

EMA/493101/2017

European Medicines Agency decision

P/0253/2017

of 4 September 2017

on the acceptance of a modification of an agreed paediatric investigation plan for darunavir / cobicistat / emtricitabine / tenofovir alafenamide (EMA-001825-PIP01-15-M01) 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/0123/2016 issued on 12 May 2016,

Having regard to the application submitted by Janssen-Cilag International NV on 28 April 2017 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 21 July 2017, in accordance with Article 22 of Regulation (EC) No 1901/2006 and Article 20(1) 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 acceptance of changes to the agreed paediatric investigation plan and on the refusal of changes to the deferral.
- (2) It is therefore appropriate to adopt a decision on the acceptance of changes to the agreed paediatric investigation plan, and refusal of the 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 darunavir / cobicistat / emtricitabine / tenofovir alafenamide, film-coated tablet, age appropriate formulation, oral use, 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

Changes to the deferral for darunavir / cobicistat / emtricitabine / tenofovir alafenamide, film-coated tablet, age appropriate formulation, oral use, are hereby refused in the scope set out in the opinion of the Paediatric Committee of the European Medicines Agency annexed hereto, together with its appendices.

Article 3

This decision is addressed to Janssen-Cilag International NV, Turnhoutseweg 30, 2340 – Beerse, Belgium.

EMA/PDCO/285989/2017

London, 21 July 2017

Opinion of the Paediatric Committee on the acceptance of a modification of an agreed Paediatric Investigation Plan EMA-001825-PIP01-15-M01

Scope of the application

Active substance(s):

Darunavir / cobicistat / emtricitabine / tenofovir alafenamide

Condition(s):

Treatment of human immunodeficiency virus type-1 (HIV-1) infection

Pharmaceutical form(s):

Film-coated tablet

Age appropriate formulation

Route(s) of administration:

Oral use

Name / corporate name of the PIP applicant:

Janssen-Cilag International NV

Basis for opinion

Pursuant to Article 22 of Regulation (EC) No 1901/2006 as amended, Janssen-Cilag International NV submitted to the European Medicines Agency on 28 April 2017 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/0123/2016 issued on 12 May 2016.

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

The procedure started on 24 May 2017.

Scope of the modification

Some measures and timelines of the 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 in the scope set out in the Annex I of this opinion;
 - to refuse changes to the deferral as it does not meet the grounds detailed in Article 20(1) of said Regulation.

The Norwegian Paediatric Committee member agrees 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 annex and appendix.

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 (PIP)

1. Waiver

1.1. Condition

Treatment of human immunodeficiency virus (HIV-1) infection

The waiver applies to:

- the paediatric population below 6 years of age or weighing less than 25 kg;
- age appropriate formulation, oral use;
- on the grounds that the specific medicinal product does not represent a significant therapeutic benefit over existing treatments.

2. Paediatric investigation plan

2.1. Condition

Treatment of human immunodeficiency virus type-1 (HIV-1) infection.

2.1.1. Indication(s) targeted by the PIP

Treatment of HIV-1 infection in paediatric subjects weighing 25 kg or more above 6 years of age.

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

Treatment of HIV-1 infection in paediatric subjects weighing 25 kg or more above 6 years of age.

2.1.3. Pharmaceutical form(s)

Film-coated tablet

Age appropriate formulation

2.1.4. Measures

Area	Number of measures	Description
Quality-related studies	2	Study 1 Evaluation of the acceptability for paediatric patients between 12 to less than 18 year olds of the adult tablet darunavir (DRV) / cobicistat (COBI) 800/150-mg fixed dose combination (FDC). Study 2 Development of age-appropriate oral formulation(s) of the D/C/F/TAF FDC and evaluation of acceptability for patients aged at least 6 years old weighing at least 25 kg.

Area	Number of measures	Description
Non-clinical studies	0	Not applicable.
Clinical studies	2	Study 3 <i>This study is included as Measure 6 (GS-US-216-0128) in the darunavir /cobicistat PIP EMEA- EMEA-001280-PIP01-12, P/0036/2013 of 27 February 2013 and subsequent modifications thereof.</i> Open-label, multicentre, multi-cohort, 2-part study to evaluate pharmacokinetics (PK), safety, and efficacy and confirm the dose of cobicistat-boosted atazanavir (ATV) or cobicistat (COB) -boosted darunavir (DRV) in children from 3 to less than 18 years of age with HIV-1 infection. Study 4 <i>This study is included as Study 3 (GS-US-311-1269) of the emtricitabine/tenofovir alafenamide PIP EMEA-001577-PIP02-14, P/0032/2015 of 16 February 2015 and subsequent modifications thereof.</i> Open-label, randomised (Subset 2 only), active controlled (Subset 2 only) trial to evaluate pharmacokinetics, safety, tolerability and efficacy of emtricitabine/tenofovir alafenamide (F/TAF) fixed-dose combination (FDC) in children from 6 to less than 18 years of age with HIV-1 infection, who are virologically suppressed on an antiretroviral (ARV) regimen.
Extrapolation, modelling and simulation studies	0	Not applicable.
Other studies	0	Not applicable.
Other measures	0	Not applicable.

3. Follow-up, completion and deferral of PIP

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