22 April 2022
EMA/254431/2022
Human Medicines Division

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

Vimpat

lacosamide

Procedure no: EMEA/H/C/000863/P46/042

Note

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

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1. Introduction

On 19 Jan 2022, the MAH submitted the results of EP0090, a post-marketing survey including children, a completed survey study including paediatric patients for Vimpat, in accordance with Article 46 of Regulation (EC) No1901/2006, as amended.

EP0090 was a postmarketing survey intended to determine the incidences of adverse reactions, evaluate efficacy, and consider factors that may affect the safety and efficacy of Vimpat (lacosamide).

Patients who had newly initiated treatment with the Survey Drug as "a monotherapy in the treatment of partial onset seizures with or without secondary generalization" were observed over a period of 26 weeks. The patients were followed as per current clinical practices for their condition. A total of 300 patients were planned in the survey.

The summary below presents disposition, demographics, dosing history, and treatment-emergent adverse events (TEAEs) for the 6 paediatric patients from EP0090 to fulfill the requirement of reporting paediatric data as outlined in Article 46.

2. Scientific discussion

2.1. Information on the development program

2.2. Information on the pharmaceutical formulation used in the study

VIMPAT Tablets 50mg, VIMPAT Tablets 100mg, and VIMPAT Dry syrup 10%

2.3. Clinical aspects

2.3.1. Introduction

The MAH submitted a final report for:

- Post Marketing Surveillance Final Report (EP0090)

2.3.2. Clinical study

EP0090: Post Marketing Surveillance Final Report

Description

Methods

Study participants

Inclusion criteria:

Patients who have newly initiated the treatment with the Survey Drug as "a monotherapy in the treatment of partial onset seizures with or without secondary generalization in epilepsy patients"

"Monotherapy":

The patients corresponded to any of the following,

・ Patients who have not been treated with other antiepileptic drugs at the start of administration of the survey drug.

・ Patients who are treated with other antiepileptic drugs at the start of administration of the survey drug, but who plan to switch to monotherapy with the survey drug.

Exclusion criteria:

None

Treatments

Objective(s)

This post-marketing survey is intended to find out the incidence detail of adverse reactions, evaluate efficacy, and consider the factors that may affect the safety and efficacy of "Vimpat® Tablets 50 mg, Vimpat® Tablets 100 mg and Vimpat® Dry Syrup 10% (hereinafter referred to as "the Survey Drug") in routine clinical practice settings in monotherapy. Observation period: 26 weeks.

Outcomes/endpoints

Effectiveness evaluations included:

- Global improvement rating
  - Assessment was conducted at Week 26 or upon drug withdrawal
  - Global improvement rating: Evaluation on a 3-point scale, consisting of "Improved", "Unchanged" and "Worsened"
- Frequency of epileptic seizures
  - Number of seizures for each seizure type noted within the past 4 weeks, at each time point of baseline, Week 26 or at drug withdrawal
- Seizure freedom
  - Presence/absence of seizure during observation period

Sample size

Target sample size: 300

The number of medical sites planned to be included in the survey is 100 and departments are mainly neurology, psychiatry and neurosurgery.

Randomisation and blinding (masking)

Statistical Methods

Results

Participant flow

A total of 392 patients at 107 sites were registered, and survey forms were collected from 385 patients at 102 sites***.***

In this assessment report, only the data from the 6 paediatric patients from EP0090 which were required to be reported to EMA to fulfil the requirement of reporting paediatric data as outlined in Article 46 are presented.

Recruitment

Baseline data

Table: Demographics and disposition of pediatric patients

Patient number	**Age (years) / Sex**	**Body weight (kg)**	**Age of epilepsy onset (years)**	**Duration of disease (years)**	**Concomitant medications[a]**	**Complications**	**Completion status**
1			15	0.5	None	None	Completed
2			16	0.6	None	Intellectual disability	Completed
3		Unknown	16	1.7	None	None	Discontinued
4		Unknown	6	11.2	Carbamazepine	None	Completed
5		Unknown	17	0.0	None	None	Completed
6			15	1.6	None	None	Completed

[a] Medications prescribed for treatment-emergent adverse events were not considered concomitant medications in this study.

Number analysed

Efficacy results

Table: LCM exposure of paediatric study participants

Patient number	Age (years)/ Sex	Daily average dose (mg)	Initial dose (mg)	Maximum dose (mg)	Treatment duration (days)
1		246.4	100	300	196
2		271.1	100	400	197
3		144.4	100	200	27
4		152.5	100	200	179
5		275.8	100	300	182
6		194.1	100	200	188

Global improvement rating

The primary effectiveness variable was the global improvement rating. Of the 6 pediatric participants in the survey, the investigators reported 3 with improvement in symptoms, 2 with unchanged symptoms, and 1 with deterioration in symptoms.

Safety results

Table: Adverse events reported for paediatric study participants

Participant number	Age (years)/ Sex	Preferred term	Time to onset (days)	Physician assessment		UCB assessment	
				Seriousness	Relatedness	Seriousness	Relatedness
3		Epilepsy	24	Nonserious	Related	Serious	Related
6		Hypercholesterolaemia	94	Nonserious	Not related	Nonserious	Not related
		Hyperlipidaemia	251	Nonserious	Not related	Nonserious	Not related

2.3.3. Discussion on clinical aspects

The MAH has done as requested and submitted the paediatric data from study EP0090 in accordance with Art 46.

Since only 6 paediatric patients were included in the survey, no conclusions on the effectiveness or safety may be drawn from these data.

The benefit-risk balance remains unchanged.

3. Rapporteur's overall conclusion and recommendation

☒ **Fulfilled:**

No regulatory action required.

The MAH has done as requested and submitted the paediatric data from study EP0090 in accordance with Art 46.

Since only 6 paediatric patients were included in the survey, no conclusions on the effectiveness or safety may be drawn from these data.

The benefit-risk balance remains unchanged.