15 September 2016
EMA/645130/2016
Committee for Medicinal Products for Human Use (CHMP)

Assessment report for paediatric studies submitted according to Article 46 of the Regulation (EC) No 1901/2006

Humira

adalimumab

Procedure no: EMEA/H/C/000481/P46/094

Note

Assessment report as adopted by the CHMP with all information of a commercially confidential nature deleted.

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Introduction

On 26 June 2016, the MAH submitted a completed Japanese study for Humira. The study included 2 paediatric patients, and was therefore submitted in accordance with Article 46 of Regulation (EC) No1901/2006, as amended. A short critical expert overview has also been provided.

This AR is aimed to inform about this submission.

1. Scientific discussion

1.1. Clinical aspects

1.1.1. Introduction

The MAH submitted a final report with study results from the **Japanese non-PASS-PMOS Study P12-772:**

"The documentation of the effects on Quality of Life (QOL) and Working Productivity and Activity Impairment (WPAI) in patients with rheumatoid arthritis (RA) under HUMIRA (Adalimumab) in routine clinical practice."

1.1.2. Clinical study

Description

The MAH conducted a single-arm, multi-center, prospective cohort study (Post-Marketing Observational Study) in Japan. The study was conducted from May 2011 to January 2015.

The observation period for each subject was 48 weeks.

The primary objectives were to assess work productivity using the Work Productivity and Activity Impairment-Rheumatoid Arthritis questionnaire (WPAI-RA) and functional impairment (daily life activity) using the Disability Index of the Health Assessment Questionnaire (HAQ-DI) in RA patients treated with adalimumab.

The secondary objectives were to assess the health related quality of life, clinical benefits, safety, and factors affecting safety and effectiveness in RA patients treated with adalimumab as measured by the EuroQol Questionnaire 5 Dimensions (EQ-5D), Clinical Disease Activity Index (CDAI), Simplified Disease Activity Index (SDAI), and Disease Activity Score 28 (DAS28).

Safety was assessed by adverse events and adverse drug reactions reporting.

Results

Recruitment / Number analysed

A total of 2,088 registration forms were obtained, and 1,998 patients were registered after duplicate registrations were removed. Among the 1,973 patients with retrieved CRFs, a total of 1,968 patients were included in the safety analysis set, and 1,808 patients in the efficacy analysis set.

Baseline data

Patients consisted of 1,484 women (75.4%) and 484 men (24.6%). The average age was 55.8 ± 13.5 years, and ranged from 15 to 87 years. Patients had an average disease duration of 6.79 ± 8.05 years. 636 patients (32.3%) were classified as having early RA, defined as within 2 years of diagnosis.

Efficacy results

Efficacy results are not assessed here.

Safety results

Among 1,968 patients included in the safety analysis set, 451 patients experienced 597 adverse drug reactions (ADRs). The reporting rate of ADRs was 22.92%. A total of 87 serious ADRs were reported in 79 patients. The reporting rate was 4.01%.

The safety profile did not differ substantially between this survey and the drug-use results survey, in which the reporting rate of ADRs was 23.4% (1,847/7,739 patients) and that of serious ADRs was 4.5% (349/7,739 patients).

Assessor's comment: *The drug-use result survey was an observational study conducted in Japanese RA patients.*

There were two paediatric patients under the age of 18 years which experienced no AEs.

Discussion

The study only included 2 children whereof the youngest was 15 years old. None of these reported an AE. From a paediatric perspective, no data allowing for any conclusions was presented.

2. Rapporteur's overall conclusion and recommendation

Overall conclusion

The MAH´s conclusion that given the very few paediatric patients enrolled into this study, no reliable or robust conclusions on the impact of this Japanese data on a European paediatric population can be drawn, is endorsed.

The benefit risk balance of Humira is unchanged.

Recommendation

☒ **Fulfilled:**

No regulatory action required.

☐ **Not fulfilled:**

Additional clarifications requested

Not applicable.