EU-US Cooperation in Drug Regulation

INTERNATIONAL REGULATORY COOPERATION IN PRACTICE

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Key Players and Responsibilities

- US Food and Drug Administration (FDA); ensure safety and effectiveness of all drugs, biological products, and medical devices
- European Medicines Agency (EMA); protect and promote public health through evaluation and supervision of medicines
- European Directorate for the Quality of Medicines (EDQM); ensure access to good quality medicines by establishing and providing standards for manufacture and quality control in covered states
Three Significant Cooperation Tools

- International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use (ICH)
- Bi-lateral parallel advice to drug companies
- Bi-lateral initiatives leading to mutual recognition or reliance
Lessons Learned
ICH Process

- Created in 1990 because US, EU, and Japan, the major manufacturing countries, had difficulty resolving differences in standards; gradually extended to other countries
  - Develop harmonized guidelines on safety, quality, efficacy, and other topics
  - Consensus-building between government regulators and drug industry representatives; opportunity for public participation
  - Regulators commit to implement and manufacturers commit to comply

- Starts with identification of problem; provisions for analyses, public participation, retrospective review, and revisions; results in harmonized --
  - Guidance
  - Q & A’s addressing implementation concerns
  - Common drug approval application form, when could not agree on guidance

- As of 2010 more than 80 guidelines
ICH Lessons Learned

- Indirect harmonization via guidance
- Success without guidance; e.g., no consensus on necessary drug approval info, but harmonized form (with common and region-specific parts) led to electronic and simpler submissions that led to good review practices
- ICH considered successful, but –
  - Some issues (e.g., limited role of generic manufacturers), significant control by 3 countries, and somewhat difficult to follow process and use of various requirements
  - Does data support claims (e.g., resulting good review practices)
Bi-Lateral Parallel Advice

- EMA and FDA provide scientific advice concerning appropriate tests and studies to companies developing medicines
- Helps ensure no major objections/delays raised during application process
Parallel Advice Lessons Learned

Increased and early dialogue can –

- Provide better understanding of regulatory decisions
- Help optimize product development
- Avoid unnecessary testing replication or diverse testing methodologies
Bi-Lateral Mutual Recognition/Reliance Initiatives

- 2014 Mutual Reliance Initiative to increase FDA reliance on EU, specifically for oversight of good manufacturing practice (GMP) inspections
- Good Clinical Practice (GCP) Initiative involving joint inspections, which could lead to mutual recognition/reliance
  - Success of 2008 FDA-EMA GMP inspection pilot led to agreement to extend effort to GCP in clinical trials
  - Begun in 2009 with 18-month pilot phase
  - Agencies agreed to do a joint assessment of GCP pilot
GCP Lessons Learned

- Review of trials should include substance and process
- Trials can provide “extraordinary opportunity” to improve communications, share experiences, have in-depth discussions, and strengthen trust
- Need meetings/teleconferences to discuss exchanged data to ensure understanding
- Collaborative inspections can help understanding and identify “best practices”
- Authority to protect each other’s confidential data is valuable
- Effective implementation of standards needs sharing of such things as interpretations
Conclusion

- Success in international regulatory cooperation comes in various forms
- Improving trust, eliminating extra steps, increasing understanding, developing consensus guidance, etc. can all lead to better regulation