

外資系企業における承認及び開発品目の傾向 ~PhRMA/EFPIA合同調査結果より~



〇岩井葉子¹、佐々木一尋¹、野沢康恵¹、菅原聡子¹、茶木啓孝¹、横田尚久¹、榎本朱美²、日高正泰²、青木勇²、砂村一美²、酒江基泰²、池田晶子²、小野嘉彦² ¹欧州製薬団体連合会 $(EFPIA)^2$ 米国研究製薬工業協会(PhRMA)

PhRMA/EFPIAで実施した2016年度の合同調査結果は以下の通りであった。

承認審査期間

、2016年度(2016年4月~2017年3月)に承認された通常審査品目は37品目で審査期間は70%tileで12ヵ月を達成していた。事前評価済み公知申請を除く優先審査品目は14品目で70%tileで9ヵ月を達成して いた。公知申請は4品目であり、公知申請を含む優先審査品目は18品目で、70% tileで9ヵ月を達成していた。

開発品目

2016年度に開発中のプロジェクト数は495であり、624試験が実施中であった。そのうち国際共同治験は435試験(Global試験:418、Asia試験:17)であり、70%を占めていた。また開発中のプロジェクト数のうち 約半数は新有効成分であった。疾患領域として抗悪性腫瘍薬が多く、全体の47%を占めていた。また欧米と同時申請を目指しているものは全体の58%を占めていた。 国際共同治験に関する対面助言は207件(48%)実施された。対面助言によりプロトコール変更指示を受けたのは110件であった。そのうち、症例数変更指示を受けたのが31件で、PMDAの指示通り症例数の 変更を行ったのは、17件であった。

、先駆け指定を予定しているプロジェクトは、495件中19件(4%)のみであった。

医薬品と同時にCoDxを開発しているプロジェクトは、495件中75件(15%)であり、そのうち医薬品とは異なる会社によって開発を進められているのは72件(96%)を占めた。

Introduction

PhRMA/EFPIA Performance Metrics Survey 2017

Review Period

- Number of drug approvals
- Review period in priority review and standard review
- Clinical Studied and Development plan
- Number of Domestic, Global or Asian studies

Executive Summary of the Survey

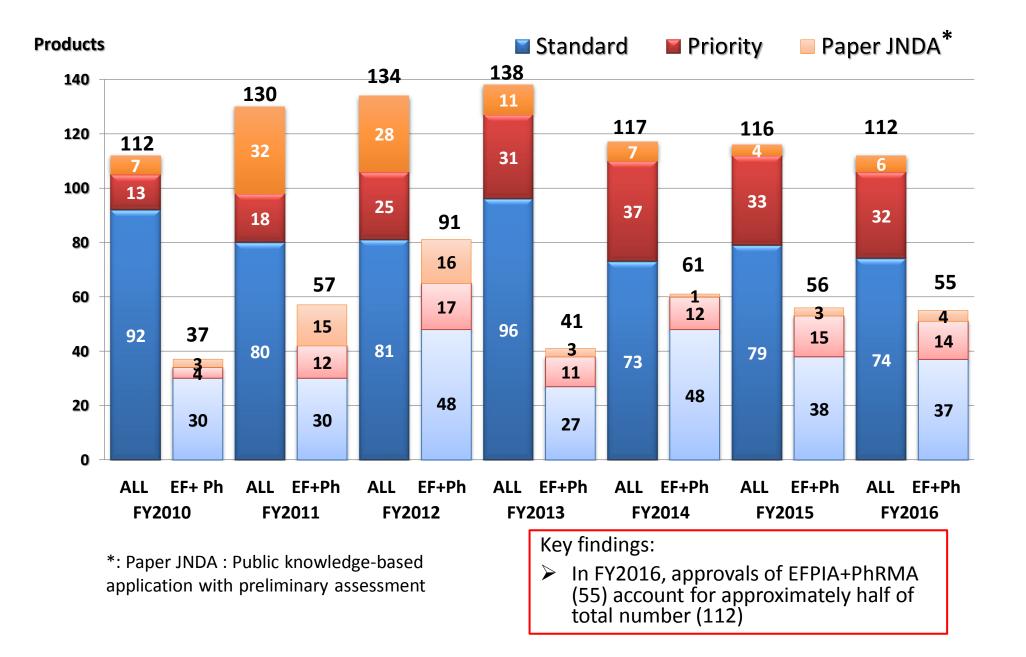
- Scope:
- **Review Period**
- Drugs approved in Japan in FY2016 (April 2016 to March 2017)

Clinical Studies and Development Plan

- Clinical studies initiated/continued/completed during FY2016 (April 2016 to March 2017)
- Companies involved:
 - PhRMA (10 companies)

Review Period

The Number of Drug Approvals in Japan

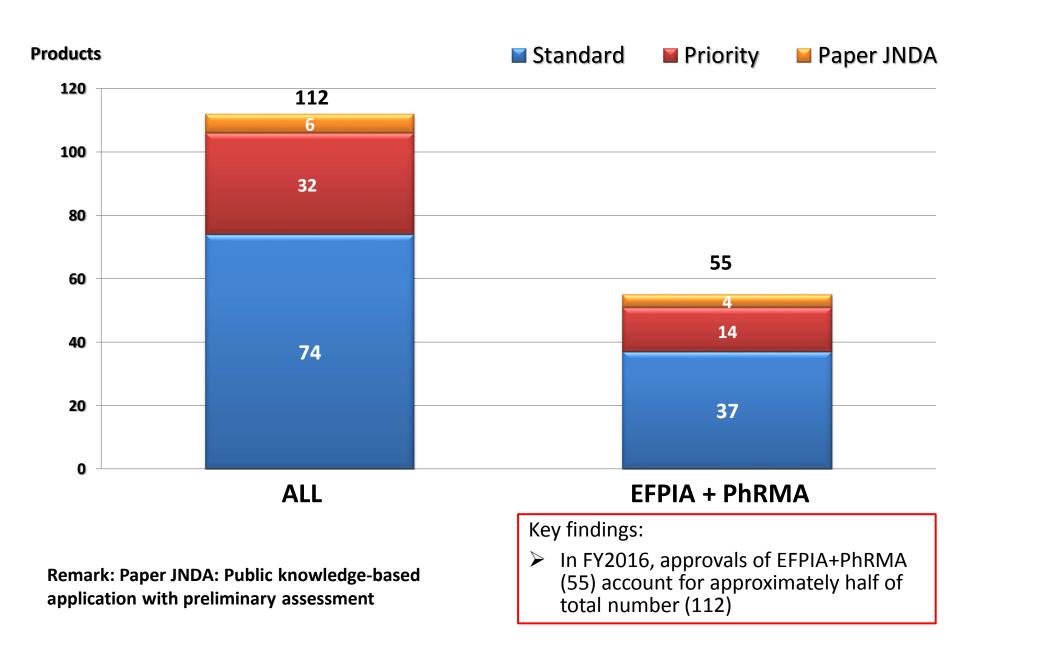


- Therapeutic area of Global study Interaction with Regulatory Agency
- Abbvie, Astellas Amgen BioPharma, Biogen Japan, Bristol-Myers Squibb, Celgene, Eli Lilly, Janssen, MSD, Mundipharma, and Pfizer
- **EFPIA (19 companies)**
- Actelion, AstraZeneca, Baxalta, Bayer, CHUGAI, CSL Behring, Ferring, GALDERMA, GlaxoSmithKline, Janssen, LEO, Lundbeck, Merck Serono, Boehringer Ingelheim, Novartis, Novo Nordisk, Sanofi, Shire, and UCB



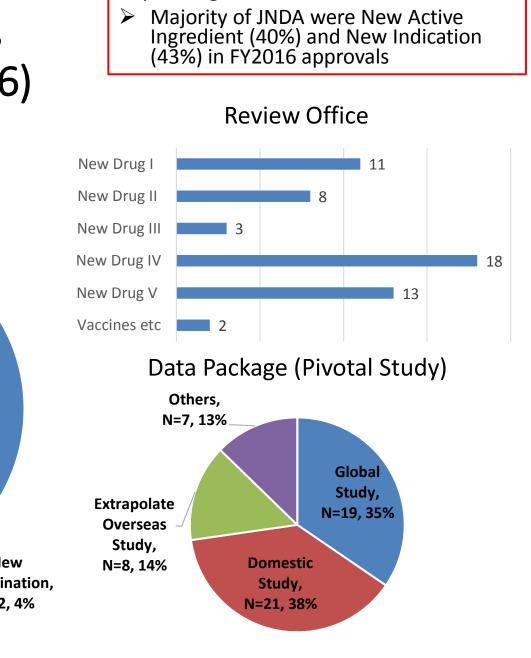
• Using Questionnaire

The Number of Drug Approvals in FY2016



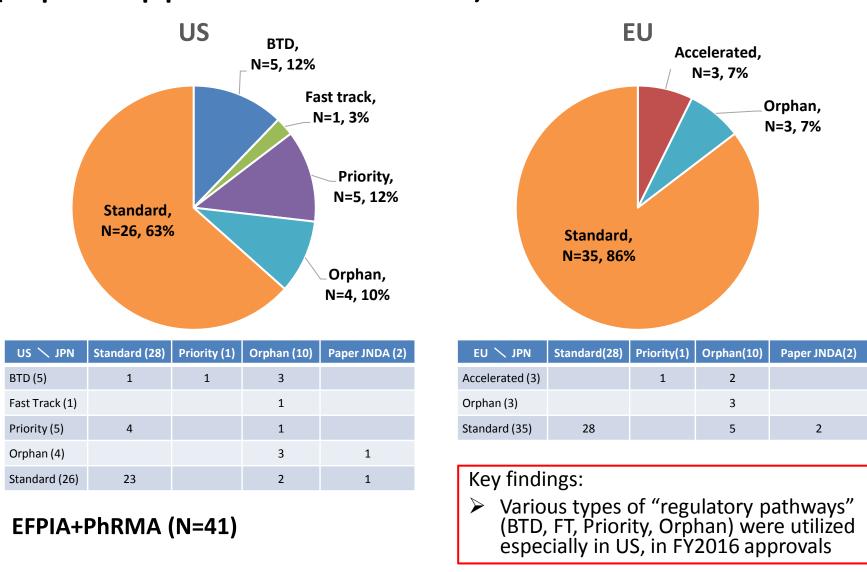
Key findings: Categories of JNDAs (Approvals in FY2016) New Drug I Categories of JNDAs New Drug II New Drug I New Dosage, New Drug V N=6, New 11% Active Ingredient, N=22, 40% New Indication, N=24, 43% Extrapolate Overseas Study, New N=8, 14% Combination, New Route of N=2, 4% Administration, N=1, 2%

EFPIA+PhRMA (n=55)

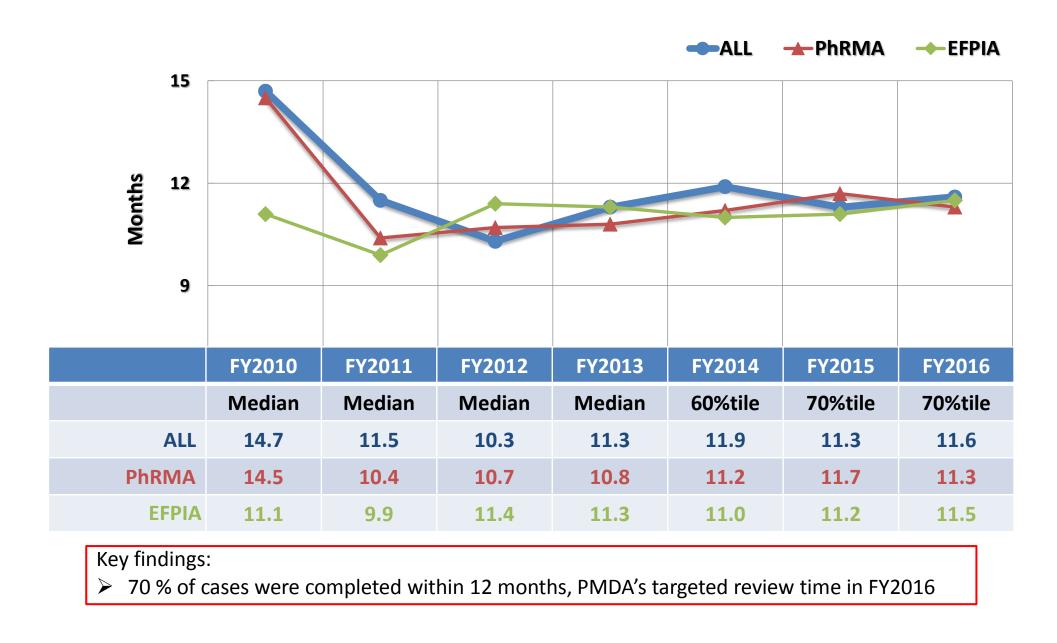


---EFPIA

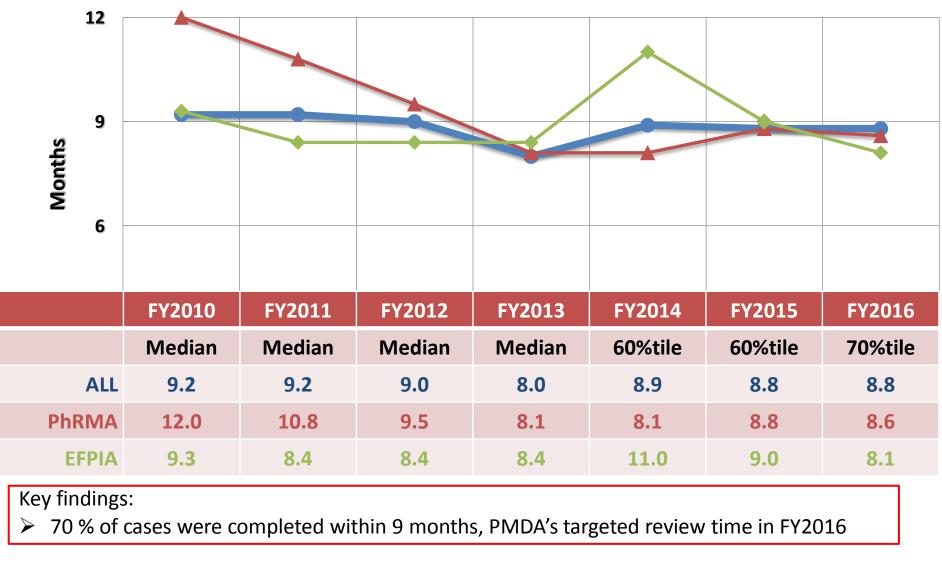
Regulatory Pathways in US and EU (Japan Approvals in FY2016)



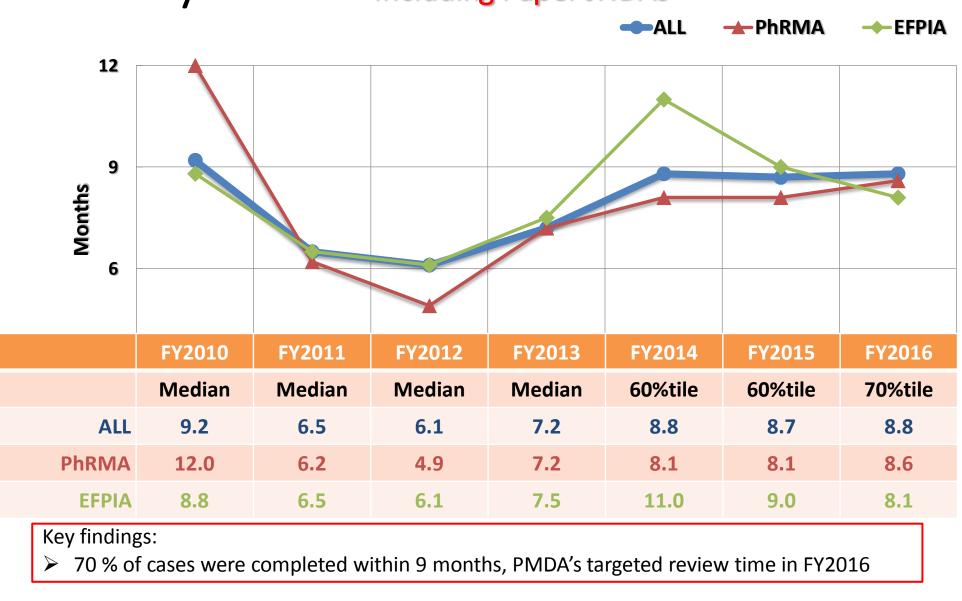
Standard Review



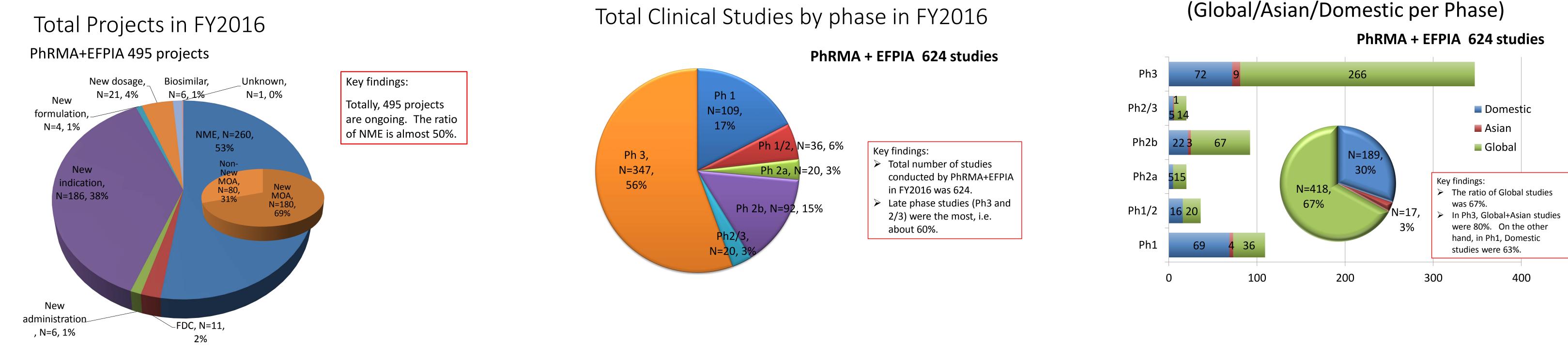
Priority Review Excluding Paper JNDAs



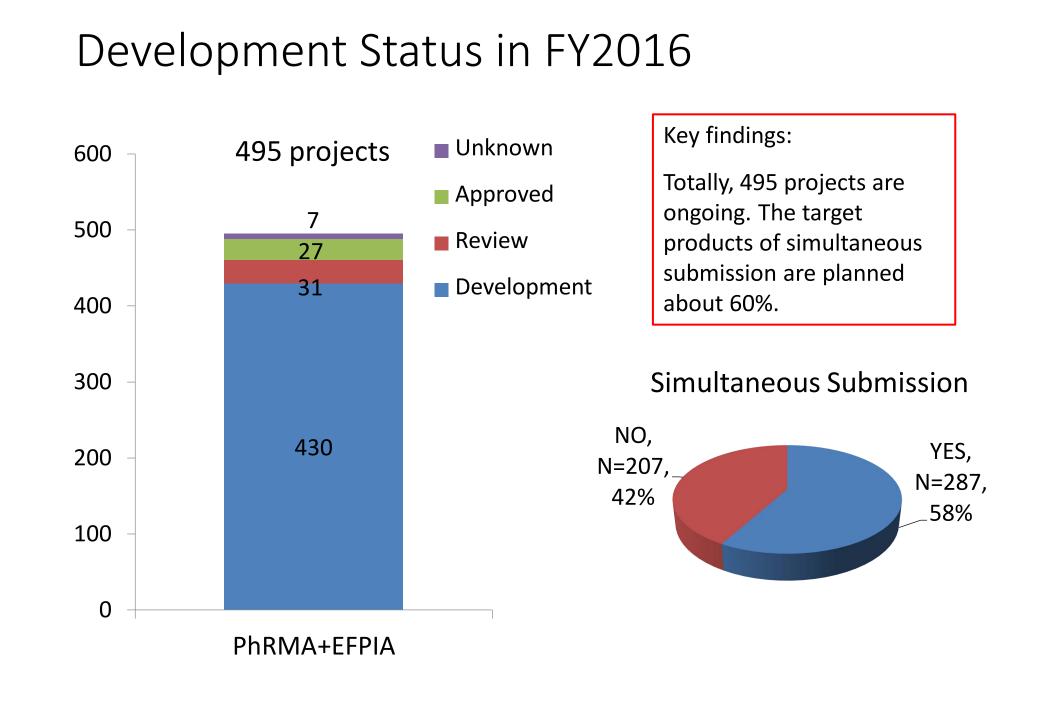
Priority Review Including Paper JNDAs



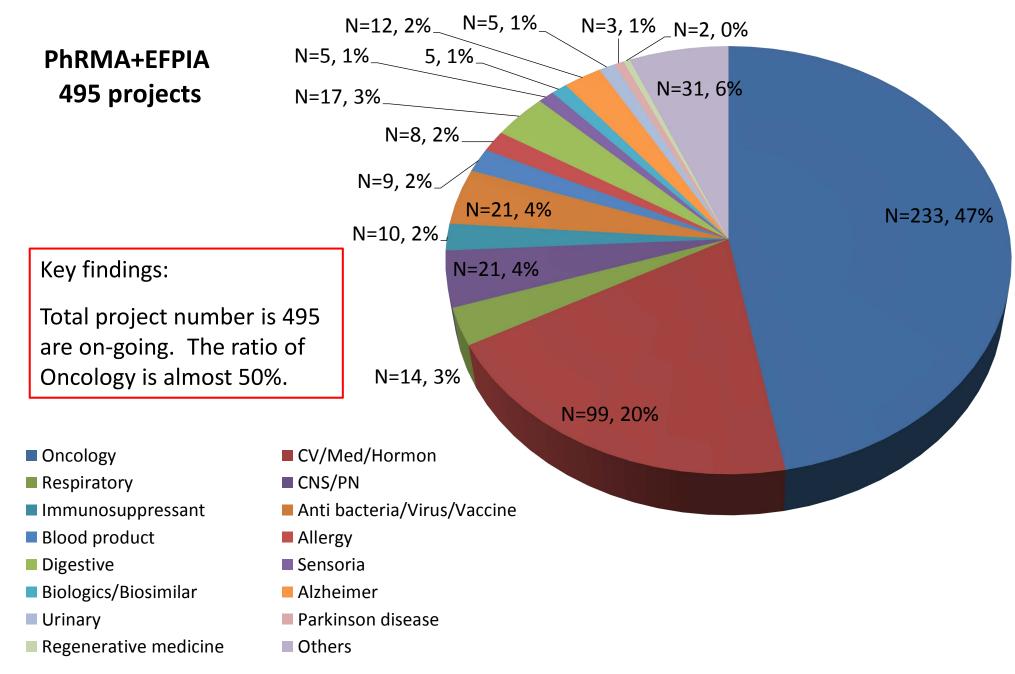
Clinical Studies and Development Plan

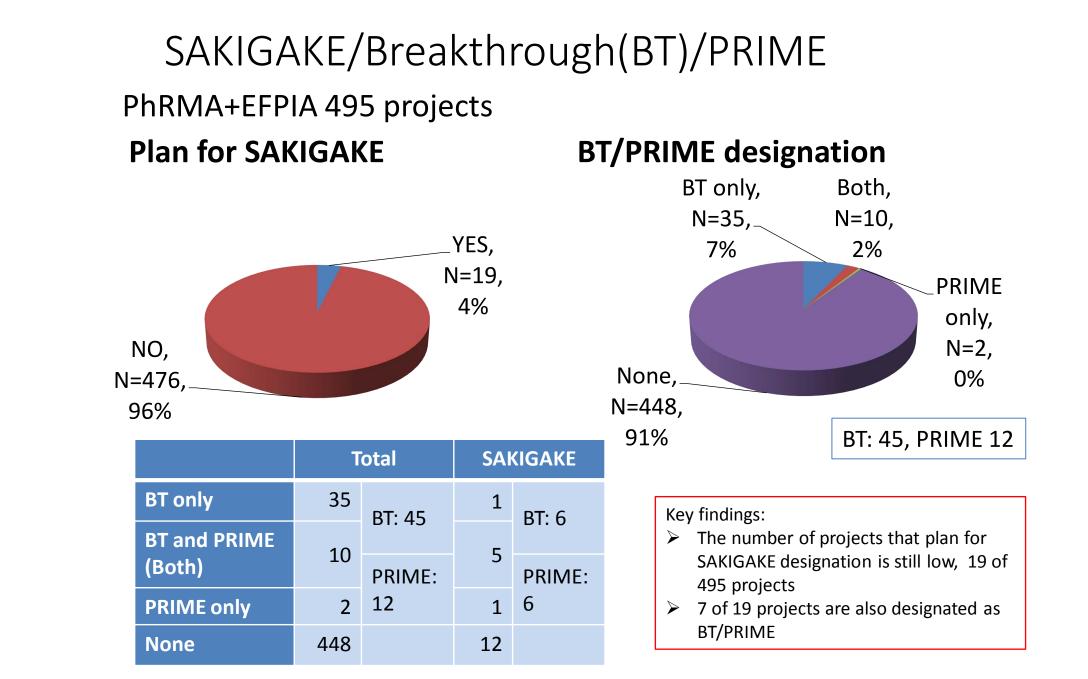


Note: The following data include the studies already completed or terminated regardless of reasons in addition to ongoing studies

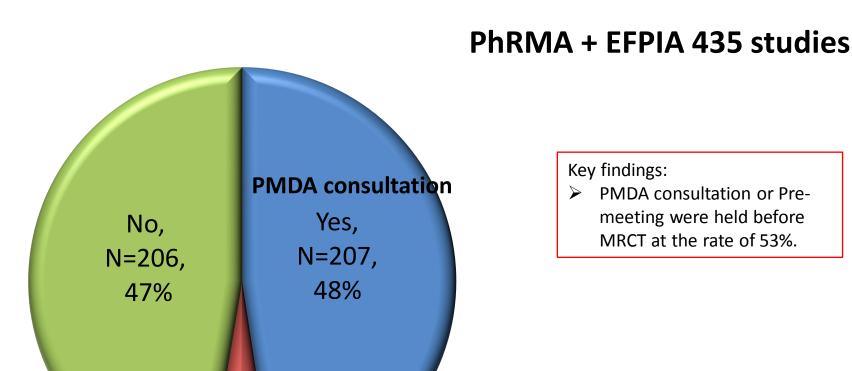


Therapeutics Area

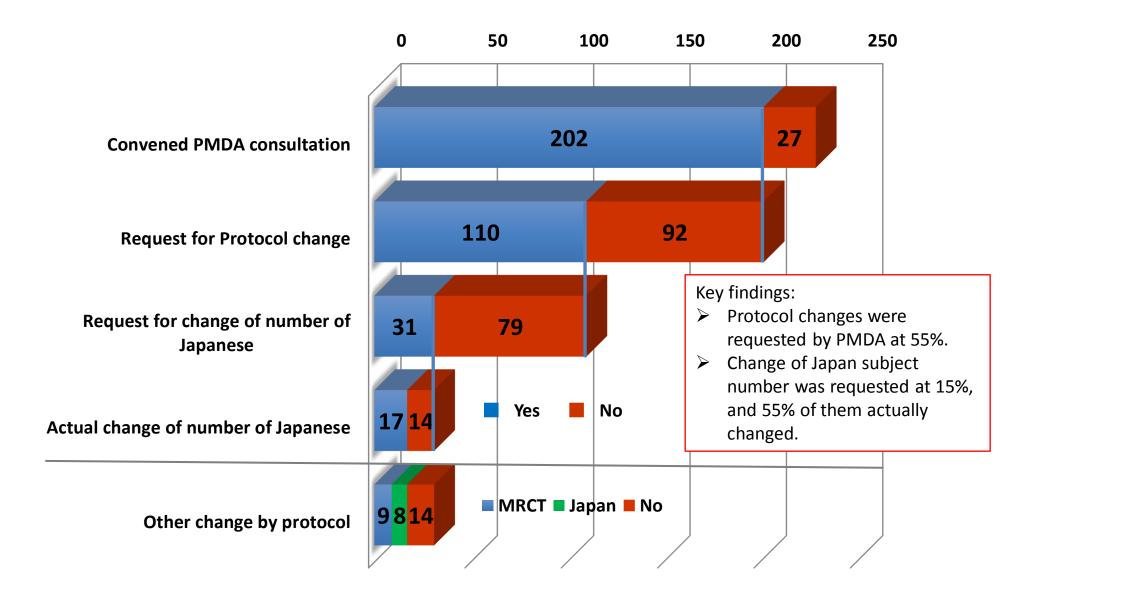




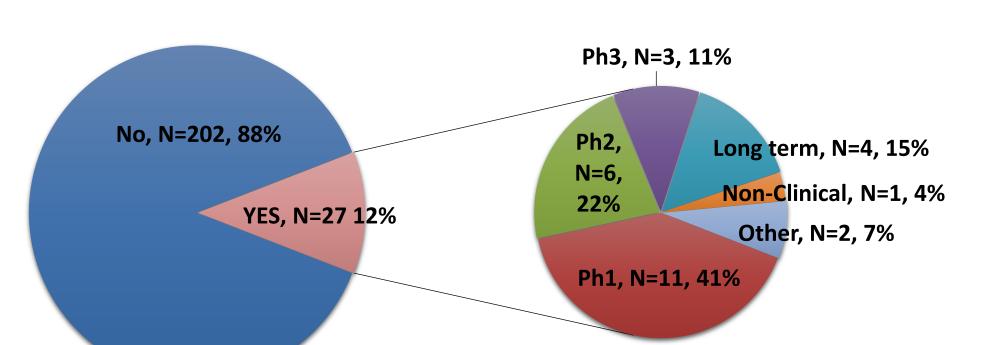
Interaction with PMDA before joining MRCT

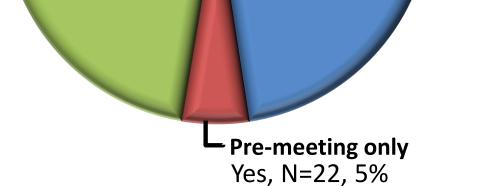


Request for Change of Protocol / JP subject number

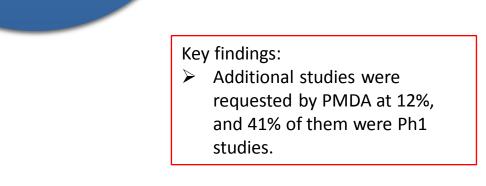


Requested additional studies



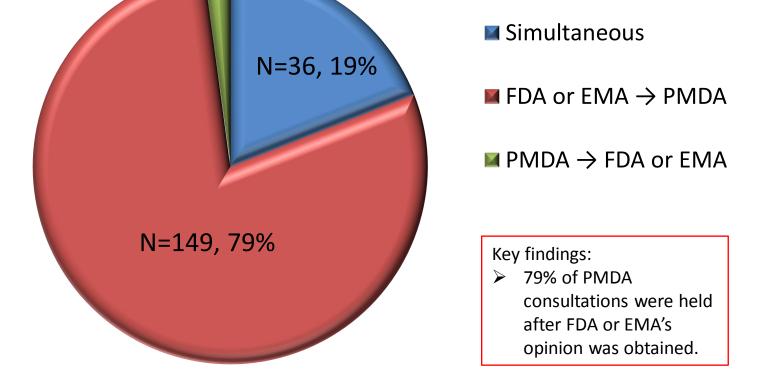


PhRMA + EFPIA 229 studies

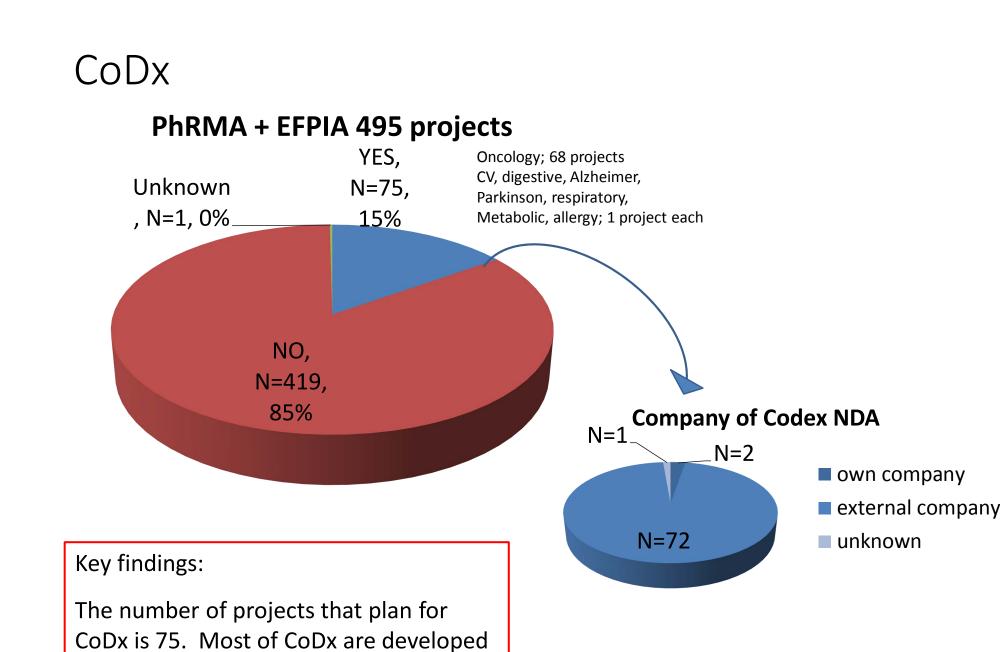


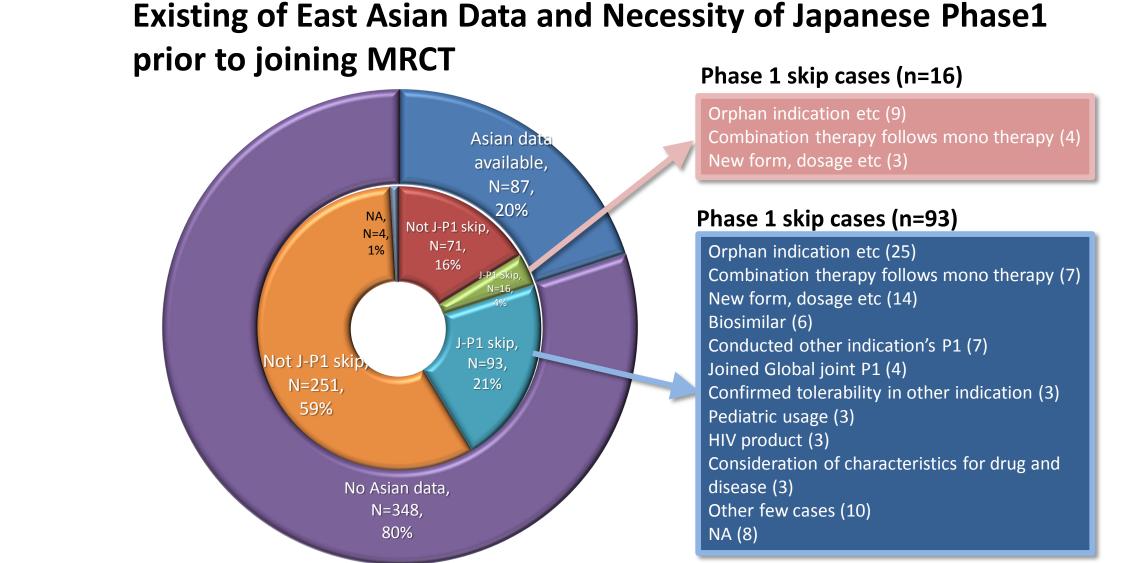
PhRMA + EFPIA 229 studies

Timing of PMDA consultation N=4, 2%



PhRMA + EFPIA 189 studies

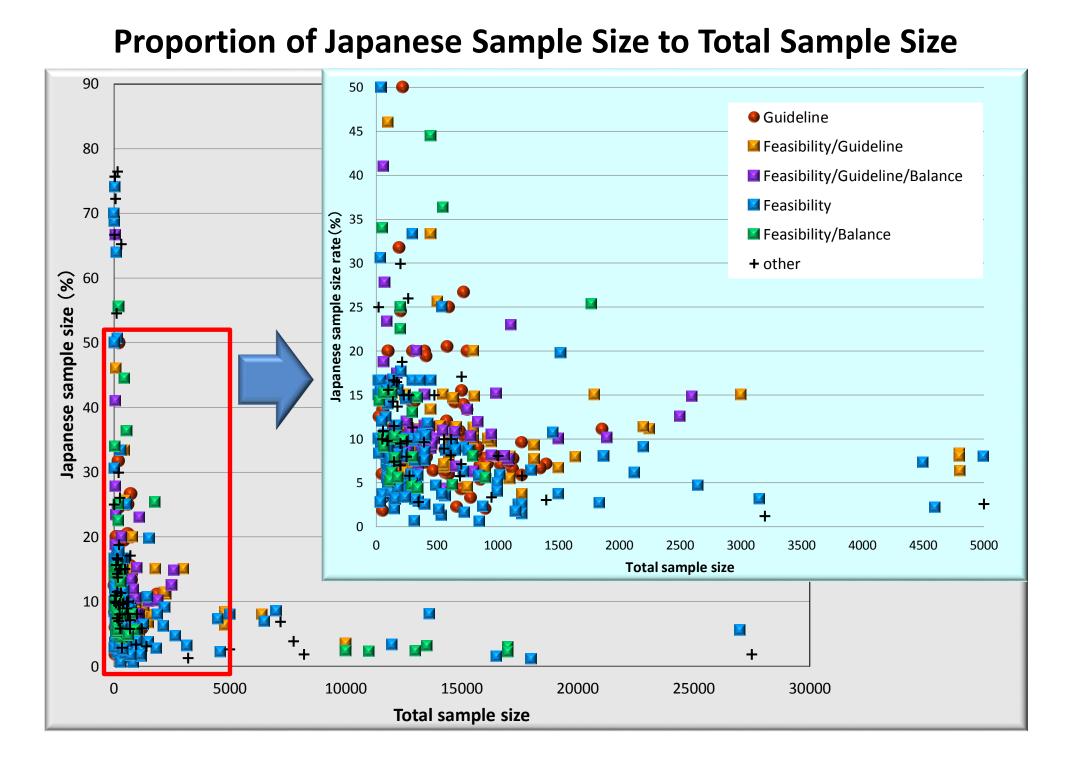




Key findings:

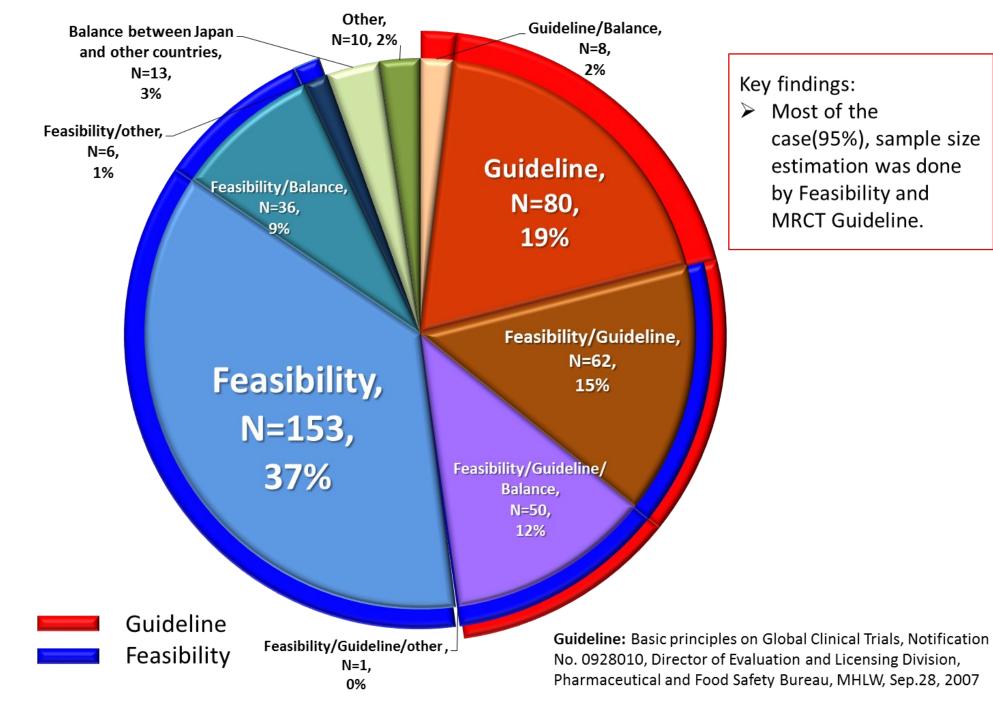
There were 87 studies in which data on the East Asian population was available before participating in MRCT, but there was no case for which East Asian PK data was utilized

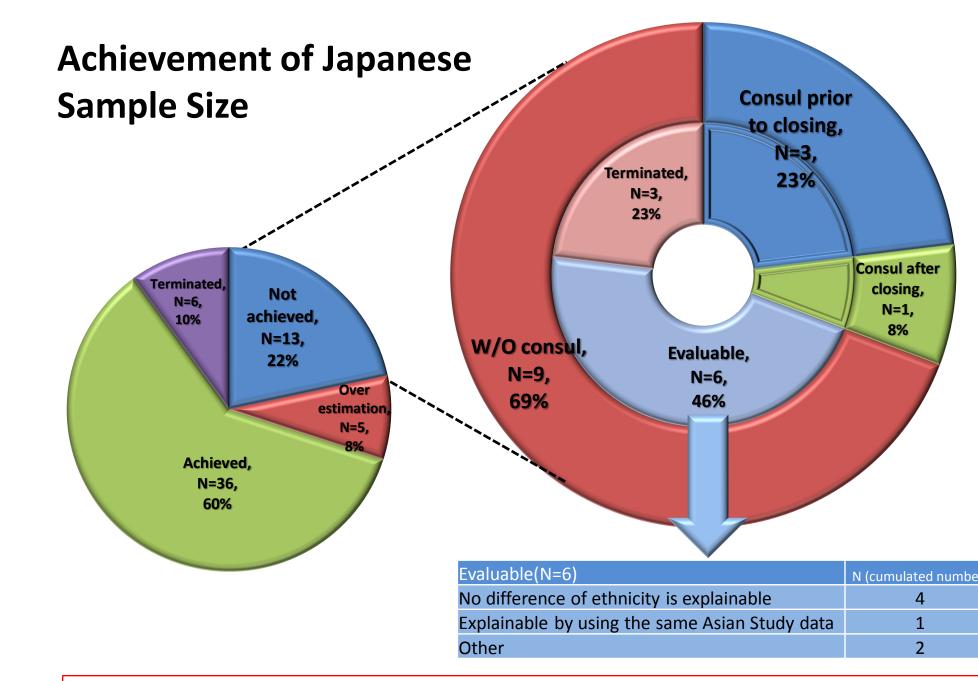
> All the cases that enabled participation in MRCT without conducting phase 1 in Japanese were "combination therapy" follows mono therapy" "additional formation/indication", "biosimilar" and "orphan indication" in accordance with J-PI skip Guideline.



Basis for the Japanese sample size

in external company.





Key findings:

> Of the cases that completed MRCT, 68% of studies successfully met the target number of Japanese subjects. > 69% of the studies in which the target number of Japanese subjects was not met closed the study without PMDA consultation.