EMA/709698/2021

European Medicines Agency decision

P/0554/2021

of 31 December 2021

on the acceptance of a modification of an agreed paediatric investigation plan for fully human IgG1 RB-1 YTE anti-RSV F monoclonal antibody (MK-1654), (EMEA-002755-PIP01-19-M01) 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 European Medicines Agency's decision P/0486/2020 issued on 22 December 2020,

Having regard to the application submitted by Merck Sharp & Dohme (Europe), Inc. on 6 August 2021 under Article 22 of Regulation (EC) No 1901/2006 proposing changes to the agreed paediatric investigation plan with a waiver,

Having regard to the opinion of the Paediatric Committee of the European Medicines Agency, issued on 12 November 2021, 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.
[2] OJ L 136, 30.4.2004, p. 1.

Has adopted this decision:

Article 1

Changes to the agreed paediatric investigation plan for fully human IgG1 RB-1 YTE anti-RSV F monoclonal antibody (MK-1654), solution for injection, intramuscular 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 Merck Sharp & Dohme (Europe), Inc., Clos du Lynx 5, 1200 – Brussels, Belgium.

EMA/PDCO/482578/2021 Corr
Amsterdam, 12 November 2021

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

EMEA-002755-PIP01-19-M01

Scope of the application

Active substance(s):

Fully human IgG1 RB-1 YTE anti-RSV F monoclonal antibody (MK-1654)

Condition(s):

Prevention of lower respiratory tract infection caused by respiratory syncytial virus

Pharmaceutical form(s):

Solution for injection

Route(s) of administration:

Intramuscular use

Name/corporate name of the PIP applicant:

Merck Sharp & Dohme (Europe), Inc.

Basis for opinion

Pursuant to Article 22 of Regulation (EC) No 1901/2006 as amended, Merck Sharp & Dohme (Europe), Inc. submitted to the European Medicines Agency on 6 August 2021 an application for modification of the agreed paediatric investigation plan with a waiver as set out in the European Medicines Agency's decision P/0486/2020 issued on 22 December 2020.

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

The procedure started on 14 September 2021.

Scope of the modification

Some measures and timelines of the Paediatric Investigation Plan have been modified

Opinion

1. 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 investigational plan in the scope set out in the Annex I of this opinion;

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

2. The measures and timelines of the 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 annex 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)

Waiver

1.1. Condition:

Prevention of lower respiratory tract infection caused by respiratory syncytial virus (RSV)

The request for the waiver applied to:

- the paediatric population from 2 years to less than 18 years of age;
- solution for injection, intramuscular 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:

Prevention of lower respiratory tract infection caused by respiratory syncytial virus

2.1.1. Indication(s) targeted by the PIP

Prevention of medically attended lower respiratory tract infection (MALRI) caused by respiratory syncytial virus

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

Birth to less than 2 years of age

2.1.3. Pharmaceutical form(s)

Solution for injection

2.1.4. Measures

Area	Number of measures	Description
Quality-related studies	0	Not applicable.
Non-clinical studies	0	Not applicable.
Clinical studies	3	**Study 1 (PN002)** Safety, tolerability, and pharmacokinetic study of MK-1654 in pre-term (born at 29 to 35 weeks gestational age) and late pre-term and full-term infants (born at over 35 weeks gestational age) for prevention of lower respiratory tract infection caused by respiratory syncytial virus (RSV).

		Study 2 (PN004) Double-blind, randomized, placebo-controlled study to evaluate the efficacy and safety of MK-1654 in healthy pre-term (born at 29 to 35 weeks gestational age) and late pre-term and full-term infants (born at over 35 weeks gestational age) for prevention of lower respiratory tract infection caused by RSV. **Study 3 (PN007)** Multicentre, randomized, partially blinded, palivizumab-controlled study to evaluate the safety, efficacy, and pharmacokinetics of MK-1654 in infants and children at increased risk for severe RSV disease for prevention of lower respiratory tract infection caused by RSV.
Extrapolation, modelling and simulation studies	4	**Study 4** Paediatric population PK Model of MK-1654 serum concentrations **Study 5** Paediatric population PK/PD Model relating the MK-1654 serum concentrations with Serum Neutralizing (SN) Antibody titer **Study 6** A model-based meta-analysis (MBMA) for RSV and clinical trial simulations (CTS) to inform dose selection of the palivizumab-controlled Studies **Study 7** Partial extrapolation of efficacy based on evaluating similarity of MK-1654 PK

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 March 2026
Deferral for one or more measures contained in the paediatric investigation plan:	No