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Public summary of the evaluation of a proposed paediatric investigation plan

Reslizumab for treatment of asthma

On 12 December 2014 the Paediatric Committee of the European Medicines Agency agreed a Paediatric Investigation Plan* (PIP) for reslizumab for the treatment of asthma (EMA-001202-PIPO2-13).

What is reslizumab, and how is it expected to work?

Reslizumab is not authorised in the European Union. Studies in adults are currently on-going. This medicine is proposed in adults as an add-on treatment to reduce exacerbations, relieve symptoms and improve lung function in uncontrolled adult patients with moderate-to-severe asthma who have a blood eosinophil count $\geq 400/\mu\text{L}$.

The active substance is a monoclonal antibody. A monoclonal antibody is an antibody (a type of protein) that has been designed to recognise and attach to a specific structure (called an antigen) in the body. Reslizumab has been designed to attach to and neutralise interleukin-5 (IL-5). This molecule stimulates the production, activation and maturation of eosinophils, a type of white blood cells, which play an important role in asthma exacerbations. This causes a reduction in eosinophil number and reduces asthma symptoms and exacerbations.

What was the proposal from the applicant?

For children, the applicant proposed:

To study the medicine in children from 12 years to less than 18 years of age affected by asthma, in a paediatric investigation plan*. The future indication proposed for children is: Add-on treatment to reduce exacerbations, relieve symptoms and improve lung function in uncontrolled paediatric patients (12 to less than 18 years of age) with moderate-to-severe asthma who have a blood eosinophil count $\geq 400/\mu\text{L}$. It also includes a proposal to determine the right dose and to show efficacy and safety of the medicine in clinical studies.

Is there a need to treat children affected by asthma?

Taking into account the proposed indication in adults, and the characteristics of the medicine, the Paediatric Committee considered this medicine of potential use for the treatment of asthma in children. This condition occurs also in children and affects in particular preadolescent children and adolescents.



What did the Paediatric Committee conclude on the potential use of this medicine in children?

At present, some treatments are available for the treatment of asthma in children in the European Union, such as inhaled corticosteroids that are known to work. Therefore, the Committee considered that new data are required to decide whether the use of this medicine will bring a benefit to children from 6 years to less than 18 years affected by the condition, and to understand any potential risks.

The Committee considered that there is also a need to develop a specific pharmaceutical form* of this medicine, which would allow to use the medicine safely and accurately in young children, and whose composition* must only include components that are known to be safe in children.

Because there is a need for more medicines for the treatment of asthma in children, and this medicine has a potential interest for children, the Committee considered that clinical studies were necessary.

The Committee considered that it is more prudent to confirm that the medicine is effective and safe in adults, before starting the paediatric studies. The Committee agreed with the request of the applicant that the development of a specific pharmaceutical form to be used in children, and paediatric clinical studies should be deferred to avoid a delay in the availability of the medicine for adults.

What is the content of the Plan after evaluation?

The Paediatric Committee considered that:

- Studies are not necessary in children birth to less than 6 years of age because reslizumab does not represent a significant therapeutic benefit over existing treatments.
- A pharmaceutical form* such as solution for injection for subcutaneous use was needed for children aged from 6 years to less than 18 years of age. A new form will be developed by the applicant.
- Determination of the best dose should be done with 1 trial of the medicine's behaviour in the body and the body's reactions to it.
- It is necessary to study if the medicine is effective to treat the disease in children. This will be done in 2 studies comparing the medicine to placebo*.
- It is necessary to study the potential side effects of the medicine, to prevent them or to reduce the consequences if they occur. The main concern identified by the PDCO is the potential toxicity of the medicine for occurrence of parasitic infestations.
- Two modelling and simulation studies to support the dose selection of reslizumab in children before conducting clinical trials were considered necessary.

What happens next?

The applicant has now received the EMA Decision (P/0017/2015)* on this medicine. The Decision itself is necessary for the applicant to request in the future a marketing authorisation* for this medicine in adults and/or in children.

The Decision* on the agreed Paediatric Investigation Plan means that the applicant is bound to perform the studies and trials with children in the next months or years. In case of difficulties, or a change in current knowledge or availability of new data, the applicant may request changes to the plan at a later stage. This can be done through a modification of the PIP.

The agreed completion of all the studies and trials included in the Paediatric Investigation Plan is March 2020.

Trials in the Paediatric Investigation Plan will be listed in the public EU Clinical Trials Register (<https://www.clinicaltrialsregister.eu/>) as soon as they have been authorised to be started, and their results will have to be listed in the register within 6 months after they have completed.

The results of the studies conducted in accordance with the agreed Paediatric Investigation Plan will be assessed, and any relevant information will be included in the Product Information (summary of product characteristics, package leaflet). If the medicine proves to be effective and safe to use in children, it can be authorised for paediatric use, with appropriate recommendations on the dose and on necessary precautions. The product information will also describe which adverse effects are expected with the medicine, and wherever possible, how to prevent or reduce these effects.

***Definitions:**

Applicant	The pharmaceutical company or person proposing the Paediatric Investigation Plan or requesting the Product-Specific Waiver
Children	All children, from birth to the day of the 18 th birthday.
Paediatric investigation plan (PIP)	Set of studies and measures, usually including clinical studies in children, to evaluate the benefits and the risks of the use of a medicine in children, for a given disease or condition. A PIP may include "partial" waivers (for example, for younger children) and/or a deferral (see below).
Waiver	An exemption from conducting studies in children, for a given disease or condition. This can be granted for all children (product-specific waiver), or in specific subsets (partial waiver): for example, in boys or in children below a given age.
Deferral	The possibility to request marketing authorisation for the use of the medicine in adults, before completing one or more of the studies /measures included in a PIP. The Paediatric Committee may grant a deferral to avoid a delay in the availability of the medicine for adults.
Opinion	The result of the evaluation by the Paediatric Committee of the European Medicines Agency. The opinion may grant a product-specific waiver, or agree a PIP.
Decision	The legal act issued by the European Medicines Agency, which puts into effect the Opinion of the Paediatric Committee.
Pharmaceutical form	The physical aspect of the medicine (the form in which it is presented), for example: a tablet, capsule, powder, solution for injection, etc. A medicine can have more than one pharmaceutical form.
Placebo	A substance that has no therapeutic effect, used as a control in testing new drugs.
Active control	A medicine with therapeutic effect, used as a control in testing new drugs.
Historical control	A group of patients with the same disease, treated in the past and used in a comparison with the patients treated with the new drug.
Route of administration	How a medicine is given to the patient. For example: for oral use, for intramuscular use, for intravenous use, etc. The same medicine, or the same pharmaceutical form, may be given through more than one route of administration.
Patent	A form of protection of intellectual property rights. If a medicinal product is protected by a patent, the patent holder has the sole right to make, use, and sell the product, for a limited period. In certain circumstances, a patent for a medicinal product may be extended for a variable period by a Supplementary Protection Certificate.
Marketing Authorisation	When a Marketing Authorisation is granted, the pharmaceutical company may start selling the medicine in the relevant country (in the whole European Union, if the procedure was a centralised one).