15 March 2012
EMA/PDCO/162635/2012
Paediatric Committee (PDCO)

# PDCO monthly report of opinions on paediatric investigation plans

07-09 March 2012

## Opinions on paediatric investigation plans

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

- Liraglutide, from Novo Nordisk A/S, in the therapeutic area of endocrinology-gynaecology-fertility-metabolism;
- Rituximab, from Roche Registration Limited, in the therapeutic area of immunology-rheumatology-transplantation / oncology.

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:

- Acetyl salicylic acid / Clopidogrel (hydrogen sulfate), from Sandoz BV, in the therapeutic area of cardiovascular diseases.

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.

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## 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.

## Opinion on compliance check

The PDCO adopted a positive opinion on compliance check for Imatinib (mesylate), from Novartis Europharm Limited, in the therapeutic area of oncology.

A compliance check is performed to verify that all the measures agreed in a PIP and reflected in the Agency's decision have been conducted in accordance with the decision, including the agreed timelines. Compliance is one of several prerequisites for obtaining the rewards and incentives provided for in Articles 36 to 38 of the Paediatric Regulation.

Before the submission of a request for a compliance check, applicants are encouraged to consult the Agency's Procedural advice for validation of a new marketing authorisation application or extension/variation application and compliance check with an agreed PIP.

## Withdrawals

The PDCO noted that 4 applications, two of which were requests for modification to an agreed PIP, were withdrawn during the late stages of the evaluation (30 days or less before opinion).

## PDCO interactions

A discussion with representatives of the Paediatric Rheumatology INternational Trials Organisation (PRINTO) took place during the meeting, in order to exchange views with the PDCO. The design of studies in paediatric rheumatic diseases was discussed.

## Cooperation with the Pharmaceutical and Medical Devices Agency and with the National Centre for Child Health and Development (Japan)

At the March 2012 meeting, the PDCO welcomed three representatives of the Pharmaceutical and Medical Devices Agency (PMDA, Tokyo, Japan), and three from the National Centre for Child Health and Development (NCCHD, Tokyo, Japan), who attended the meeting within the framework of the international cooperation agreements of the Agency. The two delegations wished to obtain direct experience of the functioning of the PDCO, with a view to possible regulatory developments for paediatric medicines in Japan.

The objective of the cooperation between the Agency, the PMDA and the NCCHD in the field of paediatric medicines is to facilitate the framework for global paediatric development plans, with the aim of avoiding exposing children to unnecessary trials.

## Other issues

The PDCO thanked Matthew Thatcher (UK delegate) for his outstanding work as he has resigned from the Committee.

The Committee also thanks Anne Paavola for her contribution as she resigned as alternate for Finland.

The next meeting of the PDCO will be held on 11-13 April 2012.

**– END –**

## Notes:

1. 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

2. 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.

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

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## Annex of the March PDCO meeting report

| | 2010 (January to December) | 2011 (January to current month) | 2012 (January to December) | Cumulative total (2007 to 2011) |
|---|---|---|---|---|
| Total number of validated PIP/waiver applications | 326 | 187 | 36 | 1180[1] |
| Applications submitted for a product not yet authorised *(Article 7[2])* | 280 | 153 | 29 | 879 *(75%)* |
| 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])* | 43 | 33 | 7 | 275 *(23%)* |
| Applications submitted for an off-patent product developed specifically for children with an age-appropriate formulation *(Article 30[2])* | 4 | 1 | 0 | 26 *(2%)* |
| PIPs and full waiver indications covered by these applications | 403 | 220 | 37 | 1621 |

| Number of Paediatric Committee (PDCO) opinions | 2010 | 2011 | 2012 | Cumulative total |
|---|---|---|---|---|
| Positive on full waiver | 52 | 45 | 4 | 225 |
| Positive on PIP, including potential deferral | 201 | 107 | 17 | 530 |
| Negative opinions adopted | 7 | 3 | 0 | 27 |
| Positive opinions adopted on modification of a PIP | 103 | 153 | 33 | 348 |
| Negative opinions adopted on modification of a PIP | 4 | 2 | 0 | 6 |
| Positive opinions on compliance with a PIP | 9 | 9 | 1 | 32 |
| Negative opinions on compliance check with a PIP | 0 | 0 | 0 | 1 |
| Opinions adopted under Art. 14.2 | 2 | 0 | 0 | 2 |

[1] Of which 281 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 | 2010 *(%)* | 2011 *(Number of areas covered)** | 2012 *(Number of areas covered)** |
|---|---|---|---|
| Neurology | 3 | 11 | 1 |
| Uro-nephrology | 2 | 4 | 0 |
| Gastroenterology-hepatology | 1 | 10 | 1 |
| Pneumology-allergology | 41 | 10 | 4 |
| Infectious diseases | 4 | 15 | 3 |
| Cardiovascular diseases | 8 | 21 | 6 |
| Diagnostics | 1 | 5 | 0 |
| Endocrinology-gynaecology-fertility-metabolism | 6 | 28 | 6 |
| Neonatology-paediatric intensive care | 0 | 0 | 0 |
| Immunology-rheumatology-transplantation | 5 | 13 | 5 |
| Psychiatry | 1 | 9 | 0 |
| Pain | 1 | 2 | 0 |
| Haematology-haemostaseology | 4 | 18 | 1 |
| Otorhinolaryngology | 3 | 2 | 1 |
| Oncology | 9 | 19 | 5 |
| Dermatology | 1 | 10 | 4 |
| Vaccines | 2 | 12 | 1 |
| Ophthalmology | 4 | 8 | 0 |
| Anaesthesiology | 2 | 1 | 1 |
| Nutrition | 0 | 0 | 0 |
| | | 7 | 2 |

** One PIP can cover several therapeutic areas*