized Medicines: Orphan Products

**An Understanding of Orphan Product Development is More Important than Ever!**

# US Orphan Product Development



# Overview

US Orphan Drug Act (ODA)

Recent experience with Orphan Products

Application Process

# US Orphan Drug Act

Orphan Drug Act (ODA) was signed into law on 4 January 1983

Amended the Federal Food Drug and Cosmetic Act (FD&C Act)

Provides Product Sponsors incentives to develop drugs for rare diseases

Proposed Rule Amending Act

# Orphan Drug Act

Product that treats a rare disease affecting fewer than 200,000 Americans (prevalence of less than 200,000)

Product may treat more than 200,000 persons in the US, but there is no reasonable expectation that the cost of developing and making the product available in the US will be recovered from sales

# Prevalence Versus Incidence



**Prevalence:** Total number of cases of a disease in a given population at a specific time



**Incidence:** Number of new cases of a disease during a given interval (frequency of occurrence)

# The US Orphan Drug Act's Incentives

Tax incentives

Research grants for early clinical studies

Waiver of application user fees

Additional market exclusivity upon approval

Potentially faster product approvals

FDA protocol assistance

# Tax Credits

Internal Revenue Code Section 45C allows a 50% tax credit for clinical testing expenses after the drug has received Orphan Drug designation, but before the date the FDA approves a market application

Able to carry back 1 year and forward for 20 years

No tax credit can be allowed for testing outside the US unless there is proof of an insufficient testing population exists in the US

# Research Grants

Administered by FDA Office of Orphan Product Development

Orphan Designation not required

Typically \$200,000-\$350,000 for up to 3 years

Grant applications solicited through the Request for Applications (RFA) published in the Federal Register

To date, grants have provided financial support contributing to approval of 45 orphan products

# Exemption From Application User Fees

Fiscal 2012 PDUFA NDA user fee:  
\$1,841,500

NDA for an orphan product is exempt from this fee unless the application includes an indication for other than a rare disease

No specific exemption from annual marketed product and establishment fees

- Possible to request a waiver

# Market Exclusivity

7 Years

- Orphan Drug Act Section 527 provides market exclusivity for a designated orphan drug or biologic

Multiple

- Indications can be developed for a single product, with each covered by a separate Orphan Drug designation and potentially granted a separate market exclusivity term

Not  
guaranteed

- Clinically superior products will trump exclusivity agreements

# Faster Product Approvals



Smaller patient populations



Less clinical data



Reviews require less time



Potential Priority Review

**Example:** Orphan drugs approved in 2004 had an average approval time of 5.6 months

# FDA Protocol Assistance

Orphan Drug Act Section 525 provides for formal protocol assistance upon sponsor request

Review responsibility resides with the review division

Office of Orphan Product Development acts as sponsor advocates by monitoring protocol review and acting to resolve issues

Access to protocol assistance does not waive IND submission requirements

# Pediatric Drug Development and the Orphan Drug Act Incentives



- Office of Orphan Products Development (OOPD) encourages Sponsors to obtain orphan-drug designation for a drug for pediatric use
- OOPD has determined that pediatric patients constitute a “medically plausible” subset of patient population
- Number of pediatric patients affected by the disease must meet the statutory prevalence limit of 200,000

# Orphan Product Facts

350

- Orphan products that have received US Orphan Product Designation

45

- # of products from the US Orphan Products Grant Program that have received marketing approval

6,000

- Documented rare diseases
- <http://rarediseases.info.nih.gov>

[Common EU and US Orphan Designation Application exists](#)

# Recent Examples of Orphan Drug Approvals

## Voraxaze® (Glucarpidase)

- Toxic methotrexate plasma concentrations due to impaired renal function

## Jakafi® (Ruxolitinib)

- Intermediate or high-risk myelofibrosis

## Erwinaze® (Asparaginase Erwinia chrysanthemi)

- Acute Lymphoblastic Leukemia in patients with hypersensitivity to E. coli-derived asparaginase

## Ferriprox® (Deferiprone)

- Transfusional iron overload due to thalassemia syndromes when current chelation therapy is inadequate

# Some Challenges

Accrual of patients for studies is difficult

- Patients are few
- Generally patients are geographically dispersed

Challenges to using non-US centers

- Design and methods followed must be the same as those used in the US for the data to be acceptable to the FDA

# How to Apply for Designation as an Orphan Product

A sponsor shall submit two copies of a completed, dated, and signed request for designation:

- Request statement, name, and address of the sponsor
- A description of the rare disease, the proposed indication(s), and the need for the therapy
- A description of the drug and the scientific rationale for using the drug for the rare disease or condition
- Explanation of clinical superiority for subsequent drugs for the same condition
- Demonstration that subset is medically plausible
- The regulatory and marketing history of the drug
- Documentation that the disease affects fewer than 200,000 people in the United States
- A statement as to whether the sponsor submitting the request is the real party in interest of the development and the intended or actual production and sales of the product

Common EMA/FDA  
Application Recommended

# NO SALAMI SLICING ALLOWED!



# EU Orphan Product Development (Medicines for Rare Diseases)



# Overview

Regulation EC 141/2000

Committee for Orphan Medicinal Products (COMP)

Pre-Submission

Application and Process

COMP Opinion

Appeal?

Annual Update Report

# Regulation EC 141/2000

In force  
since 16  
Dec 1999

Community  
procedures  
for  
designation  
of orphan  
drugs and  
criteria for  
orphan  
status

Establishes  
the COMP

Confirms  
Market  
Exclusivity

Use with  
regulation  
EC  
847/2000

# Article 3 - Criteria

A medicinal product shall be designated as an orphan medicinal product if its sponsor can establish:

(a) that it is intended for the diagnosis, prevention or treatment of a life-threatening or chronically debilitating condition affecting not more than **5 in 10 thousand** persons or, without incentives it is unlikely that the marketing of the medicinal product would generate sufficient return to justify the necessary investment;

and

(b) that there exists no satisfactory method of diagnosis, prevention or treatment of the condition in question or, if such method exists, that the medicinal product will be of **significant benefit** to those affected by that condition.

# COMP

Committee within EMA consisting of one member nominated by each member state, three nominated by the commission representing patient groups (European Organization of Rare Diseases (EURODIS) & three recommended by the EMA. Tasks:

(a) examine applications for the designation of a medicinal product as an orphan medicinal product submitted to it in accordance with Regulation 141/2000;

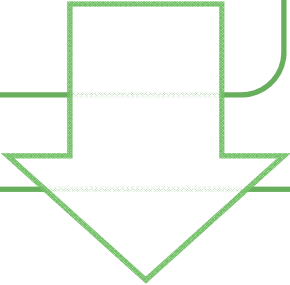
(b) advise the Commission on the establishment and development of a policy on orphan medicinal products for the EU;

(c) assist the Commission in liaising internationally on matters relating to orphan medicinal products, and in liaising with patient support groups;

(d) assist the Commission in drawing up detailed guidelines.

# Marketing Exclusivity

The community and member states shall not, for a period of 10 years, accept another application for a MA, or grant a MA or accept an application to extend an existing MA for the same therapeutic indication in respect of a similar medicinal product.



The period may be reduced to six years if at the end of the 5<sup>th</sup> year the criteria in article 3 of regulation 141/2000 are no longer met

# Pre-Submission 1



- Notify EMA of intent to submit



- Request pre-submission meeting – NO FEE



- Usually via teleconference



- Follow up teleconferences are possible

# Pre-Submission 2

EMA will send invite for the meeting via email

One week before meeting must send:

- Draft of application
- List of questions
- Short power point presentation
- List of participants
- Dial in details (expenses incurred by sponsor)

# Submission

Format of application must be in line with guideline  
ENTR/6283/00 Rev 3

Application must be signed and dated by sponsor

Sponsor must be EU defined as “legal or natural person,  
established in the community”

Paper = One original

Electronic = Two (main sections in word format, bibliography  
in pdf)

# Language

Full application usually in English

If references are not in English usually require a summary in English if possible

The following should be translated in all languages of the EU plus Icelandic and Norwegian (24 languages):

- The name of the product (INN)
- The proposed orphan indication

# Content of EMA Application

Application Divided into Six Sections:

A

- Description of Condition

B

- Prevalence of condition

C

- Potential for Return of Investment

D

- Other methods of diagnosis, prevention or treatment

E

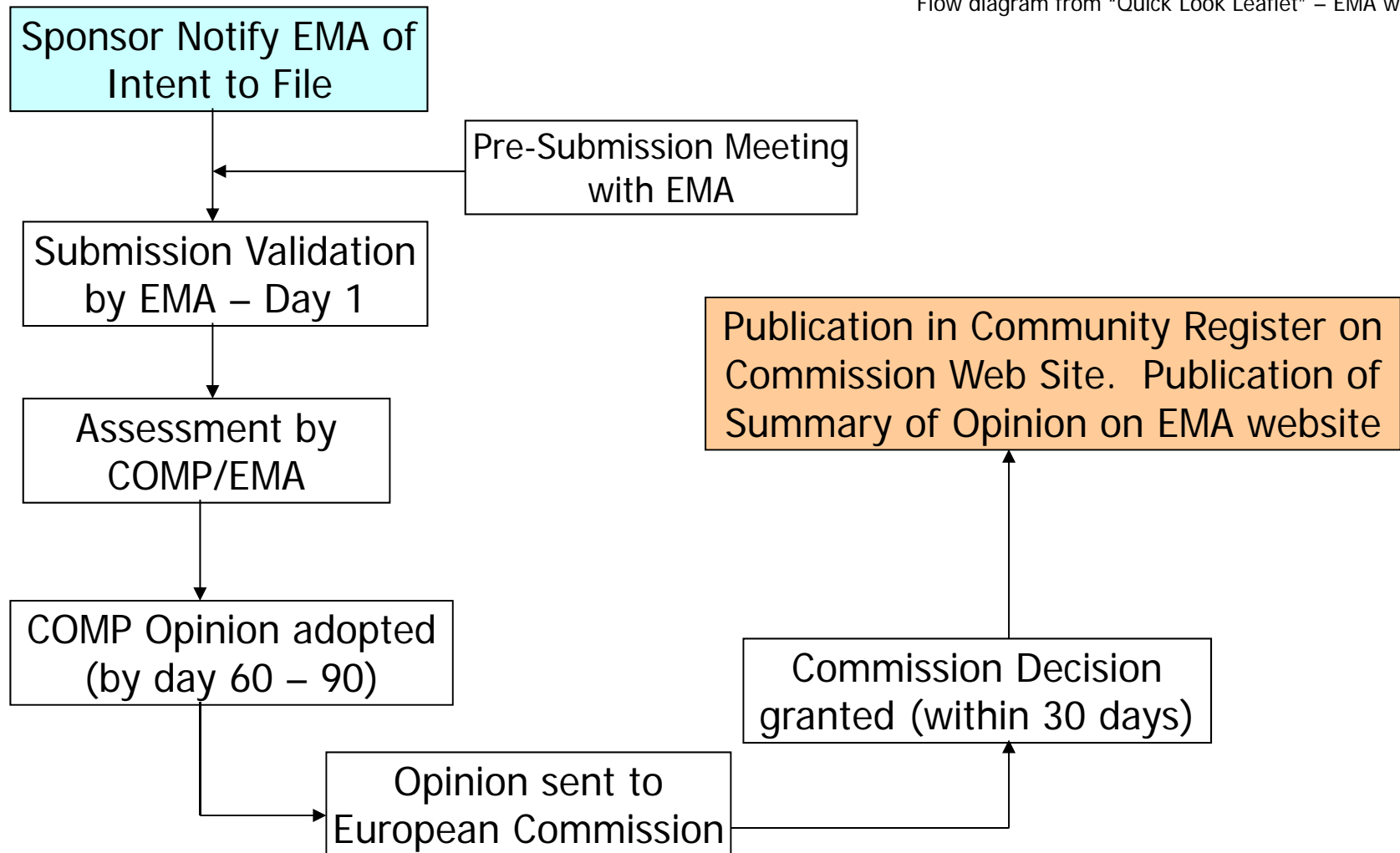
- Description of the stage of Development

F

- Bibliography

# Process Overview

Flow diagram from "Quick Look Leaflet" – EMA website



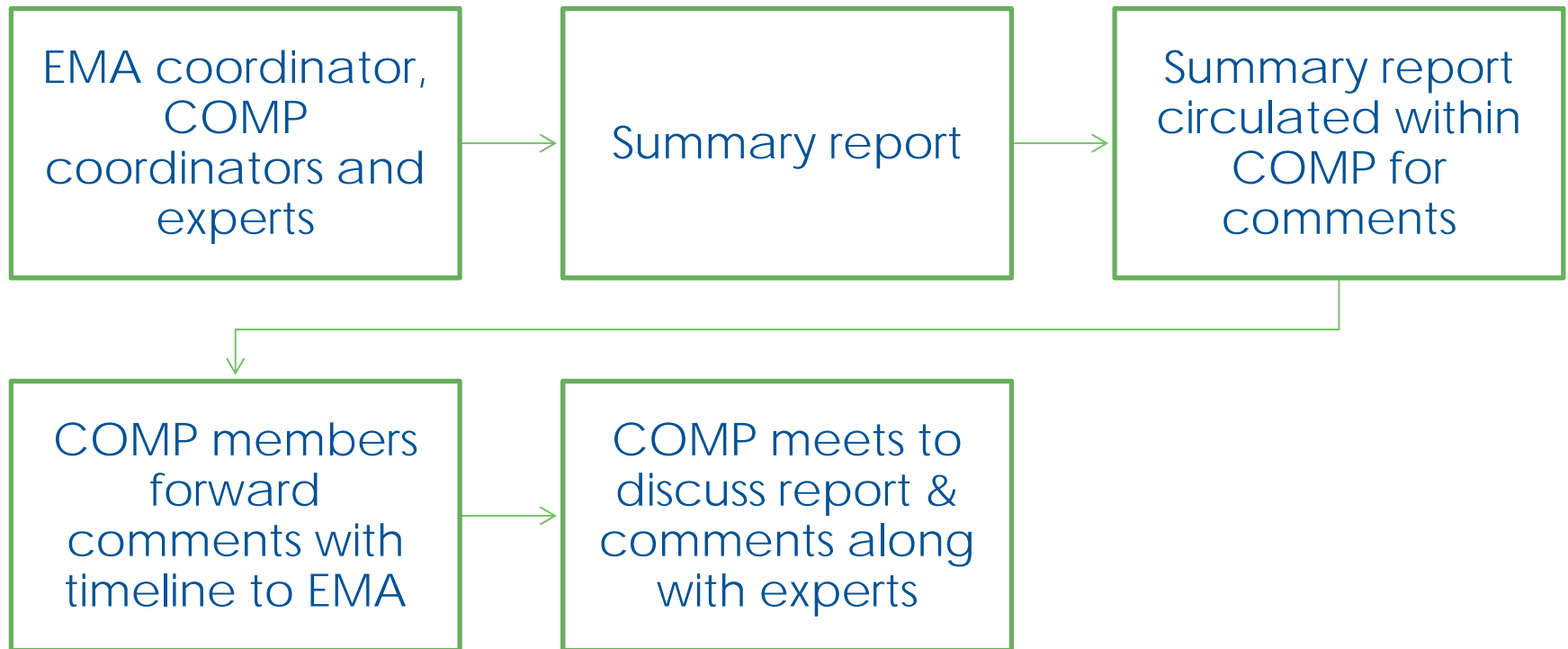
# Validation

EMA secretariat to complete validation

If EMA requires additional information, sponsor has 3 months to respond

If no response within deadline, sponsor must submit a new, complete application

# Evaluation



# Opinion 1

Before Day 90, COMP adopts opinion

If negative outcome, sponsor may be invited for an oral explanation

Opinion may be obtained during COMP meeting or by written procedure

If no consensus, then majority of two thirds (at least 22 members) will adopt the opinion

# Opinion 2

EMA revise summary report taking into account  
COMP discussions

EMA forwards opinion to Commission and Sponsor

Decision adopted by Commission within 30 days of  
receipt

If favourable decision, product is entered in the  
community register of Orphan Medicinal Products

# Appeal

If negative opinion, sponsor can appeal

Must notify of intent to appeal without delay in writing

Must forward detailed grounds for appeal to EMA within 90 days of receipt of opinion

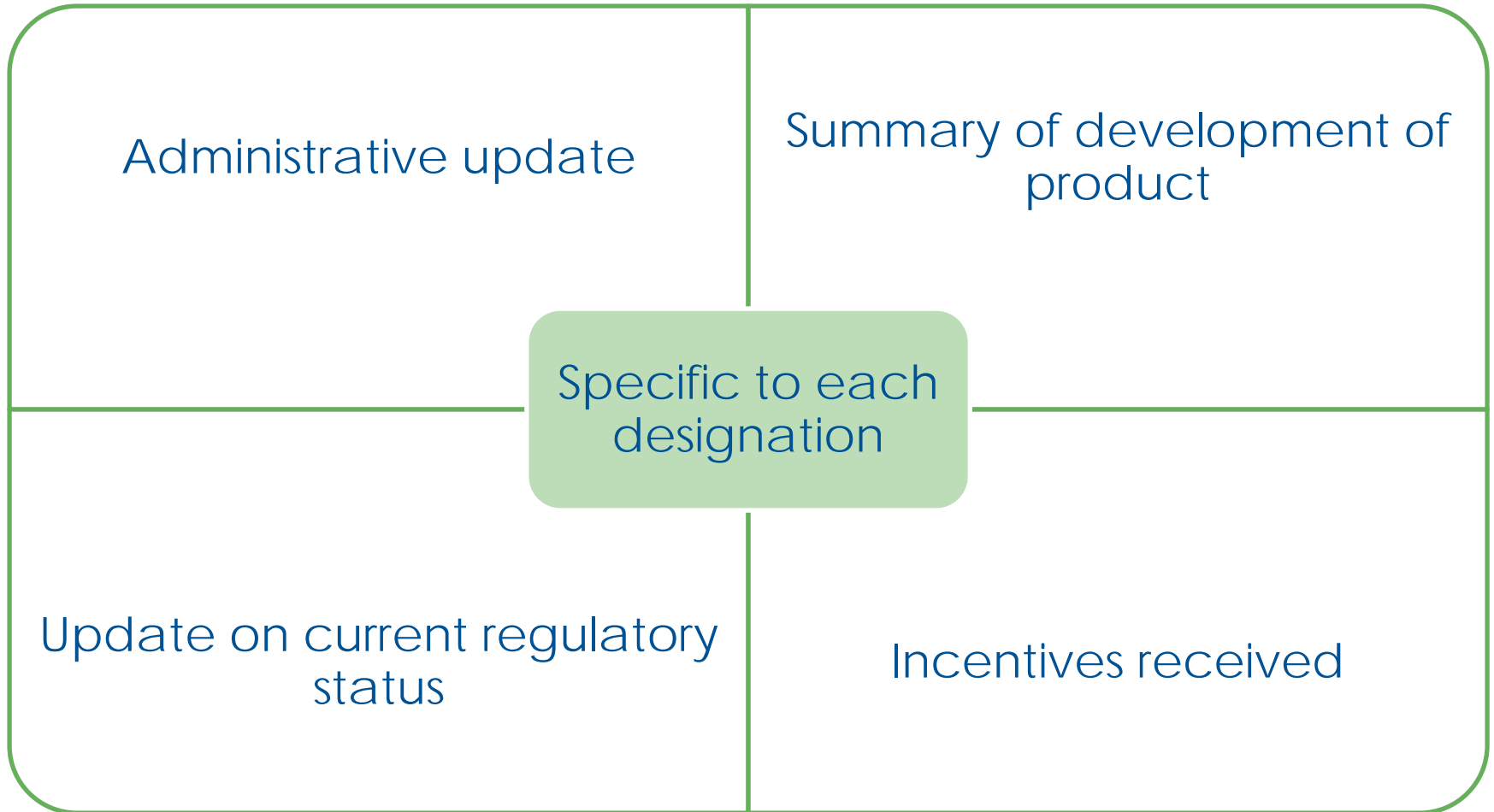
EMA refer grounds for appeal to COMP

Decision is re-evaluated at next available meeting

# Incentives

- ✓ Market Exclusivity
- ✓ Protocol Assistance – Free
- ✓ Centralised Procedure – Mandatory
- ✓ Fee Reductions
- ✓ EU-Funded Research
- ✓ Member State Specific Measures

# Annual Reports



# Calendar for Annual Reports

Include all information available up to one year after initial Orphan Designation

Submit within two months after anniversary

Continue to submit up until first application for MAA within scope of orphan condition; or specific request by EMA

If development is halted, inform EMA and request removal of product from EU register

# Some Statistics

1449

- Applications submitted since 2000
- 166 applications in 2011

1005

- Positive opinions adopted by COMP since 2000
- 111 positive opinions in 2011

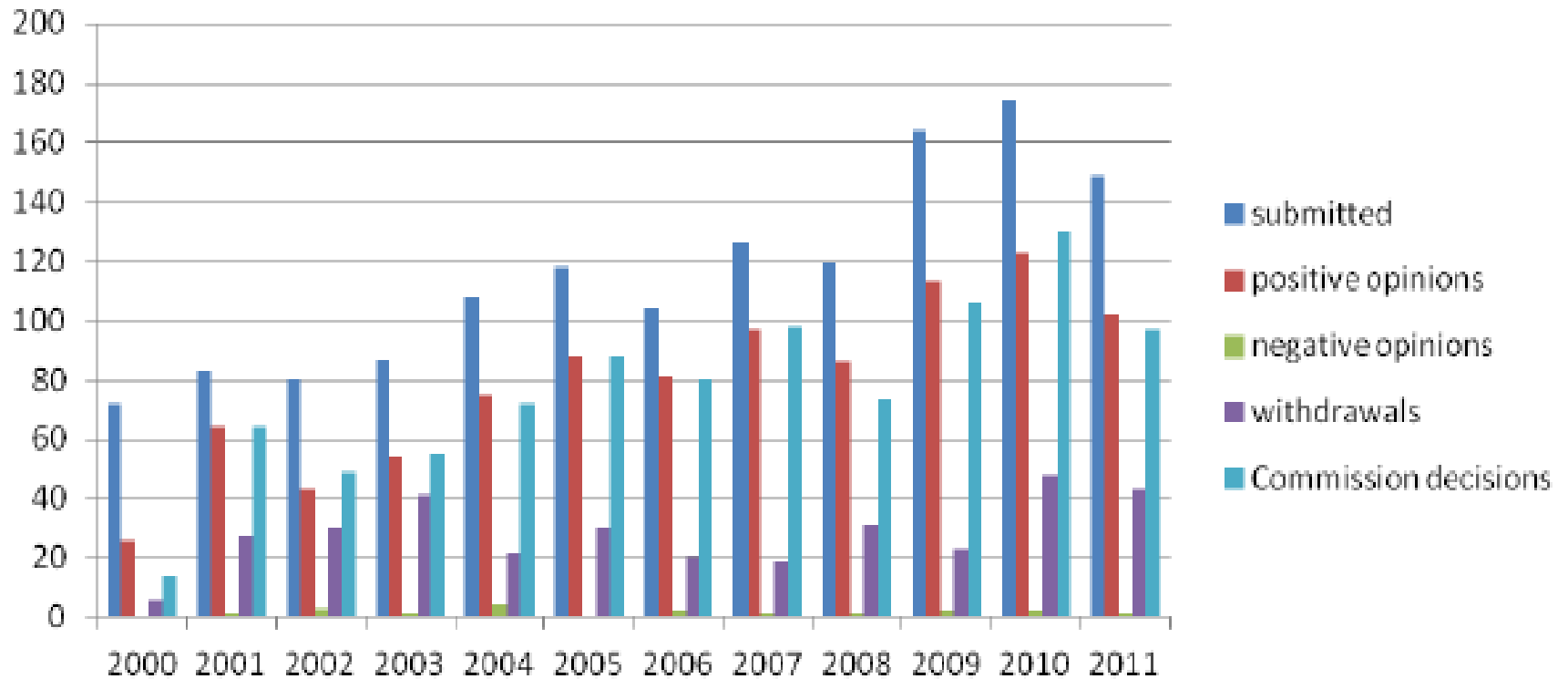
68

- Applications receiving marketing authorisation since 2000
- 5 applications were approved in 2011

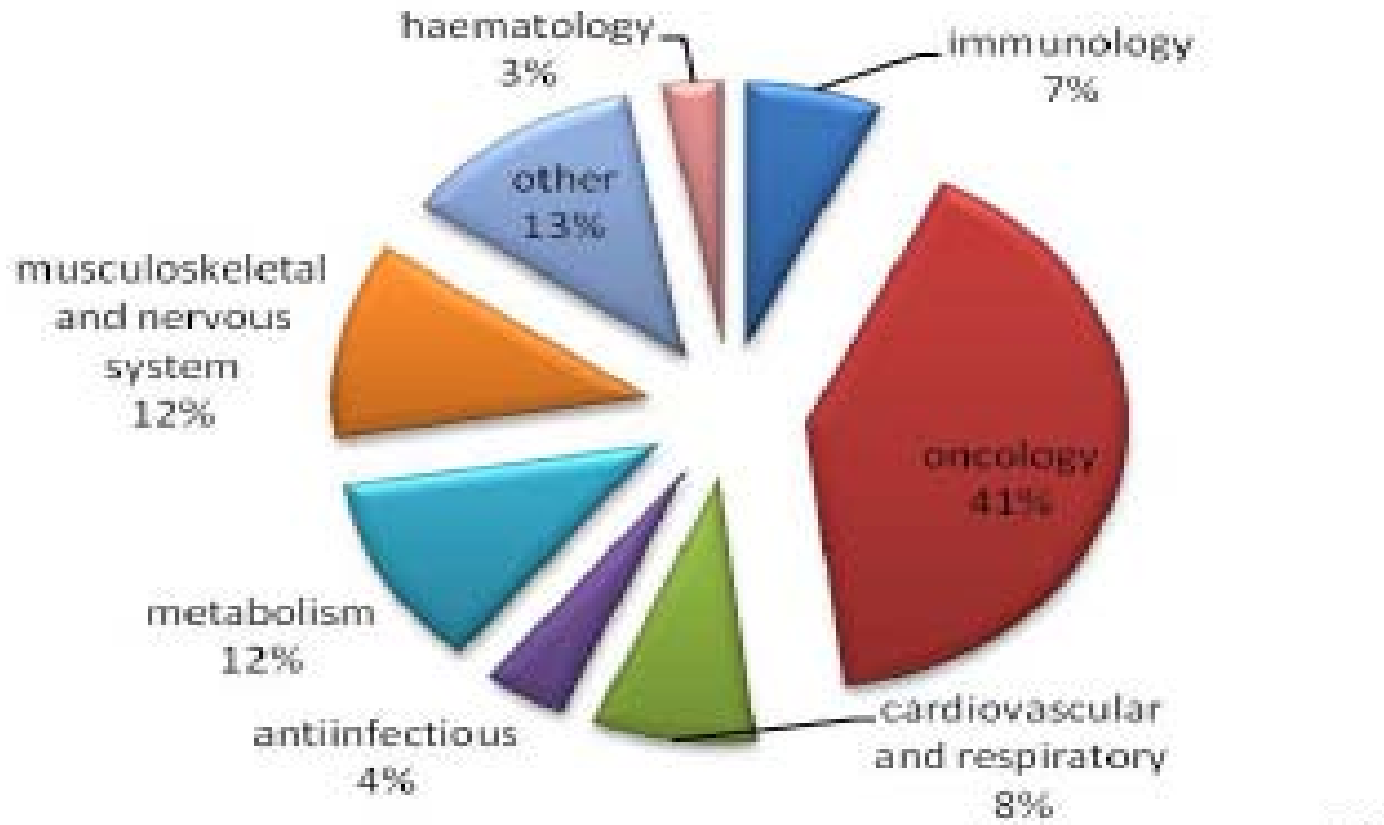
>50%

- Products with positive opinion are for pediatric conditions

# Some Statistics



# Some Statistics



# EU and US Collaboration

Common application form

Monthly teleconferences between agencies

Still have separate opinions

90% concordance in approvals

Differences mostly explained by differences in legislation

Questions?