20 March 2013
EMA/PDCO/16009/2013
Paediatric Committee (PDCO)

PDCO monthly report of opinions on paediatric investigation plans and other activities

13-15 March 2013

Opinions on paediatric investigation plans

The Paediatric Committee (PDCO) adopted opinions agreeing paediatric investigation plans (PIPs) for the following medicines:

- Epratuzumab, from UCB Pharma S.A., for the treatment of systemic lupus erythematosus;
- Zanamivir, from GlaxoSmithKline Research and Development, for the prevention of influenza and treatment of influenza;
- Surotomycin, from Cubist Pharmaceuticals, Inc., for the treatment of clostridia infection;
- 1-(2R,5R)-5-ethynyl-5-(hydroxymethyl)-2,5-dihydro-2-furanyl)-5-methyl-2,4(1H,3H)-pyrimidinedione (BMS-986001), from Bristol-Myers Squibb International Corporation, for the treatment of human immunodeficiency virus (HIV-1) infection;
- Denosumab, from Amgen Europe B.V., for the treatment of osteoporosis;
- Autologous haematopoietic stem cells transduced with lentiviral vector Lenti-D encoding the human ATP-binding cassette, sub-family D (ALD), member 1 (ABCD1) from cDNA, from bluebird bio France, for the treatment of adrenoleukodystrophy;
- Bumetanide, from Neurochlore, for the treatment of autistic spectrum disorder;
- Ceftazidime / Avibactam, from AstraZeneca AB, for the Treatment of intra-abdominal infections and treatment of urinary tract infections;
- Neisseria meningitidis serogroup B recombinant lipoprotein (rLP2086; subfamily A; Escherichia coli) / Neisseria meningitidis serogroup B recombinant lipoprotein (rLP2086; subfamily B; Escherichia coli) (rLP2086), from Pfizer, for the prevention of invasive meningococcal disease caused by N meningitidis serogroup B;
- Palivizumab, from AbbVie Ltd, for the prevention of lower respiratory tract disease caused by respiratory syncytial virus (RSV);

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- Recombinant human lysosomal acid lipase, from Synageva BioPharma Ltd, for the treatment of lysosomal acid lipase deficiency.

A PIP sets out a programme for the development of a medicine in the paediatric population. The PIP aims to generate the necessary quality, safety and efficacy data through studies to support the authorisation of the medicine for use in children of all ages. These data have to be submitted to the European Medicines Agency, or national competent authorities, as part of an application for a marketing authorisation for a new medicine, or for one covered by a patent. In some cases, a PIP may include a waiver of the studies in one or more paediatric subsets, or a deferral.

Opinions on product-specific waivers

The PDCO adopted positive opinions for product-specific waivers, recommending that the obligation to submit data obtained through clinical studies with children be waived in all subsets of the paediatric population, for the following medicines:

- Chlormethine, from Ceptaris Therapeutics Inc., for the treatment of cutaneous T-cell lymphoma;
- Clostridium botulinum toxin type A, purified neurotoxin, from Janssen Biologics B.V., for the treatment of skin dystrophies;
- Amlodipine (besilate) / losartan (potassium), from GlaxoSmithKline Trading Services Limited, for the treatment of essential hypertension.

Waivers can be issued if there is evidence that the medicine concerned is likely to be ineffective or unsafe in the paediatric population, or that the disease or condition targeted occurs only in adult populations, or that the medicine, or the performance of trials, does not represent a significant therapeutic benefit over existing treatments for paediatric patients.

Opinions on modifications to an agreed PIP

The PDCO also adopts, every month, opinions on modifications to an agreed PIP, which can be requested by the applicant when the plan is no longer appropriate or when there are difficulties that render the plan unworkable. The PDCO adopted positive opinions, agreeing change(s), for the following products:

- Atomoxetine (hydrochloride), from Eli Lilly & Company, for the treatment of attention deficit hyperactivity disorder;
- Ivabradine (hydrochloride), from Les Laboratoires Servier, for the treatment of coronary artery disease ; treatment of angina pectoris and treatment of chronic heart failure;
- Bosentan, from Actelion Registration Ltd, for the treatment of pulmonary arterial hypertension (PAH); treatment of systemic sclerosis and treatment of interstitial pulmonary fibrosis;
- Turoctocog alfa, from Novo Nordisk A/S, for the treatment of hereditary factor VIII deficiency;
- Ceftobiprole medocaril (sodium), from Basilea Pharmaceutica International Ltd., for the treatment of complicated skin and soft tissue infections;
- Peginterferon alfa-2a, from Roche Registration Limited, for the treatment of chronic hepatitis C and treatment of chronic hepatitis B;
- Bedaquiline (fumarate), from Janssen Infectious Diseases BVBA, for the treatment of multi-drug resistant tuberculosis;

- Raltegravir, from Merck Sharp & Dohme (Europe), Inc., for the treatment of human immunodeficiency virus (HIV-1) infection;
- Voclosporin, from Lux Biosciences GmbH, for the treatment of non-infectious uveitis;
- Recombinant L-asparaginase, from medac Gesellschaft für klinische Spezialpräparate mbH, for the treatment of acute lymphoblastic leukaemia and treatment of lymphoblastic lymphoma;
- Nilotinib, from Novartis Europharm Ltd, for the treatment of chronic myeloid leukaemia and treatment of gastro-intestinal stromal tumour;
- Decitabine, from Janssen-Cilag International NV, for the treatment of acute myeloid leukaemia;
- Pixantrone (dimaleate), from CTI Life Sciences, Ltd, for the treatment of non-Hodgkin lymphoma;
- (3aR,4S,7aR)-Octahydro-4-hydroxy-4-[(3-methylphenyl)ethynyl]-1H-indole-1-carboxylic acid methyl ester, from Novartis Europharm Ltd, for the treatment of Fragile X syndrome;
- Treosulfan, from medac Gesellschaft für klinische Spezialpräparate mbH, for the conditioning treatment prior to haematopoietic progenitor cell transplantation;
- Canagliflozin, from Janssen-Cilag International N.V, for the treatment of type 2 diabetes mellitus;
- rdESAT-6 / rCFP-10, from Statens Serum Institut, for the diagnosis of tuberculosis;
- Bucelipase alfa, from Swedish Orphan Biovitrum AB (publ), for the prevention of growth retardation due to lack of bile salt-stimulated lipase in enteral nutrition;
- Linaclotide, from Almirall S.A., for the treatment of functional constipation

Withdrawals

The PDCO noted that an opinion adopted during the February PDCO meeting for bivalirudin, from The Medicines Company UK Limited, for the prevention of thrombosis and treatment of atherosclerosis, has been withdrawn before the decision was adopted by the Agency.

Committee interactions

The PDCO adopted an opinion on a List of Questions issued by the CHMP to the PDCO on an ongoing assessment of imatinib in the therapeutic field of oncology.

Informal meeting

On 07-08 March 2013, the PDCO held an informal meeting in Dublin, Ireland to review the work done and the processes put in place during its seventh year. The PDCO heard presentations on several scientific topics, including the screening of congenital metabolic disorders, interactions with children and adolescents in the context of the activities of a national Ombudsman office, and the functioning and relevance of PRAC activities. The PDCO discussed aspects of the functioning of the PDCO, in particular on the adoption of the updated lists of paediatric needs.

Other matters

Publication of EMA decisions on PIP/waiver opinions:

The European Medicines Agency will continue publishing the Decisions on PIP/waiver opinions with an extract of the Annex I of the opinion, instead of a full Annex I including all key elements, until further notice.

The next meeting of the PDCO will be held on 10-12 April 2013.

– END –

Notes:

1. As of 26 January 2009, pharmaceutical companies that submit an application for a marketing authorisation for a medicinal product, or those that submit an application for an extension of indication, a new route of administration, or a new pharmaceutical form of a medicinal product already authorised in the European Union, have to provide either the results of studies in children conducted in accordance with an approved PIP, or an Agency's decision on a waiver or on a deferral.

2. PDCO opinions on PIPs and waivers are transformed into Agency's decisions within the timeframe laid down by the Paediatric Regulation (Regulation (EC) No 1901/2006, as amended). The decisions can be found on the Agency's website at: http://www.ema.europa.eu/ema/index.jsp?curl=pages/medicines/landing/pip_search.jsp&murl=menus/medicines/medicines.jsp&mid=WC0b01ac058001d129

3. More information about the PDCO and the Paediatric Regulation is available in the Regulatory section of the Agency's website: http://www.ema.europa.eu/ema/index.jsp?curl=pages/regulation/general/general_content_000023.jsp&murl=menus/regulations/regulations.jsp&mid=WC0b01ac05800240cd

4. This meeting report, together with other information on the work of the Agency's, can be found on the Agency's website: http://www.ema.europa.eu

Enquiries only to: paediatrics@ema.europa.eu

Annex of the March 2013 PDCO meeting report

	2011 (January to December)	2012 (January to december)	2013 (January to current month)	Cumulative total (2007 to present)
Total number of validated PIP/waiver applications	187	178	42	1364[1]
Applications submitted for a product not yet authorised *(Article 7[2])*	153	149	37	1036 *(76%)*
Applications submitted for a product already authorised and still under patent, in view of a submission of a variation/extension for a new indication, pharmaceutical form or route of administration *(Article 8[2])*	33	28	5	301 *(22%)*
Applications submitted for an off-patent product developed specifically for children with an age-appropriate formulation *(Article 30[2])*	1	1	0	27 *(2%)*
PIPs and full waiver indications covered by these applications	220	218	46	1848

Number of Paediatric Committee (PDCO) opinions	2011	2012	2013	Cumulative total (2007 to present)
Positive on full waiver	45	47	16	284
Positive on PIP, including potential deferral	107	87	35	635
Negative opinions adopted	3	3	1	31
Positive opinions adopted on modification of a PIP	153	165	48	528
Negative opinions adopted on modification of a PIP	2	1	2	8
Positive opinions on compliance with a PIP	9	4	4	39
Negative opinions on compliance check with a PIP	0	0	0	1
Opinions adopted under Art. 14.2	0	0	0	2

[1] Of which 354 have been requests for a full waiver.
[2] Applications submitted in accordance with the referenced article of Regulation (EC) No 1901/2006, as amended.

Areas covered by PIPs/waiver applications	2011 *(Number of areas covered)**	2012 *(Number of areas covered)**	2013 *(Number of areas covered)**
Neurology	11	11	1
Uro-nephrology	4	5	4
Gastroenterology-hepatology	10	8	3
Pneumology-allergology	10	9	1
Infectious diseases	15	19	5
Cardiovascular diseases	21	34	3
Diagnostics	5	3	2
Endocrinology-gynaecology-fertility-metabolism	28	27	5
Neonatology-paediatric intensive care	0	2	2
Immunology-rheumatology-transplantation	13	15	1
Psychiatry	9	0	2
Pain	2	9	1
Haematology-haemostaseology	18	9	2
Otorhinolaryngology	2	1	0
Oncology	19	19	7
Dermatology	10	14	4
Vaccines	12	2	1
Ophthalmology	8	5	0
Anaesthesiology	1	2	0
Nutrition	0	0	0
Other	7	16	2

** One PIP can cover several therapeutic areas*