



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

EMA/436956/2012

European Medicines Agency decision P/0171/2012

of 27 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 apremilast (EMA-000715-PIP02-11) 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 726/2004¹,

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 application submitted by Celgene Europe Limited on 8 July 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 8 June 2012, in accordance with Article 18 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 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 apremilast, tablet, oral liquid, 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 apremilast, tablet, oral liquid, 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 apremilast, tablet, oral liquid, 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 Celgene Europe Limited, 1 Longwalk Road, Stockley Park, UB11 1DB - Uxbridge, Middlesex, United Kingdom.

Done at London, 27 July 2012

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



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

EMA/PDCO/266300/2012

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

EMA-000715-PIP02-11

Scope of the application

Active substance(s):

Apremilast

Condition(s):

Treatment of chronic idiopathic arthritis (including rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis and juvenile idiopathic arthritis)

Pharmaceutical form(s):

Tablet

Oral liquid

Route(s) of administration:

Oral use

Name/corporate name of the PIP applicant:

Celgene Europe Limited

Basis for opinion

Pursuant to Article 16(1) of Regulation (EC) No 1901/2006 as amended, Celgene Europe Limited submitted for agreement to the European Medicines Agency on 8 July 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 August 2011.

Supplementary information was provided by the applicant on 23 March 2012. The applicant proposed modifications to the paediatric investigation plan and a waiver.

Opinion

1. The Paediatric Committee, having assessed the proposed paediatric investigation plan in accordance with Article less than 18 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)(a) of said Regulation, on the grounds that the specific medicinal product is likely to be ineffective or unsafe in part or all of the paediatric population, Articles 11(1)(b) of said Regulation, on the grounds that the disease or condition for which the specific medicinal product is intended does not occur in the specified subset(s) of the paediatric population.

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 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.

London, 8 June 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 idiopathic arthritis (including rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis and juvenile idiopathic arthritis)

The waiver applies to:

- children from birth to less than 1 year of age;
- for tablet, oral liquid, for oral use;
- on the grounds that the disease or condition for which the specific medicinal product is intended does not occur in the specified paediatric subset(s);
- children from 1 year to less than 2 years of age;
- for tablet, oral liquid, for oral use;
- on the grounds that the specific medicinal product is likely to be unsafe.

2. Paediatric Investigation Plan

2.1. Condition: Treatment of chronic idiopathic arthritis (including rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis and juvenile idiopathic arthritis)

2.1.1. Indication(s) targeted by the PIP

Treatment of juvenile idiopathic arthritis

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

From 2 to less than 18 years of age.

2.1.3. Pharmaceutical form(s)

Tablet

Oral liquid

2.1.4. Studies

Area	Number of studies	Description
Quality	1	Study 1 Development of oral liquid for paediatric use.
Non-clinical	1	Study 2 Toxicity study in mice during the entire developmental phase from weaning to adulthood.

Area	Number of studies	Description
Clinical	3	Study 3 Open-label pharmacokinetic and safety study in children with JIA from 6 to less than 18 years of age. Study 4 Open-label pharmacokinetic and safety study in children with JIA from 2 to less than 6 years of age using apremilast oral liquid. Study 5 Double-blind, randomised placebo-controlled study to evaluate safety and efficacy in children with JIA from 6 to less than 18 years of age with open label extension phase.

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 November 2018
Deferral for one or more studies contained in the paediatric investigation plan:	Yes