

EMA/205775/2022

European Medicines Agency decision P/0179/2022

of 13 May 2022

on the acceptance of a modification of an agreed paediatric investigation plan for cemiplimab (Libtayo), (EMEA-002007-PIP02-17-M02) in accordance with Regulation (EC) No 1901/2006 of the European Parliament and of the Council

Disclaimer

This decision does not constitute entitlement to the rewards and incentives referred to in Title V of Regulation (EC) No 1901/2006.

Only the English text is authentic.



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The European Medicines Agency,

Having regard to the Treaty on the Functioning of the European Union,

Having regard to Regulation (EC) No 1901/2006 of the European Parliament and of the Council of 12 December 2006 on medicinal products for paediatric use and amending Regulation (EEC) No. 1768/92, Directive 2001/20/EC, Directive 2001/83/EC and Regulation (EC) No 726/2004¹,

Having regard to Regulation (EC) No 726/2004 of the European Parliament and of the Council of 31 March 2004 laying down Union procedures for the authorisation and supervision of medicinal products for human use and establishing a European Medicines Agency²,

Having regard to the European Medicines Agency's decision P/0385/2017 issued on 19 December 2017 and the decision P/0293/2021 issued on 12 August 2021,

Having regard to the application submitted by Regeneron Ireland DAC on 20 December 2021 under Article 22 of Regulation (EC) No 1901/2006 proposing changes to the agreed paediatric investigation plan with a deferral,

Having regard to the opinion of the Paediatric Committee of the European Medicines Agency, issued on 25 March 2022, in accordance with Article 22 of Regulation (EC) No 1901/2006,

Having regard to Article 25 of Regulation (EC) No 1901/2006,

Whereas:

- (1) The Paediatric Committee of the European Medicines Agency has given an opinion on the acceptance of changes to the agreed paediatric investigation plan.
- (2) It is therefore appropriate to adopt a decision on the acceptance of changes to the agreed paediatric investigation plan.

¹ OJ L 378, 27.12.2006, p.1, as amended.

² OJ L 136, 30.4.2004, p. 1, as amended.

Has adopted this decision:

Article 1

Changes to the agreed paediatric investigation plan for cemiplimab (Libtayo), concentrate for solution for infusion, intravenous use, are hereby accepted in the scope set out in the opinion of the Paediatric Committee of the European Medicines Agency annexed hereto, together with its appendices.

Article 2

This decision is addressed to Regeneron Ireland DAC, One Warrington Place, D02 HH27 – Dublin, Ireland.



EMA/PDCO/5593/2022 Amsterdam, 25 March 2022

Opinion of the Paediatric Committee on the acceptance of a modification of an agreed Paediatric Investigation Plan

EMEA-002007-PIP02-17-M02 Scope of the application Active substance(s): Cemiplimab **Invented name:** Libtayo Condition(s): Treatment of all conditions included in the category of malignant neoplasms (except haematopoietic and lymphoid tissue) Authorised indication(s): See Annex II Pharmaceutical form(s): Concentrate for solution for infusion Route(s) of administration: Intravenous use Name/corporate name of the PIP applicant: Regeneron Ireland DAC



Information about the authorised medicinal product:

See Annex II

Basis for opinion

Pursuant to Article 22 of Regulation (EC) No 1901/2006 as amended, Regeneron Ireland DAC submitted to the European Medicines Agency on 20 December 2021 an application for modification of the agreed paediatric investigation plan with a deferral as set out in the European Medicines Agency's decision P/0385/2017 issued on 19 December 2017 and the decision P/0293/2021 issued on 12 August 2021.

The application for modification proposed changes to the agreed paediatric investigation plan.

The procedure started on 31 January 2022.

Scope of the modification

Some measures of the Paediatric Investigation Plan have been modified.

Opinion

- The Paediatric Committee, having assessed the application in accordance with Article 22 of Regulation (EC) No 1901/2006 as amended, recommends as set out in the appended summary report:
 - to agree to changes to the paediatric investigation plan in the scope set out in the Annex I of this opinion.

The Paediatric Committee member of Norway agrees with the above-mentioned recommendation of the Paediatric Committee.

2. The measures and timelines of the paediatric investigation plan are set out in the Annex I.

This opinion is forwarded to the applicant and the Executive Director of the European Medicines Agency, together with its annexes and appendix.

Annex I

The subset(s) of the paediatric population and condition(s) covered by the waiver and the measures and timelines of the agreed paediatric investigation plan (PIP)

1. Waiver

Not applicable

2. Paediatric investigation plan

2.1. Condition:

Treatment of all conditions included in the category of malignant neoplasms (except haematopoietic and lymphoid tissue)

2.1.1. Indication(s) targeted by the PIP

Treatment of paediatric patients from birth to less than 18 years of age with a newly-diagnosed or recurrent high-grade glioma or with a newly-diagnosed diffuse intrinsic pontine glioma

2.1.2. Subset(s) of the paediatric population concerned by the paediatric development

From birth to less than 18 years of age

2.1.3. Pharmaceutical form(s)

Concentrate for solution for infusion

2.1.4. Measures

Area	Description
Quality-related studies	Not applicable
Non-clinical studies	Study 1
	Collection and analysis of data from literature and databases of paediatric tumour samples relative to PD-1/PD-L1 expression, tumour genetic mutations and tumour gene and tumour associated/ neoantigens expression
	Study 2
	Non-clinical biomarker study in paediatric tumour tissues
Clinical studies	Study 3
	Multi-centre, open-label trial to evaluate the safety, pharmacokinetics, pharmacodynamics and anti-tumour activity of cemiplimab in patients from birth to less than 18 years of age with a recurrent or refractory solid or central nervous system tumour and with an expansion cohort for patients with recurrent or refractory solid tumour (Phase 1), and to evaluate the safety and efficacy of cemiplimab used in combination with radiotherapy in patients from birth to less than 18 years of age (and adults), using a staggered approach for children younger than 3 years of age, with a newly diagnosed diffuse intrinsic pontine glioma (DIPG), or a

	newly diagnosed or recurrent high-grade glioma (HGG) (Efficacy Phase)
Extrapolation, modelling and simulation studies	Study 4 Population PK model to simulate and predict the exposure of cemiplimab in children from birth to less than 18 years of age with a solid tumour or a DIPG or a HGG
Other studies	Not applicable
Other measures	Not applicable

3. Follow-up, completion and deferral of PIP

Concerns on potential long term safety/efficacy issues in relation to paediatric use:	Yes
Date of completion of the paediatric investigation plan:	
Deferral for one or more measures contained in the paediatric investigation plan:	Yes

Annex II Information about the authorised medicinal product

Condition(s) and authorised indication(s):

1. Treatment of all conditions included in the category of malignant neoplasms (except haematopoietic and lymphoid tissue)

Authorised indication(s):

- LIBTAYO as monotherapy is indicated for the treatment of adult patients with metastatic or locally advanced cutaneous squamous cell carcinoma (mCSCC or laCSCC) who are not candidates for curative surgery or curative radiation
- LIBTAYO as monotherapy is indicated for the treatment of adult patients with locally advanced or metastatic basal cell carcinoma (laBCC or mBCC) who have progressed on or are intolerant to a hedgehog pathway inhibitor (HHI)
- LIBTAYO as monotherapy is indicated for the first-line treatment of adult patients with non-small cell lung cancer (NSCLC) expressing PD-L1 (in ≥ 50% tumour cells), with no EGFR, ALK or ROS1 aberrations, who have:
 - locally advanced NSCLC who are not candidates for definitive chemoradiation, or
 - metastatic NSCLC.

Authorised pharmaceutical form(s):

Concentrate for solution for infusion

Authorised route(s) of administration:

Intravenous use