



Australian Government

Department of Health

Therapeutic Goods Administration

AMR Commercialisation Workshop

Regulation of Antimicrobials

Mr Adrian Bootes
Assistant Secretary
Medicines Regulation Division
Prescription Medicines Authorisation Branch, TGA

TGA Health Safety
Regulation

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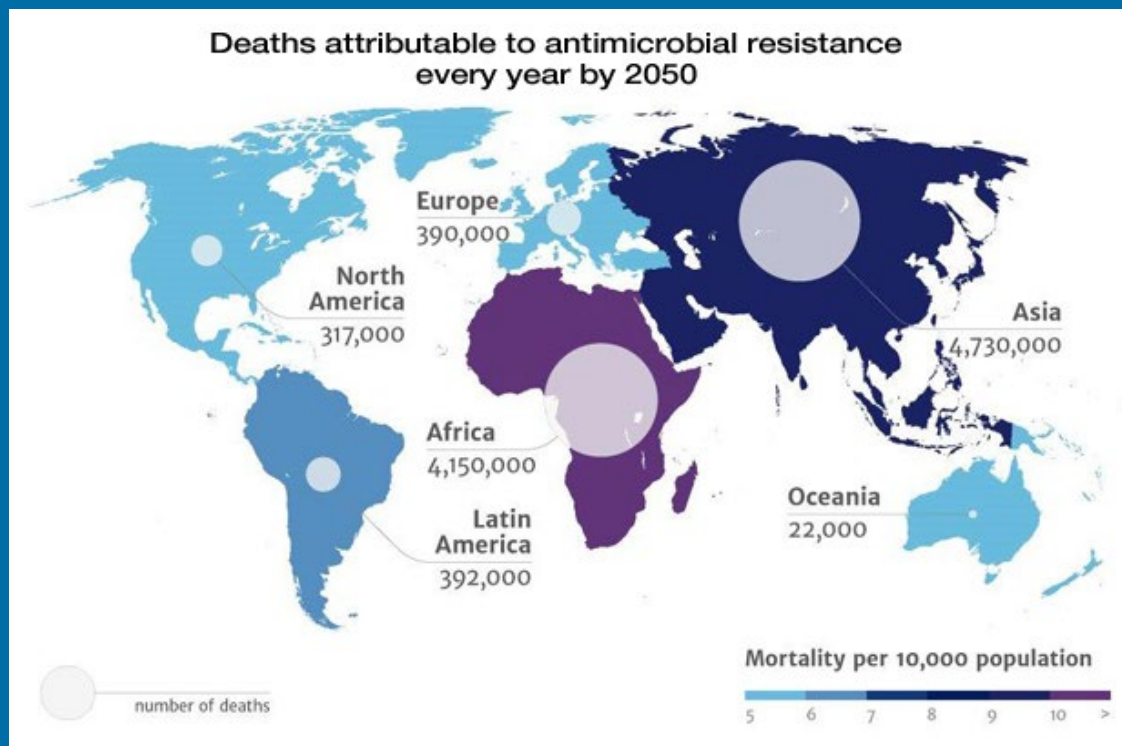
Today's discussion will focus on:

- Regulatory pathways available to register and supply antimicrobial therapeutic goods in Australia
- Using regulation to prevent antimicrobial resistance, support stewardship programs and promote Quality Use of Medicines (QUM)
- Access to unapproved antimicrobials via Special Access (SAS) and Clinical Trials (CT) schemes
- Discussion Session



AMR Commercialisation – The True Scale

“The cost in terms of lost global production between now and 2050 would be an enormous 100 trillion USD if we do not take action...”



Tackling Drug-Resistant Infections Globally: Final Report and Recommendations: The Review on Anti-Microbial Resistance Chaired by Jim O'Neill (May 2016)



Regulatory pathways to registration

- **Category 1 (standard)**
 - New chemical/biological entity or biosimilar medicine
 - Changes to an existing ARTG entry that creates a separate and distinct good
- **Comparable Overseas Regulator (COR) A and B**
 - Open to applications where the medicine has received full overseas marketing approval following a de novo evaluation.
 - Applications could be NCEs, generics or EOI, changes to PI
- **Priority Review Pathway**
 - Faster assessment of eligible prescription medicines that have a full dossier and substantial evidence (NCE or EOI)
 - Must be for treatment, prevention or diagnosis of a life-threatening or seriously debilitating condition
 - Substantial evidence needed demonstrating that the medicine provides a major therapeutic advance
- **Provisional Approval Pathway**
 - Time limited registration providing access to promising new medicines where early availability outweighs risk of not having full dossier
- **ACSS Work Sharing Pathway (Pilot)**
 - Faster approval potentially via work sharing with ACSS participating regulators



Regulatory pathways to registration

- **Orphan Drug Designation Pathway**
 - Set criteria for eligibility may be a barrier for antimicrobials including
 - One indication, serious condition (life threatening/debilitating), medical plausibility, prevalence thresholds, financial viability and no other ARTG goods could reasonably be used
 - Must not have been previously refused for approval on safety grounds
- Most antimicrobial therapeutic goods follow the standard approval pathway but nothing precludes a sponsor from seeking approval through a ‘fast track’ pathway
- To date, no innovative therapies (e.g. bacteriophages) have been approved



Regulating against AMR

- TGA publishes guidance on antibiotic resistance and assessment of risk of resistance development in the pre and post market space including requirements for sponsors to adhere to for these goods
- Approved indications generally take into account local resistance patterns (i.e. AUSTRALIAN human resistance data) via the *Risk assessment of the development of antibiotic resistance* in Module 1.12. This information will also form part of the PI document on approval.
- TGA seeks advice from the Advisory Committee on Medicines (ACM) about the risks of the development of antibiotic resistance for new applications and proposed rejections
- New PI format brings important information to the front for health professionals which is pertinent for better antimicrobial use. The new CMI format will highlight antimicrobial stewardship requirements (e.g. duration of use).
- Post market pharmacovigilance requirements apply as a part of conditions of registration to monitor and provide information on the prevalence of resistance in Australia and internationally



Unapproved pathways

Special Access Scheme

SAS	1 Jul 17 – 30 Jun 18	1 Jul 18 – 30 Jun 19
A	2754	4518
B	1509	719
C	3787	4570

Top Ten SAS Antimicrobials (ABC Average 2017-2019)	
1. Bismuth subcitrate	6. Labinic (Bifidobacterium infantis, Bifidobacterium bifidum, Lactobacillus acidophilus)
2. Tetracycline	7. Infloran (Bifidobacterium bifidum & Lactobacillus acidophilus)
3. Pyrazinamide	8. Piperacillin / Tazobactam
4. Levofloxacin	9. Bifidobacterium bifidum & Lactobacillus acidophilus
5. Pristinamycin	10. Metronidazole

SAS Category A – Notification Only (usage order 2017-2018)

Product(s)	Total	Product(s)	Total
Labinic (Bifidobacterium infantis, Bifidobacterium bifidum, Lactobacillus acidophilus)	835	Pyrazinamide (tablet)	306
Infloran (Bifidobacterium bifidum & Lactobacillus acidophilus) (capsule)	647	Azithromycin (Injection)	295
Piperacillin / Tazobactam (Injection)	517	Fosfomycin (sachet)	217
Metronidazole (Injection)	476	Pristinamycin (tablet)	206
Amphotericin B (Various)	411		

SAS Category C – Notification Only (usage order 2017-2019)

Product(s)	Total	Product(s)	Total
Bismuth subcitrate (tablet)	2146	Nitazoxanide (tablet and suspension)	126
Tetracycline (tablet and capsule)	1498	Clofazimine (capsule)	115
Pyrazinamide (tablet)	1448	Fosfomycin (sachet)	103
Levofloxacin (tablet and solution)	863	Natamycin (eye drop)	63
Pristinamycin (tablet)	846	Infloran (Bifidobacterium bifidum & Lactobacillus acidophilus) (capsule)	53
Bifidobacterium bifidum & Lactobacillus acidophilus (capsule)	492	Moxifloxacin (eye drop)	10
Paromomycin sulfate (capsule)	399	Valganciclovir (tablet)	1
Furazolidone (tablet)	194		



Unapproved pathways

Antimicrobial Clinical Trial Activity in Australia

- 74 active clinical trials with 'antimicrobial' in trial title
- 90 distinct trial sites involved in these 74 trials



Cost implications of unapproved treatment - Australian hospitals

TGA

Table 1. Total expenditure on each unregistered antimicrobial July 2015–June 2017

Antimicrobial	Dosage form or route of administration	Expenditure (A\$)		
		In-patient	Out-patient	Total
FDA Amphotericin B 50 mg	Injection (for manufacture of intraocular or intranasal product)	958.52	876.87	1835.38
Artesunate 60 mg	Injection	220.00	0.00	220.00
FDA Aztreonam 1 g	Injection	8376.00	0.00	8376.00
FDA Bedaquiline 100 mg	Oral	28 844.65	9533.40	38 378.05
Bismuth subcitrate 120 mg	Oral	0.00	702.26	702.26
Chloramphenicol 500 mg	Oral	0.00	447.00	447.00
FDA Cidofovir 375 mg per 5 mL	Injection (for manufacture of intraocular product)	4988.32	26 915.69	31 904.01
Clofazimine 100 mg	Oral	1440.35	2848.73	4289.08
Clofazimine 50 mg	Oral	53.04	271.00	324.04
MHRA Cycloserine 250 mg	Oral	2727.59	12 078.51	14 806.10
FDA Flucytosine 500 mg	Oral	4183.95	2639.80	6823.75
Fosfomycin 3 g	Oral	644.32	5015.54	5659.85
COR-B Isavuconazole 100 mg	Oral	5948.55	0.00	5948.55
Ketoconazole 200 mg	Oral	76.52	5425.73	5502.25
Levofloxacin 500 mg	Oral	0.00	69.73	69.73
FDA Miltefosine 50 mg	Oral	0.00	6975.00	6975.00
FDA Moxifloxacin	Eye drops	59.50	0.00	59.50
FDA Natamycin 5%	Eye drops	949.90	1234.87	2184.77
FDA Nitazoxanide 500 mg	Oral	272.48	560.84	833.32
FDA Paromomycin 250 mg	Oral	0.00	1362.25	1362.25
Primaquine 7.5 mg	Oral	698.43	2341.97	3040.40
FDA Pristinamycin 500 mg	Oral	4700.88	96 850.69	101 551.57
Prothionamide 250 mg	Oral	4259.81	4585.50	8845.32
FDA Pyrazinamide 500 mg	Oral	1770.50	15 101.14	16 871.64
Ribavirin 1.2 g per 12 mL	Injection	13 898.79	0.00	13 898.79
Sulfadiazine 500 mg	Oral	776.51	11 482.88	12 259.38
Tetracycline 250 mg	Oral	0.00	1307.78	1307.78
Tetracycline 500 mg	Oral	0.00	40.13	40.13
FDA Triclabendazole 250 mg	Oral	0.00	1010.25	1010.25
Total		85 848.61	209 677.56	295 526.17

Hillock et al
Clinical Use of
Unregistered
Antimicrobial Drugs
Australian Health Review



Resources and references

- <https://studylib.net/doc/18292304/tackling-drug-resistant-infections-globally--final>
- <https://www.amr.gov.au/>
- <https://www.tga.gov.au/hubs/fast-track-approvals>
- <https://www.tga.gov.au/accessing-unapproved-products>
- <https://www.tga.gov.au/sites/default/files/antibiotic-resistance-guidance.pdf>
- <https://www.tga.gov.au/publication/orphan-drug-designation-eligibility-criteria>
- <https://www.safetyandquality.gov.au/antimicrobial-use-and-resistance-in-australia/>
- <https://www.cdc.gov/drugresistance/index.html>
- <http://www.who.int/antimicrobial-resistance/en/>
- <https://amr-review.org/>



Summary

- 6 pathways now available for approval
 - High level of certainty
 - TGA cannot register a medicine/indication in the absence of an application
- Orphan fee waiver for eligible medicines
 - Relatively unused
- Only 2 antibiotic approvals in the last few years (but not particularly novel), 1 antimalarial, antifungals, no TB meds, some antivirals, a number of vaccines
- Widespread SAS usage of some antimicrobials
 - Though registered elsewhere
 - Increasing as not registered here and/or discontinuations/ shortages
 - Less regulator oversight of SAS-A and SAS-C options
 - Costs to hospitals as no option for PBS
- Bacteriophages currently unregistered
 - Need to consider TGA regulatory mechanisms.



Discussion session





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