

EMA/24109/2013

European Medicines Agency decision

P/0018/2013

of 31 January 2013

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

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, the decision P/51/2011 issued on 4 March 2011, the decision P/180/2011 issued on 28 July 2011, and the decision P/0109/2012 issued on 8 June 2012,

Having regard to the application submitted by Gilead Sciences International Limited on 22 October 2012 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 11 January 2013, 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 and to the deferral.
- (2) It is therefore appropriate to adopt a decision on the acceptance of changes to the agreed paediatric investigation plan, including changes to the deferral.

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) (Viread), film-coated tablet, oral powder, oral use, including changes to the deferral, 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, CB21 6GT – Cambridge, United Kingdom.

Done at London, 31 January 2013

For the European Medicines Agency
Guido Rasi
Executive Director
(Signature on file)



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

EMA/PDCO/716117/2012 **Corr**

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

EMA-000533-PIP01-08-M04

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 22 October 2012 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 decision P/51/2011 issued on 4 March 2011, the decision P/180/2011 issued on 28 July 2011, and the decision P/0109/2012 issued on 8 June 2012.

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

The procedure started on 14 November 2012.

Scope of the modification

Some measures and timelines of the original Paediatric Investigation Plan have been modified.

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 and to the deferral in the scope set out in the Annex I of this opinion.

The Icelandic and the Norwegian Paediatric Committee members 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 annexes and appendix.

London, 11 January 2013

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 paediatric patients.

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

1. The paediatric population from 12 years to less than 18 years of age for the film-coated tablets for oral use.
2. All subsets of the paediatric population from birth to less than 18 years of age for the oral powder.

2.1.3. 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 safety and pharmacokinetic study of tenofovir DF oral powder in HIV-1 infected subjects < 2 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 paediatric patients from 2 years of age with compensated liver disease.

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

1. The paediatric population from 12 years to less than 18 years of age for the film-coated tablets for oral use.
2. All subsets of the paediatric population from 2 years to less than 18 years of age for the oral powder.

2.2.3. 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

3. Follow-up, completion and deferral of PIP

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 March 2018
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 human immunodeficiency virus (HIV) disease

Authorised indication(s):

- 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(s):

- 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.

Authorised pharmaceutical formulation(s):

Film-coated tablet, granules

Authorised route(s) of administration:

Oral use