European Medicines Agency
Pre-Authorisation Evaluation of Medicines for Human Use

London, 24 April 2008
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COMMITTEE FOR MEDICINAL PRODUCTS FOR HUMAN USE
SUMMARY OF POSITIVE OPINION*
for
TREVACLYN

International Nonproprietary Name (INN): ***nicotinic acid / laropiprant***

On 24 April 2008 the Committee for Medicinal Products for Human Use (CHMP) adopted a positive opinion,** recommending to grant a marketing authorisation for the medicinal product Trevaclyn, 1000 mg / 20 mg modified-release tablet intended for treatment of dyslipidaemia, particularly in patients with combined mixed dyslipidaemia (characterised by elevated levels of LDL-cholesterol and triglycerides and low HDL-cholesterol) and in patients with primary hypercholesterolaemia (heterozygous familial and non-familial). The applicant for this medicinal product is Merck Sharp & Dohme Limited.

The active substances of Trevaclyn are nicotinic acid and laropiprant (nicotinic acid and derivatives, ATC code C10AD52). Nicotinic acid, is a lipid-modifying agent. Laropiprant is a potent, selective antagonist of the prostaglandin D_2 (PGD_2) receptor subtype 1 (DP_1). Nicotinic acid reduces plasma levels of very low density lipoprotein cholesterol (VLDL-C), low-density lipoprotein cholesterol (LDL-C), apolipoprotein B (apo B), triglycerides (TG), total cholesterol (TC), and lipoprotein (Lp(a)), and elevates the plasma levels of high-density lipoprotein cholesterol (HDL-C) and apolipoprotein A-I (apo A-I). Laropiprant suppresses PGD_2 mediated flushing associated with administration of nicotinic acid. Laropiprant has no effect on lipid levels, nor does it interfere with the effects of nicotinic acid on lipids.

The benefits of Trevaclyn are the lipid-altering ability and the simultaneous reduction of the flushing symptoms induced by nicotinic acid. The most common side effect is the remaining flushing, which is prominent mainly in the head, neck and upper torso.

A pharmacovigilance plan for Trevaclyn, as for all medicinal products, will be implemented as part of the marketing authorisation.

The approved indication is: “treatment of dyslipidaemia, particularly in patients with combined mixed dyslipidaemia (characterised by elevated levels of LDL-cholesterol and triglycerides and low HDL-cholesterol) and in patients with primary hypercholesterolaemia (heterozygous familial and non-familial).

Trevaclyn should be used in patients in combination with HMG-CoA reductase inhibitors (statins), when the cholesterol lowering effect of HMG-CoA reductase inhibitor monotherapy is inadequate. It can be used as monotherapy only in patients in whom HMG-CoA reductase inhibitors are considered inappropriate or not tolerated. Diet and other non-pharmacological treatments (e.g. exercise, weight reduction) should be continued during therapy with Trevaclyn.

Detailed recommendations for the use of this product will be described in the Summary of Product Characteristics (SPC) which will be published in the European Public Assessment Report (EPAR) and

* Summaries of positive opinion are published without prejudice to the Commission Decision, which will normally be issued within 67 days from adoption of the Opinion.

** Applicants may request a re-examination of any CHMP opinion, provided they notify the EMEA in writing of their intention to request a re-examination within 15 days of receipt of the opinion.

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will be available in all official European Union languages after the marketing authorisation has been granted by the European Commission.

The CHMP, on the basis of quality, safety and efficacy data submitted, considers that there is a favourable benefit to risk balance for Trevaclyn and therefore recommends the granting of the marketing authorisation.