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Access to Regulatory Authorities in Vietnam

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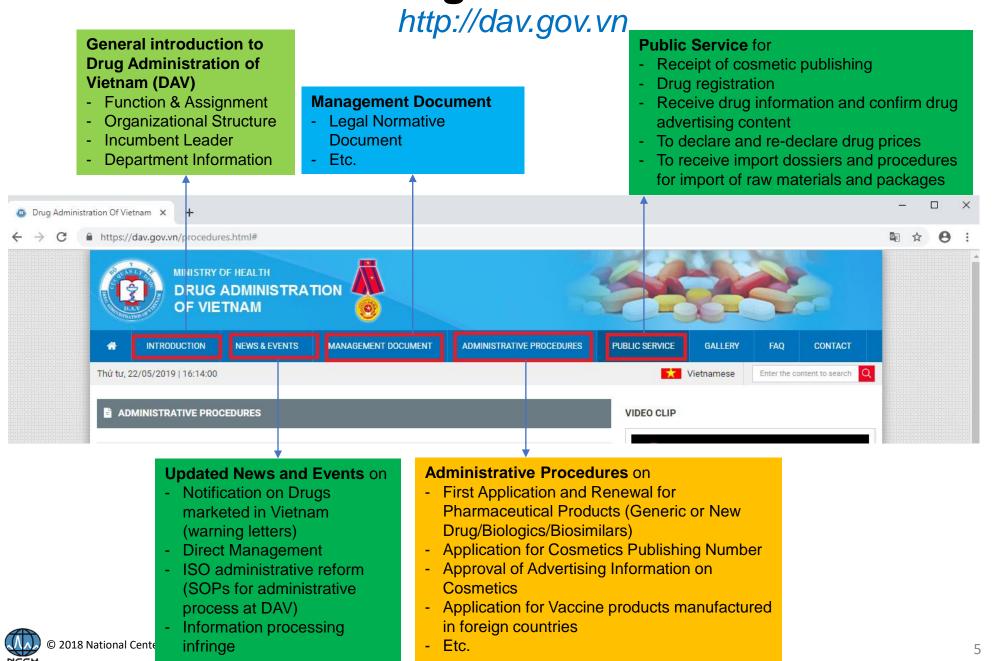
Case Scenario



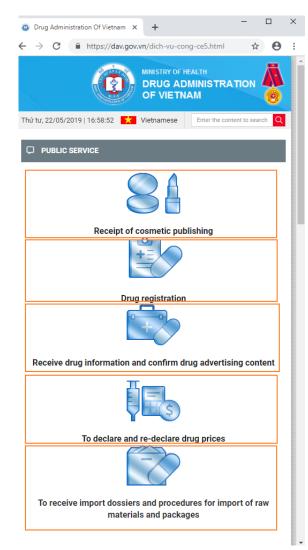
Key Departments of Minister of Health-Vietnam



Introduction to Drug Administration- Vietnam



Introduction to DAV-Public Service



Transparency of information and management

Online submission

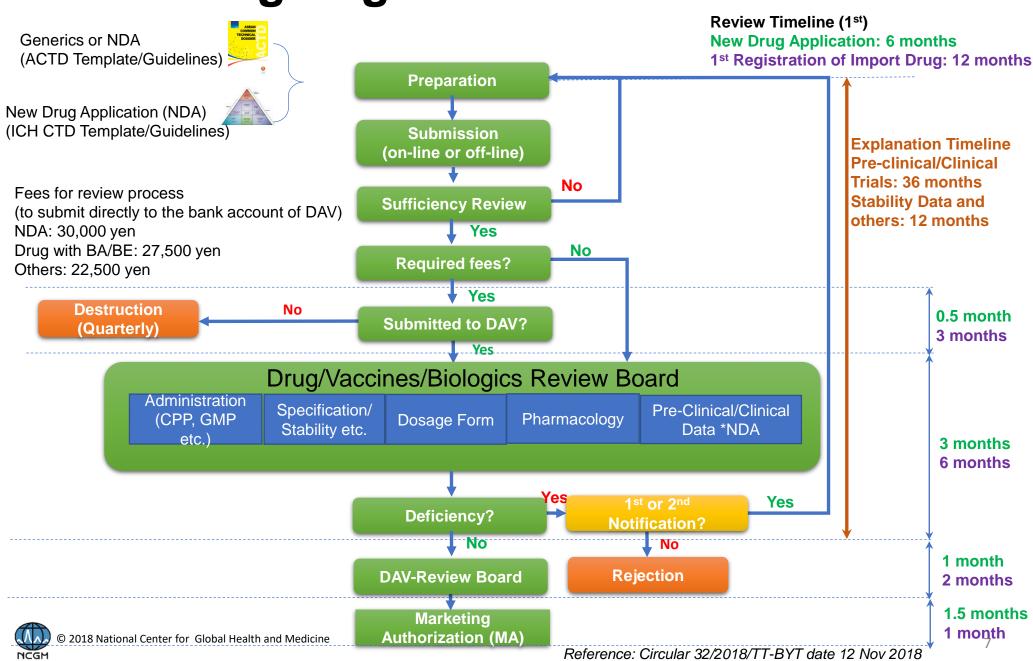
Online databases



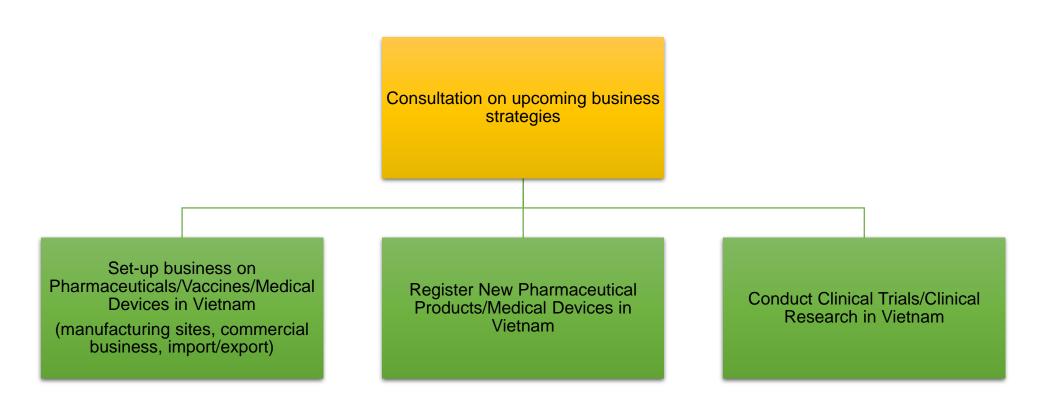
In progress of development

In progress of development

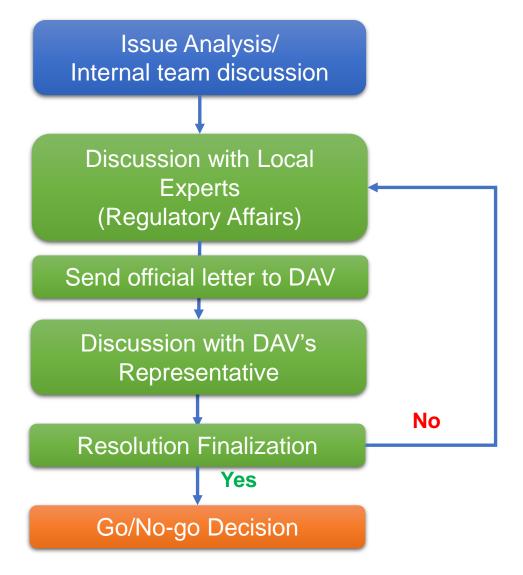
Drug Registration Flow-chart



Aspects to Approach Regulatory Authorities-Vietnam



Working with Drug Administration-Vietnam

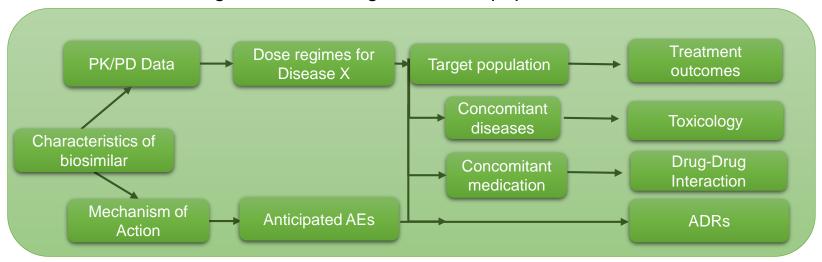


Case Scenario

- I. A biosimilar was marketed in China in 2009 with Marketing Authorization issued for Generics classification because there was little guidance available for biosimilars. China FDA issued "Technical Guidelines for R&D and evaluation of Biosimilars(Trail)" in 2015.
- II. The biological company intended to market the product in Vietnam. The DAV adapts the knowledge from referencing regulatory authorities (WHO, US FDA, EMA, MHRA and PMDA) to consider that Biosimilars need Clinical Trials to assess safety and efficacy comparing to its referencing biologics in 2018.
- III. The company conducted pre-clinical studies and **PK studies** in Chinese population. They also collected systematic **pharmacovigilance data to support** the benefits out-weight of risks for **labeled indications**.
- IV. They found the Guidance of US FDA on Real-World Data/Evidence (RWD/RWE) (draft Guidance in May 2019) used for evaluating. However, they did not find any guidance on the acceptability of DAV on foreign RWD/RWE.
- V. The company would expect to have a consultation on the opinion of DAV to prove the effectiveness and safety of the biosimilar based on RWD/RWE (Pharmacovigilance data-Retrospective efficacy/safety data) and/or bridging studies-ICH E5 to re-confirm dose regimes.

Case Scenario-Scientific Concerns

Established knowledge/understanding in Chinese population based on Real-World Evidence



Knowledge/understandings in Vietnamese population to be established

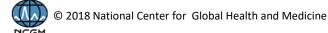
Are
Pharmacokinetics
data similar to
Chinese
population?

Are there any clinical immunogenicity issues in Vietnamese population compared to Chinese population?

Dose regimes for Disease X: Are the doses in Chinese population exponentially applied for Vietnamese population?

Is the target population in Vietnam similar to Chinese population (demographics, concomitant diseases, concomitant medication)? Is the biosimilar similar to biologics in Vietnamese population?

Are there any concerns on SAEs investigated in large scale studies in Vietnamese population?



Abbreviation
PK: Pharmacokinetics
AE: Adverse Event
SAE: Serious Adverse Event

PD: Pharmacodynamics ADR: Adverse Drug Reaction

Case Scenario-ICH E5 Bridging Studies

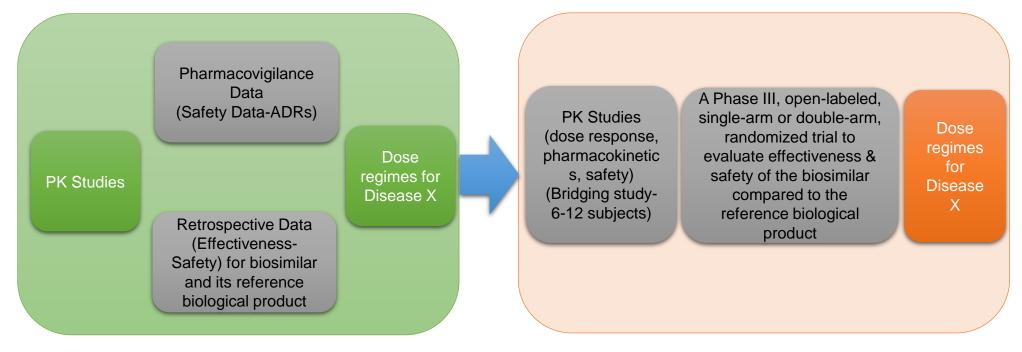
PK/PD data in Chinese population High possibility/acceptability as the similarities in genetics/demographics Chinese and Vietnamese between Is the data in Chinese population feasible for population as Asia-Pacific Ethnics to Yes Apply the dose regimes Vietnamese (ethically similar-drug behaves prove similarities in Pharmacokinetics: for Vietnamese similarly)? Age/Gender Height/Weight/BMI Conduct Pharmacokinetics (PK) Studies in Protein-binding/Lipid distribution Vietnamese Enzyme **Pharmacogenetics** Cultural behaviors Yes Etc. Are PK data similar to Chinese population? No Yes Are PK data extrapolated the data for Apply the dose-adjusted Vietnamese population on dose adjustment? regimes for Vietnamese No Do additional efficacy data for adjusted-dose Do additional safety data for adjusted-dose regimes need to be confirmed? regimes need to be confirmed? Yes Yes Efficacy studies in Safety studies in Vietnamese population Vietnamese population



Case Scenario-Planned Study Designs

Establish effectiveness-safety data in Chinese population for justification for the labelled indications based on Real-World Evidence

Establish bridging studies and/or effectiveness-safety data in Vietnamese population to propose labelled indications



Key Take-Home Messages

- The Vietnam government, including MOH, are taking seriously the improvement in their Public Services by applying new technology.
- The Minister of Health, particularly DAV, harmonizes the regulatory system according to ASEAN CTD and relies on referencing Regulatory Authorities (ICH regions including Japan) and World Health Organization for its guidance.
- Be well-prepared and knowledgeable before approaching public organization with insight guidance from local experts.

Thank you very much for your attention!