

EMA/78723/2011

European Medicines Agency decision

P/51/2011

of 4 March 2011

on the acceptance of a modification of an agreed paediatric investigation plan for tenofovir (disoproxil fumarate) (EMA-000533-PIP01-08-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 726/2004¹,

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 Agency²,

Having regard to the European Medicines Agency's decision P/18/2010 issued on 8 February 2010,

Having regard to the application submitted by Gilead Sciences International Limited on 3 November 2010 under Article 22 of Regulation (EC) No 1901/2006 proposing changes to the agreed paediatric investigation plan with a deferral and a waiver,

Having regard to the opinion of the Paediatric Committee of the European Medicines Agency, issued on 14 January 2011, 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 tenofovir (disoproxil fumarate), film-coated tablet, oral powder, 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 Gilead Sciences International Limited, Granta Park, Abingdon, Cambridge, CB21 6GT, United Kingdom.

Done at London, 4 March 2011

For the European Medicines Agency
Andreas Pott
Acting Executive Director
(Signature on file)

EMA/PDCO/715161/2010

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

EMA-000533-PIP01-08-M01

Scope of the application

Active substance(s):

Tenofovir (disoproxil fumarate)

Invented name:

Viread

Condition(s):

Treatment of human immunodeficiency virus (HIV) disease resulting in other conditions

Treatment of chronic viral hepatitis B

Authorised indication(s): see Annex II

Pharmaceutical form(s):

Film-coated tablet

Oral powder

Route(s) of administration:

Oral use

Name/corporate name of the PIP applicant:

Gilead Sciences International Limited

Information about the authorised medicinal product: see Annex II

Basis for opinion

Pursuant to Article 22 of Regulation (EC) No 1901/2006 as amended, Gilead Sciences International Limited submitted to the European Medicines Agency on 3 November 2010 an application for modification of the agreed paediatric investigation plan with a deferral and a waiver as set out in the

European Medicines Agency's decision P/18/2010 issued on 8 February 2010.
The procedure started on 18 November 2010.

Scope of the modification

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

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 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(es) and appendix.

London, 14 January 2011

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 human immunodeficiency virus (HIV) disease resulting in other conditions

The waiver applies to:

- children from birth to less than 12 years of age
- for tenofovir DF film-coated tablet for oral use
- on the grounds that the specific medicinal product is likely to be unsafe.

1.2. Condition: Treatment of chronic viral hepatitis B

The waiver applies to:

- children from birth to less than 12 years
- for tenofovir DF film-coated tablet for oral use
- on the grounds that the specific medicinal product is likely to be unsafe.

The waiver applies to:

- infants and toddlers from birth to less than 2 years
- for tenofovir DF oral powder
- on the grounds that clinical studies cannot be expected to be of significant therapeutic benefit to or fulfil a therapeutic need of the paediatric population.

2. Paediatric Investigation Plan

2.1. Condition: Treatment of human immunodeficiency virus (HIV) disease resulting in other conditions

2.1.1. Indication(s) targeted by the PIP

In combination with other antiretroviral medicinal products for the treatment of HIV-1 infection in antiretroviral treatment experienced pediatric patients

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

All subsets of the paediatric population from birth to less than 18 years of age

2.1.3. Pharmaceutical form(s)

Film-coated tablets for oral use (including 123, 163, 204 mg tablets)

Oral powder (4% w/w)

2.1.4. Studies

Area	Number of studies	Description
Quality		Not applicable.
Non-clinical		Not applicable.
Clinical	2	Double-Blind, Placebo-Controlled Study of the Safety and Efficacy of Tenofovir DF as Part of an Optimized Antiretroviral Regimen in HIV-1-Infected Adolescents
		Randomized, Open-Label Study Comparing the Safety and Efficacy of Switching Stavudine or Zidovudine to Tenofovir Disoproxil Fumarate versus Continuing Stavudine or Zidovudine in Virologically Suppressed HIV-Infected Children Taking Highly Active Antiretroviral Therapy
	1 ^a	A safety and pharmacokinetic study of tenofovir DF oral powder in HIV-1 infected subjects < 2 years of age

a Appropriateness of study to be determined pending confirmation of an acceptable safety, efficacy, and pharmacokinetic profiles for tenofovir DF in HIV-1 infected subjects 2 to < 18 years of age.

2.2. Condition: Treatment of chronic viral hepatitis B

2.2.1. Indication(s) targeted by the PIP

For treatment of chronic hepatitis B in pediatric patients from 2 years of age with compensated liver disease

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

From 2 years to less than 18 years.

2.2.3. Pharmaceutical form(s)

Film-coated tablets for oral use (including 123, 163, 204 mg tablets)

Oral powder (4% w/w)

2.2.4. Studies

Area	Number of studies	Description
Quality		Not applicable.
Non-clinical		Not applicable.
Clinical	1 ongoing	A Randomized, Double-Blind Evaluation of the Antiviral Efficacy, Safety, and Tolerability of Tenofovir Disoproxil Fumarate Versus Placebo in Adolescents with Chronic Hepatitis B Infection
	1 planned	A safety and efficacy or pharmacokinetic study of tenofovir DF in children aged 2 to < 12 years with chronic HBV infection

a Appropriateness of study to be determined pending availability of 72-week data from Study GS-US-174-0115 and confirmation of an acceptable safety profile for tenofovir DF in HIV-1 infected subjects 2 to < 18 years of age.

3. Follow-up, completion and deferral of PIP

Condition: Treatment of human immunodeficiency virus (HIV) disease resulting in other conditions

Measures to address long term follow-up of potential safety issues and efficacy in relation to paediatric use:	Yes
Date of completion of the paediatric investigation plan:	By March 2013
Deferral for some or all studies contained in the paediatric investigation plan:	Yes

Condition: Treatment of chronic viral hepatitis B

Measures to address long term follow-up of potential safety issues or efficacy in relation to paediatric use:	Yes
Date of completion of the paediatric investigation plan:	By July 2014
Deferral for some or all studies contained in the paediatric investigation plan:	Yes

Annex II

Information about the authorised medicinal product

Condition(s) and authorised indication(s):

1. Treatment of HIV disease

Authorised indications:

Viread Is Indicated In Combination With Other Antiretroviral Medicinal Products For The Treatment Of Hiv 1 Infected Adults Over 18 Years Of Age.

2. Treatment of chronic viral hepatitis B

Authorised indication:

Viread Is Indicated For The Treatment Of Chronic Hepatitis B In Adults With Compensated Liver Disease, With Evidence Of Active Viral Replication, Persistently Elevated Serum Alanine Aminotransferase (Alt) Levels And Histological Evidence Of Active Inflammation And/Or Fibrosis.

Viread Is Indicated For The Treatment Of Chronic Hepatitis B In Adults With Decompensated Liver Disease.

EU Number	Invented Name	Strength	Pharmaceutical form	Route of administration	Packaging	Content (concentration)	Package size
EU/1/01/200/001	Viread	245 mg	Film-coated tablet	Oral use	Bottle (HDPE)		30 tablets
EU/1/01/200/002	Viread	245 mg	Film-coated tablet	Oral use	Bottle (HDPE)		3 x 30 tablets