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Committee for Medicinal Products for Human Use (CHMP)

Scientific conclusions and grounds for the variation to the terms of the marketing authorisation(s)

Active substance(s): ingenol mebutate

Procedure No. EMEA/H/C/PSUSA/00010035/201601

Period covered by the PSUR: 31 January 2016 – DLP 31 January 2016

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Scientific conclusions

Taking into account the PRAC Assessment Report on the PSUR(s) for ingenol mebutate, the scientific conclusions of CHMP are as follows:
Following routine signal activities, the MAH identified a new signal of application site scarring as part of this periodic safety update report. One case of hypertrophic scarring was reported from the pool of clinical trials including all placebo-controlled phase 2-4 studies. A search for post-marketing cases retrieved 63 cases with terms related to scarring, 24 with an outcome of 'Recovered/resolved with sequelae' or 'Not recovered/not resolved'. Of these 24 cases, a description of the scar was available for 13 and the majority described redness (5 cases), pigmentation changes (5 cases) or hypertrophy (2 cases). Both the events of hypertrophic scarring were medically confirmed; in one case the scar was persistent after 12 months.
Based on the reported cases, it is deemed appropriate to include the risk of application site scarring as a new adverse drug reaction in the summary of product characteristics.
Therefore, in view of the data presented in the reviewed PSUR, the PRAC considered that changes to the product information of medicinal products containing ingenol mebutate were warranted.
The CHMP agrees with the scientific conclusions made by the PRAC.

Grounds for the variation to the terms of the marketing authorisation(s)

On the basis of the scientific conclusions for ingenol mebutate the CHMP is of the opinion that the benefit-risk balance of the medicinal product(s) containing ingenol mebutate is unchanged subject to the proposed changes to the product information.

The CHMP recommends that the terms of the marketing authorisation(s) should be varied.