Orphan Drug Development Guidebook

Building Block E106

This document defines the content of the Building Block created for each identified tool, incentives, initiative or practice introduced by public bodies or used by developers to expedite drug development in Rare Diseases (RDs).

ITEM	DESCRIPTION
Building Block (BB) Title	EMA Priority Medicines - PRIME Scheme
References	https://www.ema.europa.eu/en/human-regulatory/research-development/prime-priority-medicines
Description	PRIME supports developers of medicines addressing an unmet medical need, or which may bring major therapeutic advantage to patient with enhanced interaction and early dialogue, to optimize the development of eligible medicines, improving clinical trial designs and speed-up their evaluation and contribute to timely patients' access. PRIME builds on the existing regulatory framework and tools already available such as scientific advice and accelerated assessment. The procedure has fixed timelines for application and an average duration of 50 days.
Category	Regulatory Building Block
Geographical scope	European Union
Availability	Applicants developing medicines for rare and non-rare diseases that specifically target unmet medical needs, regardless of the applicant's legal entity (i.e., public/no-profit/academia, SME, etc). The scheme focuses on medicines that may offer a major therapeutic advantage over existing treatments, or benefit patients without treatment options.

	Since not many orphan diseases have existing treatments, this scheme is relevant for orphan drug development.
Scope of use	PRIME scheme is a very useful tool specific to drugs under development with high public health potential. It helps developers (regardless of their legal entity) to translate research into the development of medicines while meeting regulatory requirements, reinforce scientific and regulatory advice, optimize development of robust data generation and enable accelerated assessment of marketing authorization contributing to timely patients' access.
Stakeholders	• Any drug developers regardless of their legal entity (i.e., big pharma, SME, academia/no-profit/charities, etc) • EMA
Enablers/ Requirements	To be accepted for PRIME, a medicine must show its potential to benefit patients with unmet medical needs based on early clinical data (see *best time to apply* below).
Output	EMA grants PRIME status.
Best time to apply and time window	Entry to scheme at two different stages in development: - at the earlier stage of clinical proof of principle (prior to phase II/exploratory clinical studies) based on preclinical and very early clinical data: focusing on SMEs and Academia/no-profit only. - at proof of concept (prior to phase III/confirmatory clinical studies): any applicant. This tool has to be used at the early clinical development phase.
Expert tips	- PRIME scheme is voluntary and not specific to orphan drug development. - Must be based on adequate data to justify a potential major public health interest. Development progress monitored on a regular basis as part of the SA procedures: o Development progress monitored on a regular basis as part of the Scientific Advice (SA) procedures based on the data presented, the SA position letter will advise applicants on the next milestone/key points for SA

	○ In case no SA requests are submitted in a period of a year, applicants are asked to provide a progress report on development ○ PRIME support may be withdrawn if emerging data show criteria are no longer met - PRIME NOT suitable for: ○ Products already in the MAA pre-submission phase (i.e. letter of intent for a MAA submitted) ○ MAH (Marketing Authorisation Holder) developing in a new indication for an already authorized product (alternative tools available) PROs: Once a candidate medicine has been selected for PRIME: - Early confirmation of potential for accelerated assessment; - Timely CHMP/CAT Rapporteur appointment (dedicated contact point); - Scientific advice at key development milestones, involving additional stakeholders such as health-technology-assessment bodies, to facilitate quicker access for patients to the new medicine; - Fee waivers for scientific advice requests on medicinal products falling under the scheme for priority medicines ("PRIME") shall be applied for SMEs and applicants from academia / academic sector. - Early, proactive, continuous and strengthened regulatory support (helps to build knowledge ahead of a marketing-authorisation application); - Promote awareness and better use of existing development and authorisation tools; Overall, EMA provides guidance on applicant's whole development plan and regulatory strategy. CONs: - no Q&A phase, no appeal mechanism (but can re-submit with new data)