EMA/476938/2012

European Medicines Agency decision

P/0166/2012

of 26 July 2012

on the agreement of a paediatric investigation plan and on the granting of a deferral and on the granting of a waiver for daclatasvir (EMEA-001191-PIP01-11) 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 726/2004[1],

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 Agency[2],

Having regard to the application submitted by Bristol-Myers Squibb International Corporation on 6 October 2011 under Article 16(1) of Regulation (EC) No 1901/2006 also requesting a deferral under Article 20 of said Regulation and a waiver under Article 13 of said Regulation,

Having regard to the opinion of the Paediatric Committee of the European Medicines Agency, issued on 6 July 2012, in accordance with Article 18 of Regulation (EC) No 1901/2006, and Article 21 of said Regulation and Article 13 of said Regulation,

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 agreement of a paediatric investigation plan and on the granting of a deferral and on the granting of a waiver.

(2) It is therefore appropriate to adopt a decision agreeing a paediatric investigation plan.

(3) It is therefore appropriate to adopt a decision granting a deferral.

(4) It is therefore appropriate to adopt a decision granting a waiver.

[1] OJ L 378, 27.12.2006, p.1.
[2] OJ L 136, 30.4.2004, p. 1.

Has adopted this decision:

Article 1

A paediatric investigation plan for daclatasvir, chewable tablet, film-coated tablet, oral use, the details of which are set out in the opinion of the Paediatric Committee of the European Medicines Agency annexed hereto, together with its appendices, is hereby agreed.

Article 2

A deferral for daclatasvir, chewable tablet, film-coated tablet, oral use, the details of which are set out in the opinion of the Paediatric Committee of the European Medicines Agency annexed hereto, together with its appendices, is hereby granted.

Article 3

A waiver for daclatasvir, chewable tablet, film-coated tablet, oral use, the details of which are set out in the opinion of the Paediatric Committee of the European Medicines Agency annexed hereto, together with its appendices, is hereby granted.

Article 4

This decision is addressed to Bristol-Myers Squibb International Corporation, Parc de l'Alliance, Avenue de Finlande 8, 1420 Braine-l'Alleud, Belgium.

Done at London, 26 July 2012

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

EMA/476938/2012

Opinion of the Paediatric Committee on the agreement of a Paediatric Investigation Plan and a deferral and a waiver

EMEA-001191-PIP01-11

Scope of the application

Active substance(s):

Daclatasvir

Condition(s):

Treatment of chronic hepatitis C

Pharmaceutical form(s):

Chewable tablet

Film-coated tablet

Route(s) of administration:

Oral use

Name/corporate name of the PIP applicant:

Bristol-Myers Squibb International Corporation

Basis for opinion

Pursuant to Article 16(1) of Regulation (EC) No 1901/2006 as amended, Bristol-Myers Squibb International Corporation submitted for agreement to the European Medicines Agency on 6 October 2011 an application for a paediatric investigation plan for the above mentioned medicinal product and a deferral under Article 20 of said Regulation and a waiver under Article 13 of said Regulation.

The procedure started on 16 November 2011.

Supplementary information was provided by the applicant on 19 April 2012. The applicant proposed modifications to the paediatric investigation plan.

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Opinion

1. The Paediatric Committee, having assessed the proposed paediatric investigation plan in accordance with Article 17 of Regulation (EC) No 1901/2006 as amended, recommends as set out in the appended summary report:

   - to agree the paediatric investigation plan in accordance with Article 18 of said Regulation,
   - to grant a deferral in accordance with Article 21 of said Regulation,
   - to grant a waiver for one or more subsets of the paediatric population in accordance with Article 13 of said Regulation and concluded in accordance with Article 11(1)(c) of said Regulation, on the grounds that the specific medicinal product does not represent a significant therapeutic benefit over existing treatments for paediatric patients.

   The Norwegian Paediatric Committee member agrees with the above-mentioned recommendation of the Paediatric Committee.

2. The measures and timelines of the agreed 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.

Langen, Germany, 6 July 2012

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 chronic hepatitis C

The waiver applies to:

- Infants and children less than 3 years of age;
- for film-coated tablet, chewable tablet, oral use;
- 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 chronic hepatitis C

2.1.1. Indication(s) targeted by the PIP

Daclatasvir, in combination with asunaprevir (ASV), is indicated for the treatment of children and adolescents from 3 years to less than 18 years of age with genotype (GT) 1b chronic hepatitis C (CHC).

Daclatasvir, in combination with asunaprevir and interferon alfa/ribavirin, is indicated for the treatment of children and adolescents from 3 years to less than 18 years of age with GT-1 or GT-4 CHC, who are peginterferon alfa/ribavirin (RBV) non-responders.

Daclatasvir, in combination with peginterferon lambda-1a and ribavirin, is indicated for the treatment of children and adolescents from 3 years to less than 18 years of age with GT-1 or -4 CHC, who are treatment naïve (all genotypes) or relapsers to prior interferon/RBV therapy (GT-1 or GT-4).

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

From 3 to less than 18 years of age.

2.1.3. Pharmaceutical form(s)

Film-coated tablet, oral use.

Chewable tablet, oral use

2.1.4. Studies

Area	Number of studies	Description
Quality	1	Study 1: Development of an age-appropriate chewable tablet formulation.
Non-clinical	2	Study 2: Pre- and postnatal development study. Study 3: Ten-week oral toxicity study in juvenile rats.

Clinical	4	Study 4: Open-label, PK, safety/tolerability and efficacy study of daclatasvir (DCV) plus peginterferon alfa/ribavirin (alfa/RBV) in treatment-naive paediatric patients with CHC. Study 5: Randomized, open-label, safety and efficacy study of Daclatasvir in combination with peginterferon alfa/ribavirin or interferon lambda/ribavirin in paediatric patients with CHC. Study 6: Open-label, single arm, safety and efficacy study of daclatasvir (DCV) in combination with asunaprevir (ASV) in paediatric patients with genotype 1b CHC. Study 7: Open-label, single-arm, safety and efficacy of peginterferon alfa/ribavirin in combination with daclatasvir (DCV) and asunaprevir (ASV) in non-responder chronic hepatitis C genotype 1 or 4 paediatric patients.

3. Follow-up, completion and deferral of PIP

Concerns on potential long term safety and efficacy issues in relation to paediatric use:	Yes.
Date of completion of the paediatric investigation plan:	By July 2020.
Deferral for one or more studies contained in the paediatric investigation plan:	Yes.