



**Australian Government**

**Department of Health**

Therapeutic Goods Administration

# Consultation: Expedited pathways for prescription medicines

## Eligibility criteria and designation process

Version 1.0, October 2016

**TGA** Health Safety  
Regulation



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Historical consultation document

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## Purpose and scope

The Therapeutic Goods Administration (TGA) is developing two expedited pathways for the registration of novel prescription medicines that address unmet clinical needs for Australian consumers. **Priority Review** will involve faster assessment of prescription medicines with a full data dossier in certain circumstances, allowing consumers with serious and life-threatening conditions to access these medicines more quickly if the assessment results in a decision to register the goods. **Provisional Approval** will provide earlier access to certain promising new medicines that do not yet have a full dossier of clinical data, but where there is the potential for a substantial benefit to Australian consumers through the earlier availability of these medicines.

The purpose of this consultation paper is to provide an opportunity for consumers, health professionals and industry to assist us in developing the two expedited pathways. Specifically, this consultation paper is seeking feedback on:

- The proposed eligibility criteria for the two expedited pathways for prescription medicines (Priority Review and Provisional Approval)
- The proposed process for determining that a medicine meets the eligibility criteria for Priority Review or Provisional Approval (the 'Designation Process')

To highlight the similarities and differences between the expedited pathways, Priority Review and Provisional Approval of prescription medicines have been addressed together in this consultation paper. Further public consultation on the details of the Provisional Approval pathway will occur in early 2017.

We will work with industry to develop business processes and guidance documents to support the implementation of the Priority Review and Provisional Approval pathways.

This consultation focusses on how these pathways could apply to prescription medicines. However, they could also potentially be applied to biologicals (cell and tissue therapies) as part of future considerations.

## Principles for TGA's expedited pathways

We are applying the following principles to guide the development of the expedited pathways for medicines and medical devices:

1. Health professional and consumer confidence in TGA regulation of the safety, efficacy and quality of therapeutic goods must be maintained
2. The TGA will provide clear guidance to enable the applicant to adhere to the designation<sup>1</sup> and registration processes<sup>2</sup>
3. Applicants will be responsible for providing the TGA with all information necessary to get, and support, continued designation

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<sup>1</sup> By 'designation process', we are referring to a formal process which will occur before a sponsor makes an application for registration of a prescription medicine in the Australian Register to Therapeutic Goods (ARTG). The designation process will determine whether a medicine is eligible for the Priority Review or Provisional Approval pathway but does not necessarily mean that the medicine will be approved after evaluation and registered in the ARTG.

<sup>2</sup> By 'registration process', we are referring to the process of evaluating an application and making a decision about whether to register a prescription medicine in the ARTG.

4. Both the TGA and the applicant will commit to open and timely communication to support expediting the application in the interest of public health benefit
5. There will be transparency of the criteria, and of designation and registration decisions
6. The designation and registration processes will be cost-recovered
7. Appeal rights regarding the designation decision will exist
8. The designation and registration processes should not result in an unreasonable diversion of TGA resources from business as usual activities.

## Background

### Review of Medicines and Medical Devices Regulation

In March 2015, the Expert Panel conducting the [Review of Medicines and Medical Devices Regulation](#) (MMDR review) made recommendations aimed at streamlining the TGA's registration processes and improving timely access by Australian consumers to new medicines and medical devices.<sup>3</sup>

The MMDR review recommended that the TGA implement expedited pathways for promising new medicines in certain circumstances. Entry into these pathways is to be based on transparent eligibility criteria that are consistent with those adopted by comparable overseas regulators. The use of overseas reports or work-sharing arrangements with comparable overseas regulators can be used within these pathways.

The panel concluded that allowing for greater flexibility in assessment pathways for medicines and medical devices (including greater use of overseas assessment reports and granting provisional registration in certain circumstances) would expedite access to market without compromising the safety, quality and efficacy or performance of medicines and medical devices.

It is important to note that this is only one step in facilitating earlier access to medicines for Australian consumers. The scope of the MMDR review did not include making recommendations on the Pharmaceutical Benefits Advisory Committee (PBAC) processes for listing medicines on the Pharmaceutical Benefits Scheme Schedule for reimbursement. However, implementation of the expedited pathways will interact with PBAC processes. The Australian Government will work to ensure that, where necessary, the TGA and PBAC processes are aligned to take best advantage of the outcomes of the MMDR review.

On 15 September 2016, the Australian Government released its [Response to the Review of Medicines and Medical Devices Regulation](#).<sup>4</sup> The reforms outlined in the response will be implemented over the next 12 to 24 months. Consultation with stakeholders will ensure that implementation of these reforms maintains timely and sustainable access to medicines for all Australians.

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<sup>3</sup> Expert Panel, Review of Medicines and Medical Devices Regulation: Report to the Minister for Health on the Regulatory Framework for Medicines and Medical Devices (31 March 2015), pp. ix-xxiv, available at: <http://www.health.gov.au/internet/main/publishing.nsf/Content/Expert-Review-of-Medicines-and-Medical-Devices-Regulation>

<sup>4</sup> Commonwealth of Australia (Department of Health), Australian Government Response to the Review of Medicines and Medical Devices Regulation (September 2016) available at: <https://www.tga.gov.au/mmdr#austgovt>

## Context for change

The MMDR review's recommendations relating to expedited pathways arose from the observation that Australia is out of step with international regulators, such as the US Food and Drug Administration (FDA), European Medicines Agency (EMA) and Health Canada, which all have the capacity to expedite assessment of prescription medicines in certain circumstances.<sup>5</sup> Each international regulator has taken different approaches to implementing expedited assessments. These programs are outlined below, with further details provided in **Appendix 1**.

The FDA, the EMA and Health Canada each have programs that facilitate the truncation of assessment timeframes for eligible prescription medicines (named 'Priority Review' by [FDA](#) and [Health Canada](#), and '[Accelerated Assessment](#)' by the EMA). These regulators also have the ability to assess a product for market based on less, or different, clinical data than would normally be required for a routine assessment. The relevant programs are named '[Accelerated Approval](#)' by FDA, '[Conditional Marketing Authorisation](#)' by the EMA and '[Notice of Compliance with Conditions](#)' by Health Canada.

FDA has two other accelerated approval schemes, '[Fast Track](#)' and '[Breakthrough Therapy](#)', which involve varying intensities of FDA engagement and guidance at the product development stage. While the regulatory consideration phase is accelerated under these schemes, the main reported advantage to industry is assistance with design and facilitation of clinical trials.<sup>6</sup> The MMDR review noted that the TGA does not have the resourcing or economies of scale to undertake equivalent assessments at present.<sup>7</sup>

Since the introduction of the Streamlined Submission Process in 2010–11, we have had no formal mechanism to expedite the assessment of medicines for registration in the Australian Register of Therapeutic Goods (ARTG). However, in circumstances where a medicine is considered by the TGA to be a significant therapeutic advance or of critical importance to the Australian community (for example, in emergency situations), we have worked with relevant sponsors to facilitate early access to the new product, provided that it meets the TGA's quality, safety and efficacy requirements. The Priority Review and Provisional Approval pathways will provide a predictable and transparent mechanism to formalise these processes for sponsors and TGA business areas.

## Objectives of the expedited pathways

The objectives of the expedited pathways are to:

- assist in achieving earlier access to certain novel prescription medicines that address unmet clinical needs for Australian consumers. In the case of Priority Review, medicines could come to market three months sooner and for Provisional Approval, as much as two years sooner than under the current framework.
- provide timely and flexible registration processes for sponsors seeking access to the Australian market for new and novel uses of medicines that offer substantial benefits to Australian consumers.
- increase alignment with other overseas regulators that offer accelerated assessment processes.

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<sup>5</sup> Expert Panel, p. 79.

<sup>6</sup> Expert Panel, p. 49

<sup>7</sup> Expert Panel, p. 101.

The **Priority Review** pathway will prioritise the evaluation of novel prescription medicines that meet the eligibility criteria and have a complete data dossier, with a view to reducing the target timeframe for a decision regarding registration of the medicine in the ARTG. A target timeframe of 150 working days has been recommended for Priority Review, consistent with the benchmarks set by the FDA and EMA for similar programs.<sup>8</sup> The Priority Review pathway will require new and flexible business processes to facilitate faster assessment for registration, while maintaining our high standards for efficacy, safety and quality.

The **Provisional Approval** pathway aims to allow medicines to reach consumers with unmet clinical needs earlier than might otherwise be the case, by allowing certain medicines to be provisionally registered on the basis of early data on efficacy and safety (e.g. based on surrogate endpoints or other relevant data, rather than on patient safety and efficacy data from full Phase III clinical trials). Medicines will only be provisionally registered in the ARTG where the benefit to public health of earlier availability of the medicine outweighs the risk inherent in the fact that additional clinical data are still required. Full non-clinical modules will still be required. Provisional registration will be limited in duration and will automatically lapse at the end of a specified period unless sponsors meet the conditions imposed by the TGA. Sponsors will be required to collect and submit post-market safety and efficacy data before the product is granted full registration. Other conditions may be applied within the enhanced post-market surveillance framework that is being developed by the TGA.

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<sup>8</sup> Expert Panel, p. 71.

## Eligibility for the expedited pathways

In drafting the proposed eligibility criteria for the expedited pathways, consideration has been given to the criteria for equivalent programs administered by international regulators, including the FDA, EMA and Health Canada (refer to **Appendix 1** for details).

While there are no standard criteria for expedited pathways used internationally that could be adopted by Australia, there are some common considerations, namely:

- the seriousness of the disease or condition and its impact on people's daily lives;
- the existence of effective interventions; and
- the extent of (potential) innovation offered by the medicine – i.e. will it provide a substantial benefit in some aspect of the patient outcomes?<sup>9</sup>

The criteria used by international regulators are generally qualitative, allowing for some flexibility and exercise of judgement in their application.

## Proposed criteria for acceptance of an application into an expedited pathway

Three criteria are proposed for the prescription medicines expedited pathways. All three criteria must be satisfied in order for a medicine to be eligible for Priority Review or Provisional Approval.

### Criterion one: Serious condition

The medicine is indicated for the treatment, prevention or diagnosis of a life threatening or seriously debilitating disease or condition.

To ensure that the expedited pathways benefit consumers in need of vital and life-saving medicines, this eligibility criterion will apply to both Priority Review and Provisional Approval.

### Criterion two: Unmet clinical need

The medicine addresses an unmet clinical need in Australian consumers.

To ensure that the expedited pathways are targeted to medicines that will provide the most benefit, this eligibility criterion will apply to both Priority Review and Provisional Approval.

<sup>9</sup> Expert Panel, p. 68.

### Criterion three: Major therapeutic advantage

**For Priority Review:** there is *substantial evidence demonstrating* that the medicine provides a major therapeutic advantage in efficacy and/or safety over existing treatments that are fully registered in Australia

**For Provisional Approval:** there is *promising evidence from early data* indicating that the medicine is likely to provide a major therapeutic advantage in efficacy and/or safety over existing treatments that are fully registered in Australia

This eligibility criterion will differ for each of the expedited pathways. Priority Review is intended for medicines that represent a major advantage over existing treatments available to Australian consumers, where a complete dossier of clinical and non-clinical data is available. Provisional Approval is intended for medicines with earlier clinical data which indicates that the benefit to Australian consumers from earlier availability outweighs the risk inherent in the fact that additional data is still being generated.

It should also be noted that, as existing treatments are determined from those which are fully registered on the ARTG for the indication, it is feasible that, pending meeting all criteria, more than one medicine intended for the same purpose may be accepted into the expedited pathways at the same time.

In line with the principles for expedited pathways, we will develop clear guidance on the definitions and intended interpretation of key terms used in the criteria (e.g. 'major therapeutic advantage') and provide examples of medicines or circumstances that would meet such definitions.



#### Eligibility criteria

- Do the proposed criteria for Priority Review and Provisional Approval address the objectives of the expedited pathways?
- What other considerations may need to be included?

# Designation for the expedited pathways

## Designation process

It is proposed that the expedited pathways will be available to prescription medicines containing new active substances or new uses for medicines (i.e. New Chemical Entities<sup>10</sup> and Extension of Indications<sup>11</sup>) that meet the specified eligibility criteria. We will implement a formal designation process for determining whether a medicine is eligible to enter one of the expedited pathways for prescription medicines. In line with TGA's principles for expedited pathways, sponsors will be responsible for providing us with all the information necessary to get and support continued designation for the Priority Review or Provisional Approval pathways.

The proposed designation process is outlined in **Figure 1** and will involve three key steps:

### 1. Optional pre-submission meeting

Pre-submission meetings will be recommended for sponsors intending to apply for designation to an expedited pathway. It is suggested that pre-submission meetings will occur 6-7 months prior to submission of the dossier for the registration process. This early indication will provide sponsors with an opportunity to clarify any details relating to their application. It will also provide us with an early indication of resource and expertise needs for the designation and registration processes. Pre-submission meetings may not be needed for all applications, as this information could be gathered through phone or email communication.

### 2. Application

It is proposed that sponsors will submit an application form seeking designation for Priority Review or Provisional Approval, providing a rationale as to why the medicine meets the eligibility criteria. Similar to the EMA process, it is suggested that an application for designation for Priority Review or Provisional Approval is to be submitted to TGA approximately 10-12 weeks prior to submission of the dossier for the registration process.

One of the proposed principles for our expedited pathways is that sponsors will be responsible for providing all information necessary to receive and maintain the designation. For the Priority Review pathway, sponsors will need to provide evidence of Good Manufacturing Practice (GMP) compliance or show that they have applied to obtain the necessary GMP certificate or GMP clearance.

### 3. Designation decision

TGA's Principal Medical Advisor will assess the information provided by the sponsor against the relevant criteria to determine whether a medicine should be granted a designation for the Priority Review or Provisional Approval pathway. It is proposed that we will have a target timeframe of 20 working days from acceptance and acknowledgement to the sponsor of a complete application to make the designation decision.

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<sup>10</sup> Prescription medicines containing a chemical, biological or radiopharmaceutical substance that have not previously been included in the ARTG.

<sup>11</sup> Change to the approved therapeutic uses of prescription medicines registered in the ARTG. This includes a 'new use' where an existing medicine is approved for an additional therapeutic use and an 'extended use' where an existing medicine is approved to treat a broader range of consumers.

The Principal Medical Advisor will consult with the relevant TGA clinical delegate(s) and may seek external expert advice to inform the designation decision. The Advisory Committee for Medicines<sup>12</sup> will be regularly informed of designation decisions for the expedited pathways.

Successful designation of an application as either Priority Review or Provisional Approval does not mean that the medicine will necessarily be approved after evaluation and registered on the ARTG. Applications that are assessed as being ineligible may still apply for registration via the standard [Prescription Medicines Registration Process](#).<sup>13</sup>

We will work consult with industry to further develop details of the designation process.

#### Designation process

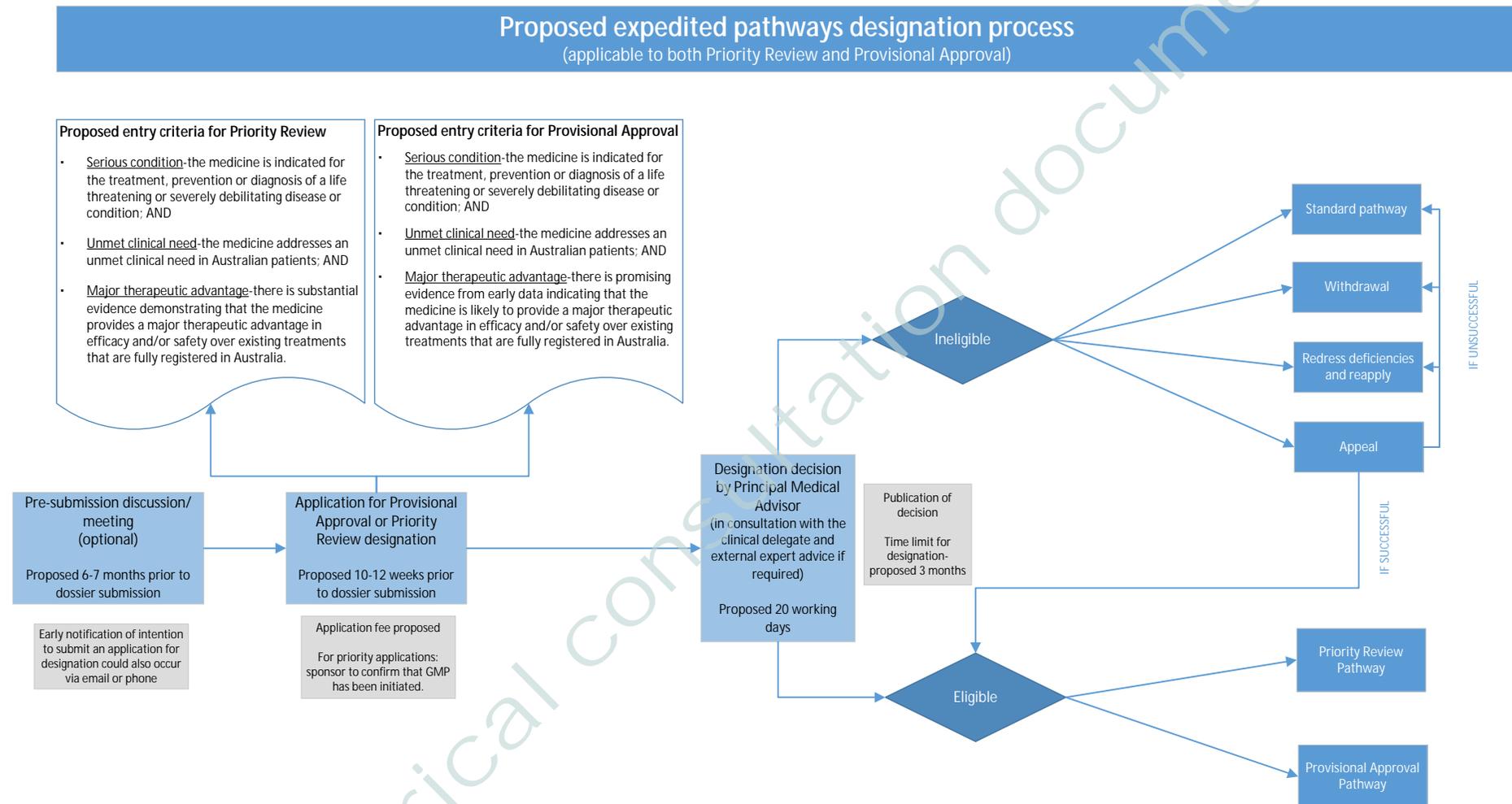


- Is the proposed process and timing of the designation steps appropriate?
- What other considerations may need to be taken into account in implementing the proposed designation process?

<sup>12</sup> In line with the committee reforms recommended in the MMDR review, the Advisory Committee for Medicines is to be convened from January 2017. See 'other considerations' for further information.

<sup>13</sup> Therapeutic Goods Administration, Prescription Medicines Registration Process (Version 2.1, September 2014) available at: <<https://www.tga.gov.au/prescription-medicines-registration-process>>

**Figure 1: Proposed designation process for the expedited pathways for prescription medicines**



## Appeal

Sponsors will be able to seek internal review of the designation decision under section 60 of the *Therapeutic Goods Act 1989* (the Act). Appeal rights will be consistent with our transparency and accountability obligations and existing appeal timeframes will apply.

## Duration of designation

It is proposed that after a designation for Priority Review or Provisional Approval has been granted by us, the sponsor will be required to provide the full submission for registration within three months of being notified of the outcome in writing, otherwise the designation will lapse. This aligns with the principle that both the TGA and the sponsor will commit to expediting the application in the interest of public health, while accommodating any unexpected delays in submission.



### Duration of designation

- Should there be three-month limit on the duration for the designation for Priority Review and Provisional Approval? If not, please provide reasons and suggest what could be an alternative time period.

## Publication

To enhance public confidence in our application of the expedited pathways it is important that there is transparency of designation decisions. Transparency of decision-making will also provide useful information to sponsors who are interested in applying for the expedited pathways and help to ensure that we align with international regulators.

In line with our principles for expedited pathways, it is proposed that medicines successfully designated as eligible for the Priority Review or Provisional Approval pathways will be published on our website at the time of the designation decision. Public release of this information will be made under Section 61(5A) of the *Therapeutic Goods Act 1989*.

Options for transparency of the designation decision include:

- Publication of successful designations and the total number of eligible and ineligible applications, supplemented by a high level statement in annual TGA performance reporting describing common reasons why applications were not approved
- Publication of both successful and un-successful applications, and key reasons for decisions, on our website at the time of designation
- Publication of the designation and key reasons for decision in the Australian Public Assessment Reports for prescription medicines (AusPARs), following the conclusion of the registration process
- For successful applications, noting in the ARTG that these medicines went through Priority Review or Provisional Approval.

### Publication of TGA decisions



- Should we publish the outcomes of applications for Priority Review and/or Provisional Approval designation?
- Should publication of both 'eligible' and 'ineligible' designation decisions occur?
- Should we publish whether a medicine has been registered through one of the expedited pathways?
- If so, how much detail should be published and when should TGA decisions be published?

### Exit criteria

In line with TGA's principles for expedited pathways, we will develop transparent exit criteria for instances where it may no longer be appropriate for a medicine to retain its designation for Priority Review or Provisional Approval. It is proposed that the exit criteria may be triggered at any time during the registration process. When this occurs, we may withdraw the designation and the submission would transition to the standard [Prescription Medicines Registration Process](#).

The specific criteria will be developed in consultation with stakeholders and may differ for Priority Review and Provisional Approval. Possible exit criteria include that:

- there is evidence that the eligibility criteria are no longer met
- the medicine has been rejected for an accelerated assessment process by a comparable overseas regulator and the reasons are deemed applicable within the Australian context
- the necessary GMP clearance or certificate has not been granted
- the sponsor fails to respond within a reasonable timeframe to our requests for additional information.

## Other considerations

### Fees and charges

Our existing processes for the registration of prescription medicines (including application and evaluation costs) are fully cost-recovered as fees from applicants, while post-market monitoring and surveillance activities are recovered in the form of annual charges.

It is proposed that there will be a new fee associated with the designation process for Priority Review and Provisional Approval. This fee will apply to all applications and reflect the TGA resources required for this new designation process. Any other additional resources that are needed to implement the expedited pathways may be reflected in higher fees and charges for these pathways, in line with the Australian Government Cost Recovery Guidelines.<sup>14</sup>

The proposed fee for the designation process for the expedited pathways, and any other changes to the fees and charges that may apply to the registration of these medicines, will be determined in our annual review of fees and charges in consultation with industry.

### Expert advice

Through the Government's [Response to the Review of Medicines and Medical Devices Regulation](#), and in line with its Smaller Government agenda, the number of statutory advisory committees to the TGA will be reduced from eleven to seven from 1 January 2017.

The Advisory Committee for Medicines (ACM) will be established as part of these committee reforms. The role of the ACM will encompass: the market authorisation advisory role of the current Advisory Committee on Prescription Medicines; the medicines safety advisory role of the current Advisory Committee on the Safety of Medicines; and providing advice as required on issues relating to over-the-counter medicines (currently carried out by Advisory Committee on Non-Prescription Medicines).

The Advisory Committee for Vaccines (ACV) will be maintained, along with five other statutory committees that will advise on complementary medicines, medical devices, biologicals, chemical scheduling and medicines scheduling.

Expert advice will also be available to TGA delegates via the establishment of a specialist advisory group. The group will contain a list of specialists that have nominated to be available to provide us with advice as requested of them.

Flexible and timely access to external expert advice will be important to support the expedited pathways. For this reason, the expedited pathways may use a range of options for obtaining advice, including specialist advisors and/or statutory committees. This will ensure that the expedited pathways align with our principle that public confidence is maintained in the safety, efficacy and quality of medicines registered via the Priority Review and Provisional Approval pathways.

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<sup>14</sup> Department of Finance 2014, Australian government cost recovery guidelines, July 2014, Third edition, Department of Finance, Canberra.

## Legislative and regulatory amendment

Amendments are required to the *Therapeutic Goods Act 1989* to allow regulations to be made setting out the criteria and designation process for the expedited pathways for prescription medicines. The regulations will also provide exit criteria to be applied for Priority Review and Provisional Approval.

It is anticipated that the registration of medicines through the proposed Priority Review pathway can be accommodated within our existing legislative framework. However, it is likely that legislative amendments will be required to implement the proposed Provisional Approval pathway, including enhanced post-market reporting and compliance measures that have been proposed.<sup>15</sup> Separate public consultation on the Provisional Approval pathway will be undertaken before any changes to our legislative framework are progressed in 2017.

## Post-implementation review

As the Australian regulatory context differs from our international counterparts, it is difficult to anticipate how the proposed Priority Review and Provisional Approval pathways will operate alongside our existing processes for the registration of prescription medicines.

It is proposed that a post-implementation review of the Priority Review and Provisional Approval pathways will consider whether the eligibility and exit criteria are fit-for-purpose in the interests of public health, any changes that may be needed to improve the designation and registration processes, and the extent to which our resources have been diverted from business as usual activities. Timing of the post-implementation review is yet to be determined.



### Other considerations

- What other key issues should be considered in developing the Priority Review and Provisional Approval pathways?

## Appendices

Appendix 1    Equivalent pathways offered by international regulators

<sup>15</sup> Commonwealth of Australia (Department of Health), Australian Government Response to the Review of Medicines and Medical Devices Regulation (September 2016) available at: <https://www.tga.gov.au/mmdr#austgovt>

## Appendix 1: Expedited assessment offered by international regulators

### European Medicines Agency (EMA)

#### Accelerated assessment

Accelerated assessment enables the EMA to reduce the timeframe for assessment of applications for marketing authorisation from 210 days to 150 days (excluding stop-clocks). Applications are eligible if the Committee for Medicinal Products for Human Use (CHMP) decides that the medicine is of major interest for public health and therapeutic innovation. The CHMP may decide to continue the assessment under the standard centralised procedure assessment timelines if, at any time during the marketing authorisation application assessment, it considers that it is no longer appropriate to conduct an accelerated assessment.

Further information on Accelerated assessment can be found here:

[http://www.ema.europa.eu/ema/index.jsp?curl=pages/regulation/general/general\\_content\\_00955.jsp&mid=WC0b01ac05809f843a](http://www.ema.europa.eu/ema/index.jsp?curl=pages/regulation/general/general_content_00955.jsp&mid=WC0b01ac05809f843a)

#### Conditional marketing authorisation

Conditional marketing authorisation allows for the approval of a medicine that addresses the unmet medical needs of patients on the basis of less comprehensive data than normally required. Anticipated benefits of the immediate availability of the medicines should outweigh the risks that additional data are still required. Once applicants have provided comprehensive data, the approval can become a 'standard' marketing authorisation.

In order to be eligible, medicines should fit into at least one of the following categories: seriously debilitating or life-threatening diseases; emergency situations; or orphan medicines. In addition, the available data must indicate that the medicine's benefits outweigh its risks, and the applicant should be in a position to provide the comprehensive clinical data in the future.

Conditional marketing authorisation has the same timeframe as the EMA's 'standard' marketing authorisation; however, sponsors are able to apply for accelerated assessment in addition to conditional marketing authorisation.

Further information on conditional marketing authorisation can be found here:

[http://www.ema.europa.eu/ema/index.jsp?curl=pages/regulation/general/general\\_content\\_00925.jsp&mid=WC0b01ac05809f843b](http://www.ema.europa.eu/ema/index.jsp?curl=pages/regulation/general/general_content_00925.jsp&mid=WC0b01ac05809f843b)

### US Food and Drug Administration (FDA)

The FDA has developed four distinct approaches to making drugs that treat serious diseases available as rapidly as possible through expediting their development or approval:

- **Priority Review:** where a Priority Review designation is granted, the FDA's goal is to review an application within 6 months, as opposed to 10 months under standard review. While an applicant can expressly request priority review, the FDA decides on the review designation for every application. Eligible drugs hold the promise of delivering a significant improvement in safety or effectiveness over existing therapy for serious or life threatening illnesses. In many instances the FDA does not take the submission to an advisory committee.

- **Accelerated Approval:** this approval pathway allows medicines for serious conditions that fill an unmet medical need to be approved based on a surrogate endpoint or biomarker. Clinical benefit is verified through additional studies (Phase IV) conducted post-approval. Sponsors meet with the FDA early in drug development to agree on the surrogate endpoint, interim analyses that may be required and relevant post-market commitments. Confirmatory trials should be underway at the time of approval, with their design and conduct agreed between the sponsor and FDA. Full approval under standard procedures may be granted after the full dataset is available.
- **Breakthrough Therapy:** this designation is designed to expedite the development and review of drugs which treat a serious or life threatening disease, where preliminary clinical evidence indicates that the drug may demonstrate substantial improvement over available therapy on one or more clinically significant endpoints. Medicines with the Breakthrough designation receive intensive guidance from the FDA on efficient design and conduct of drug development (commencing as early as Phase I); commitment from FDA to involve senior managers and other experienced staff to facilitate efficient review; ability to obtain rolling review of data; and access to other actions to expedite review (e.g. Priority Review designation).
- **Fast Track:** this designation is designed to facilitate the development, and expedite the review, of drugs to treat serious conditions and fulfil an unmet medical need. It involves frequent and earlier interactions between the sponsor and FDA review team through drug development (end of Phase I and II) to discuss aspects such as study design, safety data required, dose-response concerns and use of biomarkers. It also provides for rolling review of clinical data. Sponsors may apply for this designation based on nonclinical or clinical data (as opposed to clinical data only, as in the Breakthrough designation). Fast Track drugs may be eligible for Priority Review if supported by clinical data.

Further information on the FDA's expedited programs for medicines is available at:

<<http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM358301.pdf>>

## Health Canada

### Priority Review

Priority Review status may be granted to drug submissions intended for the treatment, prevention or diagnosis of serious, life-threatening or severely debilitating illnesses or conditions in the following circumstances:

- where there is no existing drug on the Canadian market with the same profile; or
- where the new product represents a significant improvement in the benefit/risk profile over existing products.

Priority Review submissions are subject to the same quality, safety and efficacy requirements as non-priority submissions and therefore the time required to review the information is the same. However, Priority Review submissions are inserted into Health Canada's drug submission queue in accordance with a shortened review target and, as such, may be reviewed in advance of non-priority submissions.

More information on Health Canada's priority review scheme can be found at: <[http://www.hc-sc.gc.ca/dhp-mps/alt\\_formats/hpfb-dgpsa/pdf/prodpharma/priordr-eng.pdf](http://www.hc-sc.gc.ca/dhp-mps/alt_formats/hpfb-dgpsa/pdf/prodpharma/priordr-eng.pdf)>

## Notice of Compliance with conditions (NOC/c)

Health Canada's NOC/c scheme is restricted to promising new drug therapies intended for the treatment, prevention or diagnosis of serious, life-threatening or severely debilitating diseases or conditions in the following circumstances:

- where there is no alternative therapy available on the Canadian market; or
- where the new product represents a significant improvement in the benefit/risk profile over existing products

Consideration for NOC/c status is given to eligible medicines which have demonstrated promising clinical effectiveness in clinical trials. The products must be of high quality and possess an acceptable benefit/risk profile.

Sponsors of drugs authorised under the NOC/c Policy must agree to carry out additional clinical trials to verify the clinical benefit of the drug. In addition, conditions will include: a requirement to undertake increased monitoring of the drug and reporting to Health Canada; a requirement to provide educational material, including the nature of the conditions of use, for health care practitioners and patients; and restrictions on advertising and labelling.

Once a sponsor provides Health Canada with satisfactory evidence of the drug's clinical effectiveness, and Health Canada is satisfied that all the conditions agreed upon at the outset have been met, the conditions associated with market authorisation are removed in accordance with the NOC/c Policy.

More information on Health Canada's Notice of Compliance with Conditions scheme can be found at: <[http://www.hc-sc.gc.ca/dhp-mps/alt\\_formats/pdf/prodpharma/applic-demande/guide-ld/compli-conform/nocccg\\_accd-eng.pdf](http://www.hc-sc.gc.ca/dhp-mps/alt_formats/pdf/prodpharma/applic-demande/guide-ld/compli-conform/nocccg_accd-eng.pdf)>

## Version history

Version	Description of change	Author	Effective date
V1.0	Original publication	Prescription Medicines Authorisation Branch	October 2016

Historical consultation document

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