## FRPath.org Where the Roads to Accelerated Assessments Converge



FRPath.org Country and FRP II	nformatio	n Input Fo	rm				
Country: Europe	Agency Name: European Medicines Agency (EMA)						
Name of FRP: EMA Advanced Therapy Medicinal Products							
Is this FRP Proposed or Active	? Active						
Date FRP was officially enacted: Click here to enter a date.							
1. Facilitates activities	2. Accel	lerates the	eregulatory	3. Relies on or recognizes a prior			
during development	review process		cess	regulatory decision			
Is a Guidance or SOP describing how		Yes- see reference below					
to apply this FRP publicly available?							
When should the FRP be requi	ested?	Choose an item.					
	_	Yes- For any product type					
		A 1	1.1	C. L. L. (ATABA)			
Does the agency provide assistance/advice to the sponsor?  For which types of product(s) can this FRP be used? E.g. NMEs, generics, biologics, biosimilars, all products		Advanced therapy medicinal products (ATMPs) are medicines for human use that are based on genes, tissues or cells. They offer groundbreaking new opportunities for the treatment of disease and injury. ATMPs can be classified into three main types: (1) gene therapy medicines: these contain genes that lead to a therapeutic, prophylactic or diagnostic effect. They work by inserting 'recombinant' genes into the body, usually to treat a variety of diseases, including genetic disorders, cancer or long-term diseases. A recombinant gene is a stretch of DNA that is created in the laboratory, bringing together DNA from different sources; (2) somatic-cell therapy medicines: these contain cells or tissues that have been manipulated to change their biological characteristics or cells or tissues not intended to be used for the same essential functions in the body. They can be used to cure, diagnose or prevent diseases; (3) tissue-engineered medicines: these contain cells or tissues that have been modified so they can be used to repair, regenerate or replace human tissue; In addition, some ATMPs may contain one or more medical devices as an integral part of the medicine, which are referred to as combined ATMPs. An example of this is cells embedded in a biodegradable matrix or scaffold. All advanced therapy medicines are authorised centrally via the European Medicines Agency (EMA). They benefit from a single evaluation and authorisation procedure. As with all medicines, the Agency continues to monitor the safety and efficacy of advanced therapy medicines after they are approved and marketed. The Agency also gives scientific support to developers to help them design					

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		monitor the safety of th	nese medicines.		
Must the product address an unmet medical need or serious condition?		Yes			
If a fee is required, what is the amount		The legislation provides for scientific and financial incentives			
(in US\$ equivalent)		to encourage research and development in the area of			
			velopers of ATMPs can obtain		
			ayable to EMA of: (1) 65% fee		
		· ·	for scientific advice for ATMPs (90%		
			reduction for the certification		
			ion Task Force provides a forum for		
		informal dialogue between EMA and developers of ATMPs in the early stages of the medicine development process.  Registered SMEs may approach the SME office to request a			
					briefing meeting to discuss their planned regulatory
		strategy.			
		Total target (agency) time for		277 days.	
assessment (calendar days)		*The principles for the accelerated assessment procedure in			
		accordance with Article 14(9) of Regulation (EC) 726/2004			
			s per the "guideline on the Procedure		
			ment Pursuant to Article 14 (9) of		
			Regulation (EC) No 726/2004". In case of Advanced Therapy Medicinal Product (ATMP)s, the Committee for Advanced		
		Therapies (CAT) decides on the accelerated assessment request. The timetable will be arranged to include the			
			review by the Committee for Advanced Therapies. The		
			initial assessment phase will last 120 days similarly to the		
		standard marketing authorization procedure; the second			
		phase of assessment will last 30 days - the timetable			
		therefore is 120 + 30 days.			
	Total target (company) time for		Click here to enter text.		
responses to agency questions	(If				
stated)	ul C. II.				
Is this a verification review (a		ving (* see definitions at end of document) an abridged* review  Is this a full* review of all parts of			
recognition pathway)?*		ed dossier portions)?	the dossier?		
recognition pathway).		liance pathway)?*	the dossier.		
	(4.10				
If this is a reliance or recognition		No, this process is not a reliance or recognition pathway.			
pathway, what are the accepted					
reference agencies?					
How many reference agency decisions		Not applicable			
are required?		Characteristics			
Does this FRP require submission of		Choose an item.			
Assessment Reports from prior					
d : - : - :			Choose an item.		
decisions?  Is a CPP (Certificate of Pharma		Change on them.			

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Product) required for approval?	,		
Can an alternate form of reference documentation to the CPP be used? If so, what types of documents?	Click here to enter text.		
If this process is through a Regional Regulatory Initiative, which countries participate in this process?	Member States of the European Union (EU) and the European Economic Area (EEA).		
Does the product have to have been marketed in another country? For a specific amount of time? If so, for how long?	Click here to enter text.		
How are queries to the companies sent?	At specified times during the assessment		
Are external reviewers (e.g. non-agency) involved in the assessment?	Yes- as needed		
Post-authorization study commitments	Always required		
For how long is the initial approval or designation valid?	Choose an item.		
Any other details you wish to provide?	<ul> <li>As provided for in the ATMP Regulation (EC) No 1394/2007, the scientific evaluation of Marketing Authorisation Applications (MAAs) for ATMPs is primarily performed by the Committee for Advanced Therapies (CAT). The CAT prepares a draft opinion on the quality, safety and efficacy of each ATMP subject to marketing authorisation application (MAA) which is sent for final approval to the Committee for Medicinal Products for Human Use (CHMP). The CHMP recommendation is then sent to the European Commission, which adopts a decision binding in all Member States.</li> </ul>		
Date of this update	30 May 2020		
References	<ol> <li>Advanced therapy medicinal products: Overview.         https://www.ema.europa.eu/en/human-regulatory/overview/advanced-therapy-medicinal-products-overview         Accessed on 30 May 2020.     </li> <li>Procedural advice on the evaluation of advanced therapy medicinal product in accordance with Article 8 of Regulation (EC) No 1394/2007.         https://www.ema.europa.eu/en/documents/regulat ory-procedural-guideline/procedural-advice-evaluation-advanced-therapy-medicinal-product-accordance article 8 regulation accordance are additional.     </li> </ol>		
	<ul> <li>accordance-article-8-regulation-ec/2007 en.pdf</li> <li>Accessed on 30 May 2020.</li> <li>Support for advanced therapy developers.</li> <li><a href="https://www.ema.europa.eu/en/human-">https://www.ema.europa.eu/en/human-</a></li> </ul>		

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<u>regulatory/research-development/advanced-therapies/support-advanced-therapy-developers</u>
Accessed on 30 May 2020.

## \*Definitions:

Verification review: A checklist review based on recognition of a prior regulatory decision. Recognition is the routine acceptance of the regulatory decision of another regulator or other trusted institution. Recognition indicates that evidence of conformity with the regulatory requirements of economy A is sufficient to meet the regulatory requirements of economy B.

Abridged review: An abbreviated review of selected portions of the dossier and the reliance on prior assessment decisions. Reliance is the act whereby a regulatory authority in one jurisdiction may take into account/give significant weight to work performed by another regulator or other trusted institution in reaching its own decision

Full review: A comprehensive review of all components of the dossier. This may or may not be CPP-dependent. This may form part of a reliance or recognition pathway.

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