

外資系企業における開発品目の傾向

~PhRMA/EFPIA合同調査結果より~



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COI開示: 演題発表内容に関連し、発表者らに開示すべき利益相反はありません。

PhRMA/EFPIAで実施した2019年度の合同調査結果は以下の通りであった。

- 。2019年度(2019年4月~2020年3月)にPhRMA及びEFPIA加盟会社で開発中のプロジェクトは661品目、臨床試験は777試験であった。プロジェクトの69%が新有効成分含有医薬品、55%が抗悪性腫瘍薬であ り、また臨床試験の82%が国際共同試験であった。
- 米国Breakthroughの指定を目指すプロジェクトは15%であったのに対し日本の先駆け審査指定制度は5%に留まり、その主な理由は日本で最初に申請することを含む指定要件を満たせないことであった。更 に米国では早期承認に向けて、効能追加も含め、RTORやOrbis等の制度も活用されていた。
- 小児も対象にしたプロジェクトは21%(小児のみ6%、成人および青年期等15%)で、成人のみを対象とした79%のプロジェクトのうち今後小児開発を計画しているのは9%であった。 小児開発促進のハードルは主に試験の実施関連、インセンティブは薬価上のメリット等と回答が得られた。

Total Projects in FY2019

Projects by Planned filing Category

- ICH E17の利用についても僅かながら対面助言で相談されている状況が分かった。
- 多くの品目で海外と同時開発が進められ、日本先行もしくは同日申請は10%未満だが、約60%の品目で海外から3ヶ月以内の申請(同時申請)を予定していることが示された。
- 80%以上の会社で「日本人データへの拘り」が開発着手ラグ解消の課題と考えていることが示された。
- オーファン指定に関しては、最適と考える相談時期と現状に乖離がみられるなど、改善点が伺われた。

PhRMA-EFPIA Joint Survey 2020

- Clinical Studies and Development Plan
 - Projects ongoing in FY2019
- Global and local studies ongoing in FY2019 Interaction with the agency for global studies

Participating companies:

PhRMA (11 companies)

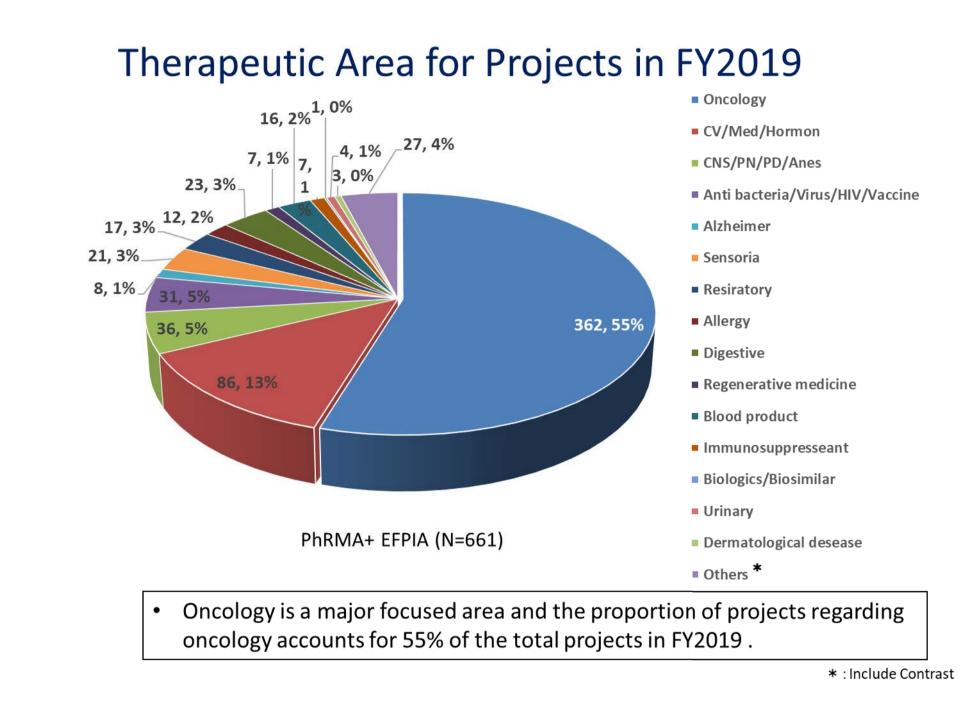
 Abbvie, Alexion, Amgen, Biogen Japan, Bristol-Myers Squibb, Celgene, Eli Lilly, Janssen, MSD, Pfizer, and Gilead Sciences

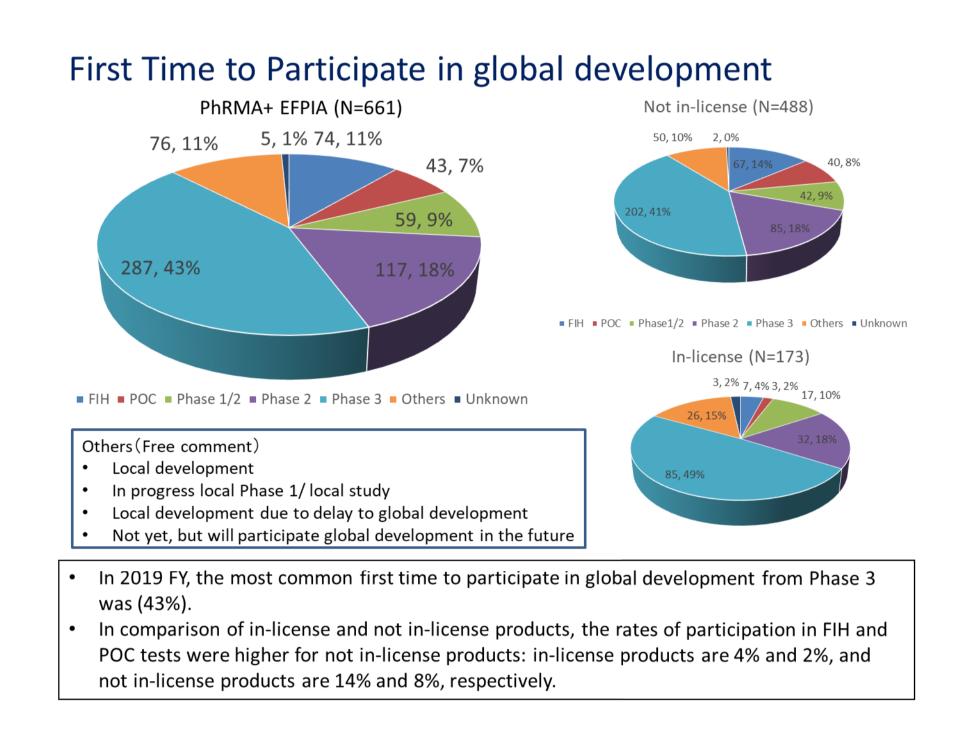
EFPIA (15 companies)

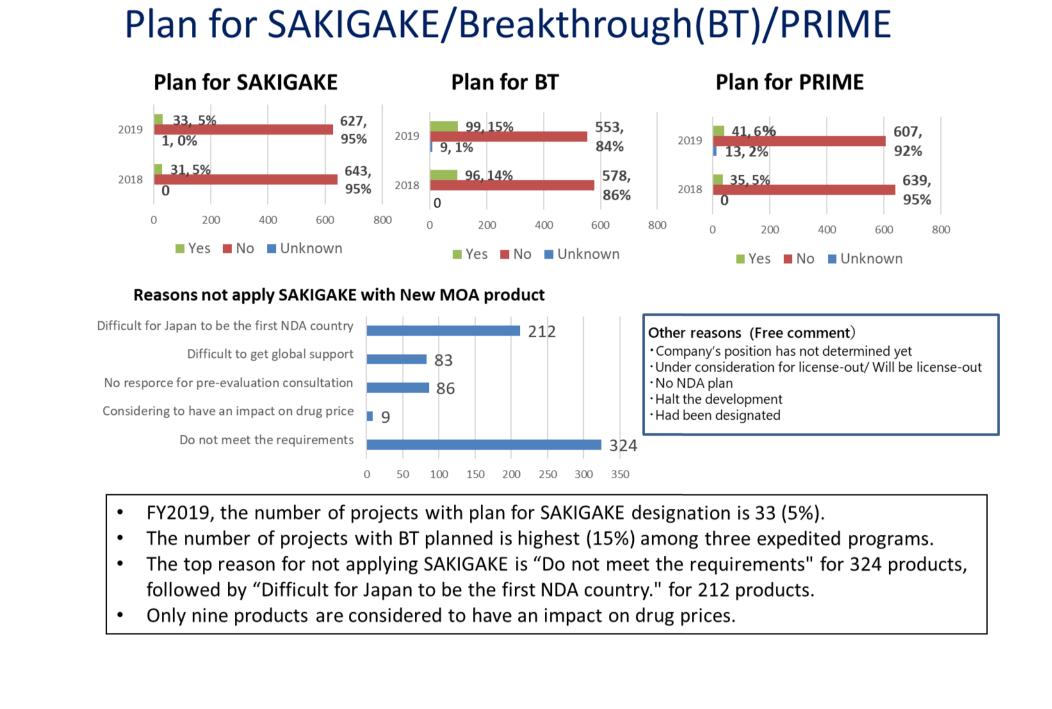
 AstraZeneca, Bayer, CHUGAI, CSL Behring, Ferring, GlaxoSmithKline, Janssen, LEO, Lundbeck, Merck Biopharma, Boehringer Ingelheim, Novartis, Novo Nordisk, Sanofi, and UCB

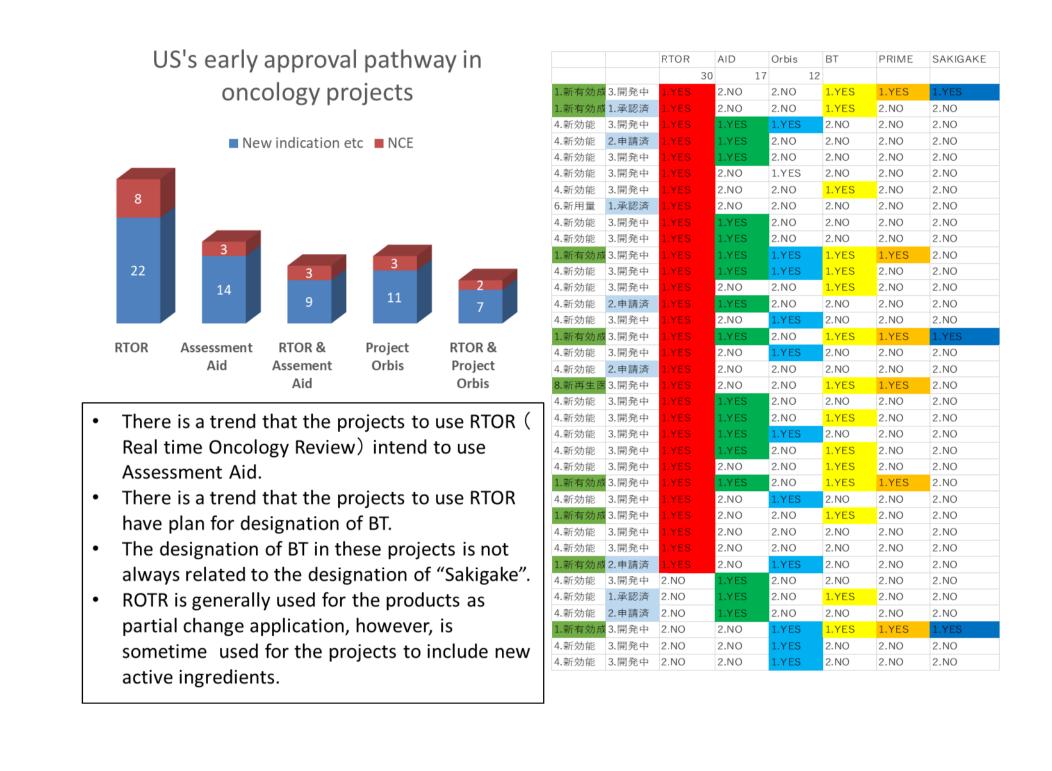
Development Status Biosimilar, 1, 0% New indication of New formulation, 2, 0% Regenerative medicine, 1,0% New administration, 6, 1% medicine, 5, 1% FDC, 4, 1% ■ Filed 576, 87% In-development New dosage 46,7% NCE, 312, unknown, 1,0% In-license product New indication 203, 31% 284, 43% In FY2019 the total number of ongoing projects are 661.87% in total are in-development product. The ratio of new MOA products is as many as 69%, of which innovative new MOA products (products significantly different pharmacological effecting compare with existing drugs) are 44%.

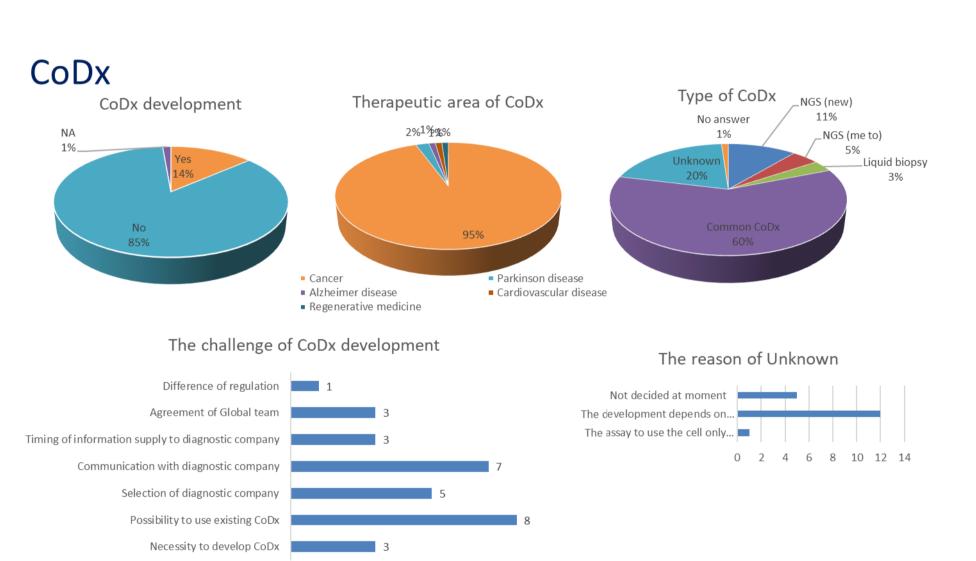
EFPIA + PhRMA 661 projects

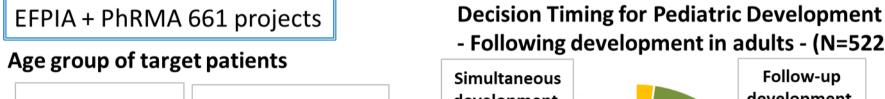






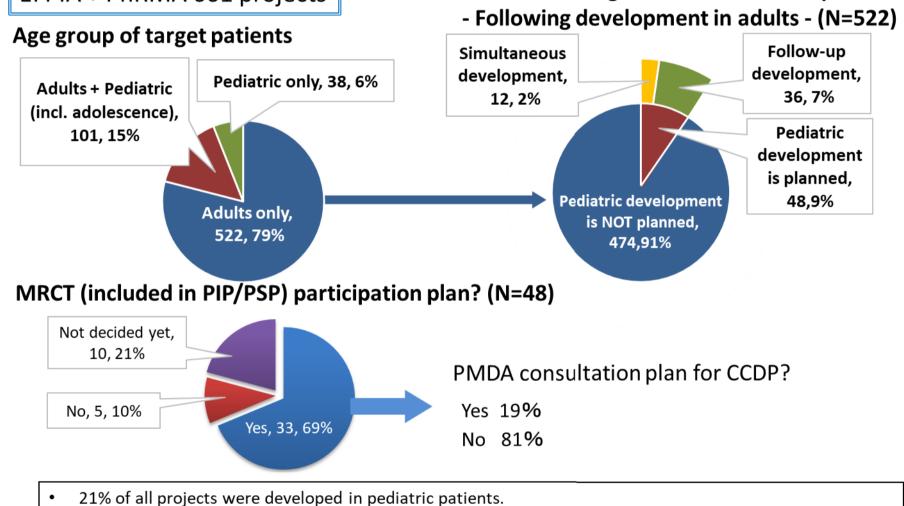


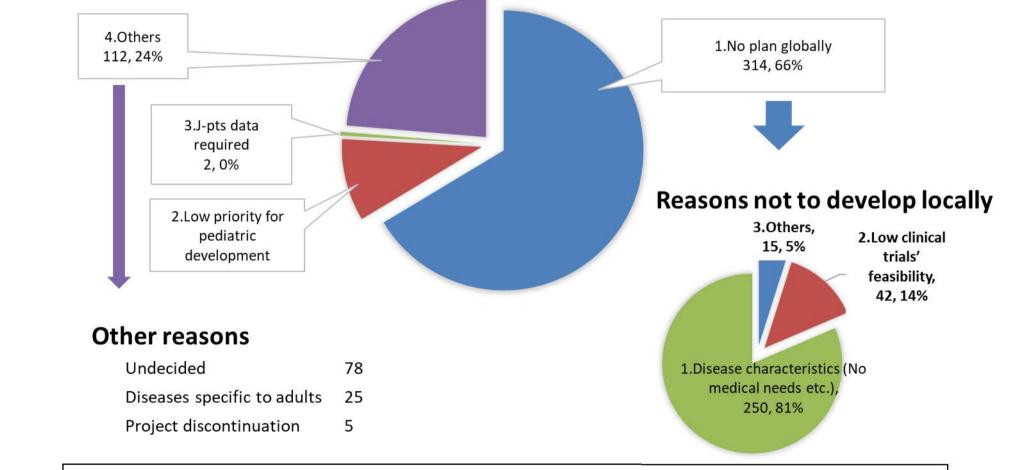




Plan for Pediatric Development

them had PMDA consultation plan for CCDP.





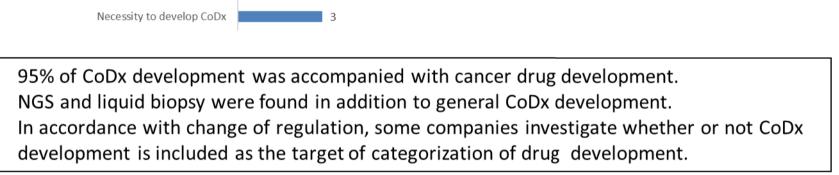
The reason for not planning of pediatric development was No plan globally (314 cases, 66%),

The reason for not developing even locally was No medical needs (81%) and Low Clinical Trial

Low Priority (45 cases, 10%), J-pts data is to be required (2 cases, 0.4%)

Reasons of "No Pediatric development plan" (N=473)

No Plan for Pediatric Development



Opinion for Pediatric Development Promotion

Barrier

Patient enrollment, Institution selection

Dose-finding by M&S was not accepted

JP Long-team safety data was required

JP PK data was required; unfeasible

Local requirement etc.

Primary EP accepted in US/EU may not be

Clinical trials' feasibility

Undecided

Local requirement

accepted in Japan

Priority; Incentive < Cost

Project discontinuation

Incentive

20

Pricing benefit (inc Adults)

PMS burden reduction

- No all-case surveillance

can enroll many pediatric pts

Clinical Data Package reduction

Marketing exclusivity period extension

utilize the global data, M&S, RWD

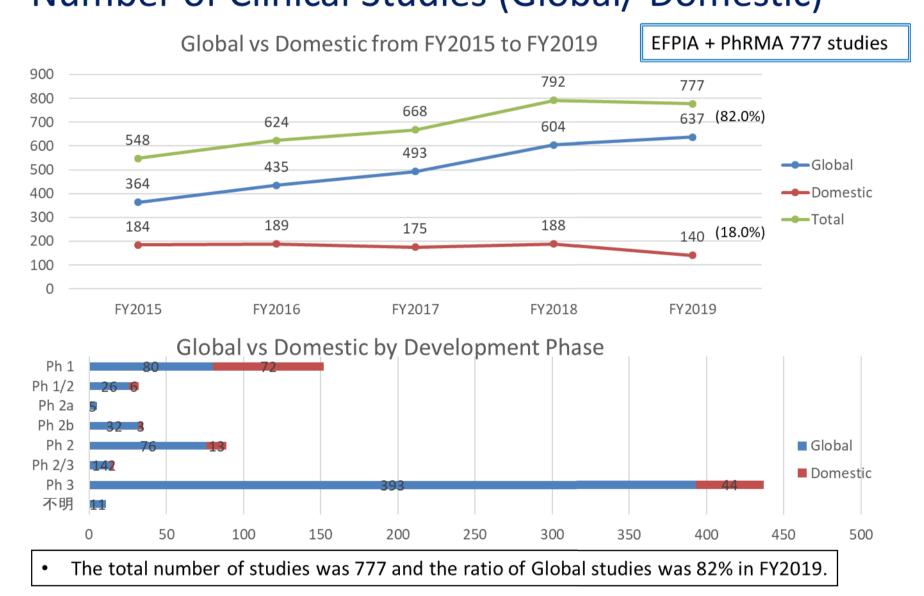
Cost (NDA/Consultation fee) reduction

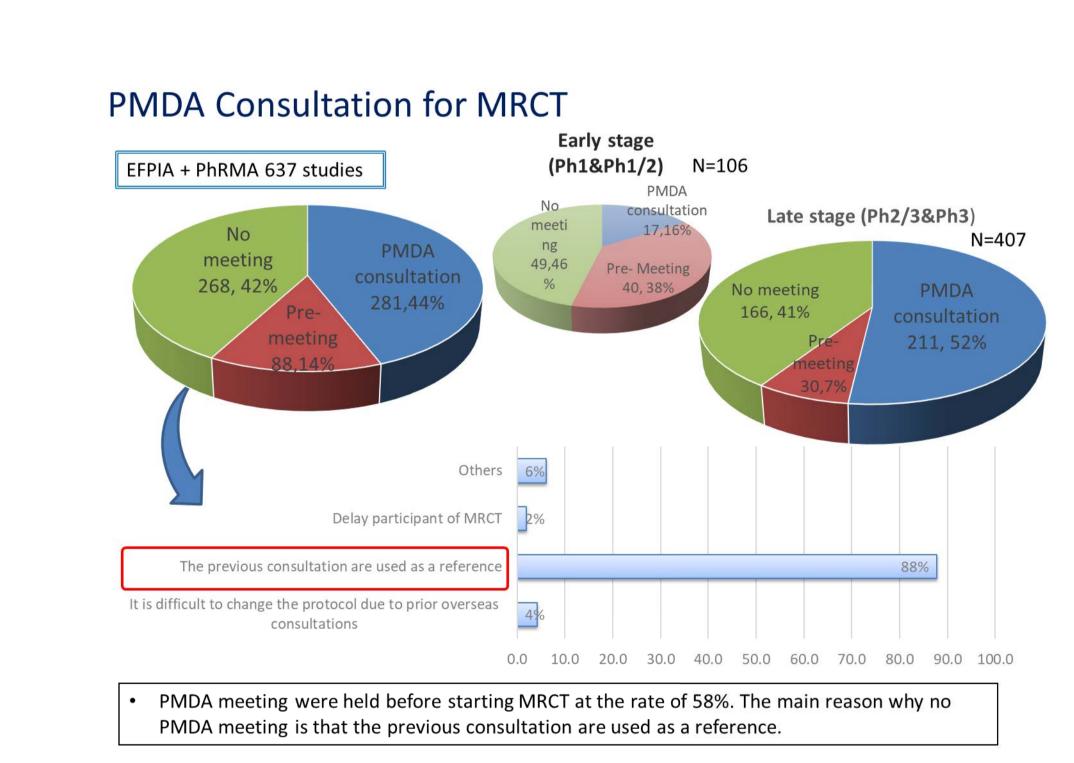
Introduction of PIP/PSP regulation

Incentive for the medical institutions which

As for the projects developed only for adults patients, 9% (48cases) was planning pediatric development, and its decision timing was the same as overseas. Its 75% (36 out of 48cases) was follow-up development. For pediatric development, about 70% projects expected to participate in the MRCT (PIP/PSP), and 19% of

Number of Clinical Studies (Global/ Domestic)

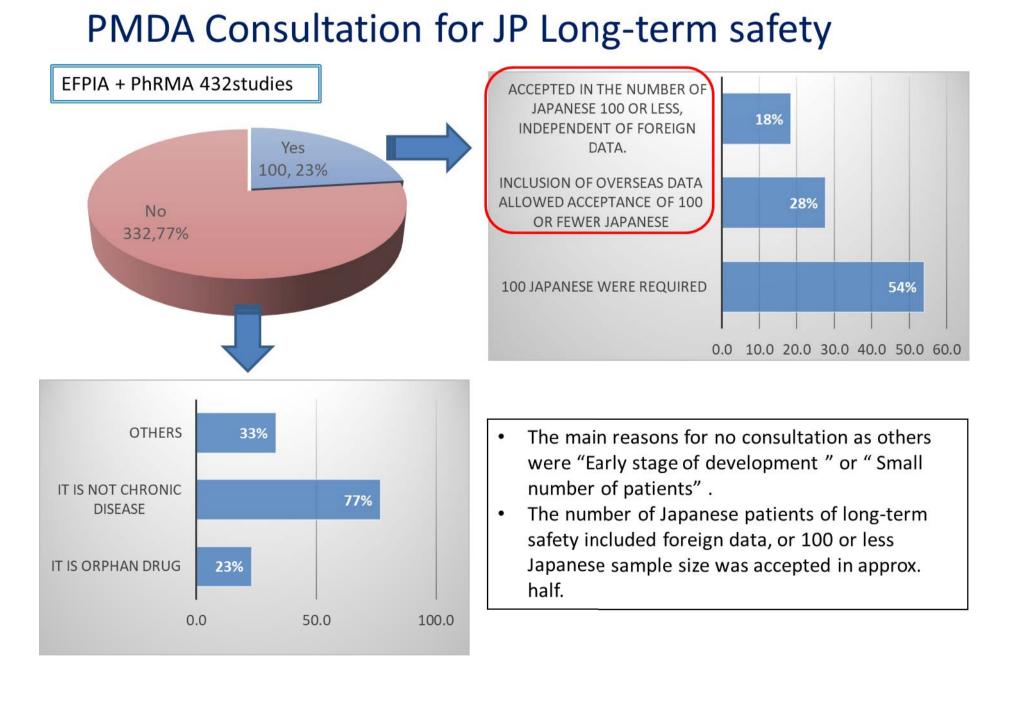




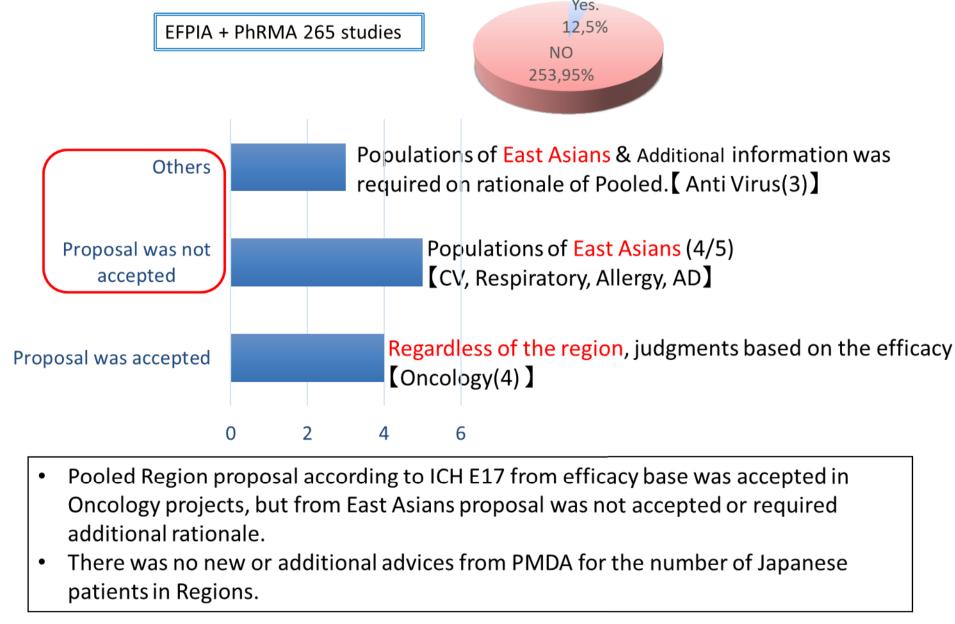
Extension of marketing exclusivity period, Data package reduction etc.

The Barrier to promote pediatric development was considered as Clinical trials feasibility,

The useful incentive to promote pediatric development was considered as Pricing merit,

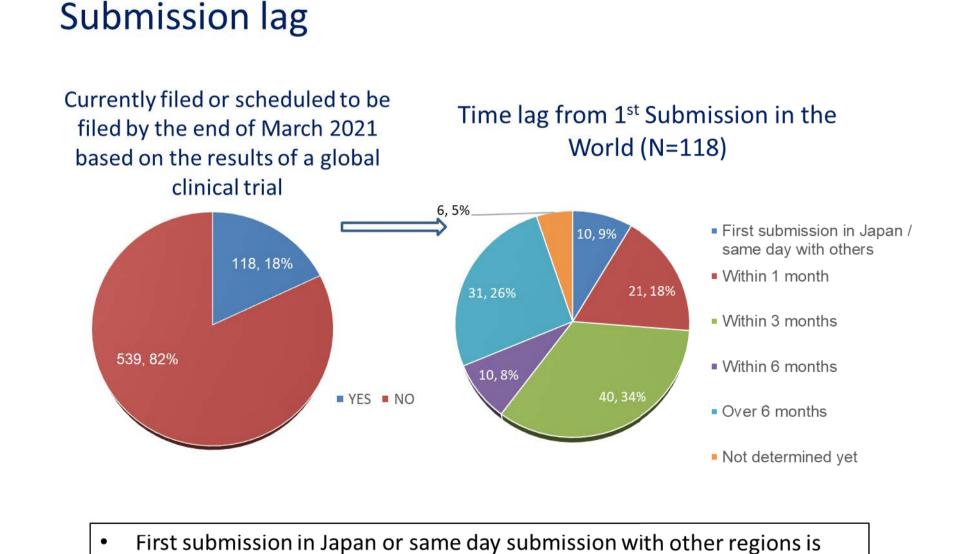




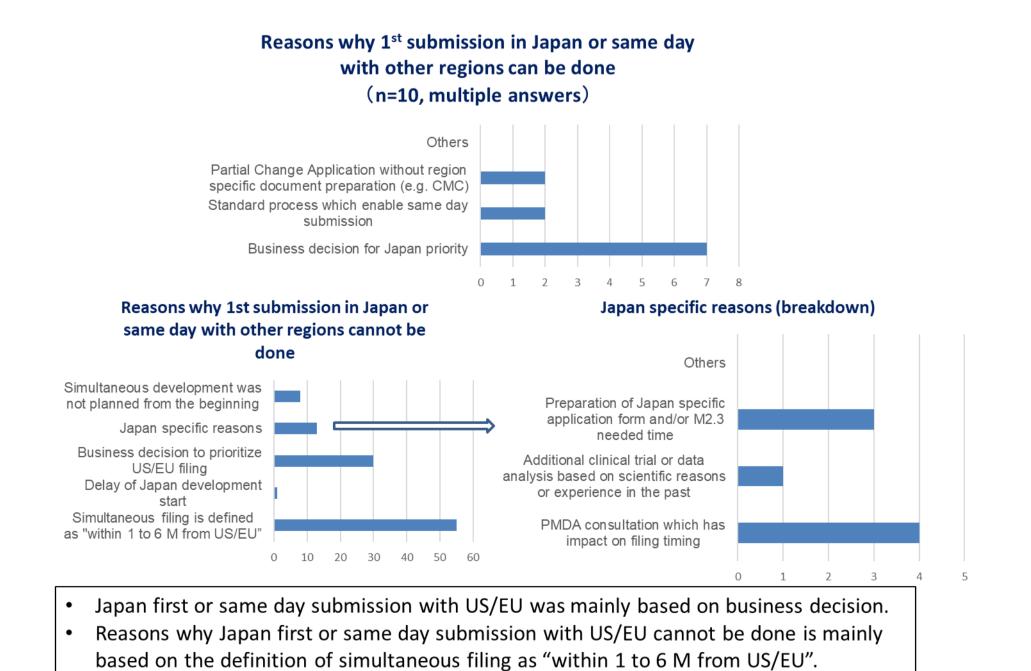


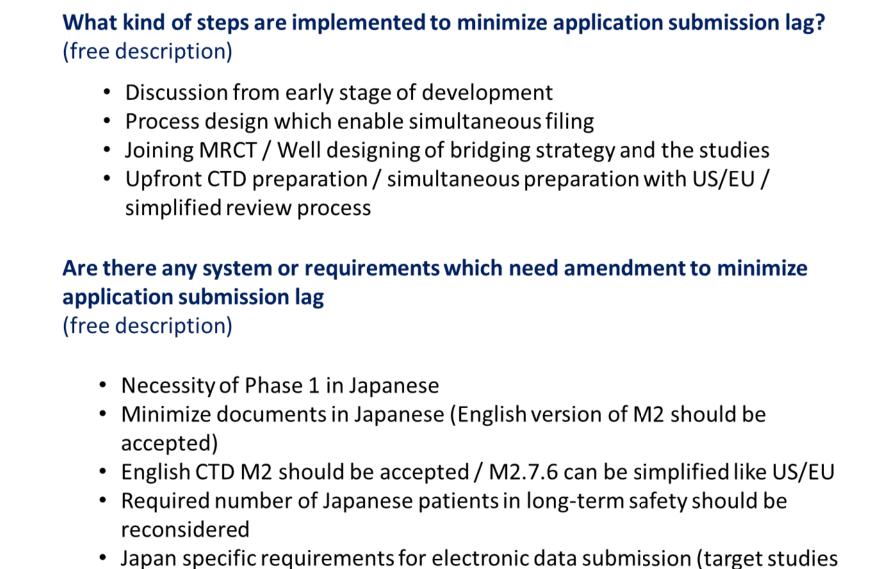
around 60% projects

feasibility (14%).



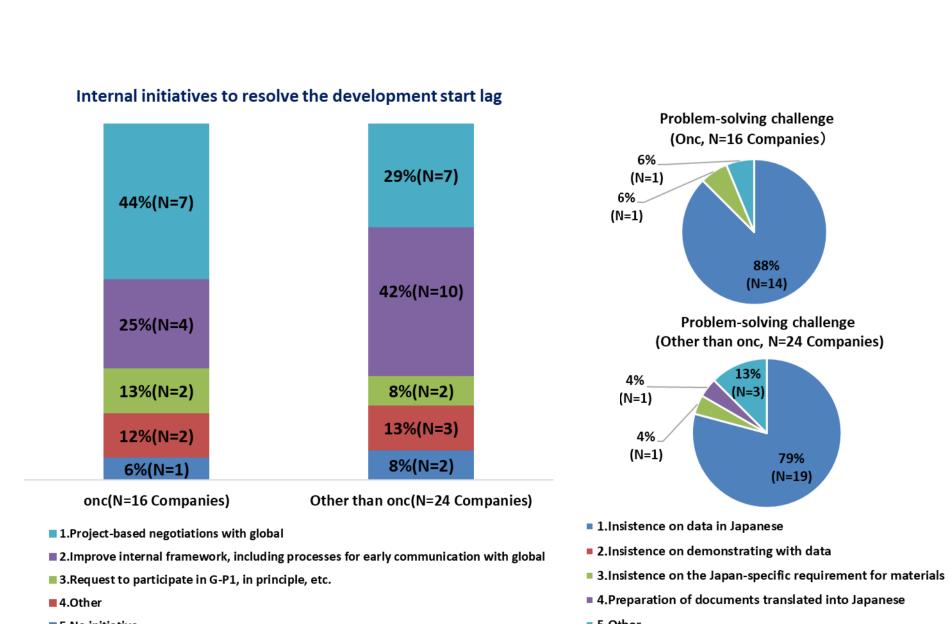
less than 10% but submission in Japan within 3 months is planned in





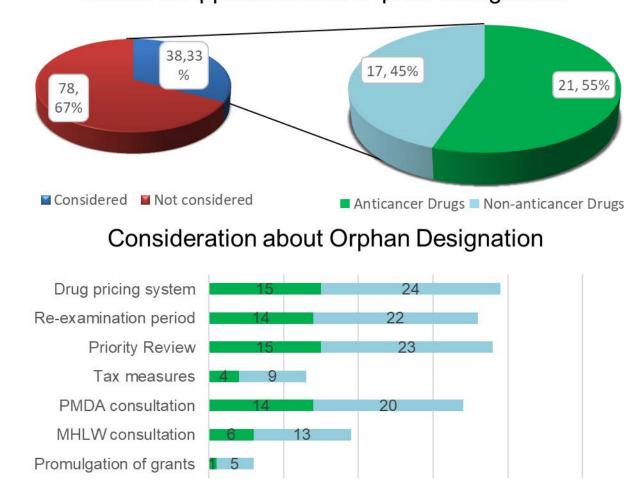
and validation spec should be aligned with US FDA)

International harmonization of CMC (incl. M2.3 contents)



■ 5.No initiative • Many companies are working to eliminate the development start lag by improving the development process on project basis or company basis. • For oncology, main initiative is project-based negotiations with global. For therapeutic area other than oncology, improving framework on company basis is mainly conducted. More than 80% of the companies replied that the hurdle of eliminating development start lag is "intention to Japanese data". • In order to prevent that development start lag cause submission lag, in addition to company internal initiatives, scientific discussion on active utilization of foreign data from an early stage, not based on insistence on Japanese data, will be important.

Status of Applications for Orphan Designation



30 40 50 ■ Anticancer Drugs ■ Non-anticancer drugs Advantages of Orphan Designation for Companies (Number of valid responses:40)

Challenges of Orphan Designation Prior to filing for approval After completion of Phase After completion of Phase I 0 2 4 6 8 10 12 ■ Anticancer Drugs ■ Non-anticancer Drugs ■ Non-anticancer Drugs ■ Anticancer Drugs Timing of Consultation Regarding Orphan Designation Suitable Timing of Consultation Regarding Orphan Designation Key findings: TRANSFER OF THE DESIGNATED CONTACT Approximately 40% of drugs of which CLARIFICATION OF REQUIRED DOCUMENTS 5 applications have been or are scheduled to be filed are under consideration about orphan designation (Anticancer drugs CONSIDERATION OF OVERSEA DESIGNATION STATUS account for approx. 55%). There are some advantages of orphan

designation for companies regarding drug IMPORTANCE OF QO pricing, re-examination period, priority CORSS-SECTIONAL APPLICATIONS review, preferential consultation, and etc. HIGH REGUIREMENTS FOR SUPPORTING... 9 14 On the other hand, the best timing of STRICT REQUIREMENTS COMPARED WITH US/EU 8 consultation doesn't match the reality, and THE NUMBER OF TARGET PATIENTS (50,000... 2 6 there are many demands for making decision based on early data. ■ Anticancer Drugs ■ Non-anticancer Drugs

Problems with Orphan designation