



European Medicines Agency  
Evaluation of Medicines for Human Use

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## ASSESSMENT OF THE PAEDIATRIC NEEDS NEPHROLOGY

### DISCLAIMER

**The Paediatric Working Party (PEG) is working to identify the needs in the different therapeutic areas where there should be research and development of medicinal products for children, either old (i.e. off patent) or new ones (including those under development). Products on the list are not in any order of priority.**

**The lists should not be viewed as a prescription tool nor as recommendations for treatment. Accuracy of data including in particular authorised doses cannot be guaranteed.**

**Information on existing marketing authorisations is very limited and therefore information under “authorised” includes the indication in broad term (only related to chemotherapy), the lower age group authorised in at least one Member State, the authorised dose(s) (if authorised for use in patients less than 18 years of age) and formulation(s) in at least in one Member State.**

**Please refer to the EMEA/PEG procedure for identifying the paediatric needs for further information.**

**Comments from third parties are expected especially to complete and or update the list as necessary.**

<b>AGREED BY PAEDIATRIC WORKING PARTY (PEG)</b>	15 December 2006
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<b>END OF CONSULTATION (DEADLINE FOR COMMENTS)</b>	31 July 2007

Comments should be provided using this [template](#) to PEG Secretariat: [peg@emea.europa.eu](mailto:peg@emea.europa.eu) or Fax +44 20 7523 7040.

As the treatment of renal diseases in children includes medicinal products from various therapeutic areas (e.g. immunology, cardiology, anti-infectives etc.) the following list focuses on products not already sufficiently covered by previous lists. It should be noted that particular emphasis is put on diuretics. The PEG however acknowledges that not all medicinal products for the treatment of paediatric renal disease can be covered in this list.

If not stated separately the need for availability in all Member States of the Community applies to all products included in this list.

## DIURETICS

### THIAZIDES

#### BENDROFLUMETHIAZIDE

<i>Authorised indication</i>	Oedema and hypertension
<i>Authorised age group</i>	Children ( <i>United Kingdom</i> )
<i>Authorised dose</i>	1 month – 2 years: 50-100 µg/kg/daily adjusted according to response 2-12 years: initially 50-400 µg/kg/daily then 50-100 µg/kg
<i>Authorised formulation</i>	Tablets 2.5 and 5 mg
<i>Needs</i>	Data on PK, safety and efficacy in indication tubulopathies in children < 18 years Age-appropriate formulation

#### CHLOROTHIAZIDE

Refer to list of paediatric needs Cardiovascular products

#### HYDROCHLOROTHIAZIDE

<i>Authorised indication</i>	Oedema and hypertension
<i>Authorised age group</i>	No age limit specified
<i>Authorised dose</i>	12.5 - 25 mg daily
<i>Authorised formulation</i>	Tablets 25 mg
<i>Needs</i>	Define lower age limit and investigate where needed Data on PK, efficacy and safety in indication tubulopathies in children < 18 years Age-appropriate formulation

#### METOLAZONE

<i>Authorised indication</i>	Oedema and hypertension
<i>Authorised age group</i>	Adults
<i>Authorised dose</i>	-
<i>Authorised formulation</i>	-
<i>Needs</i>	Data on PK, efficacy and safety < 18 years Age-appropriate formulation

### POTASSIUM SPARING DIURETICS

#### AMILORIDE

<i>Authorised indication</i>	Adjunct to thiazide and loop diuretics in oedema (not available as monosubstance in all Member States)
<i>Authorised age group</i>	Adults
<i>Authorised dose</i>	-
<i>Authorised formulation</i>	-
<i>Needs</i>	Data on PK, safety and efficacy in children > 3 months Availability of monosubstance in all Member States Data on PK, efficacy and safety in indication monotherapy in congenital tubulopathies (e.g. <i>nephrogenic diabetes insipidus</i> , <i>primary hypomagnesemia with secondary hypocalcemia (TRPM-defect)</i> , <i>thiazide-like salt losing tubulopathies (Bartter-Gitelman syndromes)</i> , <i>Liddle-</i>

	<i>syndrome (monogenetic hypertension with hypokalemia))</i>
<b>TRIAMTEREN</b>	
<i>Authorised indication</i>	Adjunct to thiazide and loop diuretics in oedema (not available as monosubstance in all Member States)
<i>Authorised age group</i>	Adults
<i>Authorised dose</i>	-
<i>Authorised formulation</i>	-
<b>Needs</b>	Data on safety and efficacy in children > 3 months Availability of monosubstance in all Member States Extension of the indication to monotherapy in congenital tubulopathies (e.g. nephrogenic diabetes insipidus, primary hypomagnesemia with secondary hypocalcemia (TRPM-defect), thiazide-like salt losing tubulopathies (Bartter-Gitelman syndromes), Liddle-syndrome (monogenetic hypertension with hypokalemia))
<b>LOOP DIURETICS</b>	
<b>FUROSEMIDE</b>	
<i>Authorised indication</i>	Oedema and hypertension
<i>Authorised age group</i>	All age groups ( <i>France</i> )
<i>Authorised dose</i>	400-600 µg/kg/day in all age groups ( <i>Finland</i> )
<i>Authorised formulation</i>	Solution for injection, Tablets, Oral solution
<b>Needs</b>	Data on PK, efficacy and safety in indications renal failure and renal hypertension
<b>BUMETAMIDE</b>	
<i>Authorised indication</i>	Oedema
<i>Authorised age group</i>	> 12 years ( <i>United Kingdom</i> )
<i>Authorised dose</i>	1-2 mg (i.v. injection)
<i>Authorised formulation</i>	Tablets, solution for injection
<b>Needs</b>	Data on PK, safety and efficacy in children < 12 years
<b>ALDOSTERONE ANTAGONISTS</b>	
<b>SPIRONOLACTONE</b>	
<i>Authorised indication</i>	Diuresis in ascites and oedema
<i>Authorised age group</i>	No age limit specified
<i>Authorised dose</i>	By mouth: Neonate: 1-2 mg/kg daily in 1-2 divided doses Child 1 month-12 years 1-3 mg/kg 2-3 daily in 1-2 divided doses Child 12-18 years 50-100mg daily in 1-2 divided doses
<i>Authorised formulation</i>	Tablets, Oral suspension
<b>Needs</b>	Data on PK, safety and efficacy in premature infants Data on safety in long-term use Age appropriate formulation
<b>OSMODIURETICS</b>	
<b>MANNITOL</b>	
<i>Authorised indication</i>	Oliguric acute renal failure, cerebral oedema, elevated intracranial pressure
<i>Authorised age group</i>	No age limit specified in indication renal insufficiency ( <i>Finland</i> )
<i>Authorised dose</i>	Test dose 1.3 ml/kg, Treatment dose 13 ml/kg
<i>Authorised formulation</i>	Solution for infusion ( <i>Finland</i> )
<b>Needs</b>	Availability in all Member States

<b>ANGIOTENSIN RECEPTOR BLOCKERS</b>	
<b>IRBESARTAN (CA)</b>	
<i>Authorised indication</i>	Renal disease in patients with hypertension and type-2 diabetes mellitus as part of an antihypertensive drug regimen
<i>Authorised age group</i>	Adults
<i>Authorised dose</i>	-
<i>Authorised formulation</i>	-
<b>Needs</b>	Data on PK, safety and efficacy in children < 18 years with chronic kidney diseases associated with hypertension and proteinuria Data on PK, safety and efficacy in children < 18 years with type 1 diabetes to prevent and treat diabetic nephropathy Age-appropriate formulation
<b>LOSARTAN (NA)</b>	
<i>Authorised indication</i>	Renal insufficiency in patients with type-2 diabetes with proteinuria
<i>Authorised age group</i>	Adults
<i>Authorised dose</i>	-
<i>Authorised formulation</i>	-
<b>Needs</b>	Data on PK, safety and efficacy in children < 18 years with chronic kidney diseases associated with hypertension and proteinuria Data on PK, safety and efficacy in children with type-1-diabetes to prevent and treat diabetic nephropathy Age-appropriate formulation
<b>VALSARTAN</b>	
<i>Authorised indication</i>	Essential hypertension
<i>Authorised age group</i>	Adults
<i>Authorised dose</i>	-
<i>Authorised formulation</i>	-
<b>Needs</b>	Data on PK, safety and efficacy in children < 18 years with chronic kidney diseases associated with hypertension and proteinuria Data on PK, safety and efficacy in children with type-1-diabetes to prevent and treat diabetic nephropathy Age-appropriate formulation
<b>CANDESARTAN</b>	
<i>Authorised indication</i>	Essential hypertension
<i>Authorised age group</i>	Adults
<i>Authorised dose</i>	-
<i>Authorised formulation</i>	-
<b>Needs</b>	Data on PK, safety and efficacy in children < 18 years with chronic kidney diseases associated with hypertension and proteinuria Data on PK, safety and efficacy in children with type-1-diabetes to prevent and treat diabetic nephropathy Age-appropriate formulation
<b>TELMISARTAN</b>	
<i>Authorised indication</i>	Essential hypertension
<i>Authorised age group</i>	Adults
<i>Authorised dose</i>	-
<i>Authorised formulation</i>	-
<b>Needs</b>	Data on PK, safety and efficacy in children < 18 years with chronic kidney diseases associated with hypertension and proteinuria Data on PK, safety and efficacy in children with type-1-diabetes to prevent and treat diabetic nephropathy

	Age-appropriate formulation
<b>ACE-INHIBITORS</b>	
<b>CAPTOPRIL</b>	
<i>Authorised indication</i>	Proteinuria in nephritis or type I diabetic nephropathy
<i>Authorised age group</i>	Adults
<i>Authorised dose</i>	-
<i>Authorised formulation</i>	-
<i>Needs</i>	Data on PK, safety and efficacy in children < 18 years with chronic kidney diseases associated with hypertension and proteinuria Data on PK, safety and efficacy in children < 18 years with type 1 diabetes to prevent and treat diabetic nephropathy Age-appropriate formulation
<b>ENALAPRIL</b>	
<i>Authorised indication</i>	Proteinuria in nephritis, diabetic nephropathy
<i>Authorised age group</i>	Children > 20 kg (Austria)
<i>Authorised dose</i>	-
<i>Authorised formulation</i>	-
<i>Needs</i>	Define lower age limit in both indications and investigate where needed (data on PK, safety and efficacy) Liquid formulation known to be challenging – Need for information on extemporaneous formulation in Summary of Product Characteristics
<b>PARENTERAL SOLUTIONS AND ORAL PREPARATIONS FOR FLUID AND ELECTROLYTE IMBALANCE</b>	
<b>ETHERIFIED STARCH (E.G. PENTASTRACH – HAES)</b>	
<i>Authorised indication</i>	Low blood volume
<i>Authorised age group</i>	No age limit specified
<i>Authorised dose</i>	-
<i>Authorised formulation</i>	-
<i>Needs</i>	Define lower age limit and investigate where needed (data on PK, efficacy and safety in children < 18 years)
<b>ETHERIFIED STARCH – HYPERTONIC SOLUTION (HYPER-HAES)</b>	
<i>Authorised indication</i>	Low blood volume
<i>Authorised age group</i>	Adults (France)
<i>Authorised dose</i>	-
<i>Authorised formulation</i>	-
<i>Needs</i>	Data on PK, efficacy and safety in children < 18 years
<b>SODIUM-BICARBONATE</b>	
<i>Authorised indication</i>	Renal metabolic acidosis
<i>Authorised age group</i>	No age limit specified (Germany, United Kingdom)
<i>Authorised dose</i>	By mouth: Neonate: 1-2 mmol/kg daily in 1-2 divided doses Child 1 months-2 years 1-2 mmol/kg daily in 1-2 divided doses Child 2-18 years: 70 mmol/m <sup>2</sup> in 1-2 divided doses
<i>Authorised formulation</i>	Capsules, Tablets, Solution for infusion
<i>Needs</i>	Define lower age limit and investigate where needed Oral age appropriate formulation
<b>SODIUM-CHLORIDE</b>	
<i>Authorised indication</i>	Sodium chloride substitution
<i>Authorised age group</i>	No age limit specified (Germany, United Kingdom)
<i>Authorised dose</i>	By mouth:

	Neonate: 1-2 mmol/kg daily
<i>Authorised formulation</i>	Capsules, Tablets
<i>Needs</i>	Date on PK, safety and efficacy in indications renal tubular disorders Age appropriate formulation
<b>POTASSIUM CHLORIDE</b>	
<i>Authorised indication</i>	Compensation of potassium loss
<i>Authorised age group</i>	No age limit specified
<i>Authorised dose</i>	By mouth: 0.5-1 mmol/kg K <sup>+</sup> twice daily adjusted to plasma potassium concentration
<i>Authorised formulation</i>	Syrup, Tablets, Solution for injection, Capsules
<i>Needs</i>	Oral age appropriate formulation
<b>PHOSPHATE</b>	
<i>Authorised indication</i>	Hypophosphataemia
<i>Authorised age group</i>	No age limit specified
<i>Authorised dose</i>	By mouth: 1 mmol/kg daily in 1-2 divided doses
<i>Authorised formulation</i>	Tablets, Solution for infusion, Solution for injection
<i>Needs</i>	Oral age appropriate formulation
<b>ANTICHOLINERGIC DRUGS</b>	
<b>OXYBUTYNINE</b>	
<i>Authorised indication</i>	Detrusor hyperactivity, urinary frequency, urgency and incontinence, neurogenic bladder
<i>Authorised age group</i>	> 2 years ( <i>Germany</i> )
<i>Authorised dose</i>	0.3-0.4 mg/kg > 5 years: 2.5mg 2-3 times daily
<i>Authorised formulation</i>	Tablets 2.5 and 5 mg
<i>Needs</i>	Data on PK, efficacy and safety in children 3 months to 2 years for indication neurogenic bladder Data on PK, efficacy and safety for intravesical installation
<b>OTHER</b>	
<b>LEVAMISOLE</b>	
<i>Authorised indication</i>	Not authorised in nephrotic syndrome
<i>Authorised age group</i>	-
<i>Authorised dose</i>	-
<i>Authorised formulation</i>	-
<i>Needs</i>	Any formulation Data on PK, safety and efficacy in children < 18 years in steroid resistant nephrotic syndrome
<b>CINACALCET</b>	
<i>Authorised indication</i>	Treatment of secondary hyperparathyroidism (HPT) in patients with end-stage renal disease (ESRD) on maintenance dialysis therapy
<i>Authorised age group</i>	Adults
<i>Authorised dose</i>	-
<i>Authorised formulation</i>	-
<i>Needs</i>	Safety and efficacy data in children Age appropriate formulation
<b>BISPHOSPHONATES</b>	
<i>Authorised indication</i>	Osteogenesis imperfecta and other forms of osteoporosis in children Not authorised in hypercalcaemia, osteopenia in renal failure or post renal transplant

<i>Authorised age group</i>	Adults
<i>Authorised dose</i>	-
<i>Authorised formulation</i>	-
<b>Needs</b>	Data on PK, safety and efficacy in children in hypercalcaemia and/or osteopenia in children with renal failure or post renal transplant. Age appropriate formulation
<b>PYRIDOXINE</b>	
<i>Authorised indication</i>	Pyridoxine-dependent disturbances (e. g. cerebral seizures, hyperoxaluria Typ I, and others)
<i>Authorised age group</i>	> 1 year ( <i>Germany</i> )
<i>Authorised dose</i>	10 - 250 mg (1 year: 2 – 15 mg) ,
<i>Authorised formulation</i>	Tablets 100 mg
<b>Needs</b>	Data on PK, safety and efficacy in indication hyperoxaluria in children < 1 year Age-appropriate formulation
<b>TIOPRONINE</b>	
<i>Authorised indication</i>	Cystinuria
<i>Authorised age group</i>	> 18 years
<i>Authorised dose</i>	-
<i>Authorised formulation</i>	-
<b>Needs</b>	Data on PK, safety and efficacy in children Age-appropriate formulation
<b>HYPOLIPIDAEMICS</b>	
<b>REFER TO ASSESSMENT OF PAEDIATRIC NEEDS</b>	
<b>CARDIOVASCULAR PRODUCTS</b>	
<b>IMMUNOSUPPRESSANTS</b>	
<b>AZATHIOPRINE</b>	
<i>Authorised indication</i>	Suppression of transplant rejection, Treatment of autoimmune conditions when corticosteroid therapy alone has proved inadequate
<i>Authorised age group</i>	Adults
<i>Authorised dose</i>	-
<i>Authorised formulation</i>	-
<b>Needs</b>	Extension of the indication to nephrotic syndrome Age appropriate formulation
<b>CYCLOPHOSPHAMIDE</b>	
<i>Authorised indication</i>	Authorised in ALL, non-hodgkin lymphoma and other malignancies Not authorised for treatment of nephrotic syndrome, vasculitis and lupus
<i>Authorised age group</i>	Adults
<i>Authorised dose</i>	-
<i>Authorised formulation</i>	-
<b>Needs</b>	Extension of indication: Safety and efficacy data in nephrotic syndrome, vasculitis and lupus Age appropriate formulation
<b>MYCOPHENOLATE MOFETIL</b>	
<i>Authorised indication</i>	Prevention and treatment of rejection in kidney transplants
<i>Authorised age group</i>	Children > 2 years
<i>Authorised dose</i>	600 mg/m <sup>2</sup> BID via oral route
<i>Authorised formulation</i>	250 mg capsules, 500 mg tablets 1g/5ml powder for oral suspension. 500 mg Powder for concentrate for solution for infusion (adult only)
<b>Needs</b>	Extension of indication to nephrotic syndrome

<b>TACROLIMUS</b>	
<i>Authorised indication</i>	Prophylaxis of transplant rejection in liver, kidney or heart allograft recipients Treatment of allograft rejection resistant to treatment with other immunosuppressive medicinal products
<i>Authorised age group</i>	No age limit specified
<i>Authorised dose</i>	0.30 mg/kg/day
<i>Authorised formulation</i>	0.5,1,5mg capsules, 5mg/ml solution for infusion
<i>Needs</i>	Data on PK, safety and efficacy in indication nephrotic syndrome Age appropriate formulation
<b>RITUXIMAB</b>	
<i>Authorised indication</i>	Prevention of acute rejection after de novo allogenic kidney transplantation, lymphoma
<i>Authorised age group</i>	> 18 years
<i>Authorised dose</i>	-
<i>Authorised formulation</i>	-
<i>Needs</i>	Data on PK, safety and efficacy in children in indication nephritic syndrome
<b>SIROLIMUS</b>	
<i>Authorised indication</i>	Prevention of rejection after renal transplant
<i>Authorised age group</i>	Adults
<i>Authorised dose</i>	-
<i>Authorised formulation</i>	-
<i>Needs</i>	Data on PK, safety and efficacy in Children < 18 years Data on PK, safety and efficacy data in children in indication nephrotic syndrome Age appropriate formulation
<b>NSAIDS</b>	
<b>NSAIDS (INDOMETHACIN AND OTHER)</b>	
<i>Authorised indication</i>	Pain, Arthritis Not authorised for nephrologic indications
<i>Authorised age group</i>	-
<i>Authorised dose</i>	-
<i>Authorised formulation</i>	-
<i>Needs</i>	Full paediatric development for the following indications: congenital salt losing tubulopathies (SLTs) of the furosemide-types (NKCC2-, ROMK-, Barttin- and combined C1C-Ka and b defect) and the thiazide-types (NCCT- and isolated C1C-Kb-defect) as well as for nephrogenic diabetes insipidus, reduction of proteinuria in congenital nephrotics Data on long-term safety
<b>ANTITHROMBOTICS</b>	
<b>REFER TO ASSESSMENT OF PAEDIATRIC NEEDS</b>	
<b>CARDIOVASCULAR PRODUCTS</b>	
<b>UNMET MEDICAL NEEDS</b>	
The PEG considers that for the new class of aquaretics (AVP-receptor antagonists) a full development for all paediatric populations in indication hyponatremia, associated chronic heart failure, cirrhosis and SIADH including oliguric hyponatraemia in preterm infants with PDA during NSAIDS-treatment is needed.	



<b>The following products were considered by the PEG to be devoid of interest in the paediatric population:</b>
DEXTRAN
TROPSIUM
PROPIVERIN
TOLTERODINE
AMINO/THEOPHYLLINE

PK = pharmacokinetics