



**ASSESSMENT OF THE PAEDIATRIC NEEDS  
IMMUNOLOGY**

**DISCLAIMER**

**The Paediatric Working Party (PEG) is working to identify the needs in the different therapeutic areas where there should be research and development of medicinal products for children, either old (i.e. off patent) or new ones (including those under development). Products on the list are not in any order of priority.**

**The lists should not be viewed as a prescription tool nor as recommendations for treatment. Accuracy of data including in particular authorised doses cannot be guaranteed.**

**Information on existing marketing authorisations is very limited and therefore information under “authorised” includes the indication in broad term (only related to chemotherapy), the lower age group authorised in at least one Member State, the authorised dose(s) (if authorised for use in patients less than 18 years of age) and formulation(s) in at least in one Member State.**

**Please refer to the EMEA/PEG procedure for identifying the paediatric needs for further information.**

**Comments from third parties are expected especially to complete and or update the list as necessary.**

<b>AGREED BY PAEDIATRIC WORKING PARTY (PEG)</b>	November 2005
<b>ADOPTION BY CHMP FOR RELEASE FOR CONSULTATION</b>	December 2005
<b>END OF CONSULTATION (DEADLINE FOR COMMENTS)</b>	June 2006
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<b>ADOPTION BY CHMP FOR FINAL RELEASE</b>	19 October 2006

If not stated separately, the need for availability in all Member States of the Community applies to all medicinal products included in this list.

<b>CYTOKINE INHIBITORS</b>	
<b>CICLOSPORIN</b>	
<i>Authorised indication</i>	Solid organ transplantation, bone marrow transplantation, nephrotic syndrome, endogenous uveitis, minimal change nephropathy, focal and segmental glomerulosclerosis, membranous glomerulonephritis, rheumatoid arthritis, psoriasis, severe atopic dermatitis
<i>Authorised age group</i>	Children (age group unspecified)
<i>Authorised dose</i>	In transplantation as adults (therapeutic drug monitoring), 5mg/kg/d for nephrotic syndrome (starting dose)
<i>Authorised formulation</i>	50 mg/ml concentrate for dilution for infusion 10, 25, 50 and 100 mg capsules and 100 mg/ml oral solution
<i>Needs</i>	Need for PK data in children < 1 year. 10 mg capsules should be available in all member states Age appropriate formulation Extension of indication in aplastic anemia; hemophagocytosis lymphohistiocytosis
<b>TACROLIMUS</b>	
<i>Authorised indication</i>	Prophylaxis of transplant rejection in liver, kidney or heart allograft recipients and treatment of allograft rejection resistant to treatment with other immunosuppressive medicinal products.
<i>Authorised age group</i>	> 2 years (liver and kidney)C
<i>Authorised dose</i>	Liver and Kidney: initial oral dose of 0.30 mg/kg per day in two divided doses. Heart: Without antibody induction: Initiation i.v. starting dose 0.03-0.05 mg/kg/day, then p.o. starting dose of 0.30 mg/kg/day. With antibody induction: Initial oral dose 0.10-0.30 mg/kg/day. Maintenance doses in children are often 1.5-2 times adult dose
<i>Authorised formulation</i>	0.5, 1 mg and 5 mg capsules; 5mg/ml concentrate for dilution for infusion
<i>Needs</i>	Need for 0.25 mg capsule, oral suspension, PK, efficacy and safety < 2 years Based on the mechanism of action, to define the potential effect of the product in various immunology indications (including Bone Marrow Transplantation) and where appropriate study its efficacy and safety
<b>ANTIMETABOLITES</b>	
<b>AZATHIOPRINE</b>	
<i>Authorised indication</i>	Organ transplantation, autoimmune diseases
<i>Authorised age group</i>	Children (age group unspecified)
<i>Authorised dose</i>	Same as adults; starting dose 2-5mg/kg per day for transplants; 1-2.5mg/kg per day for other indications
<i>Authorised formulation</i>	25 and 50 mg scored tablets ( <i>France</i> ), powder for injection, i.v.
<i>Needs</i>	Define lower age limit based on available data on efficacy and safety Oral liquid formulation Based on the mechanism of action, to define the potential effect of the product on various immunological indications and where appropriate study its efficacy and safety
<b>MYCOPHENOLATE MOFETIL</b>	
<i>Authorised indication</i>	Prevention and treatment of rejection in kidney transplants
<i>Authorised age group</i>	Children > 2 years
<i>Authorised dose</i>	600 mg/m <sup>2</sup> BID via oral route
<i>Authorised formulation</i>	250 mg capsules, 500 mg tablets

	1g/5ml powder for oral suspension. 500 mg Powder for concentrate for solution for infusion (adult only)
<b>Needs</b>	Need for i.v. route indication, PK, efficacy and safety <2 years Based on the mechanism of action, to define the potential effect of the product on various immunology indications (including other organ transplantations and treatment of autoimmune diseases e.g. Lupus nephritis) and where appropriate study its efficacy and safety
<b>MYCOPHENOLATE SODIUM</b>	
<i>Authorised indication</i>	Prevention and treatment of rejection in kidney transplants
<i>Authorised age group</i>	> 18 years
<i>Authorised dose</i>	-
<i>Authorised formulation</i>	-
<b>Needs</b>	Extension of indication in all age groups (efficacy, long term safety data and dose) Age appropriate formulation
<b>SELECTIVE IMMUNOSUPPRESSANTS</b>	
<b>SIROLIMUS</b>	
<i>Authorised indication</i>	Kidney transplant
<i>Authorised age group</i>	> 18 years
<i>Authorised dose</i>	-
<i>Authorised formulation</i>	1 mg/ml, 2 mg/2ml, 5 mg/5ml oral solution; 1, 2, 5 mg coated tablets
<b>Needs</b>	Extension of the indication (pharmacokinetics, efficacy, long term safety data and dose) in all age groups including newborns, based on the mechanism of action, to define the potential effect of the product on various immunology indications Age appropriate formulation
<b>EVEROLIMUS</b>	
<i>Authorised indication</i>	Kidney and heart transplant
<i>Labelled age group</i>	> 18 years
<i>Labelled dose</i>	-
<i>Labelled formulation</i>	0.1, 0.25, 0.5, 0.75, 1.0 mg tablets
<b>Needs</b>	Extension of the indication (efficacy, long term safety data and dose) in all age groups including newborns Age appropriate formulation
<b>ANTILYMPHOCYTE ANTIBODIES</b>	
<b>MUROMONAB-CD3</b>	
<i>Authorised indication</i>	Acute rejection after de novo kidney, heart, liver transplants
<i>Authorised age group</i>	Children ( <i>Spain</i> )
<i>Authorised dose</i>	-
<i>Authorised formulation</i>	1 mg/ml injection solution
<b>Needs</b>	Extension of indication to Bone Marrow Transplant (BMT) and treatment of GvHD (dose, efficacy and safety) as conditioning regimen from > 1 year
<b>BASILIXIMAB</b>	
<i>Authorised indication</i>	Prevention of acute rejection after de novo allogeneic kidney transplants
<i>Authorised age group</i>	> 1 year
<i>Authorised dose</i>	Children > 35 kg: 20 mg x 2 as adults Children < 35 kg: 10 mg x 2
<i>Authorised formulation</i>	20 mg and 10 mg injection
<b>Needs</b>	Dose, efficacy and safety in liver, heart, and lung transplant, bone marrow transplantation < 1 year

<b>DACLIZUMAB</b>	
<i>Authorised indication</i>	Prevention of acute rejection after de novo allogeneic kidney transplants
<i>Authorised age group</i>	Children (age group unspecified)
<i>Authorised dose</i>	1 mg/kg every 14 days, total = 5 doses. Same as adults
<i>Authorised formulation</i>	Concentrate for solution for infusion.
<i>Needs</i>	Based on the mechanism of action to define the potential effect in other indications

<b>RITUXIMAB</b>	
<i>Authorised indication</i>	Prevention of acute rejection after de novo allogeneic kidney transplants, lymphoma
<i>Authorised age group</i>	> 18 years
<i>Authorised dose</i>	-
<i>Authorised formulation</i>	Solution for dilution for i.v. infusion 100, 500 mg.
<i>Needs</i>	Based on the mechanism of action to define the potential effect in other indications, such as post-transplant lymphoproliferative disease, severe autoimmune haemolytic anemia, refractory ITP

### **POLYCLONAL ANTIBODIES**

#### **ATG THYMOGLOBULINE**

<i>Needs</i>	Development in children of all age groups for indication bone marrow transplantation, kidney and renal transplantation, severe autoimmune diseases and aplastic anemia
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#### **ALG LYMPHOLOBULINE**

<i>Needs</i>	Development in children of all age groups for indication bone marrow transplantation, kidney and renal transplantation and aplastic anemia
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### **ALKYLATING AGENTS**

#### **CYCLOPHOSPHAMIDE**

<i>Authorised indication</i>	Immunosuppressant for rare autoimmune disorders such as Wegener's granulomatosis, Goodpasture syndrome etc., corticoid dependent idiopathic nephritic syndrome
<i>Authorised age group</i>	Children (age group unspecified)
<i>Authorised dose</i>	3 mg/kg per day
<i>Authorised formulation</i>	50, 200, 500, 1000, 2000 mg coated tablet injectable form 100, 500, 1000 mg
<i>Needs</i>	Need for age appropriate formulations, such as 5 mg, 10 mg, 15 mg and 30 mg capsules and liquid formulation; harmonize authorisation and define lower age limits in children across Member States

### **CORTICOSTEROIDS**

#### **PREDNISOLONE**

<i>Authorised indication</i>	Transplantation and immunological disorders
<i>Authorised age group</i>	No age limit
<i>Authorised dose</i>	The dose should be adapted according to disease and body weight
<i>Authorised formulation</i>	5 mg and 20 mg tablets, 5 mg scored tablets (reserved for adults and children > 6 years), 1 mg/ml oral solution reserved for infants and young children Coated tablets (1, 2, 2.5, 5, 6, 20 and 50 mg), soluble tablets, oral liquid formulations ( <i>France</i> ), soluble tablets ( <i>United Kingdom</i> )
<i>Needs</i>	Age appropriate oral formulation to be made available in all MSs

#### **PREDNISONE**

<i>Authorised indication</i>	Transplantation and immunological disorders
<i>Authorised age group</i>	Children (age group unspecified)
<i>Authorised dose</i>	The dose should be adjusted according to disease and body weight

<i>Authorised formulation</i>	1 mg and 5 mg, 20 mg, 40 mg tablets
<i>Needs</i>	Age appropriate oral formulation to be made available in all MSs. Prednisolone solution has a very bitter taste, hard to swallow for children.
<b>HYDROCORTISONE</b>	
<i>Authorised indication</i>	Glucocorticoid treatment in adrenal insufficiency ( <i>France</i> ), aphthous ulcers as occurring in colitis ulcerosa ( <i>United Kingdom</i> )
<i>Authorised age group</i>	Children (age group unspecified)
<i>Authorised dose</i>	12 à 20 mg m <sup>2</sup>
<i>Authorised formulation</i>	Powder for injection solution, 10, 20 mg tablets; oral pellets ( <i>United Kingdom</i> )
<i>Needs</i>	Age appropriate liquid formulation
<b>FLUTICASONE</b>	
<i>Authorised indication</i>	Eczema/dermatitis
<i>Authorised age group</i>	> 1 year
<i>Authorised dose</i>	2x daily, < 4 weeks
<i>Authorised formulation</i>	Cream
<i>Needs</i>	Extension of indication < 1 year
<b>UNMET MEDICAL NEEDS</b>	
<i>Indications:</i>	Various immunology indications
<i>Safety</i>	Studies on the impact on immune system in maturation and risk of secondary tumours