

**ACTO**

ASSOCIATION OF CLINICAL  
TRIALS ORGANIZATIONS

## **ACTO NEWSLETTER № 31**

1<sup>st</sup> Half of 2025

MOSCOW 2025

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## SUMMARY

In the first half of 2025, the Ministry of Health of the Russian Federation issued 278 approvals for clinical trials. This is 10.3% more than the figure for the same period of the previous year (252 approvals). But the market activity is far from pre-war levels: on average, 328 approvals were issued from January to June in the years 2017–2021, which is 15.2% more than in the first six months of 2025.

The number of issued approvals for international multicenter clinical trials (IMCTs) has hardly changed compared to the same period of the previous year: ten versus nine, which is less than one-tenth of the results of the five pre-war years, when from January to June there was an average of 140.8 approvals.

Foreign sponsors in the first half of 2025 received three approvals for local trials, which is 75% less than in the same period of 2024 (12 protocols), and 81% less than the average for the first six months of 2017–2021 (15.8 approvals). Three protocols – the situation is abnormal even for this small sector. This is the lowest figure recorded since 2012.

Foreign sponsors received 55 approvals for bioequivalence studies, which is 120% more than the previous year (25 protocols) and 73% more than the average for the first half of 2017–2021 (31.8 approvals). The result for this type of study is not bad, but it falls within its usual fluctuations.

From 2021 to mid-2025, the geography of foreign sponsors conducting local clinical trials / bioequivalence studies of their generics and biosimilars in Russia changed. Gradually, the share of protocols from Indian companies increased (from 27.6% in 2021 to 48.2% in January–June 2025); not quite consistently, but overall, the share of European pharmaceutical manufacturers generally contracted (from 45.7% to 19.6%); the share of Belarus sharply rose to almost a third of all foreign protocols in 2022 but later decreased to 10-15%.

Russian sponsors received 70 approvals for local trials from January to June 2025, which is 22.8% more than in the first half of 2024 (57 protocols), and 12.9% more than the average issued in the first half of 2017–2021 (62). The number of approvals for bioequivalence studies obtained by Russian generic manufacturers decreased by 6% compared to January-June of the previous year: 140 versus 149. Compared to the average for the first six months of 2017–2021 (77.6 protocols) the sector grew by 80.4%. The period after the coronavirus epidemic was very favorable for bioequivalence studies by Russian sponsors, and their number grew rapidly, but the same cannot be said for 2024 and the first half of 2025.

In studies of generic products, the most popular in the first half of 2025 were two categories of drugs: analgesics and non-steroidal anti-inflammatory drugs (ibuprofen, paracetamol, etc.), as well as medications used in the therapy of cardiology and cardiovascular diseases (amlodipine, hydrochlorothiazide, etc.).

In addition to the general statistics for the half-year, this issue of the newsletter includes material on a bill draft whose authors propose to prohibit direct payments to healthcare providers from pharmaceutical companies and CROs for conducting clinical studies. We attempted to summarize all objections to this initiative, formulated by industry experts.

The issue concludes with a section containing information on the clinical trials market situation in the neighboring countries of the Russian Federation and its changes in recent years.

## VOLUME AND DYNAMICS OF THE CLINICAL TRIALS MARKET

Since its establishment in late 2007, Association of Clinical Trials Organizations (ACTO) has been monitoring the development of the clinical trials market in Russia. But starting from 2022, a more accurate wording would be "we are monitoring how development is slowing down." Many signs of slowing down are truly noticeable only in personal conversations. The members of our Association are large international companies, which are the most affected sector of the clinical study industry. From them, we learn about the tasks that became fundamentally unfeasible after the start of the war and the severance of international ties, about the difficulties that never arose in their work before, about significant staff reductions and the departure of highly qualified specialists abroad, about the closure of R&D departments and the withdrawal of entire companies from Russia. For domestic market participants, things are going better for understandable reasons, but as will be evident from the data below, even for them, things are not as good as they were in 2021. The dry statistics of approvals, which we publish in the newsletter, are sometimes less indicative than detailed stories, yet overall figures still give an idea of how much the market situation has changed compared to the pre-war period.

In Table 1, the number of approvals issued by the Ministry of Health of the Russian Federation during the first six months of 2025 is compared with the same period of the previous year, as well as the average figures for the first half of the five pre-war years, 2017–2021.

**Table 1**

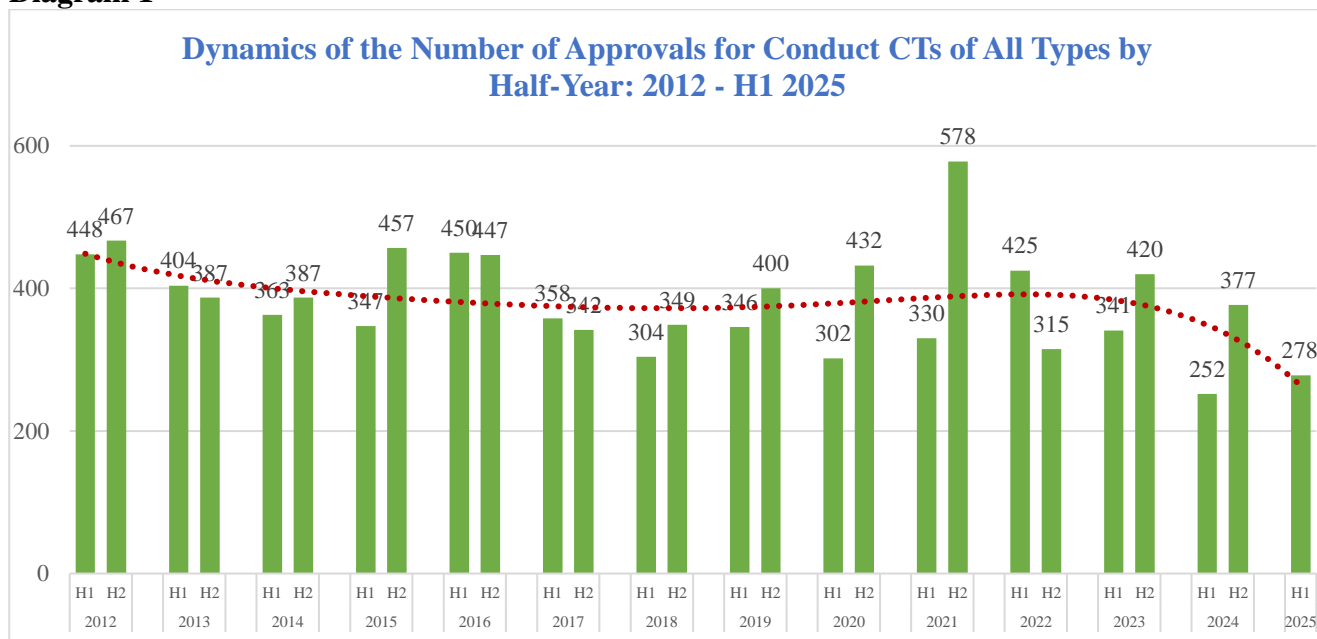
Approvals for Conduct Clinical Trials: H1 2025 vs H1 2024						
	Year	Total	International Multicenter CTs	Local CTs (Foreign Sponsors)	Bioequivalence Studies (Foreign Sponsors)	Local CTs (Local Sponsors)
<b>H1 2025</b>	278	10	3	55	70	140
<b>H1 2024</b>	252	9	12	25	57	149
<b>H1 2025 vs H1 2024, %</b>	10,3%	11,1%	-75,0%	120,0%	22,8%	-6,0%
<b>The average number of approvals issued in H1 2017-2021</b>	328	140,8	15,8	31,8	62	77,6
<b>H1 2025 vs The average number of approvals issued in H1 2017-2021, %</b>	-15,2%	-92,9%	-81,0%	73,0%	12,9%	80,4%

Data from [www.grls.rosminzdrav.ru](http://www.grls.rosminzdrav.ru)

Diagrams 1-6 below provide even broader context: they present data on the number of approvals issued semi-annually since 2012, both for all approvals (Diagram 1) and for different types of studies separately (Diagrams 2-6).

In the first half of 2025, the Ministry of Health of the Russian Federation issued 278 approvals for clinical trials (Table 1). Although this is 10.3% higher than that for the same period last year (252 approvals), the market activity is far from pre-war levels: on average, 328 approvals were issued between January and June of 2017-2021, which is 15.2% more than in the first six months of 2025. Since 2012, there have been only two half-years when the number of approvals for clinical trials in Russia did not reach 300 - these were the first halves of 2024 and 2025 (Diagram 1).

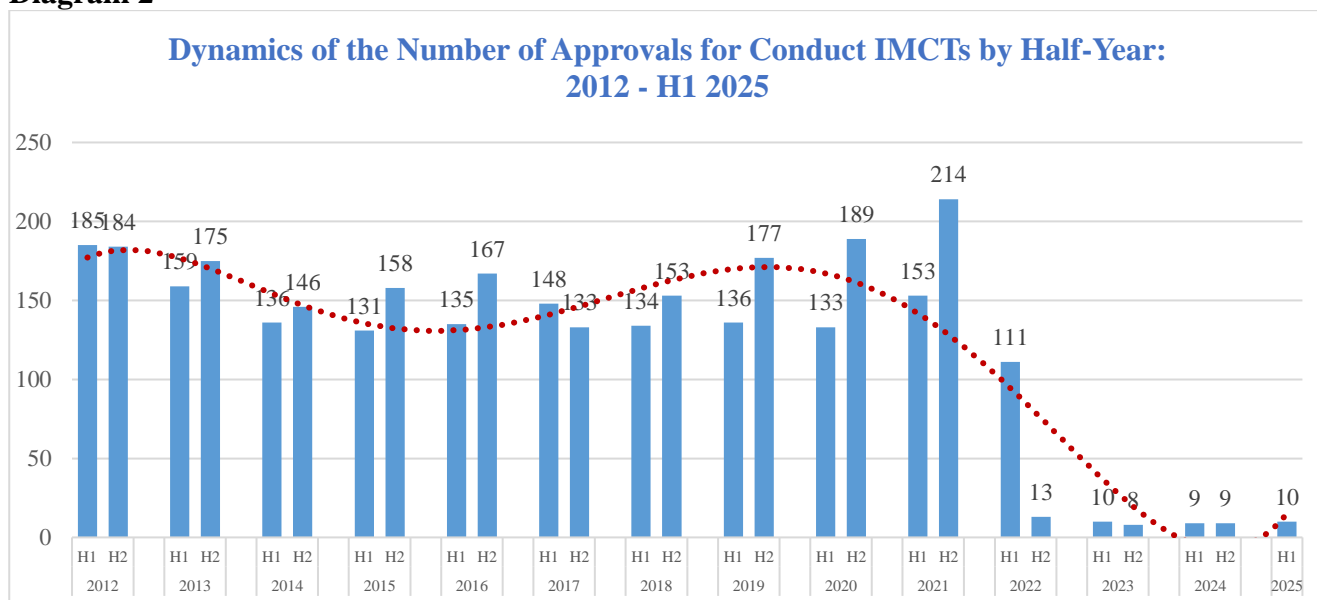
**Diagram 1**



Data from [www.grls.rosminzdrav.ru](http://www.grls.rosminzdrav.ru)

The number of issued approvals for international multicenter clinical trials (IMCTs) in the first half of 2025 has remained almost unchanged compared to the same period of the previous year: ten compared to nine, which is less than one-tenth of the results from the five pre-war years, when an average of 140.8 approvals were issued from January to June. The dramatic contraction of this market sector and the pivotal nature of the year 2022 are clearly visible in Diagram 2. Traditionally, we would like to remind you that the number of approvals for IMCTs in ACTO newsletters does not reflect the statistics of the Ministry of Health's register of approved studies. We consider as IMCTs only those projects for which information can be found in international databases (such as ClinicalTrials.gov or the EU Clinical Trials Register), or if the sponsor itself confirms to us the international nature of the study. Otherwise, we classify the study as local.

**Diagram 2**

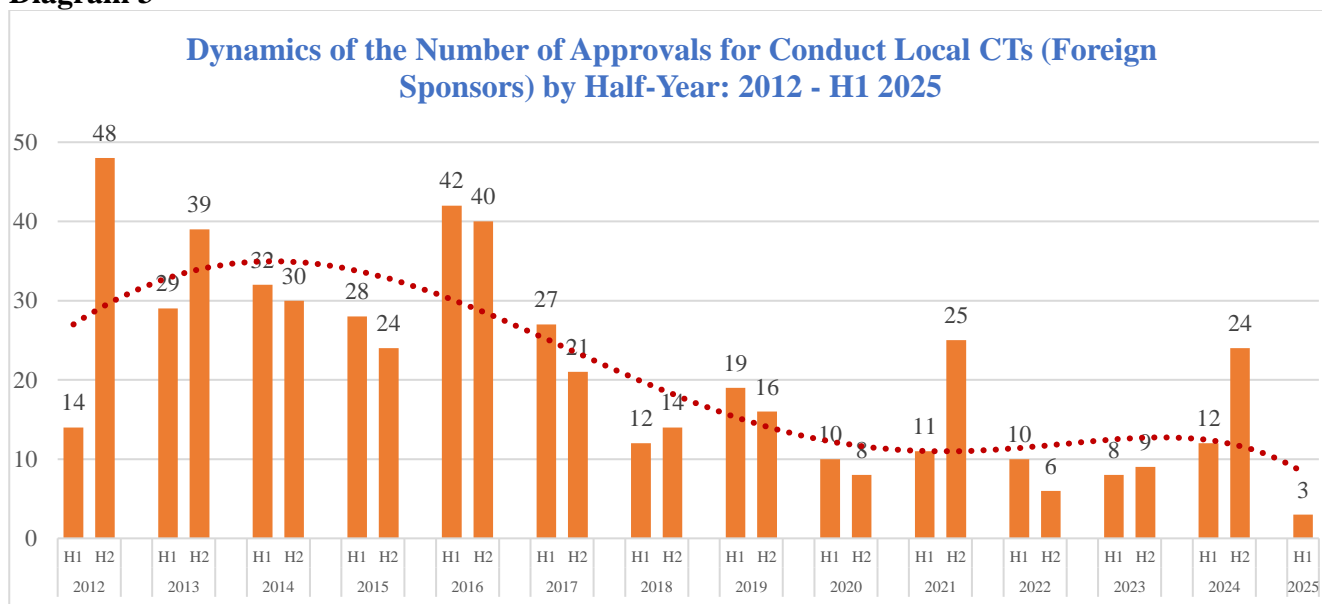


Data from [www.grls.rosminzdrav.ru](http://www.grls.rosminzdrav.ru)

In the first half of 2025, foreign sponsors received three approvals for local trials, which is 75% less than in the same period of 2024 (twelve protocols) and 81% less than the average for the first six months of 2017-2021 (15.8 approvals). Although the sector of local trials with foreign sponsors is

generally small, and less than a dozen new projects in half a year is typical, only three approvals is an anomaly, something that has not been recorded since 2012 (see Diagram 3).

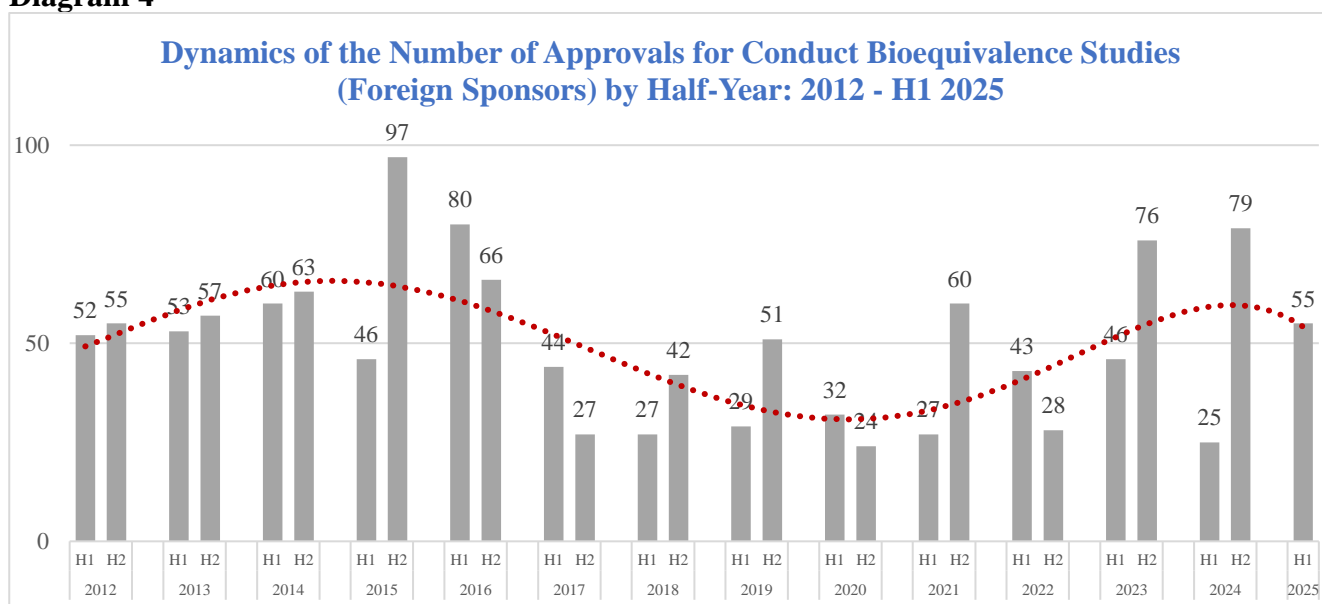
**Diagram 3**



Data from [www.grls.rosminzdrav.ru](http://www.grls.rosminzdrav.ru)

Foreign sponsors received 55 approvals for bioequivalence studies, which is 120% more than the previous year (25 protocols), and 73% more than the average for the first half of 2017–2021 (31.8 approvals). This is a good result for this type of studies, but at the same time, it falls well within its usual fluctuations (Diagram 4).

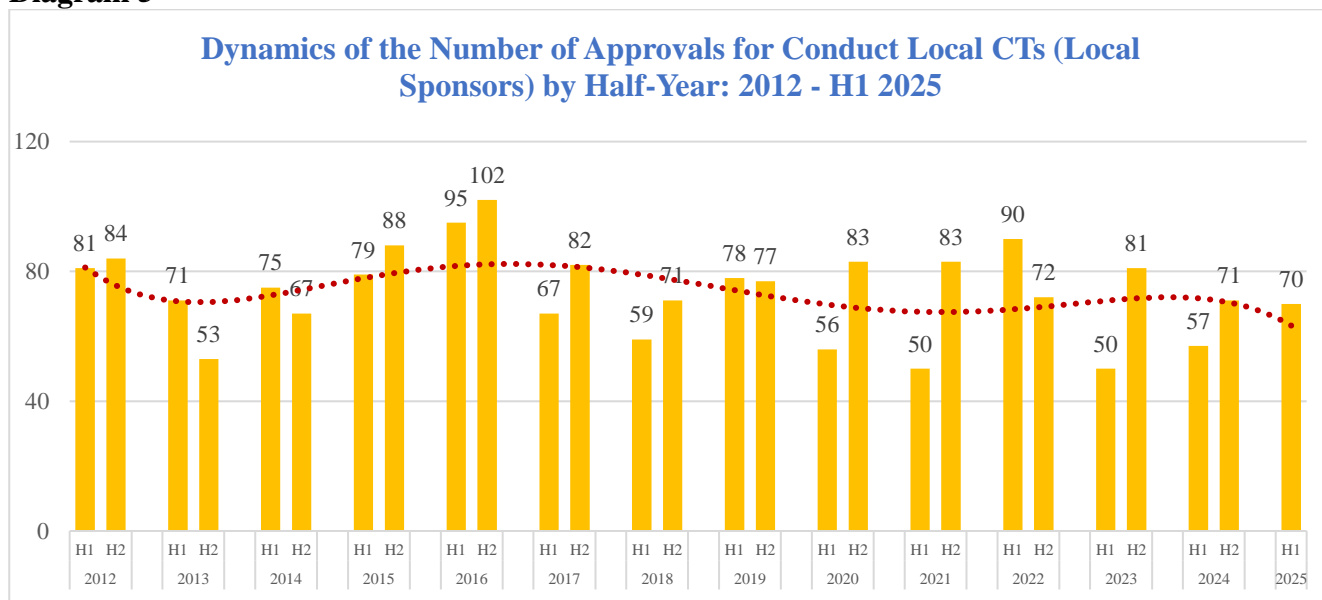
**Diagram 4**



Data from [www.grls.rosminzdrav.ru](http://www.grls.rosminzdrav.ru)

Russian sponsors received 70 approvals for local trials, which is 22.8% more than in the first half of 2024 (57 protocols), and 12.9% more than was issued on average in the first half of 2017–2021 (62). Since the activity of Russian sponsors is less affected by the severance of international ties, this sector, unlike those mentioned above, demonstrates greater resilience: the number of new studies over the half-year, even during crises like the war and the earlier pandemic, fluctuates insignificantly and does not show abnormalities (Diagram 5).

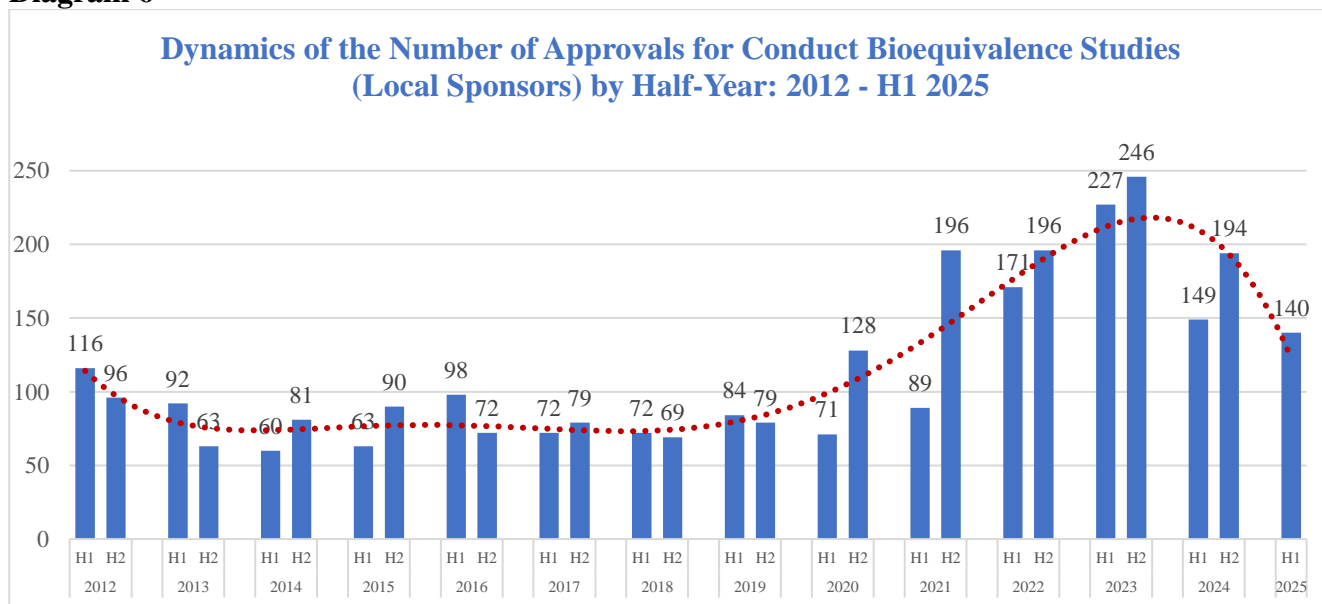
**Diagram 5**



Data from [www.grls.rosminzdrav.ru](http://www.grls.rosminzdrav.ru)

Slightly, by 6%, compared to the first half of 2024, the number of bioequivalence study approvals obtained by Russian generic manufacturers has decreased: 140 versus 149. In comparison with the average for January-June of 2017-2021 (77.6 protocols) the sector grew by 80.4%. Diagram 6 shows that the period immediately after the coronavirus epidemic was very favorable for this type of studies, with their number growing rapidly, but the same cannot be said for 2024 and the first half of 2025.

**Diagram 6**



Data from [www.grls.rosminzdrav.ru](http://www.grls.rosminzdrav.ru)

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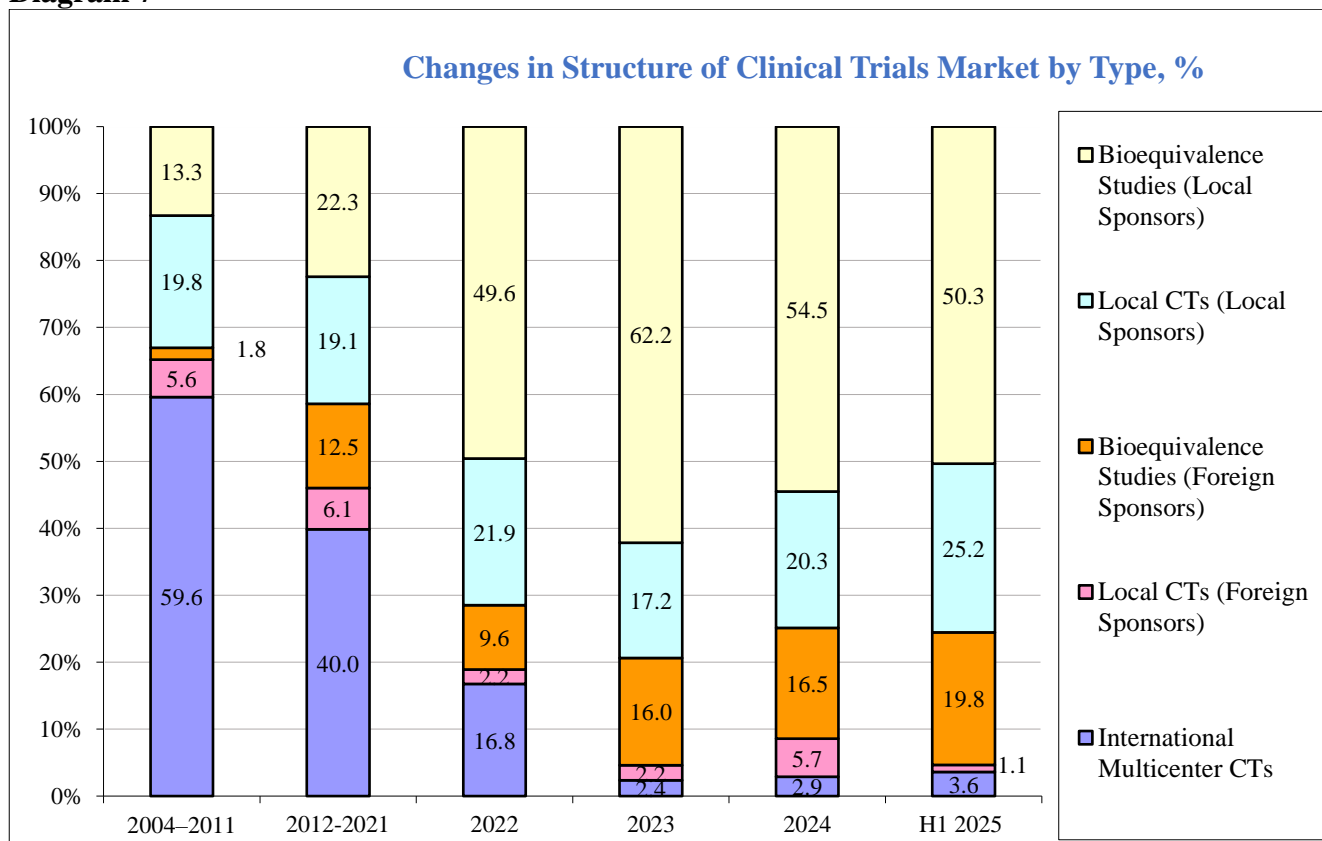
Diagram 7 shows the change in market structure by study types. The first six months of 2025 are compared with the results of the three preceding years, as well as with two periods, 2004–2011 and 2012–2021. Within these two-time intervals, the indicators of various study types, despite individual fluctuations, generally remained stable, so average values are provided for them.

The difference between the first two periods is related to the reform of Russian legislation regulating the pharmaceutical industry and clinical trials as a part of it. After the reform, the share of approvals for bioequivalence studies increased from 13.3% to 22.3% for Russian sponsors and from

1.8% to 12.5% for foreign sponsors, which led to a reduction in the share of IMCTs from nearly 60% to 40%. The share of local trials (excluding bioequivalence studies) has hardly changed.

In 2022, with the onset of the war, international cooperation suffered, which ultimately affected the market structure. The year 2022 itself was still a transitional one, but the subsequent years already show a relatively stable new situation. The share of IMCTs has plummeted sharply and now accounts for not more than 3-4% of the total volume of clinical trials in the country. The bioequivalence studies of foreign generics have increased to 16-20%, and those of Russian generics to 50-62%, making them the largest sector. Local trials on the therapeutic efficacy and safety of foreign sponsors still hold a small share in the market, whereas the same type of studies by Russian companies has slightly increased in volume over the past year and a half, accounting for a quarter of all types of studies by the end of the first half of 2025.

**Diagram 7**



Data from [www.grls.rosminzdrav.ru](http://www.grls.rosminzdrav.ru), [www.roszdravnadzor.ru](http://www.roszdravnadzor.ru)

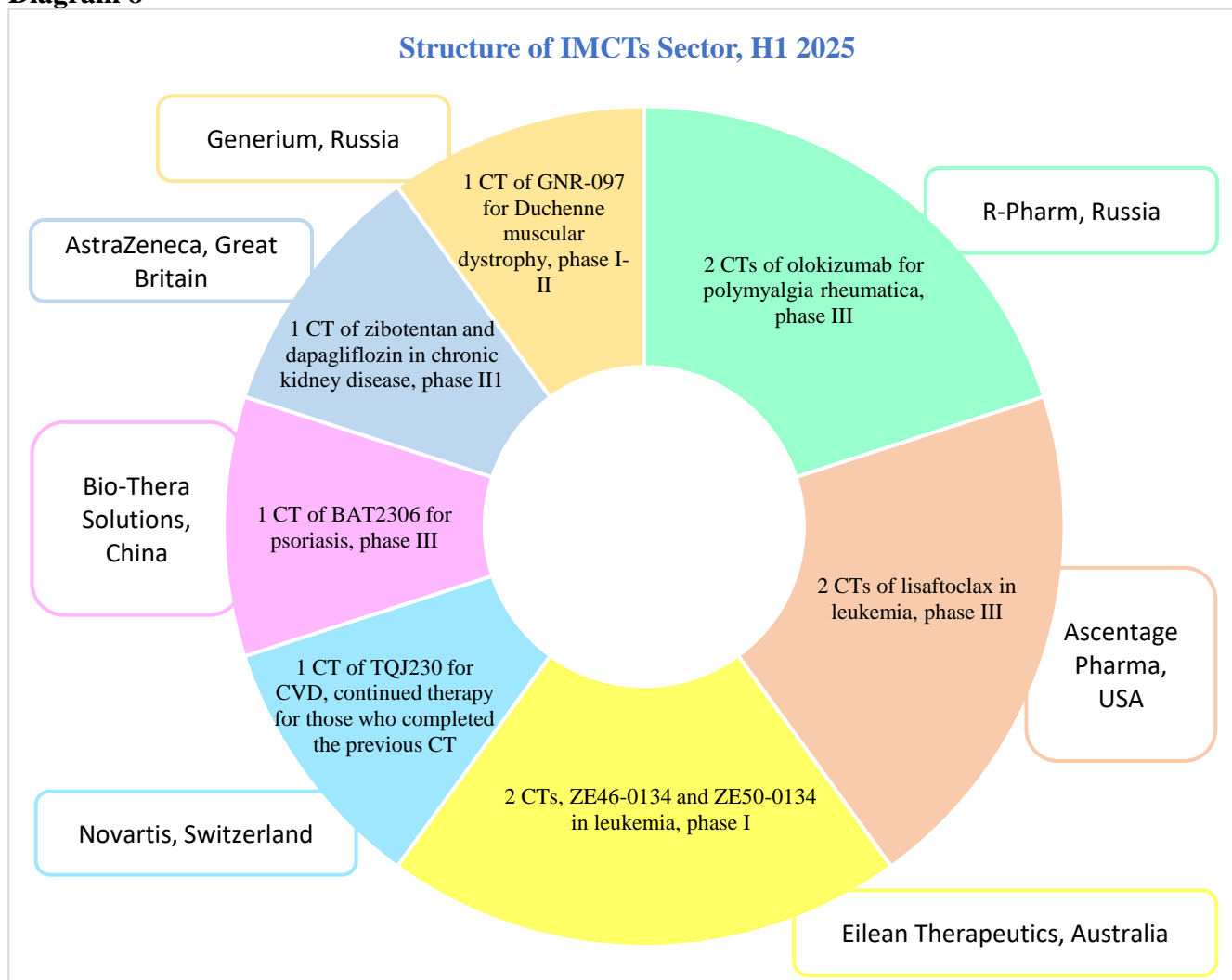
## STRUCTURE OF THE CLINICAL TRIALS MARKET BY TYPE

The section opens with Diagram 8 containing information about IMCTs, the approvals for which were issued in the first six months of 2025. In the clinical study registry of the Ministry of Health of the Russian Federation, 15 trials have this status, but for only ten of them it was possible to confirm it in international databases.

Five protocols that we classified as local, although they were listed in the registry as international, are phase I studies of Ocrelizumab from CinnaGen Co. (Iran) and four studies by Biocad company: BCD-267 (trastuzumab deruxtecan, Phase I); BCD-237 (trastuzumab emtansine, Phase I) and two Phase II studies of BCD-261. An attempt to clarify with Biocad whether these are indeed international protocols was unsuccessful, although the company previously provided us with such information without any issues. Given that according to the previous year's data, out of five declared (and confirmed to us as IMCTs) trials, only two later turned out to be such (they were also conducted in Belarus and Pakistan), and three, according to clinicaltrials.gov, were limited to Russian centers only, the refusal did not upset us very much.<sup>1</sup>

But let's return to the trials categorized as international.

**Diagram 8**



Data from [www.grls.rosminzdrav.ru](http://www.grls.rosminzdrav.ru)

<sup>1</sup>These are studies by protocols: BCD-085-16/PLANETA-KIDS, BCD-248-2/FLAMMINGO and ANB-002-2/MAGNOLIA

Three out of ten IMCTs were initiated by Russian companies. In two consecutive Phase III protocols, R-Pharm is studying its original development – olokizumab, a monoclonal antibody, which blocks interleukin-6 (IL-6) in rheumatoid polymyalgia. Generium is in phases I-II of studying GNR-097, the original gene therapy drug (recombinant adeno-associated serotype 9 viral vector) for the treatment of progressive Duchenne muscular dystrophy.

The remaining seven protocols belong to foreign sponsors. Four IMCTs are intended for patients with leukemia. American Ascentage Pharma is studying its lisatoclax (a selective BCL-2 inhibitor) in two protocols, while Australian Eilean Therapeutics is studying innovative developments ZE46-0134 (a pan-FLT3/IRAK4 inhibitor) and ZE50-0134 (a BCL-2 inhibitor). The Russian subsidiary of British AstraZeneca is testing a combination of zibotentan and dapagliflozin for chronic kidney disease. Swiss company Novartis continues Pelacarsen therapy for participants of an earlier cardiology study. Finally, Bio-Thera Solutions, a Chinese company, is studying a biosimilar drug of Novartis's secukinumab with the participation of patients with plaque psoriasis.

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In the first half of 2025, the Ministry of Health issued only three approvals (excluding bioequivalence studies) for local trials by foreign sponsors. Among them are tozorakimab, a monoclonal antibody from AstraZeneca for COPD, and the aforementioned study of an ocrelizumab biosimilar product from CinnaGen Co. (Iran) for multiple sclerosis, as well as a vaccine for the prevention of pneumococcal infections from Beijing Zhifei Lvzhu Biopharmaceutical Chinese company.

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Diagram 9 shows the types of drugs that were submitted for study in local trials by domestic sponsors, approved by the Ministry of Health in the first half of 2025. Let us recall that there were 70 such approvals, and this statistic does not include bioequivalence studies.

For the third consecutive year, biosimilars occupy the leading position among the developments of domestic sponsors. From 2015 to 2022, it was less than 15%, and starting from 2023, it increased to a quarter or more. Thus, in the first half of 2025, it amounted to 26% – 18 protocols. Ten of them were initiated by Geropharm (four approvals), Biocad, and R-Pharm (three each) companies. The others are claimed to be conducted by Biomate, Grotex, and Orphan-Bio (two protocols each), as well as Generium and Pharmasintez-Nord companies.

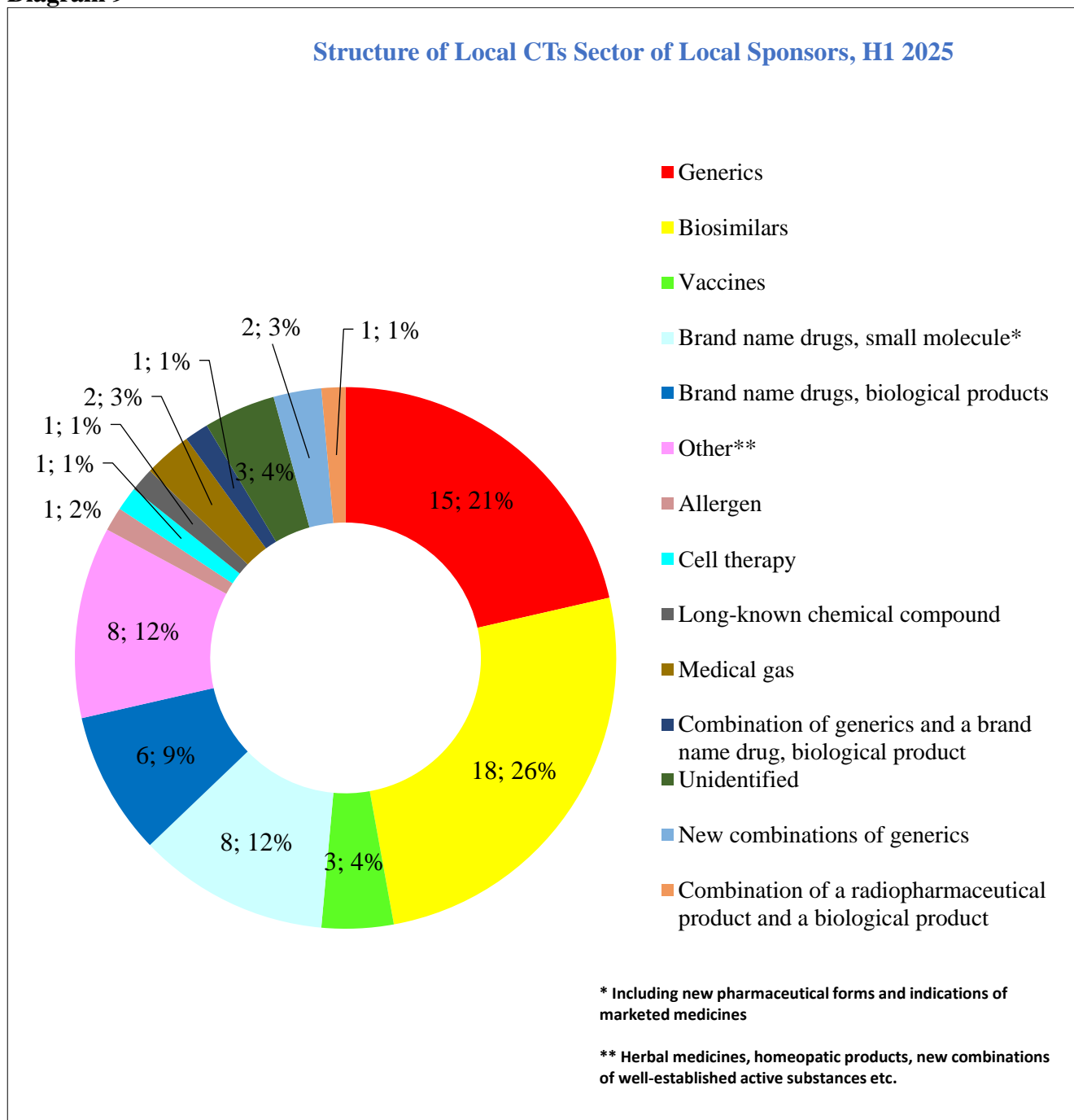
21% (15 protocols) were for generics. Another 3% (two protocols) were for new combinations of generics. Thus, the combined percentage of generics and biosimilar drugs accounted for half of all local trials by domestic sponsors.

Another protocol involves a combination of generics and a biological molecule.

12% (eight protocols) were devoted to original developments in the form of small molecules, 9% (six protocols) to proprietary biological products, and 4% (three protocols) to vaccines, which we categorize separately.

The following two developments by domestic sponsors seemed interesting. One of them is claimed by the FSBI Academician A.M. Granov Russian Scientific Center for Radiology and Surgical Technologies of the Ministry of Health of the Russian Federation and is a 'radiopharmaceutical with bispecific monoclonal antibodies to GITR and CTLA-4 and radioisotope  $^{177}\text{Lu}$ '. The product is intended to be tested in phases I-II in patients with advanced forms of renal cell carcinoma and bladder cancer. The second development from the FSBI Federal Center of Brain Research and Neurotechnologies of the Federal Medical and Biological Agency (FMBA) of Russia is a biomedical cellular product – allogeneic mesenchymal stem cells, intended for replacing defects in nervous tissue in patients with spinal cord injury.

**Diagram 9**



Data from [www.grls.rosminzdrav.ru](http://www.grls.rosminzdrav.ru)

One approval has been obtained for testing of the tuberculosis recombinant allergen, and two for studying medical gas. In another Phase I study, lithium chloride is proposed to be investigated (on the diagram, it is indicated as a long-known chemical compound).

In local trials conducted by Russian sponsors, we categorized as 'other' products of plant- or animal origin, homeopathic products, etc., which amounted to eight protocols in the first half of 2025. It has not yet been possible to identify the active ingredients in three more products.

## STRUCTURE OF THE CLINICAL TRIALS MARKET BY THERAPEUTIC AREA

This section of the newsletter is dedicated to the distribution of trials, which were approved in the first half of 2025, by therapeutic areas. Let's traditionally begin with IMCTs (Table 2). Among the ten international projects, four are related to oncohematology, two more to rheumatology, and one protocol each to dermatology, neurology, nephrology, as well as cardiology and cardiovascular diseases (CVD). Let us recall that information about specific medicines in these protocols can be found at the beginning of the previous section.

**Table 2**

<b>Distribution of International Multicenter CTs by Therapeutic Areas, H1 2025</b>			
Therapeutic Area	Number of IMCTs	Share (%)	The number of planned participants
Oncohaematology	4	40.0%	117
Rheumatology	2	20.0%	340
Nephrology	1	10.0%	370
Cardiology and CVD	1	10.0%	340
Neurology	1	10.0%	42
Dermatology	1	10.0%	22
<b>TOTAL</b>	<b>10</b>	<b>100.0%</b>	<b>1 231</b>

Data from [www.grls.rosminzdrav.ru](http://www.grls.rosminzdrav.ru)

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Table 3 provides data on approvals issued to foreign sponsors in the first half of 2025 for local trials and bioequivalence studies of generics and biosimilars, by therapeutic areas. Cardiology and cardiovascular diseases habitually lead: 14 protocols, a quarter of all approvals of this type. Six approvals, or 10.7%, were issued for gastroenterology, endocrinology, as well as for analgesics and non-steroidal anti-inflammatory drugs (NSAIDs). Four or 7.1% – for gynecology, oncology, otorhinolaryngology, and urology. Three protocols (5.4%) relate to allergology, and two more to neurology. One study each was conducted for products used in hepatology, dermatology, and infectious diseases.

**Table 3**

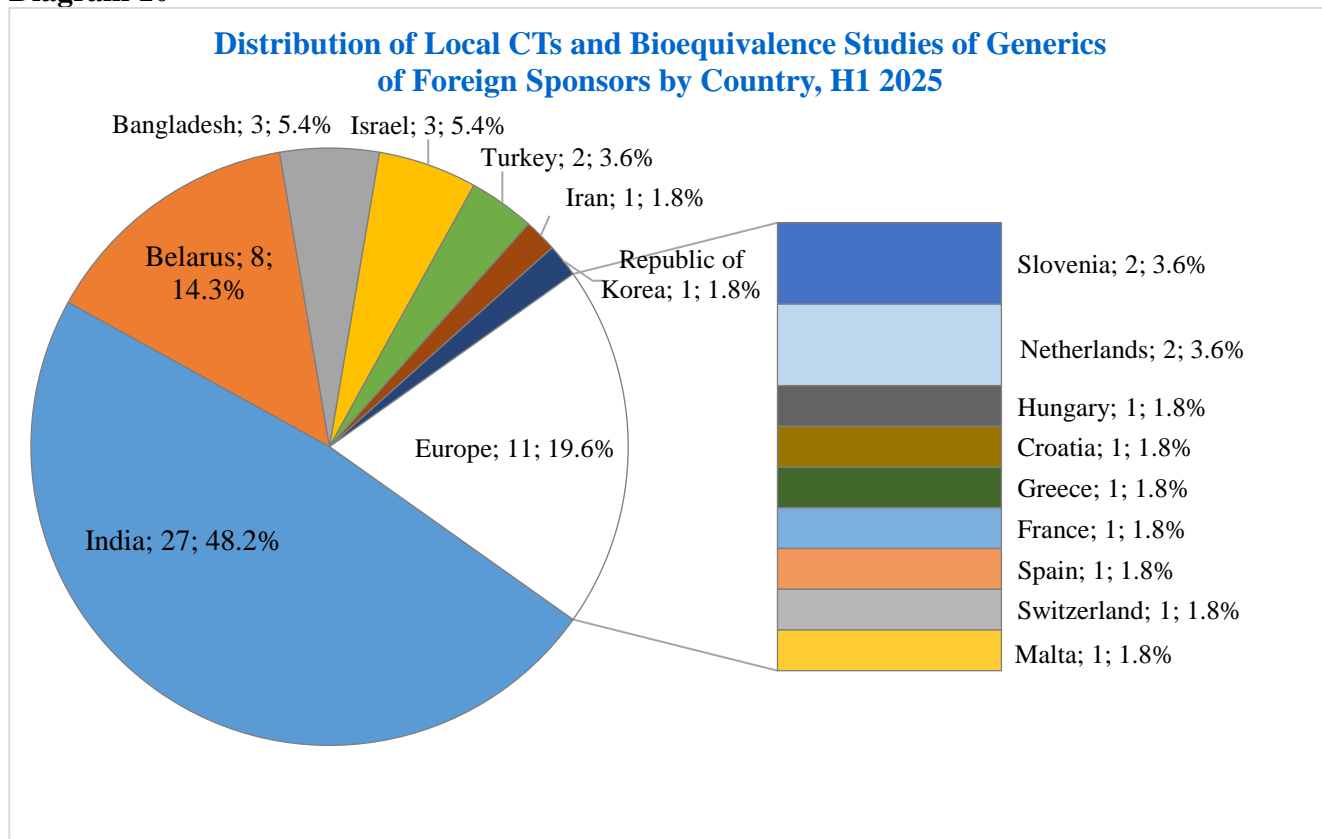
<b>Distribution of Local CTs and Bioequivalence Studies (Generics and Biosimilars) of Foreign Sponsors, H1 2025</b>			
Therapeutic Area	Number of CTs	Share (%)	Number of planned participants
Cardiology and CVD	14	25.0%	865
Gastroenterology	6	10.7%	396
Endocrinology	6	10.7%	362
Analgesic and NSAIDs	6	10.7%	224
Gynecology	4	7.1%	285
Oncology	4	7.1%	254
Urology	4	7.1%	238
Otorhinolaryngology	4	7.1%	200
Allergology	3	5.4%	215
Neurology	2	3.6%	124
Hepatology	1	1.8%	52
Dermatology	1	1.8%	50
Infectious Diseases (except HIV/HCV/tuberculosis, covid-19)	1	1.8%	45
<b>TOTAL</b>	<b>56</b>	<b>100.0%</b>	<b>3 310</b>

Data from [www.grls.rosminzdrav.ru](http://www.grls.rosminzdrav.ru)

Diagram 10 reflects the geography of foreign sponsors who received approvals for local studies of generics and biosimilars in the Russian Federation in the first half of 2025. In almost half of the cases (48.2% or 27 approvals), these were companies from India, and approximately every fifth study (19.6%

or 11 approvals) was initiated by companies from Europe, including non-EU member Switzerland. Besides India and Europe, Belarus has a relatively large share (14.3% or eight approvals), while companies from Bangladesh, Israel, Turkey, Iran, and South Korea can boast only about five percent or less (i.e., three or fewer approvals).

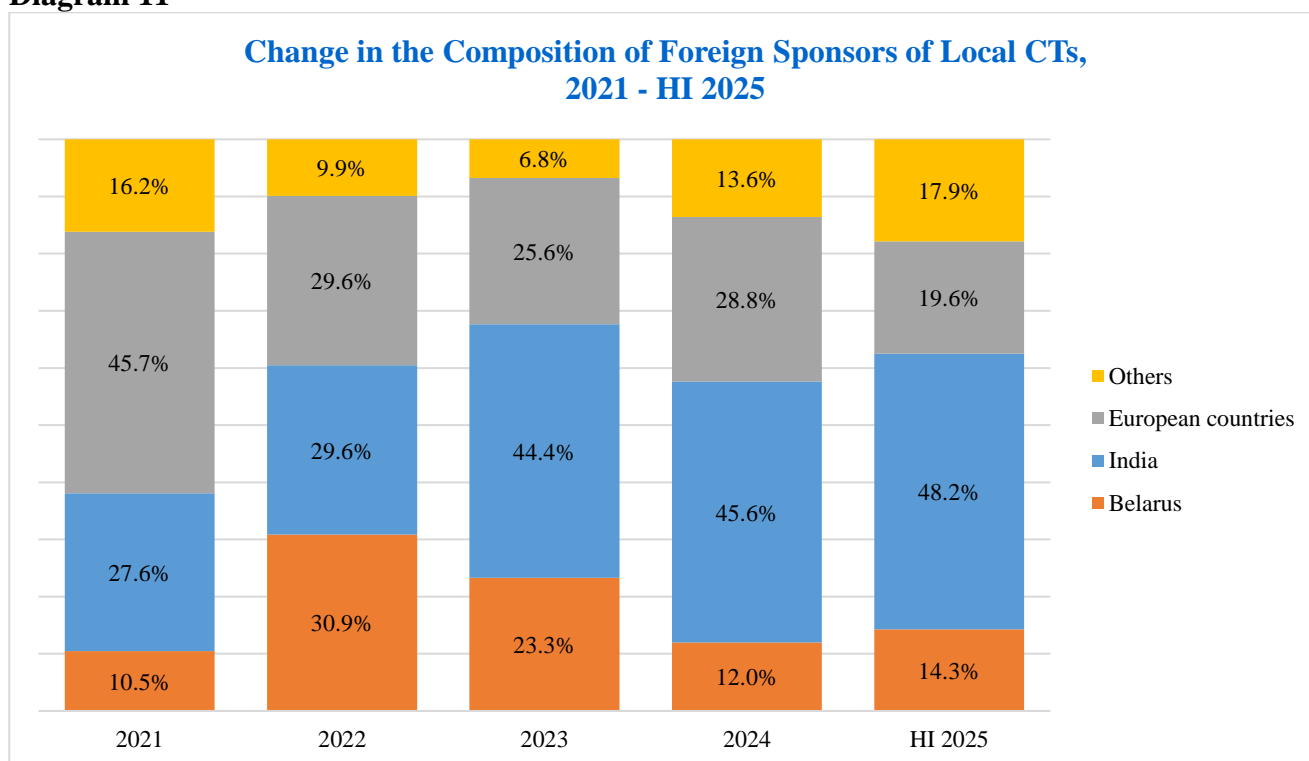
**Diagram 10**



Data from [www.grls.rosminzdrav.ru](http://www.grls.rosminzdrav.ru)

The change in the geography of foreign sponsors who received approvals for local studies of generics and biosimilars in the Russian Federation from 2021 to the first half of 2025 is illustrated by Diagram 11. The data shows how the percentage of companies from India has gradually and steadily increased over these years (from 27.6% in 2021 to 48.2% in January-June 2025); how the percentage of European pharmaceutical manufacturers, though not entirely consistently, has overall rather shrunk (from 45.7% to 19.6%); how in 2022, the share of Belarus sharply rose to almost one-third of the total volume, but later decreased again, although not reaching the pre-war level.

**Diagram 11**



Data from [www.grls.rosminzdrav.ru](http://www.grls.rosminzdrav.ru)

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The distribution of local studies and bioequivalence studies of domestic generics and biosimilars by therapeutic areas for the first half of 2025 is shown in Table 4.

The most popular therapeutic areas, as usual, were endocrinology (22 approvals or 12.2%), oncology, and cardiology with cardiovascular diseases (20 each or 11.2%). The top of the list would be even more similar to the results of similar periods in previous years if cardiology was in the first place.

**Table 4**

<b>Distribution of Local CTs and Bioequivalence Studies (Generics and Biosimilars), Conducted by Local Sponsors, H1 2025</b>			
<b>Therapeutic Area</b>	<b>Number of CTs</b>	<b>Share (%)</b>	<b>Number of planned participants</b>
Endocrinology	22	12.2%	2 313
Oncology	20	11.2%	2 040
Cardiology and CVD	20	11.2%	1 067
Analgesic and NSAIDs	13	7.3%	481
Neurology	12	6.7%	799
Unidentified	12	6.7%	650
Psychiatry	11	6.1%	428
Pulmonology	8	4.5%	864
Infectious Diseases (except HIV/HCV/tuberculosis, covid-19)	8	4.5%	465
Gastroenterology/Coloproctology	7	3.9%	1 104
HIV/HCV	6	3.4%	340
Rheumatology	5	2.8%	1 152
Haematology	5	2.8%	465
Dermatology	4	2.2%	689
Hepatology	4	2.2%	269
Urology	4	2.2%	136

Allergology	3	1.7%	342
Gynecology	3	1.7%	299
Oncohaematology	3	1.7%	154
Intensive Care /Surgery/ Cardiology and CVD	3	1.7%	116
Traumatology/Surgery	2	1.1%	156
Parasitology	2	1.1%	100
Otorhinolaryngology	1	0.6%	300
Phlebology/Vascular Surgery	1	0.6%	80
Immunology	1	0.6%	28
<b>TOTAL</b>	<b>180</b>	<b>100.0%</b>	<b>14 837</b>

Data from [www.grls.rosminzdrav.ru](http://www.grls.rosminzdrav.ru)

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In studies of generics, the most popular in the first half of 2025 were analgesics and NSAIDs, namely ibuprofen and paracetamol (Table 5). Nine approvals were issued for the study of the first one, separately and in combinations, and five for the second one. Another popular drug in this group, nimesulide, is mentioned in four protocols. Four approvals were also issued for the study of amlodipine, hydrochlorothiazide, and ezetimibe used in cardiology and cardiovascular diseases, ademethionine (hepatology), and metformin (endocrinology). Three approvals for cardiovascular medications valsartan, indapamide, telmisartan, and ticagrelor, as well as for the hypoglycemic linagliptin and another NSAID, flurbiprofen. The other active substances were mentioned in only one or two protocols. Thus, most of the names in Table 5 belong to one of two groups: analgesics and NSAIDs or drugs for therapy in the area of cardiology and cardiovascular diseases.

**Table 5**

<b>Most Requested INN Used in Clinical Trials of Generics and Biosimilars in H1 2025</b>				
<b>Substance</b>	<b>Number of CTs of foreign generics</b>	<b>Number of CTs of local generics</b>	<b>All clinical trials to a given INN</b>	<b>Therapeutic Area</b>
Ibuprofen (separately and in fixed combinations)	2	7	9	Analgesic and NSAIDs
Paracetamol (separately and in fixed combinations)	1	4	5	Analgesic and NSAIDs, Infectious Diseases
Ademethionine	0	4	4	Hepatology
Amlodipin (in fixed combinations)	2	2	4	Cardiology and CVD
Hydrochlorothiazide (in fixed combination)	1	3	4	Cardiology and CVD
Metformin (separately and in fixed combinations)	1	3	4	Endocrinology
Nimesulide	1	3	4	Analgesic and NSAIDs
Ezetimibe (separately and in fixed combinations)	2	2	4	Cardiology and CVD
Empagliflozin (separately and in fixed combination)	2	2	4	Endocrinology
Valsartan (separately and in fixed combinations)	0	3	3	Cardiology and CVD
Indapamide (separately and in fixed combination)	2	1	3	Cardiology and CVD
Linagliptin	1	2	3	Endocrinology
Telmisartan (in fixed combinations)	3	0	3	Cardiology and CVD
Ticagrelor	1	2	3	Cardiology and CVD
Flurbiprofen	3	0	3	Otorhinolaryngology

Data from [www.grls.rosminzdrav.ru](http://www.grls.rosminzdrav.ru)

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Table 6 lists therapeutic areas of local trials of original drugs initiated by foreign sponsors in the first six months of 2025. There are only two of them. One was issued to China's Beijing Zhifei Lvzhu

Biopharmaceutical for the study of a vaccine for the prevention of pneumococcal infections, and the second to AstraZeneca for evaluating the efficacy and safety of the tozorakimab in patients with COPD.

**Table 6**

<b>Distribution of Local CTs of Brand Name Drugs of Foreign Sponsors, H1 2025</b>			
<b>Therapeutic Area</b>	<b>Number of CTs</b>	<b>Number of planned participants</b>	<b>Developer's country</b>
Infectious diseases (pneumococcal infections vaccine)	1	350	China
Pulmonology	1	162	Great Britain
<b>TOTAL</b>	<b>2</b>	<b>512</b>	

Data from [www.grls.rosminzdrav.ru](http://www.grls.rosminzdrav.ru)

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In the first half of 2025, Russian sponsors received 21 approvals for local trials of original, including biological, drugs. This is three less than for the same period of 2024. Table 7 shows the distribution of approved trials of drugs in this category by therapeutic areas.

**Table 7**

<b>Distribution of Local CTs of Brand Name Drugs (Including Biological Products) of Local Sponsors, H1 2025</b>			
<b>Therapeutic Area</b>	<b>Number of CTs</b>	<b>Share (%)</b>	<b>Number of planned participants</b>
Infectious Diseases (except HIV/HCV/tuberculosis, covid-19)	6	28.6%	1 655
HIV/Tuberculosis	3	14.3%	2 960
Gastroenterology/Coloproctology	2	9.5%	1 005
Pulmonology	2	9.5%	334
Oncology	2	9.5%	196
Urology	1	4.8%	264
Psychiatry	1	4.8%	250
Neurology	1	4.8%	184
Rheumatology	1	4.8%	88
Traumatology/Surgery/Neurology	1	4.8%	40
Other (type II mucopolysaccharidosis)	1	4.8%	6
<b>TOTAL</b>	<b>21</b>	<b>100.0%</b>	<b>6 982</b>

Data from [www.grls.rosminzdrav.ru](http://www.grls.rosminzdrav.ru)

Infectious diseases are leading: three vaccines (for the prevention of smallpox from the Federal State Budgetary Institution of Science Vector Virology and Biotechnology State Scientific Center of Rospotrebnadzor (Federal Service for Surveillance on Consumer Rights Protection and Human Wellbeing), for influenza and Covid-19 from Nacimbio JSC, as well as a pneumococcal vaccine from R-Pharm JSC ); another smallpox treatment from Vector Virology and Biotechnology State Scientific Center (now it's about therapy) - NIOH-14; development by the FSBI National Research Center for Epidemiology and Microbiology named after Honorary Academician N.F. Gamaleya under B10-FC code name, which is monoclonal antibodies for early etiotropic therapy of coronavirus infection caused by SARS-CoV-2 virus, as well as Aterixen from Valenta Pharmaceuticals company, which is planned to be studied in children with uncomplicated influenza or other acute respiratory viral infections (ARVIs).

Three more protocols can also be classified as infectious diseases, although we traditionally categorize them separately – HIV/HCV/TB. Two are dedicated to the domestic development for HIV therapy, Elpida® (elsulfavirine): in one case, its joint administration with other drugs is evaluated in a Phase I study, and in the second, a combination of elsulfavirine with tenofovir and emtricitabine is used in Phase III. Another protocol in this category involves studying the specific activity, reactivity, and

safety of recombinant tuberculosis allergen from the The Saint Petersburg Scientific Research Institute of Vaccines and Serums.

Two Phase II studies in the areas of gastroenterology and coloproctology are dedicated to Biocad's proprietary development BCD-261 (anti-TL1A monoclonal antibody). In one of them, the drug is used in patients with active Crohn's disease, and in the other one — with ulcerative colitis. Both of these trials are registered with the Ministry of Health as international, however, the [clinicaltrials.gov](http://clinicaltrials.gov) database lists 20 Russian centers for each, with no information about centers from other countries.

Another drug candidate from Biocad, BCD-272, is being studied in Phase I with the participation of healthy volunteers. The declared area by the developer is pulmonology and general therapy. Another protocol in pulmonology is dedicated to an unidentified by us drug from PSK Pharma, abbreviated as RB-0001, which is intended to be used in the form of a metered aerosol for inhalation in patients with partially controlled bronchial asthma.

Two protocols are also in oncology. The peptide Ras-GTPase inhibitor in combination with the standard chemotherapy regimen for the treatment of patients with stage III-IV gastric cancer is being studied by the FSBI Russian Scientific Center for Radiology of the Ministry of Health of the Russian Federation. The FSBI Academician A.M. Granov Russian Scientific Center for Radiology and Surgical Technologies investigates the development of a radiopharmaceutical, which we mentioned in the second section of the newsletter, that includes bispecific monoclonal antibodies to GITR and CTLA-4 and radioisotope  $^{177}\text{Lu}$  ( $^{177}\text{Lu}$  DOTA - anti-CTLA4-GITR) in phase I-II studies in patients with advanced forms of renal cell carcinoma and bladder cancer.

There was one protocol for each of the other therapeutic areas. Pharminterprises LLC studies its drug HC243 (XC243) in Phase II in subjects with exacerbation of chronic cystitis. Valenta Pharmaceuticals JSC conducts a post-registration study of Rankvilon (GB-115) in patients with anxiety conditions in neurasthenia and adjustment disorders. A fairly old development (early 1950s), Dimefosfon® (dimethyloxobutylphosphonyldimethylate), is being studied by Tatchempharmpreparaty JSC in patients during the acute period of ischemic stroke. In rheumatology, Biocad investigates another one of its biologics, BCD-256, in Phase I for its intravenous administration to subjects with systemic lupus erythematosus. Simultaneously to traumatology, surgery, and neurology, we previously attributed the study of the FSBI Federal Center of Brain Research and Neurotechnologies of the Federal Medical and Biological Agency (FMBA) of Russia of “NeuroMat regenerative matrix”, which consists of allogeneic mesenchymal stem cells, in patients with spinal cord injury. Finally, Generium JSC tests its GNR-055 in a phase Ib pilot study in patients with type II mucopolysaccharidosis.

## **DRAFT BILL ON PROHIBITING DIRECT PAYMENTS TO INVESTIGATORS: WILL THE MINISTRY OF HEALTH TAKE A STEP BACK?**

In June 2025, a new draft bill by the Russian Ministry of Health was posted for public discussion on regulation.gov portal, proposing amendments to the laws "On the Circulation of Medicines" and "On Public Health Protection in the Russian Federation." The authors suggested banning direct payments to healthcare professionals from pharmaceutical companies and CROs for clinical trials. It is assumed that all payments will have to be made through a contract with a medical institution, which in turn will pay the study team. If the bill is passed, it will be a return to the regulations that were in effect from 1998 to 2004, which created a lot of problems for the industry.

Feedback on the draft bill was accepted until July 3, 2025, and a number of major industry associations, individual sponsors, and CROs took the opportunity to point out the obvious negative consequences of its adoption for the field of clinical trials. These include the Association of International Pharmaceutical Manufacturers (AIPM), the Association of Pharmaceutical Manufacturers of the Eurasian Economic Union (APMEAEU), the Association of Russian Pharmaceutical Manufacturers (ARPM), the Association of Clinical Trials Organizations (ACTO), the Inpharma Association, the Union of Professional Pharmaceutical Organizations (UPPO), R-Pharm, NIZHFARM companies, and others. The consolidated position of players of such a rank in itself demonstrates that the professional community sees a real threat to their work in the initiative. Below we have attempted to summarize the main reasoning that were expressed against the draft bill.

The requirement to specify an exhaustive list of works in the contract with the medical institution, as well as the amounts of payments to each member of the study team, has caused many objections. According to critics, this significantly complicates the development of study contracts and ultimately delays the start of enrollment.

Firstly, commentators emphasized that the team composition often changes during the course of the study. So, if a specialist is withdrawn, it will be necessary to partially redistribute responsibilities and, according to the new rules, conclude new additional agreements to the contract, and for this, they must be agreed. If the sponsor, the CRO or, more likely, the medical institution is not sufficiently prompt and flexible, the clinical study will actually be suspended until the papers are signed.

Secondly, industry representatives clarified that the exhaustive list and scope of work are not known in advance, as the specialist makes a decision on the necessity of a particular procedure based on the condition of the specific patient at a given moment in time. Given the diversity of patients and their conditions, it is simply impossible to anticipate all possible situations and, accordingly, the actions of medical professionals.

Processing and constantly updating extremely detailed contracts will increase the workload on the administrative staff of the medical institution not only because the document flow will increase (preparation, coordination, reconciliation of calculations, etc.), but also because this type of work will require the clinic to develop new internal documents. Complicating the situation is the fact that the job descriptions for a doctor at a medical institution may not include such activities as participating in clinical trials. In this case, the clinic will need to enter into additional employment contracts with the employees for internal part-time work. Often, specialists from scientific and research organizations or higher education institutions work in medical institutions based on cooperation agreements. Their involvement as investigators and co-investigators is also a special case that requires specific legal arrangements. It is unlikely that this is a complete list of all the new concerns that, according to the critics of the draft bill, will fall on the shoulders of medical organization's employees.

It is evident that along with the increase in administrative burden, the costs of maintaining contracts and related documents will also rise, without any economic return. This brings us to another consequence of adopting the bill – the increased cost of studies.

The study cost will increase not only because both sponsors and centers will have to spend more on managing the expanded documentation. Payments to the study team constitute a significant portion of the clinical study budget. Many investigators and co-investigators today enter into contracts with sponsors and CROs as individual entrepreneurs or self-employed individuals, with their income being taxed at 6%. When funds are transferred through a medical institution, the tax burden, according to APMEAEU's assessment, will exceed 70%. In order to keep investigators' compensation adequate, sponsors will have to significantly increase spending, which will ultimately lead to higher drug development costs and, in the future, higher prices for new medicines.

There is a high risk that even with increased budgets, investigators' remuneration may suffer. The amounts of payments are calculated according to standards based on job descriptions, and as mentioned above, participation in clinical trials is often not provided for. Because of this, the ability to account for and compensate workload when performing study-specific tasks is lost. All these tasks require a lot of effort and time, and it's strange to expect that someone would generally be willing to perform them, let alone do it quickly and accurately, without adequate compensation.

But even if this work is considered and compensated (for example, through a separate labor contract with the clinic), the problem is that the medical institution, unless it specializes exclusively in conducting clinical trials, does not actually receive any direct benefit from the financial compensation to the doctor for the efforts expended. There are no mechanisms for the fair distribution of compensation for the study in institutions, nor are there any systems to control the functioning of such mechanisms. The distribution of funds will ultimately depend solely on the current priorities of the institution's management, which paves the way for abuses, and in some cases, for diverting payments to investigators into a shadow zone.

Turning the conduct of a clinical study into an additional burden that is not accompanied by fair, transparent, and equitable compensation, along with a complex payment procedure and risks of delays, will, according to experts, lead to a decline in investigators' motivation, which will negatively affect both the speed and quality of trials. There is a risk that the most valuable and qualified specialists will refuse to participate in clinical trials, and they will be replaced by less demanding but also less experienced ones. Study teams are likely to become smaller, while the workload on individual doctors, on the contrary, will increase.

The increased bureaucratic burden, rising costs of trials, their slowdown and decline in quality, difficulties in selecting centers due to investigators' refusal to participate or complications when working with medical institutions under new rules will lead to a further outflow of clinical trials from the Russian market, which has already reduced after 2022, to other countries. Experts predict that Phase II, III, and IV protocols, which study innovative pharmaceuticals, will be affected the most. According to experts' forecasts, sponsors will gradually start moving studies to countries where they can be conducted more quickly and cheaply (such as India, Middle Eastern countries, Asian countries). This primarily concerns domestic pharmaceutical companies, as foreign companies have almost completely suspended their activities related to IMCTs in Russia.

The draft bill does not take into account the negative experience of applying similar provisions. Thus, in neighboring Belarus, the number of new trials decreased from 126 in 2015 to 18 in 2024, which is by an order of magnitude, and one of the factors contributing to this, according to experts, was the strict ban on direct payments to investigators. In the Russian Federation itself, in 1998, a law "On Medicinal Products" was adopted, which initially contained the following provision: *"it is prohibited for healthcare institution specialists conducting clinical trials of a medicinal product to be paid directly by the organization developing the medicinal product, or by other legal entities or individuals financing the clinical trials of the medicinal product."* The restriction created significant practical problems for sponsors and CROs and was actively criticized by both sponsors and investigators. By Federal Law No. 122-FZ dated August 22, 2004, amendments were made to the law 'On Medicinal Products', which lifted the ban on direct remuneration of investigators. Since then, a flexible system of financial relationships has been established between sponsors and investigators. It is widely recognized as effective, and today the industry sees no rational reasons to review it.

To complete the picture, it must be added that even now, without the introduction of any new restrictive regulations, direct payments to investigators are by no means a universal practice. Thus, a single contract is often concluded with medical institutions whose main specialization is conducting clinical trials. These are the types of organizations typically engaged for conducting bioequivalence studies for generics and phase I bioanalogue studies involving healthy volunteers. Returning to the relevant sections of this newsletter, it is easy to see that biosimilars and generics account for the lion's share of the Russian clinical study market. Direct payments are more often used in phase II, III, and IV protocols, but even in these cases, a single contract is often concluded with large research institutes, universities, and research organizations that have specialized departments for conducting clinical trials. Separate contracts with members of the study team are usually concluded when the project is planned to be launched in small specialized centers that have competent specialists, patients with relevant nosologies, all necessary resources, but whose administration does not consider studies as a priority. These are often protocols focused on rare diseases and innovative treatment methods.

Finally, in addition to purely practical objections, there are also legal objections: the draft bill contradicts the Rules for Good Clinical Practice of the EAEU, a separate section of which is dedicated to the responsibilities of the investigator, not the medical institution. Thus, according to paragraph 4.1.5 of the Good Clinical Practice Rules, it is the investigator who assigns certain activities within the study to other specialists. Other sections of the document place the responsibility for all medical decisions on the investigator (section 4.3.1), for documenting deviations from the protocol (section 4.5.3), etc. In international practice of regulating clinical trials, it is customary to consider the investigator as a full-fledged participant in legal relations with the sponsor and/or CRO, while the medical institution acts as an infrastructure affiliated with the investigator. Section 8.2.4. The EAEU Good Clinical Practice rules directly indicate the necessity of having a document that establishes the financial agreement between the sponsor and the investigator, although an additional contract with the site is also permitted. Sections 5.3 and 5.5.2 of the same Rules grant the sponsor the right to engage external consultants and experts for conducting the study, such as for program development, data monitoring, etc., but the changes proposed in the draft bill effectively deprive the sponsor of such opportunities.

In this context, the proposal from industry representatives not to introduce new restrictions, but rather to legally establish the status of the investigator as an independent subject within the framework of clinical trials, appears logical. Any concerns about the independence of investigators from the sponsor are alleviated not by additional prohibitions, but by strict adherence to Good Clinical Practice guidelines.

All the listed reasoning was brought to the Ministry of Health. However, it seems that they did not have the desired effect on the officials. In September, the project was discussed at a working group in the field of pharmaceuticals and medical devices under the subcommission for improving control (supervisory) and approval functions. Business representatives unanimously tried to convince the representatives of the Ministry of Health and Roszdravnadzor (Federal Service for Surveillance in Healthcare) of the dangers of the proposed approach. But in vain, the Ministry of Health dismissed all objections, and at present, the draft bill is awaiting consideration by the Government Commission and, likely, subsequent submission to the State Duma.

For our part, we at Association of Clinical Trials Organizations (ACTO) believe that the situation in the clinical trial market in Russia today is very challenging even without additional restrictions. Even special measures to stimulate the market would hardly compensate for losses due to the severance of international ties. The adoption of the bill that carries so many risks will cause serious harm to those sectors that are still functioning. We'd like to hope that the opinions of industry experts will be taken into account, and the bill will not be passed. And that thanks to this, industry representatives will be able to direct their freed-up resources towards what they should – the development of medicines.

## CLINICAL TRIALS IN THE NEIGHBOR COUNTRIES OF THE RUSSIAN FEDERATION

In this section, we continue to monitor the dynamics of the development of the clinical trial market in the post-Soviet countries. Table 8 shows the general data on the list of such countries according to the following indicators: the number of active interventional trials; share of the global market; population of the country and number of trials per million population. For the first two, data from the beginning of 2025 is provided in parentheses, so one can track how the situation in the country has changed over the past half year.

**Table 8**

<b>The activity of clinical trial markets in the neighboring countries of the Russian Federation as of 08/07/2025 (data for 02/17/2025 are also given in parentheses)</b>				
Region	Number of active interventional CTs	Share in the global CT market	Population, mln	Number of CTs, per million population
In the world	<b>85 415</b> (84 085)			
Russia	<b>767</b> (824)	<b>0.90</b> (0.98)	<b>146.1</b>	<b>5.3</b>
Ukraine	<b>317</b> (319)	<b>0.37</b> (0.38)	<b>30</b>	<b>10.6</b>
Georgia	<b>247*</b> (235)	<b>0.29</b> (0.28)	<b>3.7</b>	<b>66.8</b>
Lithuania	<b>218</b> (215)	<b>0.26</b> (0.26)	<b>2.9</b>	<b>75.2</b>
Estonia	<b>138</b> (143)	<b>0.16</b> (0.16)	<b>1.4</b>	<b>98.6</b>
Latvia	<b>133</b> (137)	<b>0.16</b> (0.16)	<b>1.9</b>	<b>70</b>
Moldova	<b>75</b> (70)	<b>0.09</b> (0.08)	<b>2.4</b>	<b>31.3</b>
Belarus	<b>47</b> (49)	<b>0.06</b> (0.06)	<b>9.1</b>	<b>5.2</b>
Kazakhstan	<b>30</b> (30)	<b>0.04</b> (0.04)	<b>20.4</b>	<b>1.5</b>
Armenia	<b>25</b> (23)	<b>0.04</b> (0.03)	<b>3.1</b>	<b>8.1</b>
Uzbekistan	<b>21</b> (18)	<b>0.023</b> (0.021)	<b>37.9</b>	<b>0.6</b>
Kyrgyzstan	<b>16</b> (13)	<b>0.019</b> (0.015)	<b>7.3</b>	<b>2.2</b>
Azerbaijan	<b>3</b> (3)	<b>0.004</b> (0.004)	<b>10.2</b>	<b>0.3</b>
Tadjikistan	<b>2</b> (2)	<b>0.002</b> (0.002)	<b>10.5</b>	<b>0.2</b>

Data from [www.clinicaltrials.gov](http://www.clinicaltrials.gov); data from official statistical agencies of the countries available at the beginning of August 2025

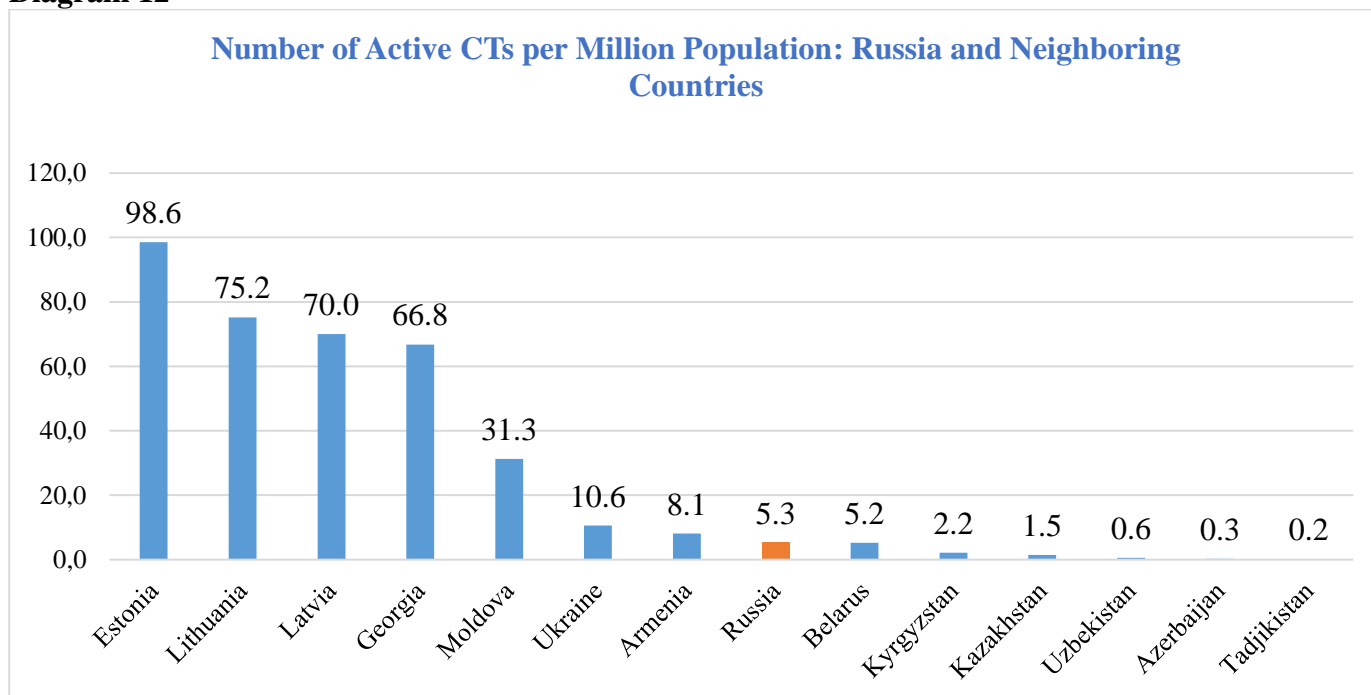
\*In Georgia, only trials conducted in Tbilisi were taken into account, as changes in the search interface of the ClinicalTrials.gov database made it impossible to distinguish trials conducted in Georgia from those conducted in the state of Georgia, USA. We could not find any trials conducted in Georgia that did not have centres in Tbilisi. Therefore, we considered this new search method sufficiently accurate.

Diagram 12 more clearly illustrates the difference between countries in terms of the number of active interventional trials per 1 million population.

Table 9 allows the reader to see how the situation regarding the number of active interventional trials by country has changed from July 2022 to August 2025.

Finally, Diagrams 13-27 show the dynamics of the clinical trial market by year for each of the countries.

**Diagram 12**



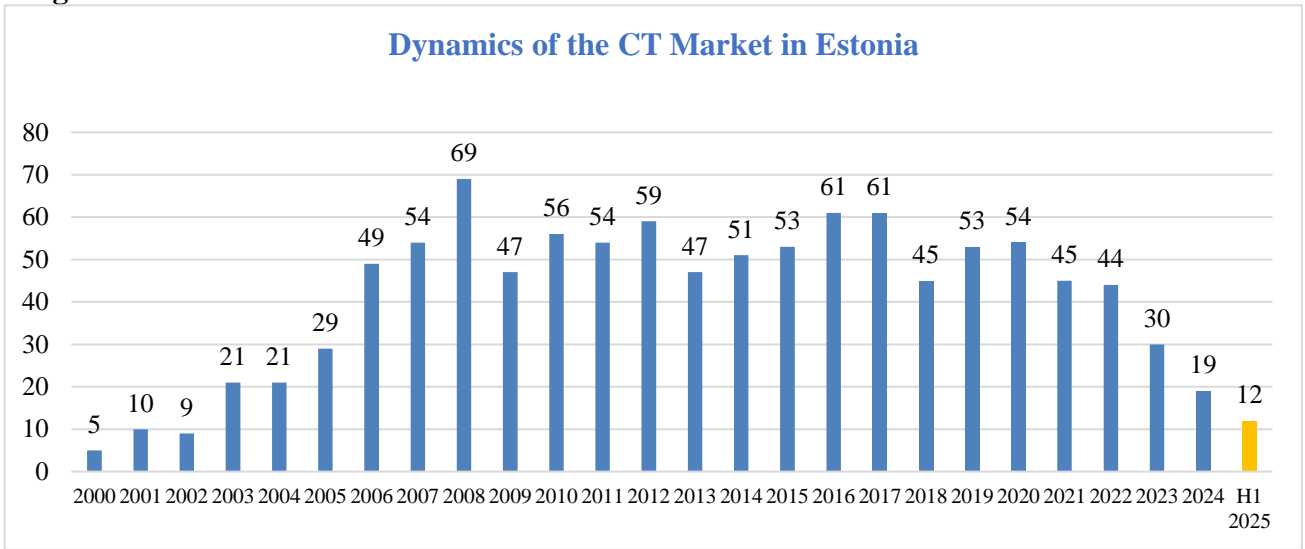
Data from [www.clinicaltrials.gov](http://www.clinicaltrials.gov)

**Table 9**

Dynamics of the Number of Active CTs by Country				
Region	Number of active interventional CTs for July 2022	Number of active interventional CTs for August 2025	Absolute change	Relative change
<b>In the world</b>	77 750	85 415	7 665	9,9%
<i>Group 1</i>	<i>Countries with more than 20 active CTs in mid-2022</i>			
<b>Russia</b>	1 400	767	-633	-45,2%
<b>Ukraine</b>	595	317	-278	-46,7%
<b>Belarus</b>	90	47	-43	-47,8%
<b>Latvia</b>	172	133	-39	-22,7%
<b>Estonia</b>	173	138	-35	-20,2%
<b>Lithuania</b>	223	218	-5	-2,2%
<b>Moldova</b>	69	75	6	8,7%
<b>Kazakhstan</b>	28	30	2	7,1%
<b>Georgia</b>	195	247	52	26,7%
<i>Group 2</i>	<i>Countries with less than 20 active CTs in mid-2022</i>			
<b>Kyrgyzstan</b>	6	16	10	166,7%
<b>Uzbekistan</b>	10	21	11	110,0%
<b>Armenia</b>	16	25	9	56,3%
<b>Tadjikistan</b>	1	2	1	100,0%
<b>Azerbaijan</b>	3	3	0	0,0%

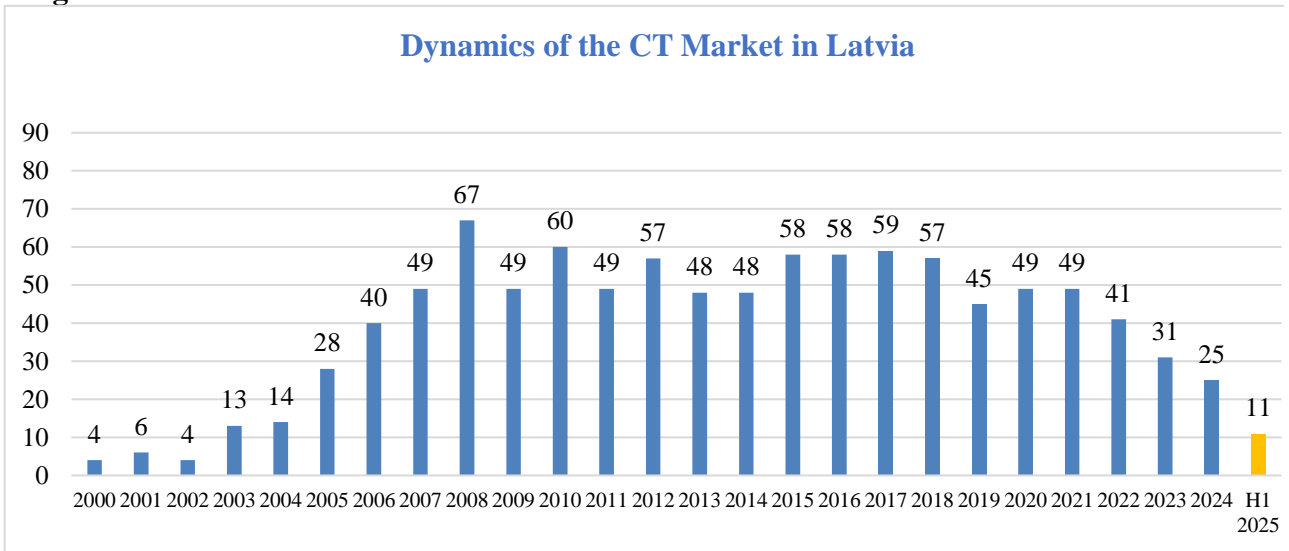
Data from [www.clinicaltrials.gov](http://www.clinicaltrials.gov)

**Diagram 13**



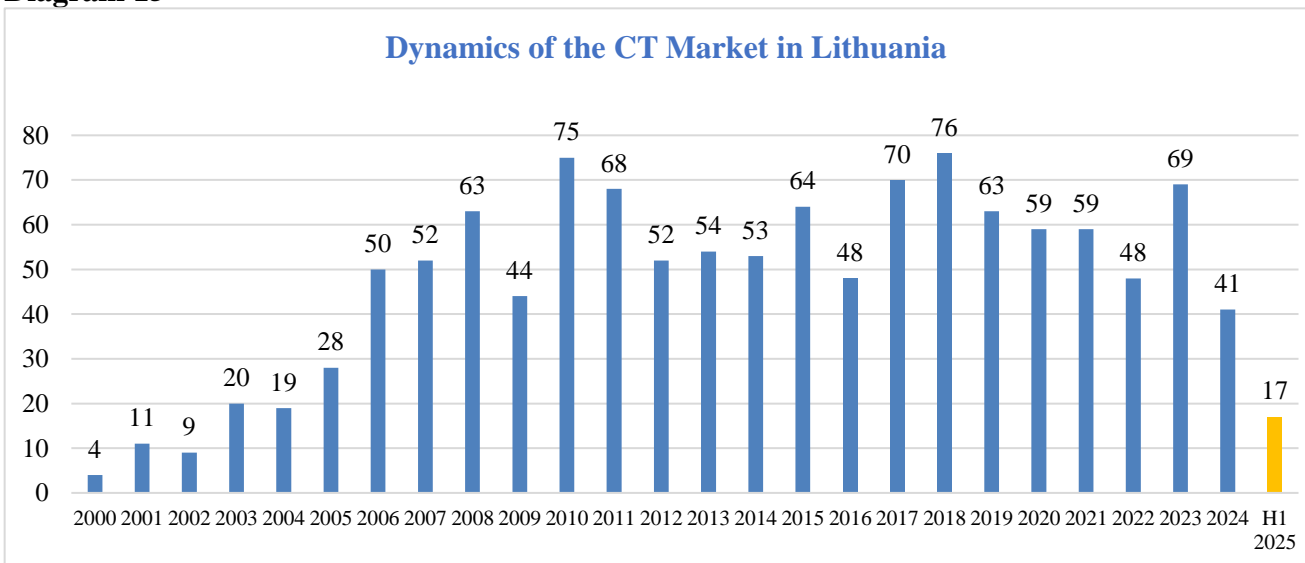
Data from [www.clinicaltrials.gov](http://www.clinicaltrials.gov)

**Diagram 14**



Data from [www.clinicaltrials.gov](http://www.clinicaltrials.gov)

**Diagram 15**



Data from [www.clinicaltrials.gov](http://www.clinicaltrials.gov)

**Diagram 16**



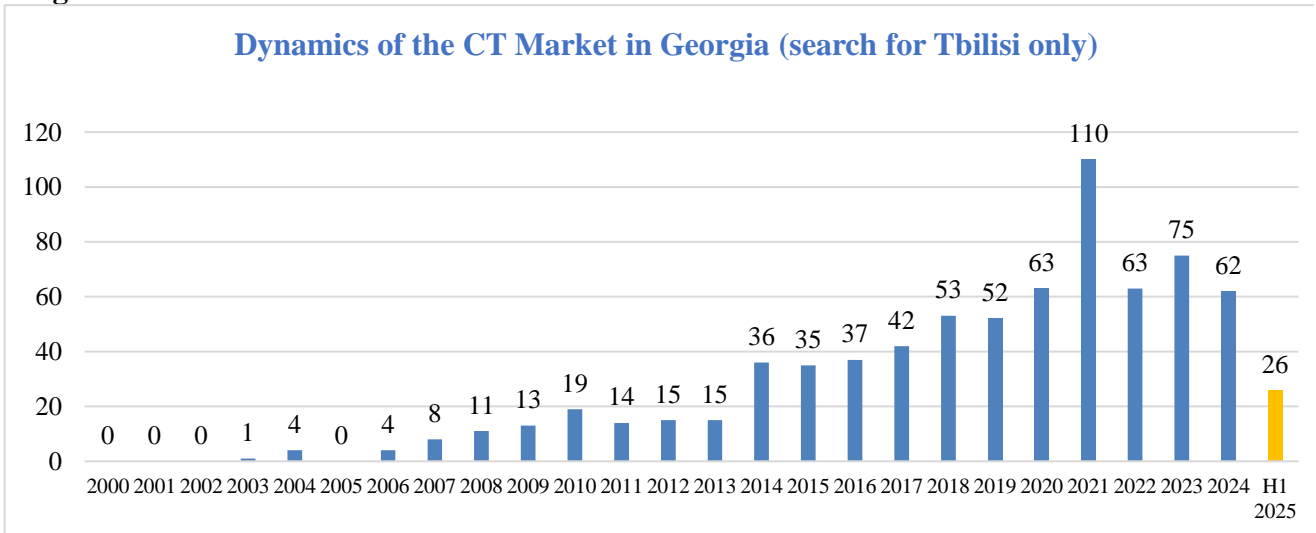
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**Diagram 17**



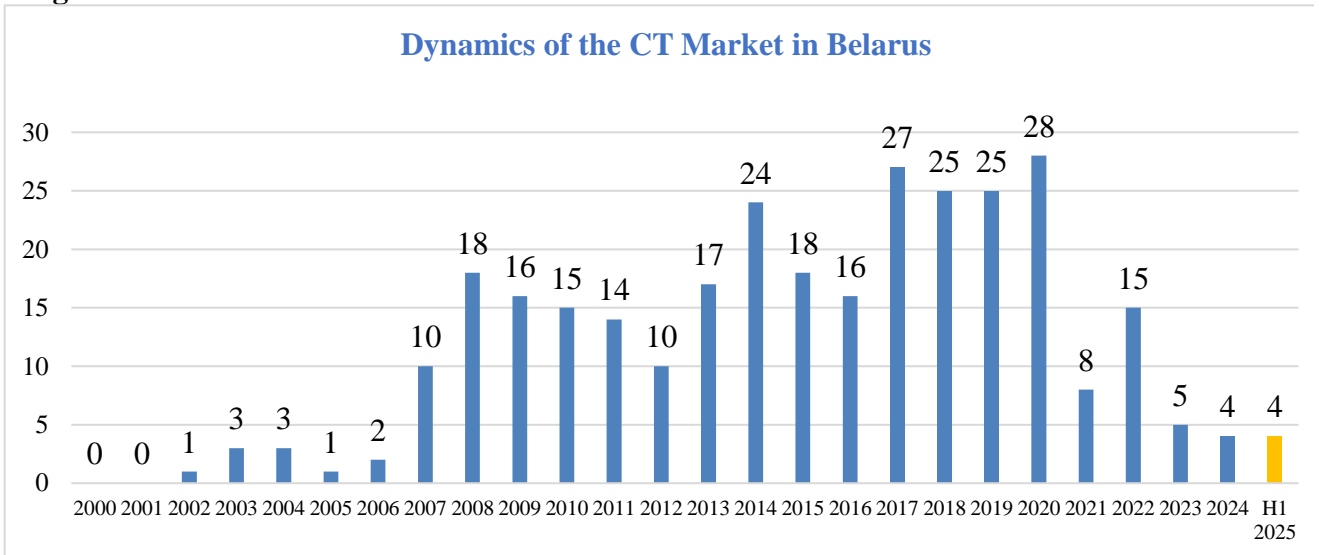
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**Diagram 18**



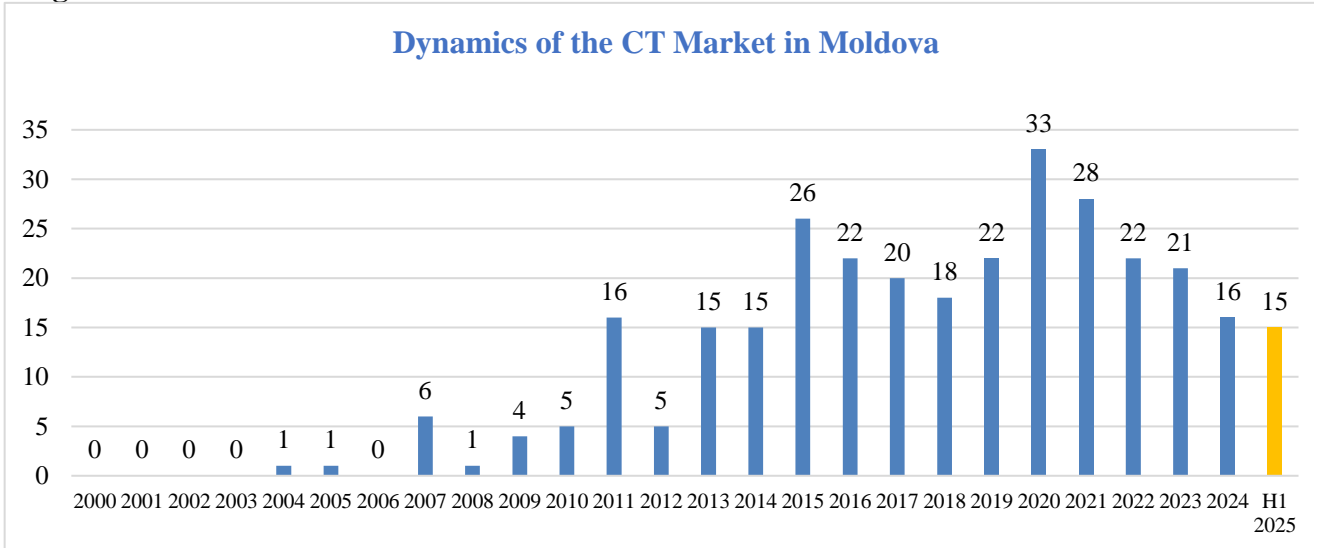
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**Diagram 19**



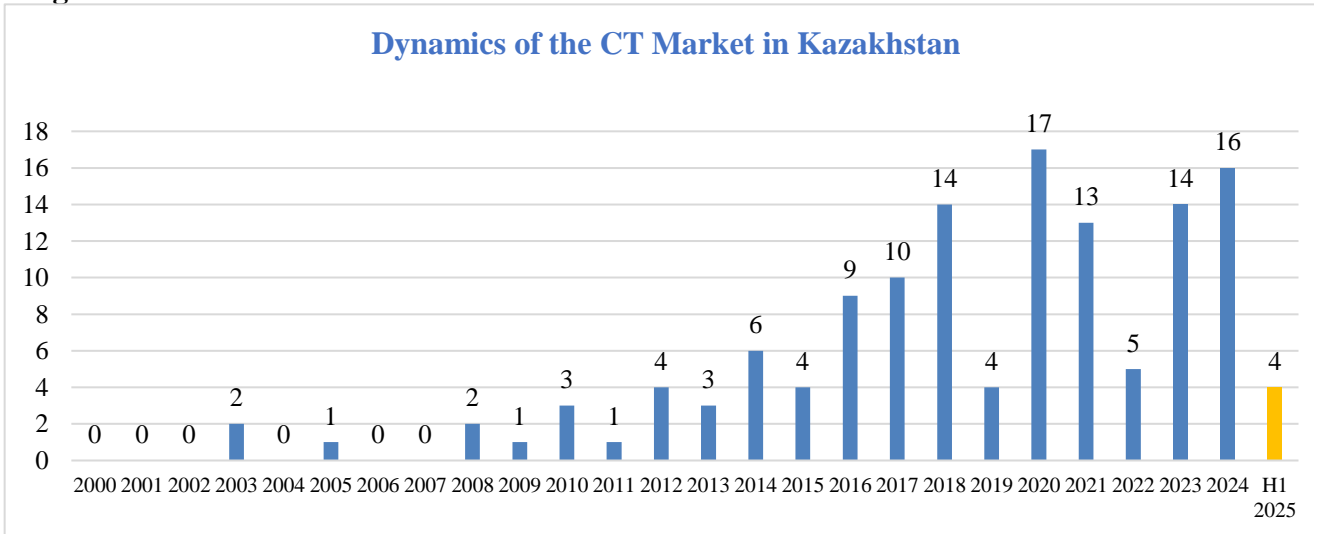
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**Diagram 20**



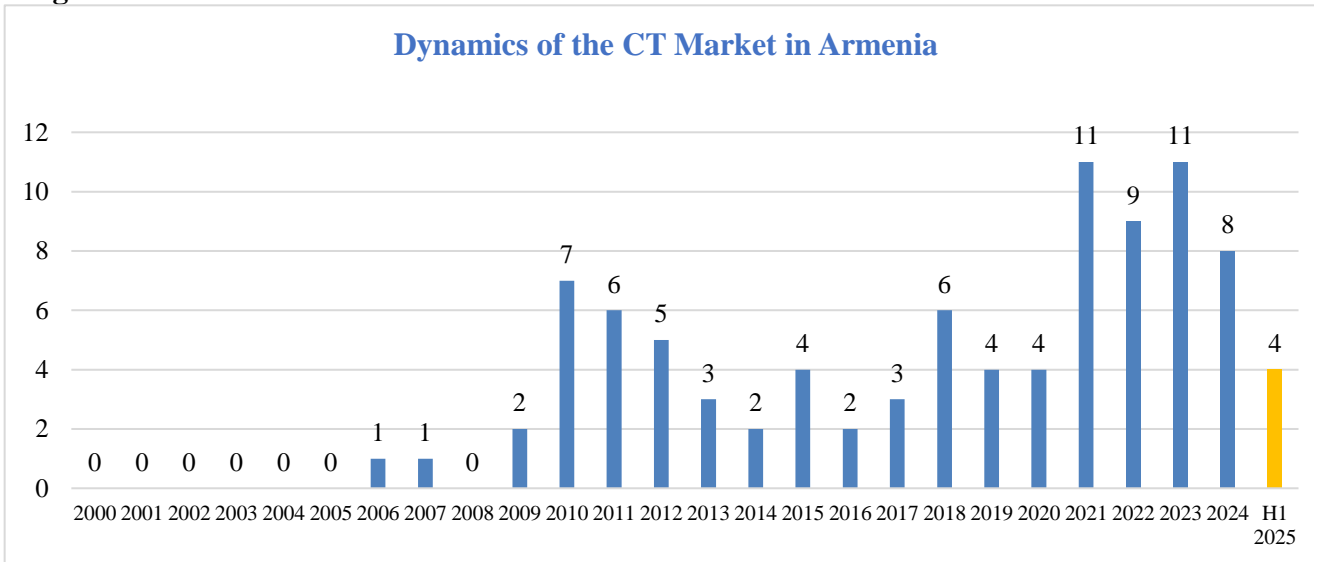
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**Diagram 21**



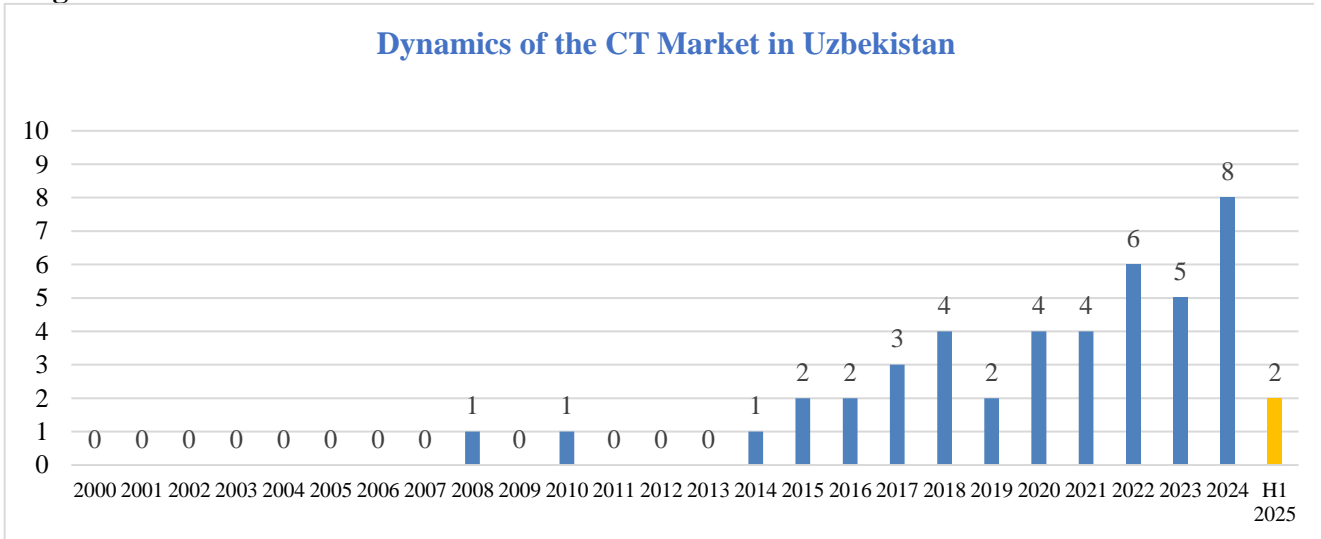
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**Diagram 22**



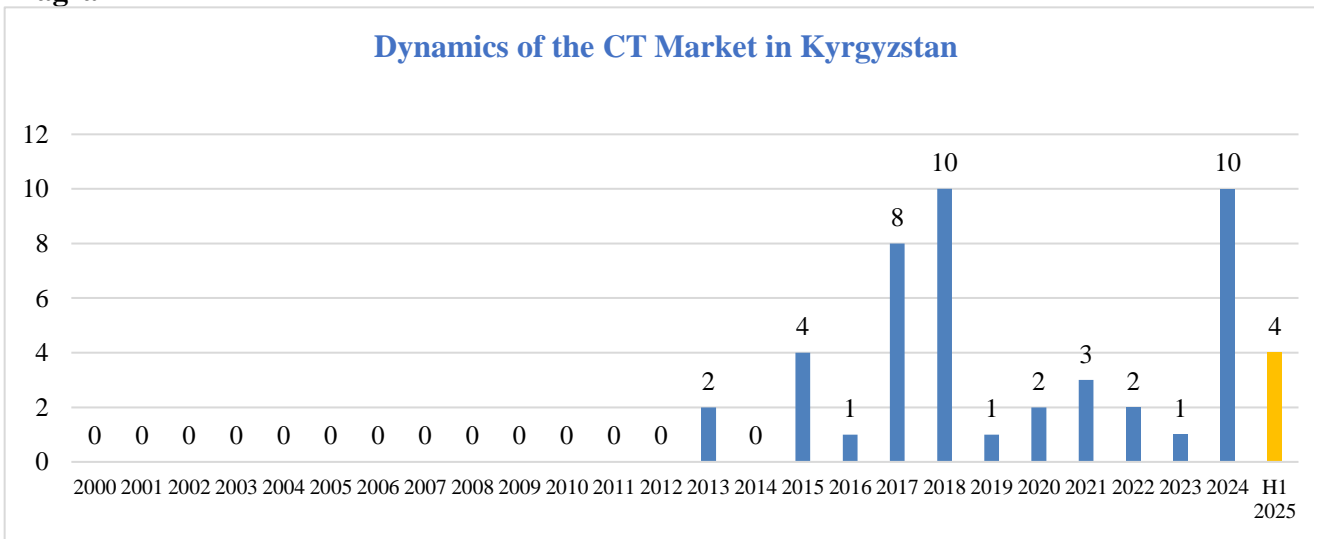
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**Diagram 23**



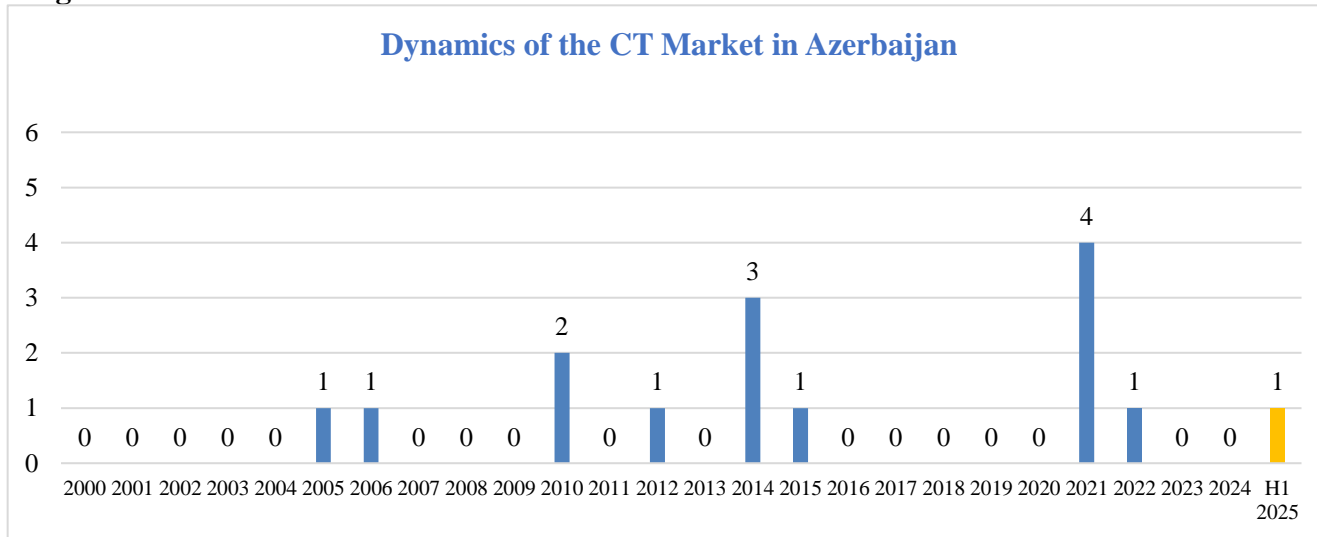
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**Diagram 24**



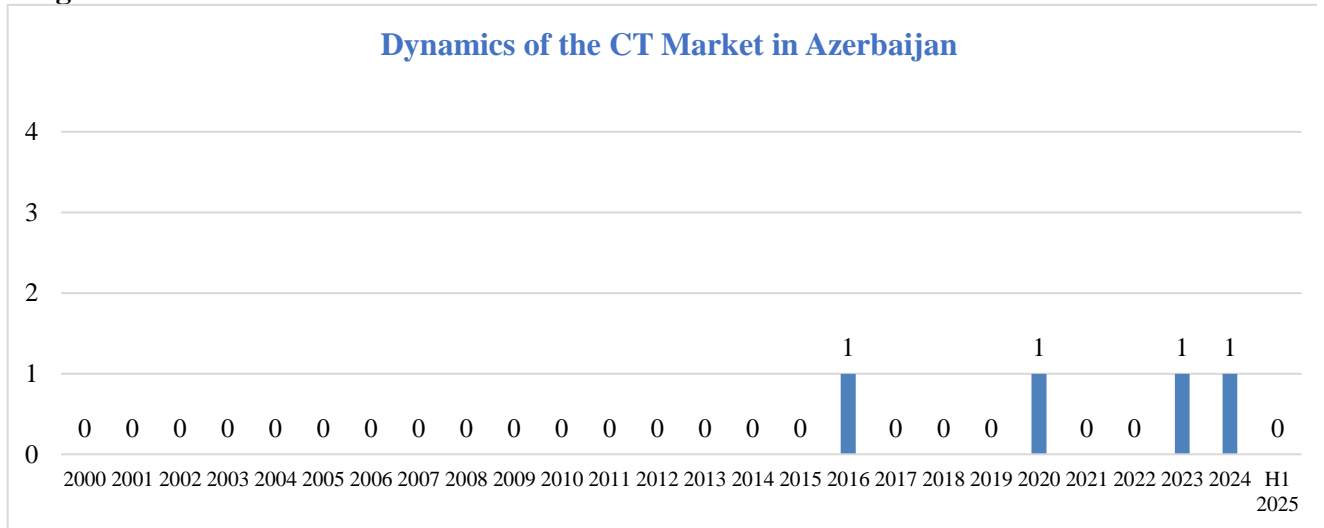
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**Diagram 25**



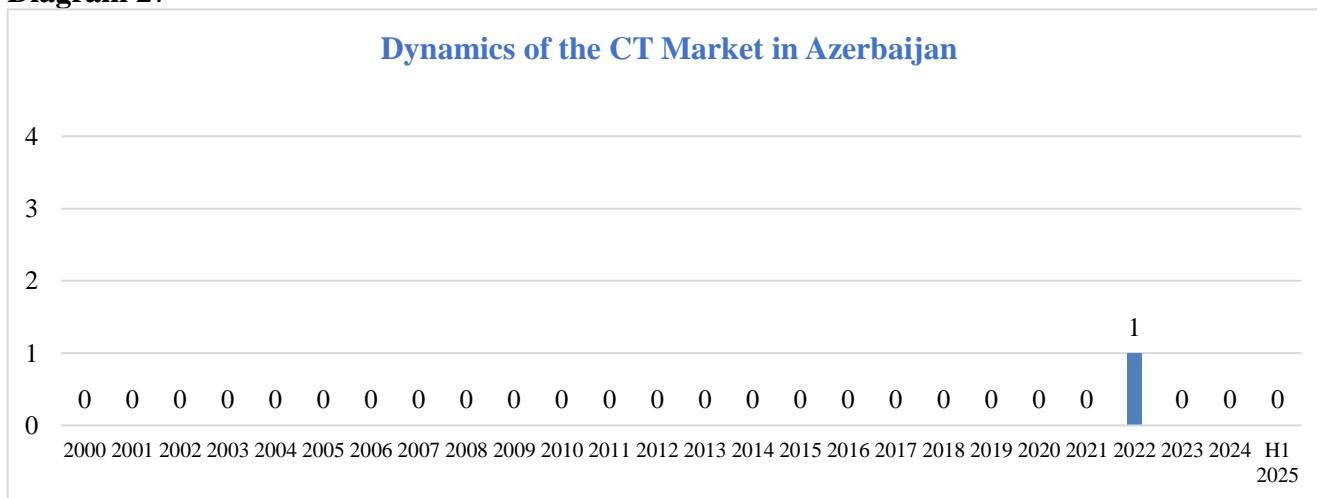
Data from [www.clinicaltrials.gov](http://www.clinicaltrials.gov)

**Diagram 26**



Data from [www.clinicaltrials.gov](http://www.clinicaltrials.gov)

**Diagram 27**



Data from [www.clinicaltrials.gov](http://www.clinicaltrials.gov)