

Challenges and opportunities for paediatric research from the new proposed EU rules

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Pharma legislation revision - aims



Maintain and reinforce the position of the EU pharma industry both within EU and globally

Attract pharmaceutical R&D providing a future-proof, stable legal framework and a favourable environment

Boost regulatory support for the development of promising medicines

Provide a more targeted incentives framework for innovation with a focus on patient access and addressing unmet medical needs

Boost innovation and EU competitiveness through an efficient and simplified regulatory framework to reduce regulatory burden



Upcoming EU rules?

Reg (EC) 726/2004

Reg (EC) 141/2000

Reg (EC) 1901/2006

Directive

+ annexes

Dir. 2001/83/EC





Brussels, 26.4.2023 COM(2023) 192 final

2023/0132 (COD)

Proposal for a

DIRECTIVE OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL

on the Union code relating to medicinal products for human use, and repealing Directive 2001/83/EC and Directive 2009/35/EC

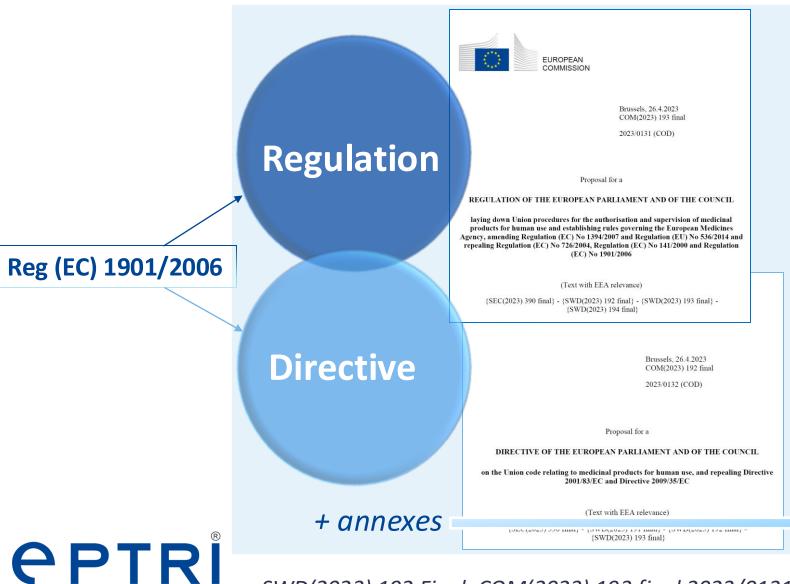
(Text with EEA relevance)

{SEC(2023) 390 final} - {SWD(2023) 191 final} - {SWD(2023) 192 final} - {SWD(2023) 193 final}





Upcoming EU rules?





Paediatric Regulation



ANNEX VIII CORRELATION TABLE

| Directive 2001/83 (EC) | Regulation (EC) No 1901/2006 | This Directive |
|------------------------|------------------------------|-------------------|
| Art. 2(1) | | Art. 1(1) and (2) |
| Art. 2(2) | | Art. 1(4) |



Pharma legislation revision - promises



- 1. BETTER ACCESS TO EFFECTIVE AND AFFORDABLE MEDICINES
- 2. REDUCING SHORTAGES
- 3. MORE MEDICINES FOR CHILDREN AND RARE DISEASES
- 4. A STRONGER VOICE FOR PATIENTS
- 5. EASIER ACCESS TO INFORMATION
- 6. MORE ENVIROMENTALLY SUSTAINABLE MEDICINES





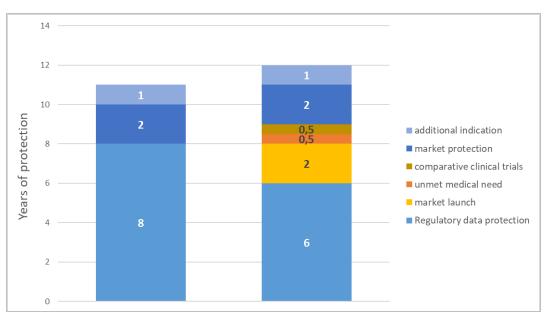
Which proposed rules impact on not-for-profit paediatric research?

- 1. Unmet medical needs identification
- 2. Repurposing
- 3. Mechanism of action criteria for PIPs
- 4. PIP procedure
- 5. Hospital exemptions
- 6. Participation in EMA activities





Products addressing 'unmet medical needs' - incentives



Current system, max 11 years protection Proposed system, max 12 years protection

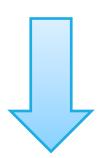
- Conditional MA
- Increased scientific support by EMA
 ⇒ access to PRIME
- +6 months of data protection
 period ⇒ 12 months proposed by
 the EU Parliament



1. Unmet medical needs identification

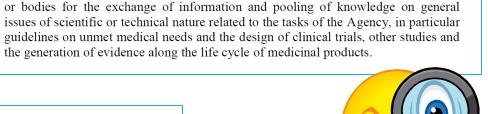
Products addressing 'unmet medical needs' identified

- through specific criteria defined in the directive, and
- by multi-stakeholder consultations, guidelines



EU Parliament Regulation CAs

CHMP to assess if the medicine addresses an unmet need at the time of MAA



Article 162
Consultation process

The Agency shall establish a consultation process with relevant national authorities



1. Unmet medical needs identification

Products addressing 'unmet medical needs' identified

through specific criteria defined in the directive

Therapeutic indication relating to a life threatening/severely debilitating disease and:

Amendment

(50a) The concept of morbidity in the definition of 'unmet medical need' should encompass a multiplicity of factors. Morbidity should be understood to include aspects of quality of life of patients, a high burden of disease and treatment and the inability to perform daily life activities. Therefore, the assessment of 'unmet medical need' should take into account relevant patient experience data.

- a) there is no medicinal product authorised in EU for such disease, or the disease is associated with a remaining high morbidity/mortality
- b) the use of the medicine results in a meaningful reduction in disease morbidity or mortality for the relevant patient population





1. Unmet medical needs identification

- Will require implementing acts by the EC
- Criteria in a directive ⇒ any difference by country?
- All orphans considered 'addressing unmet needs'...incidence threshold not set ⇒ no harmonisation
- Nothing paediatric-specific....



Lists of paediatric unmet needs





2. Repurposing

- Not-for-profit entities may submit non-clinical or clinical evidence for a new therapeutic indication + any(possible) additional evidence submitted by the MA holders
- Opinion favourable

 MAH shall submit a variation to update the product information with the new therapeutic indication
- 4 years of data protection for repurposed products

- more infos on off-label uses
 ⇒ paediatrics, pregnancy and unmet needs
- paediatric drug R&D faster and easier



2. Repurposing



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Paediatric formulations—part of the repurposing concept?

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- Paediatric- appropriate formulations are still lacking
- No definition/term currently stated by EU law...and still lacking in the proposed revision of legislation!



In our opinion, an age-appropriate formulation, targeting a relevant off-label use in children, even for a disease or condition already authorised in adults or older children, would qualify as 'reformulation' within the repurposing term



REPURPOSING

3. Mechanism of action criteria for PIPs

EMA may impose a PIP based on the Mechanism of Action of the drug for potentially effective against a different disease in children - within the same





EPTRI Paediatric Medicines Discovery TRP





4. PIP procedure

'STEP-WISE' PIP

a dynamic plan on the basis of the clinical results obtained

ADAPTED

possibly simplified in selected situations: paediatriconly and PUMA products

DECISION

in 120-90 day

LENGTH OF DEFERRAL

capped to 5 years (prolonged in 'justified cases')



5. Hospital exemptions

ATMPs prepared under hospital exemption



prepared on a **non-routine** basis



in a **hospital** (within the same Member State)



under the exclusive professional responsibility of a medical practitioner



with an individual medical prescription for a custom-made product for an individual patient



Manufacturing approval

by the national competent authority where the hospital is located



Data collection

of data on use, safety and efficacy from the hospital to the national competent authority



GMP and traceability for ATMPs, pharmacovigilance



Revocation

Approval revoked due to safety or efficacy concerns



New EMA structure

SCIENTIFIC COMMITTEES

WORKING GROUPS, WORKING PARTIES, POOL OF EXPERTS will retain the expertise from other current committees:

Committee for Advanced Therapies (CAT)

Committee for Medicinal Products for Human Use (CHMP) 4 HCPs + I alternate +
 I-5 experts

• 4 patients + 4 alternates

Committee for Orphan Medicinal Products (CONT)

Paediation on paediatric medicines

Committee on Herbal Medicinal Products (HMPC)

Pharmacovigilance Risk Assessment Committee (PRAC)

- 2 HCPs + 2 alternates
- 2 patients + 2 alternates



6. Participation in EMA activities

EMA shall develop a EU network of patient representatives, academics, medicines developers, investigators and centres with expertise in paediatric studies

- to discuss priorities in clinical development of medicines for children, in particular in areas of UMN
- to coordinate studies relating to paediatric medicines
- to build up the necessary scientific and administrative competences at EU level
- to avoid unnecessary duplication of paediatric studies



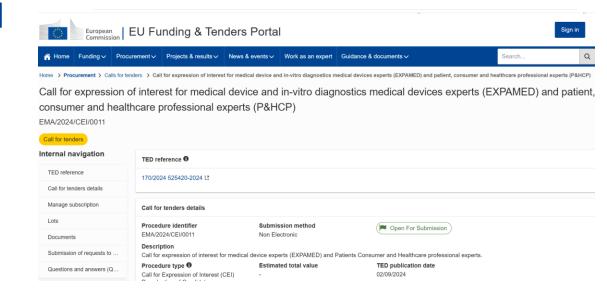
network of research networks, investigators and centres with expertise in paediatric studies

- sharing good practices
- promoting research into medicines for children
- building necessary competences at EU level
- dialoguing with ethics committees
- avoiding unnecessary duplication of studies



6. Participation in EMA activities

- EU call to establish a pool of patient, consumer, and healthcare professional experts for the period 2024-29
- assisting EMA with clinical, scientific expertise or experience in a particular condition and/or patient/consumer perspectives in the identified areas





Take home messages

- The ongoing revolution in the regulatory pharmaceutical landscape will affect paediatric research
- Academia and not-for-profit entities will be demanded to strengthen their regulatory expertise to participate in the R&D of paediatric medicines, and in particular in:
 - identifying unmet medical needs
 - providing regulatory agencies with evidence on repurposing and also turning and off-label uses into fully approved uses
 - providing ATMPs within own hospitals
 - possibly accessing to simplified PIP applications
 - participating in EMA activities





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