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Human Medicines Division

Procedural advice on paediatric applications

Guidance for applicants[1]

[1] To be consulted together with the IRIS guide for applicants.

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1. Legislative background, requirements

Regulation (EC) No 1901/2006 of the European Parliament and of the Council of 12 December 2006 on medicinal products for paediatric use;

Regulation (EC) No 1902/2006, an amending regulation in which changes to the original text were introduced relating to decision procedures for the European Commission.

Regulation (EC) No 1901/2006 (the 'Paediatric Regulation') lays down obligations, rewards and incentives for the development and placing on the market of medicines for use in children. The Paediatric Regulation places some obligations for the applicant when developing a new medicinal product, in order to ensure that medicines to treat children are subject to ethical research of high quality and are appropriately authorised for use in children, and to improve collection of information on the use of medicines in the various subsets of the paediatric population. The paediatric population is defined as the population between birth and the age of 18 years (meaning up to but not including 18-years).

As set out in Article 7 of the Paediatric Regulation, applications concerning a medicinal product "not authorised in the Union" on 26 July 2008 must include one of the following documents/data in order to be considered 'valid':

- The results of all studies performed and details of all information collected in compliance with an agreed paediatric investigation plan (PIP).

This means that the application will have to include the PIP decision but also the results in accordance with the agreed PIP.

- A decision of the EMA on a PIP including the granting of a deferral.

This means that the application will have to include the PIP decision including the deferral granted and if applicable, any completed studies

- A decision of the EMA granting a product-specific waiver
- A decision of the EMA granting a class waiver (together with the EMA confirmation letter of applicability if requested by the MAH.)

Where results of paediatric studies are submitted, applicants should include in the clinical overview a rationale supporting the proposed changes to the Product Information. In particular, if the PIP is completed and the results of all studies are available, the applicant should explicitly discuss why the generated data support or do not support the intended paediatric indication(s) stated in the PIP.

Inclusion of the results of all studies performed in compliance with an agreed paediatric investigation plan requirement in the Product Information is a prerequisite for benefiting from the paediatric reward (Article 36(1) of Regulation (EC) No 1901/2006).

The Global Marketing Authorisation (GMA) concept together with the notion of "same marketing authorisation holder" should be used to determine whether an application concerns a "medicinal product for human use which is authorised or not in the Union". Further information can be found in the Procedural Advice document on "applications for PIPs, Waivers and Modifications.

However, the following types of application are exempted from the application of the above requirements:

- Generic medicinal products (Art 10(1) of Directive 2001/83/EC)
- Hybrid medicinal products (Art 10(3) of Directive 2001/83/EC)
- Similar biological medicinal products (Art 10(4) of Directive 2001/83/EC)
- Medicinal products containing active substance(s) of well-established medicinal use (Art 10a of Directive 2001/83/EC)

Furthermore, when planning submission of their marketing authorisation application, the applicant has to also take into account the need for a "PIP compliance check" to be done.

2. Objectives

The Paediatric Regulation came into force in the European Union (EU) on 26 January 2007. Its objective is to improve the health of children in Europe by facilitating the development and availability of medicines for children between birth and the age of 18 years.

The Regulation aims to: ensure that medicines for use in children are of high quality, ethically researched and authorised appropriately; and improve the availability of information on the use of medicines for children. It aims to achieve this without subjecting children to unnecessary trials or delaying the authorisation of medicines for use in adults.

The Regulation dramatically changed the regulatory environment for paediatric medicines in Europe. Its main impact was the establishment of the Paediatric Committee (PDCO), which is responsible for coordinating the Agency's work on medicines for children. The Committee's main role is to determine the studies that companies must carry out on children as part of paediatric investigation plans (PIPs). The PDCO replaced the Agency's previous Paediatric Working Group.

3. General principles

Regulatory & Scientific Information Management Platform (IRIS portal) is a secure online portal for submitting applications for:

- Initial paediatric investigation plan (PIP) including responses to PDCO request for modifications (if applicable)
- Modification of paediatric investigation plan (modification of an agreed PIP)
- Product-specific waiver
- Compliance check
- Annual report on paediatric deferred measures
- Confirmation requests:
  - Confirmation of applicability of a class waiver, or
  - Confirmation of inclusion of an indication within a condition
- Discontinuation of paediatric development.

The IRIS portal contains guidance and support to applicants, including registration, substances and research product identifiers (RPIs), and how to create, submit and manage applications.

For pre-submission interactions: Send a question to the European Medicines Agency

3.1. Glossary and related information

See also: Glossary of regulatory terms

Active substance: The substance responsible for the activity of a medicine.

The public name (preferred term) of the active substance(s) included in the research product identifier (RPI) should be suitable for a PIP as per the EC guidance (below) but also with SMS guidance.

"The active substance should be stated by its recommended International Non-proprietary Name (INN), accompanied by its salt or hydrate form if relevant

1. If the 'recommended' INN is not yet available the 'proposed' INN should be provided

2. If no INN exists, the European Pharmacopoeia name should be used or if the substance is not in the European Pharmacopoeia, the usual common name should be used.

In the absence of a common name, the exact scientific designation should be given. Substances not having an exact scientific designation should be described by a statement of how and from what they were prepared, supplemented where appropriate by any relevant details. ***A company or laboratory code cannot be used as the sole identifier of the active substance.*** *Considering the timing for submission of applications, only preliminary names of the active substance might be provided. In this situation and in the event that the application is resubmitted (e.g. for modification of a paediatric investigation plan) it is suggested to record all successive name changes in the document."*

Invented name: The trade name of a medicine. Invented names of medicinal products being assessed by the Agency need to be approved by the Agency's (Invented) Name Review Group.

Proposed pharmaceutical form(s): Proposed way a medicine is presented, e.g. tablet, capsule, solution for injection, cream, etc.

For authorised products, all existing pharmaceutical forms and new pharmaceutical forms under development for the proposed PIP or waiver should be listed. You should specify whether the pharmaceutical form is under development or is already authorised.

In case of authorised or off-patent products intended for a future paediatric-use marketing authorisation (PUMA) application, only the pharmaceutical forms discussed in the PIP should be mentioned. You should also specify whether each pharmaceutical form is under development or is authorised.

Proposed route of administration: Proposed way in which a medicine is given, e.g. orally (by mouth), intravenously (into a vein), subcutaneously (under the skin), etc.

Authorised product: centrally authorised or authorised in at least one EU Member State.

Product information: Documents providing officially approved information for healthcare professionals and patients about a medicine. The product information includes the summary of product characteristics, package leaflet and labelling.

Details of the medicinal product: The proposed pharmaceutical form should be associated with the corresponding route(s) of administration. If an additional formulation is under development (an adult formulation for example), it should be mentioned. Please use the list of standard terms from the European Pharmacopoeia.

Date of completion of human pharmacokinetic studies in adults/planned submission of application: If an exact date cannot be specified, you should select the last month of the proposed

interval and select the last day of that month by default (e.g. 31/07/2024 for the interval from January to July 2024). These dates are not obligatory or binding but are important for the discussion on deferrals.

Deferral: The possibility to defer a measure in a paediatric investigation plan until after studies in adults (or other populations such as adolescents) have been conducted. This ensures that research in children is done only when it is safe and ethical to do so. Deferrals are adopted by the Paediatric Committee (PDCO).

Waiver:

Product-specific waiver (full and partial): An exemption from the obligation to acquire data, through a paediatric investigation plan, in some (partial waiver) or all (full waiver) subsets of the paediatric population for a given condition, route of administration and pharmaceutical form of a specified medicine. Product-specific waivers are adopted by the Paediatric Committee (PDCO). More information can be found under 'Class waivers'.

If there is more than one condition in the application, the information for each condition should be specified.

The appropriate age group or other paediatric subset where the waiver applies must be specified. It is possible to define specific groups that differ from the International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use (ICH) classification, if this is more appropriate.

Class waiver: For products belonging to a class of medicinal products included in the Agency's list of class waivers, see under "Request for confirmation of the applicability of the Agency decision on class waivers"

4. Prior to application submission (or re-submission)

4.1. Timelines and planning

Submission deadlines for paediatric applications 2024-2026 (europa.eu)

Applicants are advised to consult the above timetable and plan ahead of time so as not to delay their regulatory submission. It is also important to take into account that PIP compliance checks must be carried out prior to marketing authorisation/variation/extension of marketing authorisation.

Note: Submission timelines are set according to Paediatric Committee (PDCO) meetings.

Well in advance of the targeted submission deadline, applicants must ensure that they have:

- registered and have access to EMA's IRIS portal
- requested and been granted a research product identifier (RPI) number for their product: IRIS guide to Registration, Substances and RPIs
- familiarised themselves with the IRIS guide for applicants (creating submissions)
- downloaded the latest versions of the necessary paediatric templates.

4.2. Interactions prior to submission or re-submission (during clock-stop)

4.2.1. General questions

If the EMA Scientific Officer is not known, general questions should be sent via Send a question to the European Medicines Agency.

Please note that the paediatrics[@]ema.europa.eu inbox is no longer in use.

4.2.2. Pre-submission interactions

These interactions may be requested with a written list of questions and justification when necessary. EMA will review the questions and determine the appropriate channel for addressing them.

1. Requests should be submitted via Send a question to the European Medicines Agency, two months prior to the intended submission date with summary of intended questions.
2. An EMA Scientific Officer will then be in contact to request:
   - **Detailed list of questions to be addressed** together with proposed justifications (mandatory document).
3. **Based on the list of questions it will be confirmed which issues are suitable for a teleconference. It is also possible that issues will be resolved in writing and no virtual meeting will take place.**
4. In case of a teleconference, the timeslot will be confirmed and the applicant will be requested to provide the following within a specific deadline:
   - Agenda with agreed questions and justification
   - Invitation to all participants either with toll free number or link to virtual meeting (Webex, Adobe Connect)
   - Draft scientific document.

Applicants should submit a post-meeting summary within two weeks of the teleconference (EMA participants may comment where necessary).

4.2.3. Clarification dialogues before re-submission (during clock-stop)

1. Applicants should notify their intention to request a clarification meeting by replying to the latest communication in the IRIS portal (e.g. RfM notification) **without changing the subject to ensure correct routing.** This e-mail should propose a date and the scope of discussion.

   If this is not possible, proceed the same way as in 4.2.2.
2. Once the notification is received the EMA will invite the applicant to upload the **following documents into "Documents from applicant" in the corresponding PIP application in the** IRIS portal**.**
   - **Detailed list of questions to be addressed** together with proposed justifications (mandatory document).
   - Draft scientific document.

3. **It is also possible that issues will be resolved in writing and no virtual meeting will take place.**

4. In case of a teleconference, the timeslot will be confirmed and the applicant will be requested to provide the following within a specific deadline:

   - Agenda with agreed questions and justification
   - Invitation to all participants either with toll free number or link to virtual meeting (Webex, Adobe Connect)

5. Applications and documentation to be supplied

Paediatric applications must be submitted using the IRIS portal.

Follow step-by-step the IRIS guide for applicants, under Paediatric medicines development, and also refer to the guide for information on the content and format of documents for submitting and receiving.

5.1. Initial paediatric investigation plan (PIP)

According to Article 16 of the Paediatric Regulation (Regulation (EC) No 1901/2006), in the case of the applications for marketing authorisation referred to in Articles 7 and 8, or the applications for waiver referred to in Articles 11 and 12, the paediatric investigation plan or the application for waiver shall be submitted with a request for agreement, except in duly justified cases, not later than upon completion of the human pharmaco-kinetic studies in adults specified in Section 5.2.3 of Part I of Annex I to Directive 2001/83/EC, so as to ensure that an opinion on use in the paediatric population of the medicinal product concerned can be given at the time of the assessment of the marketing authorisation or other application concerned.

In general paediatric investigation plans should be submitted early during product development, in time for studies to be conducted in the paediatric population, where appropriate, before marketing authorisation applications are submitted. It is appropriate to set a deadline for the submission of a PIP in order to ensure early dialogue between the applicant and the Paediatric Committee.

Specifically, the timing of submission should not be later than the end of healthy subject or patient PK, which can coincide with the initial tolerability studies, or the initiation of the adult phase-II studies (proof-of-concept studies); it cannot be after initiation of pivotal trials or confirmatory (phase-III) trials. Applicants are welcome to submit their PIP applications during or even before initial PK studies in adults. Submitting a PIP application for a new active substance during confirmatory or phase-III trials in adults, or after starting clinical trials in children, is likely to be considered unjustified.

Also refer to section 4.1 above with regards to timelines and planning.

Key elements have to be submitted directly into the IRIS portal - please do not create a separate document but consult this guidance: Key elements guidance

The following documents should be uploaded into "Documents from applicant" in addition to the IRIS application for the initial PIP:

- Scientific document in Word format, based on Template for scientific document
- Literature references in a ZIP file

- Supporting information if applicable, *for example, list not exhaustive:*
  - Copy of any Advice/Opinion/Decision given by other competent authorities
  - Copy of FDA written request; PPSR or iPSP
  - Risk Management Plan
  - Investigator's Brochure
  - Summary of product characteristics (SmPC).

5.2. Modification of an agreed paediatric investigation plan (PIP)

According to Article 22 of the Paediatric Regulation (Regulation (EC) No 1901/2006), if, following the decision agreeing the paediatric investigation plan, the applicant encounters such difficulties with its implementation as to render the plan unworkable or no longer appropriate, the applicant may propose changes or request a deferral or a waiver, based on detailed grounds, to the Paediatric Committee.

Key elements have to be submitted directly into the IRIS portal - please do not create a separate document but consult this guidance: Key elements guidance

Note: Enter into IRIS only the modified key element(s); if there is no change, the agreed key element(s) should be entered.

The following documents should be uploaded into "Documents from applicant" in addition to the IRIS application for Modification of a Paediatric Investigation Plan:

- Request for modification document in Word format based on Request for modification of an agreed paediatric investigation plan template, listing **all** requested changes.

  Note: Do not submit an updated scientific document. All proposed modifications of the agreed PIP and rationale/justification should be listed in the 'Request for modification of an agreed paediatric investigation plan' template.
- Literature references used in the request in a ZIP file
- Supporting documents used in this request
- Document "Decision with annexes" issued in the preceding procedure that is now being modified.

5.3. Waivers

5.3.1. Product-specific waiver

According to Article 13 of the Paediatric Regulation (Regulation (EC) No 1901/2006), the applicant may, on the grounds set out in Article 11 (1), apply to the Agency for a product-specific waiver.

The following documents should be uploaded into "Documents from applicant" in addition to the IRIS application for Product Specific Waiver:

- Scientific document in Word format, based on Template for scientific document
- Literature references in a ZIP file
- Supporting information if applicable, *for example, list not exhaustive:*
  - Copy of any Advice/Opinion/Decision given by other competent authorities
  - Copy of FDA written request; PPSR or iPSP

- Risk Management Plan
- Investigator's Brochure
- Summary of product characteristics (SmPC).

The product-specific waiver is applied to products exempt from conducting paediatric studies in a given condition, therefore proposed studies and key elements are not applicable.

It is often referred to as full waiver as it is related the age range covering all paediatric subsets.

5.3.2. Request for confirmation of the applicability of the Agency decision on class waivers

According to Article 14 of the Paediatric Regulation (Regulation (EC) No 1901/2006), the Agency shall maintain a list of all waivers.

Please refer to: Class waivers | European Medicines Agency (europa.eu)

The following documents should be uploaded into "Documents from applicant" in addition to the IRIS application for Confirmation requests;

- **Confirmation of applicability of a class waiver:**
  - Request for confirmation document in Word format based on *Request for confirmation of the applicability of the Agency's decision on class waivers* template
  - Cover letter (optional).

5.4. Compliance check request

According to Article 23 of the Paediatric Regulation (Regulation (EC) No 1901/2006), the competent authority responsible for granting marketing authorisation shall verify whether an application for marketing authorisation or variation complies with the requirements laid down in Articles 7 and 8 and whether an application submitted pursuant to Article 30 complies with the agreed paediatric investigation plan.

Furthermore, the PDCO may be requested to give its opinion on whether studies conducted by the applicant are in compliance with the agreed paediatric investigation plan.

It is strongly recommended that the request for compliance check is submitted to the Paediatric Medicines Office **well in advance** of the planned marketing authorisation (MA) submission to minimise the risk of potential delays to the MA submission validation. A partial/interim compliance check may be requested.

See also: Paediatric requirements for marketing-authorisation applications

The following documents should be uploaded into "Documents from applicant" in addition to the IRIS application for Compliance check:

- Document listing all agreed key elements, adding justification and citing the location in the study report(s) based on Template Compliance check request
- Document "Decision with annexes" issued in the procedure that is being checked for compliance.
- Study report(s)

Note: Full (complete) study reports should be submitted for the compliance check. If not yet issued, the latest available report or a similar document may be submitted, which must contain sufficient information to allow the check of compliance against the agreed key elements in the decision. In such cases, discussion of the suitability of the available report with the EMA Scientific Officer is recommended prior to submission of the compliance check. Individual patient data listings are not required.

- Supporting information if applicable, *for example, list not exhaustive:*
  - Summary of product characteristics (SmPC)
  - Evidence of study initiation

    Note: When initiation of a clinical study is not deferred, the applicant should submit a signed and dated declaration from the principal investigator certifying that at least one participant has been included in the study/trial (i.e. specifying the date of signature of the informed consent).
  - Quality measures (e.g. age-appropriate formulation).

6. Validation of application and start of procedure

Following receipt of the paediatric application, the EMA Scientific Officer will review and validate the submission package.

In case of validation issues the applicant will be contacted via the IRIS portal with instructions on how to respond.

- Validation responses (if required) shall be submitted in the IRIS portal, linked to the related initial submission, by the indicated deadline.

PDCO rapporteur and peer reviewer will be nominated before the start of procedure.

In line with the submission date, on the start of procedure date, applicants will receive confirmation via the IRIS portal, which will include the names of the appointed EMA Scientific Officer, PDCO rapporteur and peer reviewer.

The EMA Scientific Officer will prepare a summary report for the assessment.

7. Assessment

The summary report will be made available to the PDCO rapporteur and peer reviewer for their comments and will be shared with the PDCO for discussion and/or conclusion. Additional experts, working groups, working parties and other committees may be consulted during the assessment.

After the first PDCO meeting at which the application is discussed, the applicant may receive the draft summary report either for information, or requesting additional information, via the IRIS portal, with instructions on how to respond (if needed):

- Additional information, if requested, must be submitted in the IRIS portal, linked to the related initial submission, by the indicated deadline.

During the second PDCO discussion, either a request for modification (RfM) or PDCO opinion is adopted:

- Adoption of RfM: Summary report containing the RfM is transmitted via the IRIS portal with instructions on how to respond, approximately 10 days after the last day of the PDCO meeting.
- Adoption of PDCO opinion: Opinion is transmitted together with summary report via the IRIS portal within 10 days of the last day of the PDCO plenary meeting.

8. Answers to PDCO Request for Modification (RfM) - re-submission following clock-stop

According to Article 17(2) of the Paediatric Regulation (Regulation (EC) No 1901/2006), within the 60-day period referred to in paragraph 1, the Paediatric Committee may request the applicant to propose modifications to the plan, in which case the time-limit referred to in paragraph 1 for the adoption of the final opinion shall be extended for a maximum of 60 days… The time-limit shall be suspended until such time as the supplementary information requested has been provided.

It is expected that the answers to a PDCO RfM will be submitted within three months of the PDCO's request for modification. It is acknowledged that in some cases the applicant may need more time to propose modifications to the application.

Answers to the RfM must be submitted in the IRIS portal, linked to the related initial submission, and according to submission deadlines.

Submission deadlines for paediatric applications 2024-2026 (europa.eu)

The initial PIP application and key elements must be amended (if applicable) directly in the IRIS portal - please do not create a separate document but consult: Key elements guidance.

The following documents should be uploaded into "Documents from applicant" in addition to the IRIS application for the initial PIP application:

- Document responding to the PDCO RfM, including list of references, in Word format.

  *Note: An updated scientific document is **not** required and therefore should not be submitted. All answers, including rationale, must be provided in your response to the PDCO's request for modification document.*

- Literature references used in the response (only if previously not sent).
- Supporting documents (only if previously not sent).

Following receipt of this submission, the procedure will re-start and a PDCO opinion will be adopted within 60 days.

The applicant will be informed via the IRIS portal.

9. PDCO opinion[2]

9.1. Prior to adoption of opinion

The summary report will be updated with responses to RfM and made available to the PDCO rapporteur and peer reviewer for re-assessment comments, and will be shared with PDCO for discussion and/or conclusion. Additional experts, working groups, working parities and other committees may be consulted during the assessment.

During the third PDCO meeting, RfM responses are discussed, and the applicant may receive the draft summary report either for information, or asking for additional information, via the IRIS portal, with instructions on how to respond (if needed), within approximately 10 days of the last day of the plenary meeting.

The draft opinion with instructions on how to respond maybe sent to the applicant for review via the IRIS portal.

[2] In general PDCO Opinions are adopted either during 2nd or 4th PDCO meeting or following re-examination, however it maybe adopted earlier or via written procedure if justified necessary.

- Additional information or comments on draft opinion (if required) must be submitted in the IRIS portal, linked to the related procedure, by the indicated deadline.

9.2. Oral explanation meeting

An applicant or the PDCO may request an oral explanation meeting, if agreed by both, and will take place during the plenary meeting when the adoption of the opinion is scheduled.

- Applicants should notify their intention to request an oral explanation meeting, replying to the latest communication in the IRIS portal **without changing the subject, to ensure correct routing,** before submitting any documents.

Details on organisational matters and which documents should be submitted, with deadline, will be communicated to the applicant via the IRIS portal.

9.3. Opinion

According to Article 25(1) of the Paediatric Regulation (Regulation (EC) No 1901/2006), within ten days of its receipt, the Agency shall transmit the opinion of the Paediatric Committee to the applicant.

During the fourth PDCO meeting, a PDCO opinion is adopted, then transmitted together with summary report via the IRIS portal, within 10 days of the last day of the plenary meeting.

The 30-day period entitling an applicant to request re-examination of the opinion starts the day after the applicant receives the opinion.

If, within the 30-day period, the applicant does not request re-examination, the PDCO opinion shall become definitive.

10. Re-examination of PDCO opinion

According to Article 25(2) of the Paediatric Regulation (Regulation (EC) No 1901/2006), within 30 days following receipt of the PDCO opinion, the applicant may submit to the Agency a written request, citing detailed grounds, for the re-examination of the opinion.

Applicants should notify their intention to request a re-examination by replying to the latest communication in the IRIS portal (e.g. PDCO Opinion notification) **without changing the subject to ensure correct routing,** before submitting detailed grounds for re-examination of the PDCO Opinion.

Once a notification is received, timelines will be discussed and agreed with the applicant, and the IRIS portal will be made available for submitting documents.

The following documents should be uploaded into "Documents from applicant" in addition to the IRIS application for the related initial PIP:

- Detailed grounds for re-examination in a Word document
- Supporting documents if applicable.

See also: **Re-examination procedure of paediatric investigation plan and / or waiver opinions by the PDCO**

The final PDCO opinion with summary report becomes definitive upon adoption, and is transmitted to the applicant via IRIS.

11. EMA decision

According to Article 25(5) of the Paediatric Regulation (Regulation (EC) No 1901/2006), the Agency issues its decision within 10 days of the Paediatric Committee's definitive opinion.

The EMA decision including PDCO opinion and summary report ("EMA decision with annexes") is issued within 10 days of the definitive PDCO opinion, and is transmitted to the applicant via IRIS.

EMA decisions on PDCO opinions are published on the EMA website in due course.

"EMA decision with annexes" is the document required for regulatory submissions.

Opinions and decisions on paediatric investigation plans

12. Other paediatric procedures

12.1. Request for confirmation of condition versus indication

Applicants can request a confirmation of whether an indication is part of a condition (in an agreed PIP or waiver decision) if needed.

The following documents should be uploaded into "Documents from applicant" in addition to the IRIS application for Confirmation requests;

- **Confirmation of condition versus indication:**
  - Request for confirmation document in Word format based on Request for confirmation of the applicability of the Agency's decision on class waivers template
  - Cover letter (optional).

Upon review by the Paediatric Committee, the outcome will be communicated to the applicant.

For more information, see European Medicines Agency policy on changes in scope of paediatric-investigation-plan decisions.

12.2. Discontinuation of paediatric development

Before submitting a discontinuation notification, please note that if the PIP has been submitted as part of a marketing authorisation application in order to comply with the requirements of Article 7 of the Paediatric Regulation (as a condition of the validation of the respective application), and a marketing authorisation was granted based on this application, then there is a legal obligation to complete that PIP. The same applies if there has been a successful post-authorisation application, where the PIP was included in order to comply with the requirements of Article 8 of the Paediatric Regulation.

The following documents should be uploaded into "Documents from applicant" in addition to the IRIS application for Discontinuation of paediatric development:

- Notification form using template Notification of discontinuation of an agreed PIP
- Cover letter (optional).

If the discontinuation of the paediatric development is agreed, the form will be published on the Agency's website following redaction of any personal data and signature. For this reason, please ensure that the submitted form does not contain commercially-confidential information.

If an agreed PIP is intended to be suspended or put on long-term hold, please contact the respective EMA Scientific Officer directly or via Send a question to the European Medicines Agency. A notification form is not needed in this case.

12.3. Annual reports on deferrals

According to Article 34(4) of the Paediatric Regulation (Regulation (EC) No 1901/2006), in the case of a deferral, the marketing authorisation holder shall submit an annual report to the Agency providing an update on progress with paediatric studies in accordance with the decision of the Agency agreeing the paediatric investigation plan and granting a deferral.

Annual reports must be submitted via IRIS, creating a new submission "Annual report on paediatric deferred measures".

See also: Annual report on deferrals | European Medicines Agency (europa.eu)

12.4. Placing paediatric medicines on the market

According to Article 33 of the Paediatric Regulation (Regulation (EC) No 1901/2006), where medicinal products are authorised for a paediatric indication following completion of an agreed paediatric investigation plan and those products have already been marketed with other indications, the marketing authorisation holder shall, within two years of the date on which the paediatric indication is authorised, place the product on the market taking into account the paediatric indication. A register, coordinated by the Agency, and made publicly available, shall mention these deadlines.

Updating EMA about placing a product on the market in the relevant Member State(s) after completion of an agreed PIP can be done via IRIS, creating a new submission "Annual report on paediatric deferred measures", adding the information in Submission notes field.

See also: Deadlines for placing paediatric medicines on the market