

Key Lessons from the First Successful Biosimilar Application in the EU: Omnitrope® - A legal perspective

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a Novartis company

Omnitrope®: First Biosimilar approved in Europe





Omnitrope 5.8 mg

Powder for Solution for Injection

Dilutent Cartridge







Directive 2003/63/EC Part II of Annex I to Directive 2001/83/EC

Well-Established Medicinal Use Essentially
Similar
Medicinal
Product

Mixed
Marketing
Authoris.
Application

Similar Biological Medicinal Product

CTD Modules 1, 2, 3: Full data (similar to a full MA Dossier)

Modules

4,5



Detailed Scientific Bibliography **Modules**

4,5



- Cross-reference to the original MA (if agreed with the MAH)
- 2. Bio-availability and Bioequivalence

Modules

4,5



Combination of Studies and Bibl. References Case-by-case basis Modules

4,5



Additional non-clinical and clinical data
Case-by-case basis



OMNITROPE®/rhGH - a long path to success

November 2003:

The EC refuses the MAA

STOP

June 2003:

Omnitrope receives positive opinion from CPMP

May 2001:

Submission of file (based on well-established use)



April 2006:

EC decision **MA** granted

January 2006:

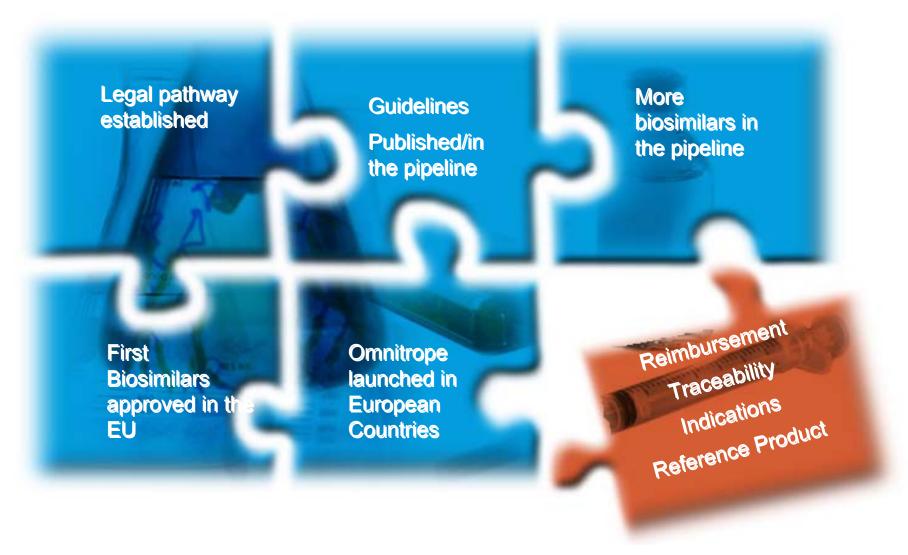
Positive opinion from EMEA



June 2004: New submission under the biosimilar pathway



The major part of the EU- Biosimilar puzzle is completed





Current Challenge: Reimbursement

Issue:

Products are approved centrally, but all preparatory launch activities such as pricing and reimbursement are local.

Legal Environment:

No system of direct recommendations or guidance from the EMEA and/or the EC, which are the authorities knowing the product and its interchangeability.

⇒ Biosimilars are a new product class - national authorities as well as the distributors need to build experience.



Lobbying by originators for introduction of increased tracing obligations for patients under Biosimilar therapy compared to patients medicated with originator product.

Legal Environment:

The entire Pharmaceutical industry is obliged to trace any product with respect to manufacturer and batch number.



- Pharmacovigilance systems need to be in place anyway (risk management plan for newly approved products including Biosimilars, post marketing surveillance)
- Biosimilar and originator products (and their risks) are duly evaluated and approved by the same authorities
- Biosimilar approval includes comparability with respect to safety
- ⇒ No general additional tracing obligations for Biosimilars needed



Can the scope of indications of the Biosimilar be smaller than the scope of the reference product (e.g. in case of patent protected indication)?

Legal Environment:

Art. 6 Regulation (EC) 726/2004

Art. 8(3) Dir. 2001/83/EC

Art. 10 Dir. 2001/83/EC (as amended by Dir. 2004/27/EC)

Art. 11 Dir. 2004/27/EC, Art. 3 (B) and Art. 6 Regulation 726/2004/EC: "For authorisations under Article 10, those parts of the summary of product characteristics of the reference product referring to indications or dosage forms which were still covered by patent law at the time a generic medicine was marketed need not be included" (Art. 11 sentence 2 Dir. 2001/83/EC)



Current Challenge: Harmonisation of indication scopes

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 No legal requirement of identical SmPC to the reference product

⇒ Approved indication scope of the Biosimilar can be smaller than the scope of the reference product



Improvements of the reference product during data protection phase, biosimilar application referring to first form (e.g. vials/pre-filled syringes)

Legal environment:

Art. 6 Dir. 2001/83/EC (as amended):

... any additional strengths, pharmaceutical forms, administration routes, presentation, as well as any variations and extensions ... Shall be granted ... or included in the initial M.A. All these M.A's shall be considered as belonging to the same global M.A., in particular for their purpose of the application of Article 10 (1).



- ⇒ Reference to the earliest approved product is legally possible
- ⇒ Data protection phase starts with first "family members" approval

Regional/National Approval pathways for Biosimilars tend to restrict the choice of the reference product to regionally/nationally approved products.

- ⇒ Global developments need to be compared to different reference products,
- ⇒ Ethically not justifiable: Studies need to be repeated
- ⇒ Increase of development costs



Future Aspect: Global Approach on Reference Products

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Ideas for solution from the recent WHO meeting:

- Introduction of smaller bridging studies?
- WHO definition of Global reference product?



Any Questions?

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