EMA/714398/2010

European Medicines Agency decision

P/229/2010

of 23 November 2010

on the acceptance of a modification of an agreed paediatric investigation plan for rosuvastatin (calcium) (Crestor and associated names) (EMEA-000022-PIP01-07-M04) 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/3/2009 issued on 27 January 2009, the decision P/76/2009 issued on 20 April 2009, the decision P/123/2009 issued on 12 June 2009 and the decision P/206/2009 issued on 30 October 2009,

Having regard to the application submitted by AstraZeneca AB on 20 August 2010 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 8 October 2010, 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 rosuvastatin (calcium) (Crestor and associated names), film-coated tablets, oral 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 AstraZeneca AB, SE-151 85 Södertälje, Sweden.

Done at London, 23 November 2010

For the European Medicines Agency
Thomas Lönngren
Executive Director
(Signature on file)

EMA/PDCO/624886/2010

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

EMEA-000022-PIP01-07-M04

Scope of the application

Active substance(s):

Rosuvastatin (calcium)

Invented name:

Crestor and associated names

Condition(s):

Treatment of primary hypercholesterolaemia

Treatment of homozygous familial hypercholesterolaemia

Treatment of primary combined (mixed) dyslipidaemia

Prevention of cardiovascular events

Authorised indication(s): see Annex II

Pharmaceutical form(s):

Film-coated tablets

Route(s) of administration:

Oral use

Name/corporate name of the PIP applicant:

AstraZeneca AB

Information about the authorised medicinal product: see Annex II

Basis for opinion

Pursuant to Article 22 of Regulation (EC) No 1901/2006 as amended, AstraZeneca AB submitted to the European Medicines Agency on 20 August 2010 an application for modification of the agreed paediatric investigation plan with a waiver as set out in the European Medicines Agency's decision

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P/3/2009 issued on 27 January 2009, the decision P/76/2009 issued on 20 April 2009, the decision P/123/2009 issued on 12 June 2009 and the decision P/206/2009 issued on 30 October 2009.

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

The procedure started on 15 September 2010.

Scope of the modification

The modification addressed criteria for the design and timelines of the clinical studies.

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 investigation plan in the scope set out in the Annex I of this opinion.

The Icelandic and the Norwegian Paediatric Committee members do agree 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(es) and appendix.

London, 8 October 2010

On behalf of the Paediatric Committee
Dr Daniel Brasseur, Chairman
(Signature on file)

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

1. Waiver

1.1. Condition: Treatment of Primary hypercholesterolaemia (including heterozygous hypercholesterolaemia)

The waiver applies to:

- Children from birth to less than 6 years;
- for the film-coated tablet for oral use;
- on the grounds that clinical studies cannot be expected to be of significant therapeutic benefit to or fulfil a therapeutic need in the specified subset(s).

1.2. Condition: Treatment of Homozygous familial hypercholesterolaemia

- All subsets of the paediatric population from birth to less than 18 years of age
- for the film-coated tablet for oral use
- on the grounds that clinical studies cannot be expected to be of significant therapeutic benefit to or fulfil a therapeutic need in the specified subset(s).

1.3. Condition: Treatment of Primary combined (mixed) dyslipidaemia

- All subsets of the paediatric population from birth to less than 18 years of age
- for the film-coated tablet for oral use
- on the grounds that the specific medicinal product does not represent a significant therapeutic benefit over existing treatments.

1.4. Condition: Prevention of cardiovascular events

- All subsets of the paediatric population from birth to less than 18 years of age
- for the film-coated tablet for oral use
- on the grounds that clinical studies cannot be expected to be of significant therapeutic benefit.

2. Paediatric Investigation Plan

2.1. Condition: Treatment of Primary hypercholesterolaemia (including heterozygous hypercholesterolaemia)

2.1.1. Indication(s) targeted by the PIP

Treatment of Primary hypercholesterolaemia

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

From 6 years to less than 18 years

2.1.3. Pharmaceutical form(s)

Film-coated tablet for oral use; 5mg, 10mg, 20mg

2.1.4. Studies

Area	Number of studies	Description
Quality		Not applicable.
Non-clinical	1	Study 1 Pre- and post-natal developmental toxicity in rats from day 7 of gestation to day 22 of lactation.
Clinical	2	Study 2 Double-blind, randomised, multi-centre, placebo-controlled trial to evaluate safety and efficacy of rosuvastatin calcium in children from 10 years to less than 18 years of age with heterozygous hypercholesterolemia. Study 3 A pharmacokinetic, efficacy and 2-year safety study of open-label rosuvastatin in children from 6 to less than 18 years of age with familial hypercholesterolaemia.

3. Follow-up, completion and deferral of PIP

Measures to address long term follow-up of potential safety issues in relation to paediatric use:	Yes
Date of completion of the paediatric investigation plan:	By April 2014
Deferral for one or more studies contained in the paediatric investigation plan:	No

Annex II

Information about the authorised medicinal product

Condition(s) and authorised indication(s):

1. Treatment of primary hypercholesterolaemia

   Authorised indications:

   Adults, adolescents and children aged 10 years or older with primary hypercholesterolaemia (type IIa including heterozygous familial hypercholesterolaemia) or mixed dyslipidaemia (type IIb) as an adjunct to diet when response to diet and other non-pharmacological treatments (e.g. exercise, weight reduction) is inadequate.

2. Treatment of homozygous familial hypercholesterolaemia

   Authorised indications:

   Homozygous familial hypercholesterolaemia as an adjunct to diet and other lipid lowering treatments (e.g. LDL apheresis) or if such treatments are not appropriate.

3. Treatment of primary combined (mixed) dyslipidaemia

   Authorised indications:

   Adults, adolescents and children aged 10 years or older with primary hypercholesterolaemia (type IIa including heterozygous familial hypercholesterolaemia) or mixed dyslipidaemia (type IIb) as an adjunct to diet when response to diet and other non-pharmacological treatments (e.g. exercise, weight reduction) is inadequate.

4. Prevention of cardiovascular events

   Authorised indication:

   Prevention of major cardiovascular events in patients who are estimated to have a high risk for a first cardiovascular event, as an adjunct to correction of other risk factors.

Invented name Name	**Strength**	**Pharmaceutical Form**	**Route of administration**
Crestor and associated names	5 mg, 10 mg, 20 mg, 40 mg	Film-coated tablet	Oral use