EMA/227159/2019

European Medicines Agency decision

P/0178/2019

of 15 May 2019

on the agreement of a paediatric investigation plan and on the granting of a deferral and on the granting of a waiver for ustekinumab (Stelara), (EMEA-000311-PIP06-18) 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 726/2004[1],

Having regard to Regulation (EC) No 726/2004 of the European Parliament and of the Council of 31 March 2004 laying down Community procedures for the authorisation and supervision of medicinal products for human and veterinary use and establishing a European Medicines Agency[2],

Having regard to the application submitted by Janssen-Cilag International NV on 26 March 2018 under Article 16(1) of Regulation (EC) No 1901/2006 also requesting a deferral under Article 20 of said regulation and a waiver under Article 13 of said Regulation,

Having regard to the opinion of the Paediatric Committee of the European Medicines Agency, issued on 29 March 2019, in accordance with Article 17 of Regulation (EC) No 1901/2006 and Article 21 of said Regulation and Article 13 of said Regulation,

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 agreement of a paediatric investigation plan and on the granting of a deferral and on the granting of a waiver.

(2) It is therefore appropriate to adopt a decision agreeing a paediatric investigation plan.

(3) It is therefore appropriate to adopt a decision granting a deferral.

(4) It is therefore appropriate to adopt a decision granting a waiver.

[1] OJ L 378, 27.12.2006, p.1.
[2] OJ L 136, 30.4.2004, p. 1.

Has adopted this decision:

Article 1

A paediatric investigation plan for ustekinumab (Stelara), concentrate for solution for infusion, solution for injection, intravenous use, subcutaneous use, the details of which are set out in the opinion of the Paediatric Committee of the European Medicines Agency annexed hereto, together with its appendices, is hereby agreed.

Article 2

A deferral for ustekinumab (Stelara), concentrate for solution for infusion, solution for injection, intravenous use, subcutaneous use, the details of which are set out in the opinion of the Paediatric Committee of the European Medicines Agency annexed hereto, together with its appendices, is hereby granted.

Article 3

A waiver for ustekinumab (Stelara), concentrate for solution for infusion, solution for injection, intravenous use, subcutaneous use, the details of which are set out in the opinion of the Paediatric Committee of the European Medicines Agency annexed hereto, together with its appendices, is hereby granted.

Article 4

This decision covers all conditions, indications, pharmaceutical forms, routes of administration, measures, timelines, waivers and deferrals, as agreed in the decision P/0003/2016 issued on 15 January 2016 including subsequent modifications thereof.

Article 5

This decision is addressed to Janssen-Cilag International NV, Turnhoutseweg 30, B2340 – Beerse, Belgium.

EMA/2686/2019
Amsterdam, 29 March 2019

Opinion of the Paediatric Committee on the agreement of a Paediatric Investigation Plan and a deferral and a waiver

EMEA-000311-PIP06-18

Scope of the application

Active substance(s):

Ustekinumab

Invented name:

Stelara

Condition(s):

Treatment of systemic lupus erythematosus

Authorised indication(s):

See Annex II

Pharmaceutical form(s):

Concentrate for solution for infusion

Solution for injection

Route(s) of administration:

Intravenous use

Subcutaneous use

Name/corporate name of the PIP applicant:

Janssen-Cilag International NV

Information about the authorised medicinal product:

See Annex II

Basis for opinion

Pursuant to Article 16(1) of Regulation (EC) No 1901/2006 as amended, Janssen-Cilag International NV submitted for agreement to the European Medicines Agency on 26 March 2018 an application for a paediatric investigation plan for the above mentioned medicinal product and a deferral under Article 20 of said Regulation and a waiver under Article 13 of said Regulation.

The procedure started on 2 May 2018.

Supplementary information was provided by the applicant on 19 December 2018. The applicant proposed modifications to the paediatric investigation plan.

Opinion

1. The Paediatric Committee, having assessed the proposed paediatric investigation plan in accordance with Article 17 of Regulation (EC) No 1901/2006 as amended, recommends as set out in the appended summary report:

   - to agree the paediatric investigation plan in accordance with Article 17(1) of said Regulation;
   - to grant a deferral in accordance with Article 21 of said Regulation;
   - to grant a waiver for one or more subsets of the paediatric population in accordance with Article 13 of said Regulation and concluded in accordance with Article 11(1)(c) of said Regulation, on the grounds that the specific medicinal product does not represent a significant therapeutic benefit over existing treatments for paediatric patients.

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

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

1.1. Condition:

Treatment of systemic lupus erythematosus (SLE)

The waiver applies to:

- the paediatric population from birth to less than 5 years of age;
- concentrate for solution for infusion, solution for injection, intravenous use, subcutaneous use;
- on the grounds that the specific medicinal product does not represent a significant therapeutic benefit over existing treatments.

2. Paediatric investigation plan

2.1. Condition:

Treatment of systemic lupus erythematosus

2.1.1. Indication(s) targeted by the PIP

Treatment of paediatric patients with active SLE despite receiving one or more standard-of-care treatments

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

From 5 years to less than 18 years of age.

2.1.3. Pharmaceutical form(s)

Concentrate for solution for infusion

Solution for injection

2.1.4. Measures

Area	Number of measures	Description
Quality-related studies	0	Not applicable.
Non-clinical studies	0	Not applicable.

Area	Number of measures	Description
Clinical studies	2	**Study 1** Randomized, double-blind, placebo-controlled, parallel group study to evaluate the efficacy, safety, and tolerability of ustekinumab as add-on therapy in paediatric subjects from 16 to less than 18 years of age (and adults), with active, autoantibody-positive systemic lupus erythematosus (SLE) despite receiving one or more standard-of-care treatments (i.e. immunomodulators, antimalarial drugs, and glucocorticoids). (CNTO1275SLE3001) **Study 2** Randomized, double-blind, placebo-controlled, pharmacokinetic, efficacy and safety study of ustekinumab as add-therapy versus placebo in paediatric subjects from 5 to less than 18 years of age with active juvenile systemic lupus erythematosus (jSLE). (CNTO1275SLE3004)
Extrapolation, modelling and simulation studies	2	**Study 3** Modelling and simulation study for determination of paediatric dose to be used in Study 3 and confirmation of paediatric posology of ustekinumab in treatment of paediatric patients with juvenile systemic lupus erythematosus (jSLE). **Study 4** Extrapolation study to support the proposed extrapolation concept for ustekinumab in paediatric subjects with active SLE.
Other studies	0	Not applicable.
Other measures	0	Not applicable.

3. Follow-up, completion and deferral of PIP

Concerns on potential long term safety/efficacy issues in relation to paediatric use:	No
Date of completion of the paediatric investigation plan:	By June 2028
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):

- Crohn's disease

  Stelara is indicated for the treatment of adult patients with moderately to severely active Crohn's disease who have had an inadequate response with, lost response to, or were intolerant to either conventional therapy or a TNFα antagonist or have medical contraindications to such therapies.

- Plaque psoriasis

  Stelara is indicated for the treatment of moderate to severe plaque psoriasis in adults who failed to respond to, or who have a contraindication to, or are intolerant to other systemic therapies including ciclosporin, methotrexate (MTX) or PUVA (psoralen and ultraviolet A).

- Paediatric plaque psoriasis

  Stelara is indicated for the treatment of moderate to severe plaque psoriasis in adolescent patients from the age of 12 years and older, who are inadequately controlled by, or are intolerant to, other systemic therapies or phototherapies.

- Psoriatic arthritis (PsA)

  Stelara, alone or in combination with MTX, is indicated for the treatment of active psoriatic arthritis in adult patients when the response to previous non-biological disease-modifying anti-rheumatic drug (DMARD) therapy has been inadequate.

Authorised pharmaceutical form(s):

Concentrate for solution for infusion

Solution for injection

Authorised route(s) of administration:

Intravenous use

Subcutaneous use