

# 2019 Webinar Series

Jul. 11, 2019

**Health Canada's  
regulatory approach  
to drugs for rare  
diseases and  
accelerated review  
of human drug  
submissions**



12pm – 1pm

# Today's speakers:

## **PANELISTS:**

**Durhane Wong-Rieger**

President & CEO, Canadian Organization for Rare Disorders (CORD)

**Fiona Frappier**

Senior Policy Analyst, Office of Policy and International Collaboration, Health Canada

**Megan Bettle**

Director, Centre for Regulatory Excellence, Statistics and Trials, Health Canada

## **MODERATOR:**

**Bill Dempster** – CEO, 3Sixty Public Affairs

# Context: Canada's Rare Disease Strategy

## Five goals:

1. Early detection / prevention
2. Timely, equitable, evidence informed care
3. Enhanced community support
4. **Sustainable access to promising therapies**
5. Promoting innovative research

**Called on Health Canada to modernize its approaches regarding drug approval, access to treatments and international collaboration**



Canadian Organization  
for Rare Disorders

## Now is the Time:

A Strategy for Rare Diseases is a  
Strategy for all Canadians

CANADA'S RARE DISEASE STRATEGY





**GOALS**

1. Improving early detection and prevention
2. Providing timely, equitable and evidence-informed care
3. Enhancing community support
4. Providing sustainable access to promising therapies
5. Promoting innovative research

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# Context: National pharmacare, budget and federal election



## 2019-20 Budget and the Hoskins Council Report

- Canadian Drug Agency Transition Office
- Consolidating evaluation functions
- National formulary
- National strategy for high-cost drugs for rare diseases” – with funding of \$500 M / yr starting in 2022/23

## Federal election October 2019

- Webinar series is part of CORD’s non-partisan engagement to help Canadians be informed about the election and issues impacting rare diseases



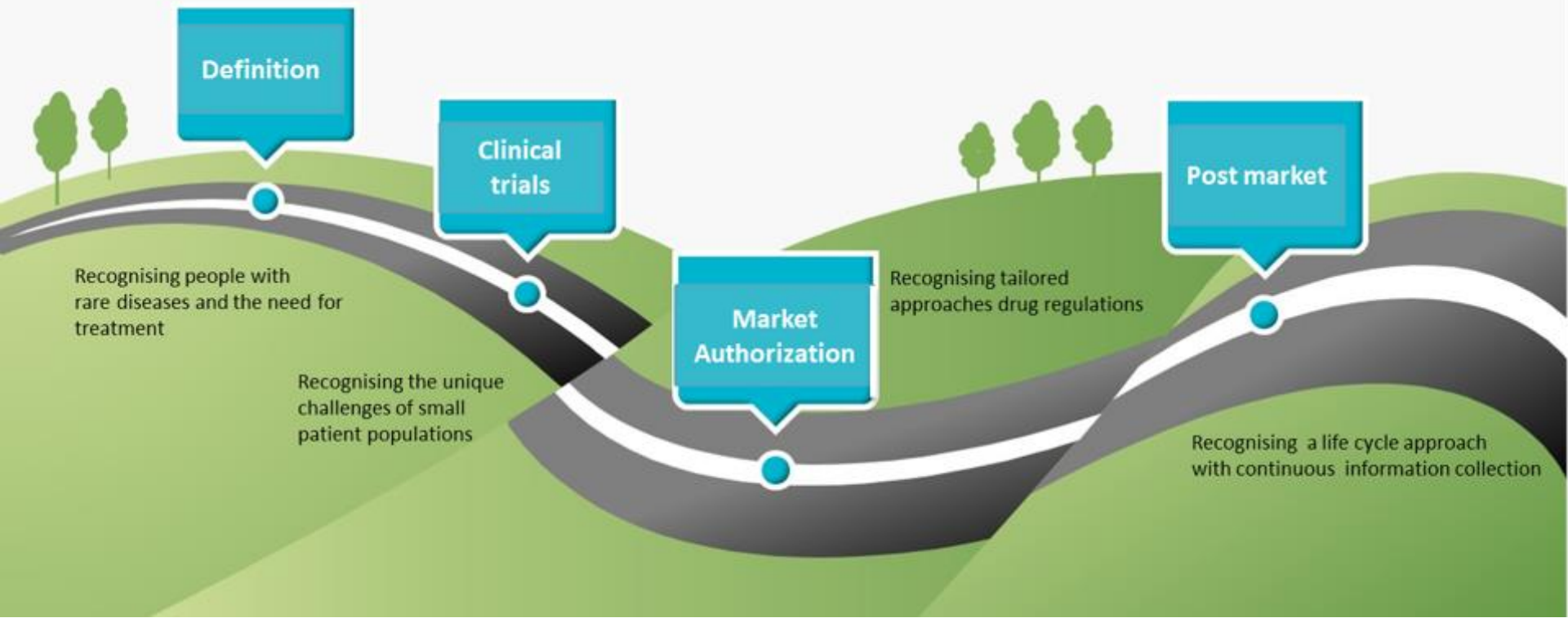
# *Health Canada's Regulatory Approach to Drugs for Rare Diseases*

*Fiona Frappier  
July 11<sup>th</sup> 2019  
CORD Webinar*



# Health Canada's Regulatory Approach

## Roadmap For Orphan Drugs in Canada



# To Support Access to Orphan Drugs, Health Canada Currently Offers:

- Shortened review times if conditions are met ([Priority Review of Drug Submissions Policy](#) or the [Notice of Compliance with Conditions Policy](#))
- Scientific advice to sponsors on the design of clinical trials in small populations and to support companies' tailored drug development programs
- Access to non-marketed drugs through the Special Access Programme (SAP)
- Data protection in Canada gives 8 years of market exclusivity for innovative drugs. A six-month pediatric extension to the 8-year term of market exclusivity is available. Certificates of supplementary protection can extend patent or data protection by an additional up to 2 years.
- Fee mitigation or fee deferral are possible to reduce the potential negative impact of paying the associated regulatory fees

# Orphan Drugs – Canadian Approvals

Each year, Health Canada publishes its New Drug Authorizations: Highlights (Highlights Report).

For the last five years :

- 30 to 40% of new active substances we authorized in Canada are classified as orphan drugs in Europe or the United States
- of these, most were reviewed using accelerated processes



# Regulatory Review of Drugs and Devices

## Key Projects Impacting Drugs for Rare Diseases

| Project/tools   | Potential for access to/availability of drugs for rare diseases   |
|---|---|
| Expansion of Priority Review Pathways   | Consideration of healthcare system needs in the criteria for priority review pathways   |
| Early Parallel Advice   | Opportunity to provide advice to sponsors on supporting data requirements and clinical trial designs at an early stage in development either alone or with health technology assessment organizations |
| Alignment of Health Canada Review with Health Technology Assessment Body Review | A mechanism to reduce time between regulatory approval and reimbursement recommendations  |
| Use of Foreign Decisions  | Use of foreign decisions would allow drugs that would not otherwise be filed in Canada to rely on a decision made by a trusted foreign regulator to issue a Health Canada authorization               |
| Special Access Programme (SAP) Renewal  | Modernize to reduce administrative burden for prescribers and bring needed products in via regulated pathways   |
| Strengthening the Use of Real World Evidence                                    | Exploring how and where real world evidence can be used to support regulatory decision-making across the drug life cycle  |


# Orphan Drug Resources

- A number of tools are available to provide information on orphan drugs available in Canada and to support informed decision-making:
  - [Drug Product Database](#),
  - [Regulatory Decision Summaries](#),
  - [Summary Basis of Decisions](#)
  - [Clinical trial search](#) and [Clinical Trials.gov](#)
  - [Special Access Program](#)
  - [Submissions Under Review](#)
- Orphan drugs are now identified in the annual [Health Canada New Drug Authorizations report](#).
- Program developments for the [Regulatory Review of Drugs and Devices](#)
- Through Canadian Institute of Health Research, the Government of Canada is an active member of [Orphanet](#), an online resource that offers a directory of specialized information for people with rare diseases and health service providers.

# Study on the Improving Access to Drugs for Rare Diseases

- The Standing Committee on Health (HESA) adopted a motion in April 2018 to study barriers Canadians face accessing treatments for rare diseases.
- The committee held 5 meetings, hearing from 24 witnesses, and assessed 10 written submissions from stakeholders.
- Four themes were identified as barriers Canadians face when accessing treatment of rare diseases:
  - regulatory approval of drugs for rare diseases;
  - pricing;
  - reimbursement for drug costs through PT drug plans; and
  - research on diagnosis for rare diseases and real world evidence.
- HESA's final report – Canadians Affected by rare Diseases and Disorders: Improving Access to Treatment - was released on February 28, 2019.
- The Government Response (GR) was tabled June 11<sup>th</sup> in the House of Commons.

# Canada has a complex pharmaceutical management system

 **Authorizing drugs for sale**


 *Drug company develops a new drug*

**Health Canada**  
*Should the drug be sold in Canada?*


- Reviews scientific evidence to determine whether a drug is safe, of suitable quality and works as intended. Does not weigh in on price.

**Patented Medicine Prices Review Board**  
*Is the price of the drug excessive?*

- Sets maximum prices for patented drugs.


 **Canadian Agency for Drugs and Technologies in Health/ Institut national d'excellence en santé et en services sociaux**  
*Does the drug offer value for money?*

- Conduct health technology assessments (HTAs) to evaluate both the clinical benefits and the cost of drugs. Issue recommendations for or against public funding.


 **Private Drug Plans**  
*Will we cover this drug for our beneficiaries?*

- Typically add new drugs to their plan's list of covered drugs (formulary) once Health Canada approves them for sale.

*Deciding which drugs to cover*

 **pan-Canadian Pharmaceutical Alliance**  
*Can we negotiate a lower price?*

- Jointly negotiates drug pricing and coverage criteria with manufacturers on behalf of participating public drug plans.

 **Public Drug Plans**  
*Will we cover this drug for our beneficiaries?*

- Consider factors such as the needs of those served by their drug plan and a drug's potential budget impact to determine whether to add it to the plan's list of covered drugs (formulary).

# Canadian Federal Government Programs Supporting Research and Development

- Key research and development programs through both the [Canadian Institutes of Health Research](#) and [Genome Canada](#)
- Provide support for research and development through the [Canada Revenue Agency's Scientific Research and Experimental Development \(SR&ED\) Program](#)
- Small and medium sized enterprises receive guidance through the National Research Council's [Concierge](#) service
- Further industry support comes through [Innovation, Science and Economic Development](#)

# The Spectrum of Patient Involvement

- ▶ Patients, including patient advocates or representatives, currently provide advice to Health Canada through varying means:



## During regulatory framework and guidance development

E.g. Publication of draft regulations in CGI, consultation on draft guidance documents



## Scientific Advisory Committees and Panels

E.g. - Scientific Advisory Committee on Respiratory and Allergy Therapies (SAC-RAT)- Scientific Advisory Committee for Oncology Therapies



## Pilot Project(s)

E.g. Orphan Drugs Patient Involvement Pilot Project



## Stakeholder Meetings and Consultations

E.g. –online What was heard reports, National roadshows, bilateral meetings



## On-Line Questionnaires

E.g. Protecting Canadians from Unsafe Drugs Act Transparency Needs-based Assessment



## During preparation of reports concerning health products, including adverse reaction reporting

E.g. Patient reports are considered with all sources as adverse event reports by Health Canada

# CIOMS Working Group XI- Patient Involvement in the Development and Safe Use of Medicines



## Working Group XI

- Launched in April 2018
- Members represent perspectives from patients industry, regulators, & CIOMS academia
- Working together to formulate pragmatic *Points to Consider* in patient involvement and develop guidance.

## Open Meeting with Patients (30 Apr 2019)

- Presented CIOMS WG XI work to date in 4 sessions w/accompanying panel discussions
- Obtained input from patient organizations and other stakeholders
- Feedback informed WG meeting discussions & its approach going forward

## CIOMS Guidance - Patient involvement in the development and safe use of medicines

- History
- Lifecycle approach
- Best practice
- Challenges & opportunities
- Into the Future...

# International Regulatory Collaboration

Health Canada is a member of the [International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use \(ICH\)](#). ICH's mission is to achieve greater harmonization worldwide. Its intention is to ensure that safe, effective, and high quality medicines are developed and registered in the most resource-efficient manner. Some key examples include:

- ✓ [ICH topic E6 - Good Clinical Practice](#)
- ✓ [ICH Topic E9 - Statistical Principles for Clinical Trials](#)
- ✓ [ICH E10 - Choice of Control Group and Related Issues in Clinical Trials](#)
- ✓ [E16 Biomarkers Related to Drug or Biotechnology Product Development: Context, Structure and Format of Qualification Submissions](#)
- ✓ [ICH E17 – General Principles for the planning and design of multi-regional clinical trials \(MRCTs\)](#)
- ✓ [ICH E18 - Genomic Sampling and Management of Genomic Data](#)
- ✓ [ICH E11 - Clinical Investigation of Medicinal Products in the Pediatric Population](#)



# The Innovation Project



1

## Methods of Horizon Scanning

Lead: MHLW/PMDA

Participants: AIFA (Italy), DKMA (Denmark), EMA (EU), FDA (US), Health Canada (Canada), HPRA (Ireland), MFDS (Korea), MHRA (UK), MPA (Sweden), and Swissmedic (Switzerland)



2

## Horizon Scanning Outcomes & Capacity Building

Leads: EMA, HPRA

Participants: AEMPS (Spain), AIFA (Italy), DKMA (Denmark), Health Canada (Canada), HSA (Singapore), MFDS (Korea), MHLW/PMDA (Japan), MHRA (UK), MPA (Sweden), PEI (Germany) and Swissmedic (Switzerland)



3

## Novel Approaches to Drug Licensing

Lead: Health Canada

TGA (Australia), ANVISA (Brazil), EMA (EU), AIFA (Italy), MHLW/PMDA (Japan), COFEPRIS (Mexico), MedSafe (New Zealand), SAHPRA (South Africa), Swissmedic (Switzerland), MHRA (UK).

# Collaboration in International Regulations

- Identifying and prioritising new product innovations: policy work, consultation
- Identifying regulatory approaches: scientific advice, legislation, review pathways
- Leveraging expertise: internal and external, expert advisory Meetings, regulatory cluster meetings,
- Regulatory networks and establishing common principles: ICH, ICMRA
- Building on stakeholder networks and approaches: academic, patient, industry

# ***Draft Guidance - Accelerated Review of Human Drug Submissions***

**Regulatory Review of Drugs and Devices**

***Megan Bettle  
July 11<sup>th</sup> 2019  
CORD Webinar***



# Drug Submission Review

- In order to market a drug in Canada, a submission must be filed to Health Canada
- Sponsors must provide sufficient evidence of the product's safety, effectiveness and quality for assessment, including
  - Manufacturing details and controls to ensure consistent quality
  - Pre-clinical data to establish safety
  - Clinical data to support proposed indication, including “substantial evidence of effectiveness”
  - Proposed labels – claims, instructions for use
  - Assessment of possibility for name confusion
- Health Canada then reviews the evidence and decides whether the benefits of the product outweigh the risks, and whether the risks can be managed, before issuing a Notice of Compliance
- Standard review time for a New Drug Submission is **300 days**

# Current accelerated review pathways

## Priority Review

- Requested by sponsor before submission
- 180 day review time for qualifying submissions
  - Serious, life-threatening or severely debilitating where no current treatment, or where new product offers improvement in benefit-risk profile
- “**Substantial**” evidence provided in submission - no requirements for additional studies after NOC

## Notice of Compliance with Conditions

- Requested by sponsor before submission, or decision made by Health Canada during review
- 200 day review time for qualifying submissions
  - Serious, life-threatening or severely debilitating where no current treatment, or where new product offers improvement in benefit-risk profile
- “**Promising**” evidence - sponsor commits to conducting confirmatory studies after NOC (not currently legally-binding)

*\*Pathways are mutually-exclusive, a submission cannot be both priority review and NOC/c*

# HPFB Regulatory Review of Drugs and Devices (R2D2)

Objective: An agile regulatory system that supports better access to therapeutic products based on health care system needs



## Expanded collaboration with health partners

- Alignment of the Health Technology Assessment (CADTH) Review with Health Canada Review
- Implementing a Mechanism for Early Parallel Scientific Advice
- Use of Foreign Reviews/Decisions
- International Collaboration and Work Sharing in Reviews



## More timely access to drugs and devices

- **Expansion of Priority Review Pathways**
- Improving Access to Biosimilars and Biologics
- Improving Access to Generic Drugs
- Building Better Access to Digital Health Technologies
- Pre-Submission Scientific Advice for Medical Devices
- Special Access Programme (SAP) Renewal



## Enhanced Use of real world evidence

- Leveraging Data for Assessing Drug Safety and Effectiveness
- Strengthening the use of real world evidence and regulations for medical devices

### Modern and flexible operations

Updated System Infrastructure  
Appropriate cost recovery framework  
Public Release of Clinical Information

# Regulatory Review of Drugs and Devices (R2D2): Expansion of Priority Review Pathways

- Under the “**More timely access to drugs and devices**” pillar
- **Policy Intent:**
  - To expand the scope of the current Priority Review of drugs for human use so that health care system needs can be considered in the decision-making during the regulatory review process, allowing Canadians to have more timely access to those drugs needed most
  - Since the Priority Review pathway is already an accelerated pathway, this project was not intended to create additional time savings



# What have we heard?

- Early consultation included an online questionnaire targeted to stakeholders across health care system including patients, health professionals, industry and drug plans, as well as HC staff
  - consultation open from March 27- April 27, 2018
  - **1,131** external responses / **69** internal responses
- Dominant response themes included:
  - improving **access to affordable drugs**, including through prioritization of competitor products
  - supporting medications for **special populations** (especially seniors and pediatrics)
  - enabling **faster access**
  - including medications that **improve quality of life** (and would contribute to system savings)
- External stakeholders also suggested prioritization of new products for specific conditions (e.g., cancers, dementia), for pain management, and for products which have already been approved by other regulators



# The Proposal – Accelerated Review of Human Drug Submissions

- 1. Expand product eligibility criteria for accelerated review**
  - Provides greater clarity around the types of products which are eligible for faster review
- 2. Create conditions that support availability of alternative treatments**
  - Allows some additional products to be accelerated
- 3. Create a single accelerated review pathway, merging priority review and the NOC/c pathway**
  - Simplifies the process for Health Canada and industry
  - Consulting on technical workflow options

## The Guidance – Scope and Application

“The ...guidance document applies to a New Drug Submission (NDS) or Supplement to a New Drug Submission (SNDS) in support of a prescription pharmaceutical, biologic (excluding biosimilars) or radiopharmaceutical drug product for human use for a **serious, life-threatening or severely debilitating disease or condition** for which:

1. there is evidence of clinical effectiveness that the drug provides treatment, prevention or diagnosis of a disease or condition for which there is no available therapy or drug marketed in Canada; **or**
2. there is evidence of clinical effectiveness that the drug provides a significant increase in efficacy and/or significant decrease in risk such that the overall benefit/risk profile is improved over existing therapies, preventatives or diagnostic agents for a disease or condition that is not adequately managed by an available therapy or drug marketed in Canada; **or**

## The Guidance – Scope and Application (cont'd)

...or...

3. there is evidence of clinical effectiveness that the drug provides treatment, prevention or diagnosis of a disease or condition for which an existing drug for the same indication has been on the Canadian market for 12 months or less; **(NEW) or,**
4. there is evidence that the drug addresses a health care system need by delivering high clinical benefit for public health or high clinical benefit for patients. **(NEW)**
  - Examples provided here for public health needs include opioid crisis, antimicrobial resistance
  - Examples provided for patient benefit include significant reduction in treatment burden, pediatric formulations, drugs for rare diseases

# Anticipated impacts of proposed changes

- Could allow additional drugs to receive an accelerated review that may not currently qualify
- Would simplify review processes
- Would still allow conditional authorizations for promising products, with commitments for submission of confirmatory data
  
- Would not lower Health Canada's requirements for safety, efficacy and quality
- Would not affect how payers make funding decisions

# How to provide input/ What's next?

- Guidance document is open for public consultation until July 21, 2019
- Guidance can be requested from, and comments can be provided to:  
[hc.regulatory\\_review-examen\\_reglementaire.sc@canada.ca](mailto:hc.regulatory_review-examen_reglementaire.sc@canada.ca)
- All comments will be reviewed and considered in order to revise the proposal
- A final guidance document is planned to be released and implemented in 2020

# Discussion / Q&A



# Thank you!

For more information on CORD, please visit:

[www.raredisorders.ca](http://www.raredisorders.ca)

