EU/ICH Guidelines Coordinator
Office of Medicines Authorisation
Therapeutic Goods Administration
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RE: Consultation on adoption of European Union guidelines in Australia

Medicines Australia welcomes the opportunity to provide comment on the proposed adoption or non-adoption of the guidance relating to quality, non-clinical and clinical aspects of drug development as listed in Annex 1.

Our submission has been prepared with the expert input of Medicines Australia's Regulatory Affairs Working Group (RAWG). Members are selected for their regulatory and pharmacovigilance experience and industry knowledge and bring a whole-of-industry perspective to the consideration of regulatory issues that stand to impact to our sector.

Medicines Australia supports the principle of harmonisation in order to reduce regulatory burden and ensure timely access to medicines for all Australians.

Medicines Australia strongly supports the adoption of all EU guidelines relating to quality, non-clinical and clinical aspects to ensure harmonisation of technical requirements for regulatory submissions. The EU eCTD is the standard format for prescription medicine dossiers in Australia. EU guidance is thus the default reference included in applications submitted to the TGA.

Medicines Australia agrees with the adoption of '*Considerations for the Inclusion of Adolescent Patients in Adult Oncology Clinical Trials Guidance for Industry'*. We note that this guidance is an FDA guidance and not an EU guidance. Facilitating paediatric drug development by inclusion of adolescents with cancer in adult oncology trials, to allow earlier access to investigational and approved drugs, is strongly supported. In view of Project Orbis introducing the option for oncology compounds to undergo joint assessment with the FDA and Canada, adoption of this guidance also ensures alignment of requirements.

Medicines Australia however strongly objects to the proposal not to adopt '*ICH E12 Principles for clinical evaluation of new antihypertensive drugs*.' To ensure international harmonisation is retained all ICH principles and guidance should be adopted in Australia by default, with annotations used where relevant to address any Australian specific considerations.

ICH principles and guidance are adopted in each of the 3 major jurisdictions EU, US and Japan. The introduction of additional registration pathways in Australia that rely on worksharing or assessments conducted by Comparable Overseas Regulators includes several jurisdictions such as Health Canada, FDA and Japan where EU guidance is not adopted as a standard. Failure to adopt ICH principles and guidance and rely only on EU publications thus creates a mismatch between the acceptance of overseas dossiers and evaluation reports that reference ICH principles and the list of adopted 'guidance' published on the TGA website.

Thus, whilst the rationale provided for non-adoption is on the basis that the ICH E12 principles are covered by the EU guidance; it is not compatible with the need to submit dossiers from countries where the EU guidance is not a default standard. This is counter to the principles of creating a framework that maintains an internationally harmonised approach.

We would be pleased to discuss our feedback further with you and we look forward to hearing about further developments.

Please feel free to contact Betsy Anderson-Smith on banderson-smith@medaus.com.au if you require further information.

Sincerely

Dr Vicki Gardiner
Director Policy and Research
Medicines Australia

Annex 1

GUIDELINES PROPOSED FOR ADOPTION
Considerations for the Inclusion of Adolescent Patients in Adult Oncology Clinical Trials Guidance for Industry Food and Drug Administration effective date: March 2019
EMA/CHMP/ICH/167068/2004 **ICH Q8 (R2) Pharmaceutical development** ***Annotation:*** This guideline is intended to provide specific guidance on the contents of Section 3.2.P.2 (Pharmaceutical Development) set out in the already adopted EU guideline - 'Common Technical Document for the Registration of Pharmaceuticals for Human Use - Quality (CPMP/ICH/2887/99 - Quality)'
EMA/CHMP/760125/2016 **Clinical investigation of new medicinal products for the treatment of acute coronary syndrome** Replaces: CPMP/EWP/570/98 - Points to consider on the clinical investigation of new medicinal products for the treatment of acute coronary syndrome (ACS) without persistent ST segment elevation and CPMP/EWP/967/01 Points to Consider on the Clinical Development of Fibrinolytic Medicinal Products in the Treatment of Patients with St Segment Elevation Acute Myocardial Infarction (STEMI)
CPMP/EWP/556/95 Rev. 2 **Clinical investigation of medicinal products for treatment of rheumatoid arthritis**
EMA/CHMP/774470/2018 **Clinical investigation of medicinal products for the treatment of gout Effective: 1 June 2020**
EMA/CHMP/458101/2016 **Reporting of physiologically based pharmacokinetic (PBPK) modelling and simulation**
EMA/HMPC/104613/2005 Rev. 1 **Assessment of clinical safety and efficacy in the preparation of EU herbal monographs for well-established and traditional herbal medicinal products** ***Annotation***: The TGA does not consider this guideline to be applicable to complementary medicine applications seeking indications based on established tradition of use. In Australia, an established tradition of use is considered to be three generations of human use, equating to approximately 75 years.
EMEA/HMPC/166326/05 **Clinical assessment of fixed combinations of herbal substances/herbal preparations** ***Annotation:*** The TGA does not consider this guideline to be applicable to complementary medicine applications seeking indications based on established tradition of use. In Australia, an established tradition of use is considered to be three generations of human use, equating to approximately 75 years.
EMA/CHMP/236981/2011, Corr. 1 **Clinical investigation of medicinal products for the treatment of Duchenne and Becker muscular dystrophy**
CPMP/1100/02 **Development of vaccinia virus-based vaccines against smallpox**

EMA/56793/2014 Rev. 1 **Influenza vaccines - submission and procedural requirements**
EMA/CHMP/BWP/133540/2017 **Quality aspects included in the product information for vaccines for human use**
EMA/CHMP/VWP/141697/2009 **Quality, non-clinical and clinical aspects of live recombinant viral vectored vaccines**
EMEA/CPMP/4548/03/Final **Scientific data requirements for a vaccine antigen master file**
EMA/CHMP/257022/2017 **Treatment and prophylaxis of respiratory syncytial virus (RSV) disease**
EMA/CPMP/ICH/2887/1999 **ICH M4E (R2) Common technical document for the registration of pharmaceuticals for human use - efficacy** *Replaces:* CPMP/ICH/2887/99 Rev 1 - Efficacy CTD for the registration of pharmaceuticals for human use - clinical overview and clinical summary of Module 2 and Module 5: clinical study reports
EMA/CHMP/ICH/83812/2013 **ICH guideline M7(R1) on assessment and control of DNA reactive (mutagenic) impurities in pharmaceuticals to limit potential carcinogenic risk** *Replaces:* ICH guideline M7 on assessment and control of DNA reactive (mutagenic) impurities in pharmaceuticals to limit potential carcinogenic risk
EMA/CHMP/ICH/453684/2016 **ICH S9 Q&As Nonclinical Evaluation for Anticancer Pharmaceuticals — Questions and Answers**
EMA/CHMP/500825/2016 **Guideline on the clinical investigation of medicinal products to prevent development/slow progression of chronic renal insufficiency** *Annotation:* Indigenous Australians experience a high rate of renal disease. Ideally, these should be included in clinical trials or a clinical trial in this group should be considered in the post market setting. Many different terms are used to describe renal impairment, renal injury, renal failure. These terms should be clearly defined. Where biomarkers are used - e.g. creatinine, urine albumin excretion, cystatin C - the value of these measures in the prediction of development of renal impairment should be included. Outcomes should include need for renal replacement therapy or transplant. Different centres may have different protocols for the management of CRF, thus clinical studies should include a protocol shared between sites, or results adjusted for potential differences in study centres.
GUIDELINES PROPOSED FOR NON-ADOPTION
CPMP/ICH/541/00 **ICH E12 Principles for clinical evaluation of new antihypertensive drugs** The topics covered by this document are covered in greater detail in 'EMA/CHMP/29947/2013/Rev. 4 Guideline on clinical investigation of medicinal products in the treatment of hypertension' which has been adopted by the TGA.