



London, 02 June 2006
Doc. Ref.: EMEA/CHMP/234105/2005

ASSESSMENT OF THE PAEDIATRIC NEEDS RHEUMATOLOGY

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, the lower age group authorised in at least one Member State, the authorised dose(s) and formulation(s) in at least in one Member State.

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

AGREED BY PAEDIATRIC WORKING PARTY (PEG)	May 2005
ADOPTION BY CHMP FOR RELEASE FOR CONSULTATION	28 July 2005
END OF CONSULTATION (DEADLINE FOR COMMENTS)	31 January 2006
AGREED BY PAEDIATRIC WORKING PARTY (PEG)	02 June 2006
ADOPTION BY CHMP	29 June 2006

Comments should be provided to: peg@emea.eu.int or by fax +44 20 7523 7040.

NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS)*	
IBUPROFEN	
<i>Authorised indication</i>	Juvenile Idiopathic Arthritis (JIA)
<i>Authorised age group</i>	> 1 year (Finland)
<i>Authorised dose</i>	30- 40 mg/kg/day
<i>Authorised formulation</i>	Liquid formulation, suppositories, tablets, micro granules, sugar-free formulation Capsules
<i>Needs¹</i>	Indication for JIA and age appropriate formulation to be made available in all Member States (MSs)
NAPROXEN	
<i>Authorised indication</i>	JIA
<i>Authorised age group</i>	> 1 year (Finland)
<i>Authorised dose</i>	10-15 mg/kg/day
<i>Authorised formulation</i>	Granules and scored coated tablets (250 and 500 mg), suppositories (500 mg), capsules, liquid formulation 25 mg/ml (Finland) and 50 mg/ml (Switzerland)
<i>Needs</i>	Indication for JIA and age appropriate formulation to be made available in all Member States (MSs)
DICLOFENAC	
<i>Authorised indication</i>	Arthritis
<i>Authorised age group</i>	>1 year (Finland)
<i>Authorised dose</i>	0.5-3 mg/kg/day (b.i.d or t.i.d.)
<i>Authorised formulation</i>	Tablets, suppositories (100 and 25 mg) solution for intramuscular use, dispersible tablets 25mg
<i>Needs</i>	Data on efficacy, safety and dose in the indication for JIA Age appropriate formulation in all MSs
INDOMETHACIN	
<i>Authorised indication</i>	JIA
<i>Authorised age group</i>	> 6 years
<i>Authorised dose</i>	1-4 mg/kg/day (t.i.d)
<i>Authorised formulation</i>	Capsules (25 and 50 mg), slow release capsules 75 mg and suppositories (100 mg) 1 mg vial for injection (United Kingdom)
<i>Needs</i>	Extension of indication to children 2 to 6 years Age appropriate formulation to be made available in all MSs (including slow release)
MELOXICAM	
<i>Authorised indication</i>	JIA
<i>Authorised age group</i>	>15 years
<i>Authorised dose</i>	15 mg per day
<i>Authorised formulation</i>	Tablets (7.5 and 10 mg), suppositories (7.5 and 10 mg), i.v.-solution (10 mg / ml)
<i>Needs</i>	Extension of the indication to children > 2 years [efficacy and long term

¹ The list will specify which kind of data would be needed but neither the design, nor the number of studies (e.g. PK, efficacy). The lists will indicate the need for 'age-appropriate' formulations, without specifying which one, to keep options open and room for innovation.

	safety data, dose (empirical dose of 0.125 – 0.250 mg/kg/day to be confirmed] Age appropriate formulation to be made available in all MSs
PIROXICAM	
<i>Authorised indication</i>	Rheumatoid polyarthritis
<i>Authorised age group</i>	> 15 years
<i>Authorised dose</i>	10 – 40 mg per day
<i>Authorised formulation</i>	Capsules (10 and 20 mg), dispersible scored tablet (20 mg), injectable (20 mg i.m), suppositories (20 mg), “melt” (United Kingdom), granules (20 mg) (Germany)
Needs	Data on efficacy, safety and dose in the indication for JIA Age appropriate formulation to be made available in all MSs
COX-II INHIBITORS *	
<i>Authorised indication</i>	Arthritis
<i>Authorised age group</i>	>18 years
<i>Authorised dose</i>	-
<i>Authorised formulation</i>	-
Needs	If safety acceptable, data on efficacy, safety (particular long-term data for cardiovascular and serious skin disease immunological risks) and dose in the indication for JIA for children > 2 years might still be needed. Age appropriate formulation
BIOLOGICAL AGENTS	
INFLIXIMAB	
<i>Authorised indication</i>	Rheumatoid arthritis
<i>Authorised age group</i>	>18 years
<i>Authorised dose</i>	3mg/kg i.v. at 0, 2, and 6 weeks, then every 8 weeks intravenously
<i>Authorised formulation</i>	Powder for concentration for solution for infusion (10 mg/ml)
Needs	Data on efficacy, safety including long-term (known safety concerns: e.g. oncogenic risk and opportunistic infectious diseases such as tuberculosis) and dose (including maximal maintenance dose for incomplete response) in the indication for JIA for children > 1 years Age appropriate formulation (lower strength)
ADALIMUMAB	
<i>Authorised indication</i>	Rheumatoid arthritis
<i>Authorised age group</i>	> 18 years
<i>Authorised dose</i>	40 mg/every 2 weeks subcutaneously
<i>Authorised formulation</i>	Solution for injection
Needs	Data on efficacy, safety including long term, and dose in the indication for JIA for children > 6 years Age appropriate formulation
ETANERCEPT	
<i>Authorised indication</i>	Rheumatoid arthritis after treatment failure with methotrexate
<i>Authorised age group</i>	> 4 years
<i>Authorised dose</i>	400 micrograms/kg twice weekly
<i>Authorised formulation</i>	Solution for s.c. injection
Needs	Extended indication for JIA oligoarthritis > 2 years Extension of the indication for TNF-mediated tumor necrosis factor associated periodic syndrome (TRAPS) Efficacy of weekly vs. twice weekly dosing in paediatric age groups

	Age appropriate formulation Data on long-term safety
ANAKINRA	
<i>Authorised indication</i>	JIA in combination with methotrexate
<i>Authorised age group</i>	> 18 years
<i>Authorised dose</i>	100 mg s.c. daily
<i>Authorised formulation</i>	Solution for injection
<i>Needs</i>	Data on efficacy, tolerability at the site of injection, safety including long-term safety, Dose in the indication of SJIA Extension of (IL-1 mediated) Cryopyrin-Associated Periodic Syndrome (CAPS) Extension of the indication in all age groups including newborns
DMARD* (DISEASE MODIFYING ANTIRHEUMATIC DRUGS) AND IMMUNOSUPPRESSIVE AGENTS	
SULFASALAZINE	
<i>Authorised indication</i>	JIA
<i>Authorised age group</i>	> 6 years
<i>Authorised dose</i>	Max. daily dose 2 g
<i>Authorised formulation</i>	Gastro-resistant coated tablets (500 mg), suppositories (500 mg) Tablets (Italy)
<i>Needs</i>	Data on efficacy, safety and dose in the indication for enthesitis- related arthritis [empirical dose (loading dose: 100-150 mg/kg/day maintenance dose: 30-50-75mg/kg/day) to be confirmed] Age appropriate formulation
CICLOSPORIN A	
<i>Authorised indication</i>	Rheumatoid polyarthritis, , uveitis
<i>Authorised age group</i>	>18 years
<i>Authorised dose</i>	-
<i>Authorised formulation</i>	Capsules (25, 50 and 100 mg), i.v. solution (50 mg/ml), oral solution (100 mg/ml)
<i>Needs</i>	Data on efficacy, safety including long-term data (nephrotoxicity particularly in combination with NSAIDs and risk of lymphoproliferative disorders) and dose for the indications dermatomyositis – uveitis - lupus nephritis and JIA. (empirical dose of 2 – 5 mg/kg/d or more to be confirmed) Drug level monitoring needs to be evaluated Age appropriate oral low strength formulation
METHOTREXATE	
<i>Authorised indication</i>	JIA
<i>Authorised age group</i>	Unspecified age group
<i>Authorised dose</i>	10 mg/m2/week. Can be increased to 20 mg/m2/week
<i>Authorised formulation</i>	i.m. and s.c. solution, tablets 2.5 and 10 mg, i.v. solution 7.5 mg/ml
<i>Needs</i>	Extension of indication for children > 2 years , [data on efficacy data, empirical dose to be confirmed (10 – 20 mg/qm KOF/week or 0.5 – 0.6 (1.0) mg/kg/week but < 30 mg and long-term safety)] Low strength oral formulation
LEFLUNOMIDE	
<i>Authorised indication</i>	Rheumatoid arthritis and psoriatic arthritis
<i>Authorised age group</i>	>18 years

<i>Authorised dose</i>	Initial dose 100mg for 3 days then maintenance with 20mg/day for adults
<i>Authorised formulation</i>	Tablets (10, 20, 100 mg)
Needs	Data on efficacy, safety including long-term data (known liver toxicity and -mutagenicity) and dose in the indications for Polyarthritis and JIA in children > 6 years
CYCLOPHOSPHAMIDE	
<i>Authorised indication</i>	Rheumatoid arthritis Autoimmune diseases
<i>Authorised age group</i>	> 6 years
<i>Authorised dose</i>	3 – 6 mg/kg once daily as maintenance
<i>Authorised formulation</i>	Coated tablet (50 mg) i.v.-solution (100, 200 and 500 mg/ 10ml)
Needs	Data on efficacy, safety including long-term (known mutagenicity and oncogenetic risk, plus risk for male and female infertility) and dose in the indications for severe systemic lupus erythematosus (SLE) and SLE nephritis and vasculitis (data on optimal dose or iv pulses of up to 30mg/kg, 2 monthly for 6 months) Age appropriate oral formulation
MYCOPHENOLATE MOFETIL	
<i>Authorised indication</i>	Transplant rejection
<i>Authorised age group</i>	> 2 years
<i>Authorised dose</i>	10 – 20 mg/kg/day
<i>Authorised formulation</i>	Liquid formulation (1g/5ml), capsules (250 mg), i.v.-solution (6 mg/ml)
Needs	Data on efficacy, safety, including long term and dose in the indications for SLE nephritis – JIA and polyarthritis in children > 6 years Evaluation of the need of drug level monitoring
AZATHIOPRINE	
<i>Authorised indication</i>	Rheumatoid arthritis- dermatomyositis – SLE
<i>Authorised age group</i>	> 6 years
<i>Authorised dose</i>	1 – 3 mg/kg/day once daily as maintenance
<i>Authorised formulation</i>	Tablets (25 and 50 mg)
Needs	Age appropriate formulation
HYDROXYCHLOROQUINE	
<i>Authorised indication</i>	SLE JIA
<i>Authorised age group</i>	> 6 years
<i>Authorised dose</i>	3 – 6.5 mg/kg/d max. 400 mg
<i>Authorised formulation</i>	Coated tablet (200 mg)
Needs	Data on efficacy, safety (known ocular toxicity) and dose in the indication for antinuclear antibody positive arthritis Age appropriate formulation to be made available in all MSs
GLUCOCORTICOIDS	
PREDNISOLONE	
<i>Authorised indication</i>	SLE - peri-/myocarditis - dermatomyocitis
<i>Authorised age group</i>	Unspecified
<i>Authorised dose</i>	0.5 mg to 2 mg/kg followed by 0.25 to 0.5 mg/kg
<i>Authorised formulation</i>	Coated tablets (1, 2, 2.5, 5, 6, 20 and 50 mg), soluble tablets, oral liquid formulations (France), soluble tablets (United Kingdom)

<i>Needs</i>	Data on efficacy, safety and dose in the indication for JIA in children > 2 years Age appropriate formulation to be made available in all MSs
LOCAL THERAPY	
TRIAMCINOLONE-HEXACETONIDE (INTRA-ARTICULAR)	
<i>Authorised indication</i>	Arthritis
<i>Authorised age group</i>	> 16 years
<i>Authorised dose</i>	1mg/kg per knee (max 40 mg)
<i>Authorised formulation</i>	20% suspension for injection
<i>Needs</i>	Data on efficacy, safety (including long-term data on effect on the bone) and dose in the indication for JIA in children > 2 years Product to be made available in all MSs