DIA IN OTHER REGIONS

10th Annual Middle East Regulatory Conference

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The *10th Middle East Regulatory Conference* took place in Muscat, Oman on September 22-23, with over 240 delegates from Middle East Health Authorities and pharmaceutical companies from around the world attending seven sessions where speakers shared experience and learnings. The region continues to change with moves to harmonize requirements evident among the many health authorities. Patient access to innovative medicines continues to improve supported effectively by pragmatic, and not dogmatic, approaches to regulation by the health authorities. Transparency and open dialogue with stakeholders (local, regional & international) are key to promoting information exchange, and developing the know-how to put in place a robust and adaptive regulatory framework. Professor Stuart Walker from the Centre for Innovation in Regulatory Science chaired the conference, describing the role of the regulator and how regulations continue to need to change to meet the needs of the patient.

REVIEW PRACTICES: EFFICIENCIES AND TIMELINES

In this session, speakers from different Gulf Health Authorities – Ph. Mohammed Hamdan Al Rubaie (Director, Department of Drug Control, Ministry of Health, Sultanate of Oman), Mr. Mohammed Barasain (Drug Information Specialist, Deputy Director, National Drug & Poison Information Center, Drug Sector - Saudi Food & Drug Authority, Kingdom of Saudi Arabia) and Professor Saleh A. Bawazir (Vice President for Drug Affairs, Saudi Food & Drug Authority, Kingdom of Saudi Arabia) – shared their common interest in harmonising regional drug products registration requirements, with the goal of eliminating "local procedures" and establishing a "GCC-FDA" with a true Centralised Procedure (CP). This would share the workload between the different authorities. Reducing review timelines could also result in improved access to medicines for patients. The GCC-DR CP could improve efficiency (with more meetings, more staff, more robust infrastructure) by implementing a standardised assessment template which would ensure that requirements and review processes are harmonised. Pre-submission meetings and a trackable, transparent dossier review process (via agency websites) would be beneficial. Gulf HA speakers also noted priority review for drugs for life threatening conditions or unmet medical need is possible. Dr. Christa Wirthumer-Hoche (Member CMDh, Head of the Austrian Medicines and Medical Devices Agency), Austria discussed the EU CP model, showing the benefits for both regulators and industry.

FAST ACCESS TO INNOVATIVE MEDICINE FOR PATIENTS

This interactive panel session featuring members from industry and regulatory authorities focussed on the following topics:

Certificates of a Pharmaceutical Product (CPPs) & Future Trends: Current legislation requiring a CPP at submission is under review and may change. Electronic CPPs were discussed; legislation may need to change to make these acceptable.

Marketing Authorization Holder (MAH): Countries have different legal definitions of the MAH. In Saudi Arabia, either a scientific office is responsible for legal obligations or a local partner can be the MAH. In Jordan, if a contract explains the roles, then the MAH on the CPP can be different to the MAH in Jordan.

Registration & Marketing Status in Country of Origin (CoO): Industry faces issues in that the CoO can be difficult to define, especially if the product is no longer marketed in the releasing country. The HA view was to be pragmatic in accepting alternatives when medical need exists.

Alternative / Dual Sourcing: Dual sourcing secures patient access if potential drug shortages exist. HAs will be pragmatic if shortages exist: For example, Lebanon would accept shipment from a different site, Bahrain would accept if the sites had GMP certification, and Jordanian legislation will allow dual sourcing to be registered at submission or as a post approval variation (however, pricing would be considered).

Resource Optimisation (e.g. lab analyses): Industry asked if analytical data generated in other countries was acceptable, noting that genuine issues existed in transferring QC methods for biological products. HAs know counterfeiting is an issue but Saudi and Jordan stated they accept data from other agencies, with analyses de-linked from registration. Post-approval random sampling for EU approved brands in GCC following marketing is an option.

Price Certificates: Industry requested de-linking of pricing and registration, and noted it is inappropriate to legalise proposed prices. Here HAs were pragmatic, with Saudi stating the two are de-linked, Lebanon saying this was possible through legislative changes. Although Oman HA felt there was not enough transparency, consequently there would be no market access without a fixed price.

PHARMACOVIGILANCE: MONITORING AND EVALUATING THE SAFETY PROFILE OF MEDICINAL PRODUCTS

Dr. Jan Petracek (CEO and Director of Pharmacovigilance, European Pharminvent Services) described the new EU Pharmacovigilance Legislation and Mr. Gian Nicola Castiglione (QPPV & Director Corporate Pharmacovigilance, Chiesi Farmaceutici S.p.A.) explained the development of Risk Management Plans (RMP). Dr. Adel Alharf (Director of the National Pharmacovigilance and Drug Safety Center, Saudi Food & Drug Authority, Kingdom of Saudi Arabia) gave an overview

of the SFDA achievements, describing Saudi regional reporting processes as well as the key tools implemented for monitoring medicines' safety profiles. Dr. Bahaa Eldin Fateha (Chief Executive, National Health Regulatory Authority, Kingdom of Bahrain) described the struggle there against counterfeiting medicines, measures taken to eliminate falsified medicines and preventive measures adopted. Dr. Bahaa concluded that close collaboration among industry, regulators and other stakeholders is necessary to stop counterfeit medicines. During the panel discussion all participants agreed the necessity of a pragmatic, standardised approach to analysing safety data as well as clear communication of safety risks to stakeholders in ensuring appropriate use of medicines. The local authorities were encouraged to harmonize PV requirements by using the EU-GVP Directive to develop local PV systems.

THE CONCEPT OF BIOTECH MEDICINE AND BIOSIMILARS

Speakers Dr. Mourad Farouk (Medical Director, Amgen) and Mr. Mohamed Abulhassan (Abbvie) and Session Chair Professor Fernando de Mora (Consultant, University of Barcelona) highlighted that due to their intrinsic complexity and because no two cell lines developed independently can be considered identical, biopharmaceuticals cannot be fully copied. They noted that even a minor change in the manufacturing process may alter the structure and/or composition of the final product and consequently this may impact on the safety and efficacy. Biosimilar development differs fundamentally from manufacturing changes for innovator products and this is recognised in regulatory guidance from the EMA and WHO. Hence Middle Eastern HAs biosimilars guidelines should be based on these EMA or WHO guidance. There is a need to establish an EMA-like regional regulatory framework under a unique centralised system. Regulators would benefit from training on using the EMA approach to assess biosimilar dossiers. In the meantime, HAs can protect patients by authorising biosimilars approved using EMA/WHO guidance.

GLOBAL HEALTH ECONOMICS AND MARKET ACCESS

Mr. Koen Torfs (Vice President Health Economics & Market Access, Janssen Pharmaceuticals) gave his perspective on European pharmacoeconomics (PE) and described how patient access to medicines follows regulatory approval, reimbursement discussions, listing and funding. He described how this varies in each country, and region of a given country, that different methods, requirements and processes are in place. Reimbursement is not just about the product and its price – it includes factors such as the broader political environment and values of the country in question. Dr. Ibraheem Al-Abbadi (Associate Professor of PharmacoEconomics & Pharmaceutical Marketing, Faculty of Pharmacy, University of Jordan) shared his experience in assessing PE files submitted in Jordan. He outlined the pricing committee's expertise and methodology. A lack of healthcare data in Arab speaking markets holds back health technology assessment (HTA) use in these countries. Some countries are developing their own guidelines and are members of the ISPOR with their own local chapters. He proposed that national HAs mandate PE/HTA studies using local data by the manufacturers, and that HAs establish national health care datababes, as well as develop their own PE guidelines.

REGULATORY LIFE CYCLE MANAGEMENT

Mr. Tarik Almasooud (Saudi Food & Drug Authority, Kingdom of Saudi Arabia) shared variations on the management experience at the SFDA. Variations guidelines based on EMA guidances published on the SFDA website explain classification, requirements and timelines for assessment. 2013 updates clarifying requirements for major (type II) and minor variations include adoption of Type IA / Type IB classification. The main challenges faced by the SFDA include wrong classification of variation by companies or incomplete/ irrelevant documentation submitted.

Dr. Wesal Al Haqaish (Head of Drug Registration Department, Jordan Food & Drug Authority, Jordan) explained that the JFDA continues to develop legislation in line with scientific progress and international changes. An overview was provided of the life cycle of drug and the legislation covering all aspects in Jordan. Under new guidelines, dual sourcing is allowed, but keeping the same product specifications, same trade name, packaging and same batch release site. Clarification of renewals requirements, stability conditions, number of batches

and length of studies has been published. In the future, JFDA will move to eCTD, release guidance for fast track review, introduce web-based submissions tracking, introduce annual reports and look at transparency and data protection.

Dr. Wirthumer-Hoche explained the EU annual reporting system. EU legislative changes have taken seven years to implement, with the aim of reducing administrative burden and improving harmonisation. Overall, Dr Wirthumer-Hoche felt the changes haven't simplified the system, but have added flexibility and reduced the number of variations. It is questionable whether they have reduced workload for industry and HAs.

In the question and answer session, there was discussion of potential harmonisation of variation guidelines across the region as part of an Arab league initiative. SFDA indicated that they were harmonising to EU guidelines and this would then spread across GCC. The SFDA aims to implement eCTD for variations management, but will accept other formats in the interim.

REGULATORY DATA PROTECTION (RDP) & PATIENTS

Mr. Thomas Heynisch (Deputy Head of Unit, Food & Healthcare Industries, Biotechnology European Commission) described Trade Related aspects for Intellectual Property Rights (TRIPS) as an international agreement administered by the WTO that sets down minimum standards for intellectual property to WTO member states. Article 39.3 provides protection of undisclosed scientific/clinical data submitted to HAs for granting Marketing Authorization. Generating this scientific / clinical data is expensive and therefore data protection is essential to ensure generics companies can't use it to obtain unfair advantage. Mr. Reda Bouchenak (E.P.A. Patent Manager, Africa/Middle East and Turkey, Sanofi) presented RDP implementation in the Middle East. Most ME countries acceded to TRIPS in the 90's with the first RDP provisions issued in 2000; RDP is still being developed. RDP provisions currently exist in Bahrain, Egypt, Jordan, Oman, Qatar, UAE, Saudi Arabia and Yemen. Mr. Bouchenak noted the need for further harmonization and for more clarity in the scope and duration of protection in some of the countries for enhanced enforcement. Protecting regulatory data is a distinctive IPR separate from patent protection and it is important that related provisions are issued in countries that don't have RDP yet. Maître Walid Nasser (Lawyer, Pharma Association, Lebanon) reminded the audience of the necessity of implementing IPR considering the significant investments for products (11-14 years before MAA submission, and on average 4 to 11 billion USD). Maître Walid Nasser noted no protection is enforced in Lebanon because of different interpretations from the HA and Ministry of Economy and Trade.

INTEGRITY IN INNOVATION

Dr. Linda Daou (General Manager Near East Area, Eli Lilly and Company) reported that to

effectively carry on the work of innovation, industry needs to build and maintain trust with its many stakeholders, by creating relationships based on integrity at all levels. In 2005, the Middle East and Africa Code of Promotional Practices was developed by PhRMA, MEA, LAWG and LERB members to promote and maintain ethical behaviours. The code is aligned internationally (IFPMA, EFPIA) and is upgraded continuously (last revision 2013). ●

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