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EMA/600712/2017
Human Medicines Evaluation Division

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

Xolair

omalizumab

Procedure no: EMEA/H/C/000606/P46/057

Note

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

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Introduction

On March 28:th, 2017 the MAH submitted a completed paediatric study (CIGE025A2425) for Xolair, in accordance with Article 46 of Regulation (EC) No1901/2006, as amended.

Study CIGE025A2425 was a randomized, open label, parallel-group, international, multicenter study evaluating persistency of response to omalizumab during 32 weeks treatment given as add on to optimized asthma therapy in adult and adolescent patients with severe persistent allergic asthma, who remain inadequately controlled despite Global Initiative for Asthma (GINA (2004)) step 4 therapy.

This study was conducted in fourteen countries (Belgium, Canada, Denmark, Germany, Hungary, Ireland, Israel, Italy, Norway, Poland, Spain, Sweden, Switzerland, Turkey, and UK) and randomized a total of 404 male and female patients aged 14 to 73 years.

A short critical expert overview written by a Novartis employee has also been provided.

1. Scientific discussion

1.1. Information on the development program

The MAH stated that CIGE025A2425 is a stand alone study.

1.2. Information on the pharmaceutical formulation used in the study

Xolair, as approved was used in this study.

1.3. Clinical aspects

1.3.1. Introduction

The MAH submitted a final report for:

- Study CIGE025A2425 (last patient last visit on 23-Sep-2008)

It is noted that the time period between the last patient last visit in the study CIGE025A2425 and the finalisation of the current report is more than eight years.

1.3.2. Clinical study

CIGE025A2425

Methods

Objective

Primary objective: To evaluate persistency in treatment responder classification between assessments at 16 and 32 weeks after starting omalizumab therapy given as add on to optimized asthma therapy in patients who remained uncontrolled despite GINA (2004) Step 4 therapy. Treatment response was defined by at least marked improvement of overall asthma control as assessed by physician Global Evaluation of Treatment Effectiveness (GETE).

Study design

This was an international multicenter, randomized, open-label, parallel group study, measuring treatment effect persistency during 32 weeks treatment with omalizumab administered in conjunction with optimized asthma therapy (OAT).

Study population /Sample size

Patients entered into this study were 12 - 75 years old diagnosed with allergic asthma who continued to be inadequately controlled despite treatment with high doses of ICS and LABA.

A total of 404 patients were randomized (2:1) to 32 weeks treatment of omalizumab in addition to OAT or remained on their OAT (273 patients to omalizumab + OAT, 131 patients to OAT).

In the age group 12 to <18 years, five patients were randomized (five patients to omalizumab + OAT, no patient to OAT). One out of five patients who was allocated to omalizumab + OAT arm was discontinued from the study due to protocol deviation (0140/00009: Enrollment of pregnant female). As per inclusion criteria, no patients aged 6 to < 12 years were enrolled into the study.

Results

Efficacy results

In the patient group aged 12 to <18 years, no separate efficacy analysis in these patients was performed due to the small number of patients (five patients).

Safety results

Due to the small number of patients (five patients) aged 12 to <18 years included in Study CIGE025A2425, no separate safety analysis in these patients group was performed.

Adverse events in patients aged 12 to less than 18 years (Study CIGE025A2425)

Patient ID	Age/ gender	Adverse event (Preferred term)	Treatment	SAE	Severity	Causality
	16/M	Nasopharyngitis	Omalizumab + OAT	No	Mild	Not suspected
		Upper respiratory tract infection		No	Moderate	Not suspected
	14/F	Nasopharyngitis	Omalizumab + OAT	No	Mild	Not suspected
	17/F	Headache	Omalizumab + OAT	No	Mild	Not suspected
		Nausea		No	Mild	Not suspected
		Musculoskeletal chest pain		No	Mild	Not suspected
		Malaise		No	Mild	Not suspected
		Nausea		No	Mild	Not suspected
		Viral upper respiratory tract infection		No	Moderate	Not suspected
		Oropharyngeal pain		No	Moderate	Not suspected
	16/F	Viral upper respiratory tract infection	Omalizumab + OAT	No	Mild	Not suspected
		Ear infection		No	Mild	Not suspected
		Ear infection		No	Mild	Not suspected
		Lymphadenopathy		No	Mild	Not suspected
		Irritable bowel		No	Mild	Not suspected

Patient ID	Age/ gender	Adverse event (Preferred term)	Treatment	SAE	Severity	Causality
		syndrome				
		Kidney infection		No	Mild	Not suspected
		Pregnancy		No	Mild	Not suspected
		Abdominal pain		No	Mild	Not suspected
	17/F	Headache	Omalizumab + OAT	No	Moderate	Not suspected
		Rhinitis		No	Moderate	Not suspected
		Headache		No	Moderate	Not suspected
		Headache		No	Moderate	Not suspected
		Headache		No	Moderate	Not suspected
		Fever		No	Moderate	Not suspected
		Tracheobronchitis		No	Moderate	Not suspected
		Headache		No	Moderate	Not suspected
		Headache		No	Moderate	Not suspected
		Upper respiratory tract infection		No	Moderate	Not suspected
		Candidiasis		No	Moderate	Not suspected
		Headache		No	Moderate	Not suspected
		Headache		No	Moderate	Not suspected
		Gastrooesophageal reflux disease		No	Moderate	Not suspected
		Tonsillitis		No	Moderate	Not suspected
		Headache		No	Moderate	Not suspected
		Headache		No	Moderate	Not suspected
		Headache		No	Moderate	Not suspected
		Headache		No	Moderate	Not suspected
		Upper respiratory tract infection		No	Moderate	Not suspected
		Headache		No	Moderate	Not suspected
		Headache		No	Moderate	Not suspected
		Headache		No	Moderate	Not suspected
		Headache		No	Moderate	Not suspected
		Headache		No	Moderate	Not suspected
		Headache		No	Moderate	Not suspected

1.3.3. Discussion on clinical aspects

The results of this trial raised no new safety concerns and do not change the overall risk/benefit profile of Xolair® (omalizumab). There are no proposed changes to the existing Product information.

2. Rapporteur's overall conclusion and recommendation

The study report for Study CIGE025A2425 has been provided as requested according to Article 46 of Regulation (EC) No1901/2006, as amended. There were no unexpected findings.

Recommendation

☒ Fulfilled:

No regulatory action required.