EURORDIS THERAPEUTIC REPORT

January 2019

ISSUE 1

UPDATE ON THERAPEUTIC DEVELOPMENT AND PATIENT INVOLVEMENT IN EMA ACTIVITIES

GENERAL NEWS

EMA public consultation the electronic product information of EU medicines

The European Medicines Agency (EMA), the Heads of Medicines Agencies (HMA) and the European Commission (EC) are working together to facilitate the **development of electronic tools to improve the access of patients and healthcare professionals to product information** in the European Union (EU).

Last 28 November 2018 in London took place a workshop with all the stakeholders to agree on **common EU key principles** and to pave the way for implementing electronic product information (ePI) in the EU. They have also created a **draft proposal** of these key principles that will form the basis on which the **ePI** for human medicines will be developed and used in the European Union, and now is *open for public consultation*.

The proposal defines an EU-wide approach to support harmonised development and implementation of ePI, the expected benefits for public health, and how ePI can be seen as a complement to the paper package leaflet. It also outlines the processes, roles and responsibilities, and describe how ePI can be supported in all official EU languages and explains how it would interact with other ongoing initiatives at EU and global level.

Following the consultation, the final version of the key principles will be agreed. They will then form the basis to support a harmonised approach to ePI across the EU.

This consultation encourages all the stakeholders and members of the public to submit their comments on these key principles via an *online form* until **31 July 2019.**

For more information, please see *EMA website*.

IN THIS ISSUE

Report on availability of authorised medicines workshop

The task force set up by the European Medicines Agency (EMA) and the Heads of Medicines Agencies (HMA) on availability of authorised human and veterinary medicines organised a two-day workshop (8-9 November 2018) at EMA in London to gather stakeholders' perspectives on how to better address potential problems with the supply of medicines and how to avoid shortages of medicines. The workshop illustrated the complexity of availability problems and their multifactorial causes. All these are included in the *workshop report*, now available!

For more information, see the *EMA website*.

Join the EURORDIS staff and paint your face to *#ShowYourRare* in support of the rare disease community for *#RareDiseaseDay2019*

RAREDISEASEDAY.ORG

In the Spotlight: Falsified medicines

What are ´falsified medicines´?

Falsified medicines are fake medicines that pass themselves off as real, authorised medicines. Those medicines, do not pass through the usual evaluation of quality, safety and efficacy that is required for the EU authorisation procedure, being a health threat as they may:

- contain ingredients of low quality or in the wrong doses;
- be deliberately and fraudulently mislabelled with respect to their identity or source;
- have fake packaging, the wrong ingredients, or low levels of the active ingredients.

The phenomenon of falsified medicines is on the increase, with more and more medicines now being falsified. These include expensive medicines, such as anticancer medicines, and medicines in high demand, such as antivirals, and 'lifestyle' medicines, such as hormones, steroids and antihistamines.

Background information

In July 2011, the European Union (EU) strengthened the protection of patients and consumers by adopting a new *Directive on falsified medicines for human use*, aimed to prevent falsified medicines entering the legal supply chain and reaching patients. It introduces harmonised safety and strengthened control measures across Europe by applying new measures, which can be grouped into ***four main pillars*:**

1. Tougher rules on the import of active substances;
2. Strengthened supply chain and requirements for wholesale distributors;
3. A common, EU-wide logo to identify legal online pharmacies;
4. Obligatory **safety features** (i.e. the unique identifier and an anti-tampering device on the outer packaging of medicines that now become mandatory)

The fourth pillar on safety features is the final aspect of the *Falsified Medicines Directive* that **now** has been addressed.

What's new?

As part of the EU strategy to strengthen the security of the supply chain of medicines, and under the *Falsified Medicines Directive*, this 9 February 2019 most prescription medicines and some over-the-counter medicines for human use supplied in the European Union **are required to have a unique identifier** (a two-dimension barcode) and on their outer packaging an **anti-tampering device**, which is a safety feature that shows whether the packaging has been opened or altered since it left the manufacturer, thereby ensuring that the content of the packaging is authentic.

All these safety features will guarantee the medicine authenticity for the benefit of patients, and will strengthen the security of the medicine supply chain, from manufacturers to distributors to pharmacies and hospitals.

This Directive applies in **all European Union (EU) and European Economic Area (EEA) Member States, except for Greece and Italy, who have until 2025** to update their already existing tracking systems.

This will help to protect European citizens against the threat of falsified medicines, which may contain ingredients, including active ingredients, which are of low quality or in the wrong dosage and could potentially put patients' health at risk.

For more information, please see the *EMA website.*

Pharmacovigilance Risk Assessment Committee (PRAC) January 2019

Minutes November 2018
Agenda January 2019
Meeting Highlights Jan 2019

EMA's recommendation on Lartruvo (olaratumab)

Lartruvo is a cancer medicine to treat adults with advanced soft tissue sarcoma. In February 2015 was designated as an **orphan medicine**, and in November 2016, was authorised for use together with doxorubicin (another cancer medicine) in patients who cannot undergo surgery or radiotherapy (treatment with radiation) and who have not been previously treated with doxorubicin. A new study showed that Lartruvo in combination with doxorubicin is not more effective at prolonging patients' lives than doxorubicin alone.

The EMA recommends new patients to not start treatment with this medicine. If you are being treated with Lartruvo, you should discuss with your doctor whether to continue treatment with this medicine.

Please note that there are no new safety concerns with the medicine.

For more information, please see *EMA website*

List of medicines under additional monitoring

All medicines after being placed on the European Union (EU) market are carefully monitored. Some of them are monitored even more intensively by regulatory authorities, these are the medicines under additional monitoring which have a black inverted triangle (▼) displayed in their package leaflet and summary of product characteristics, together with a short sentence explaining what the triangle means.

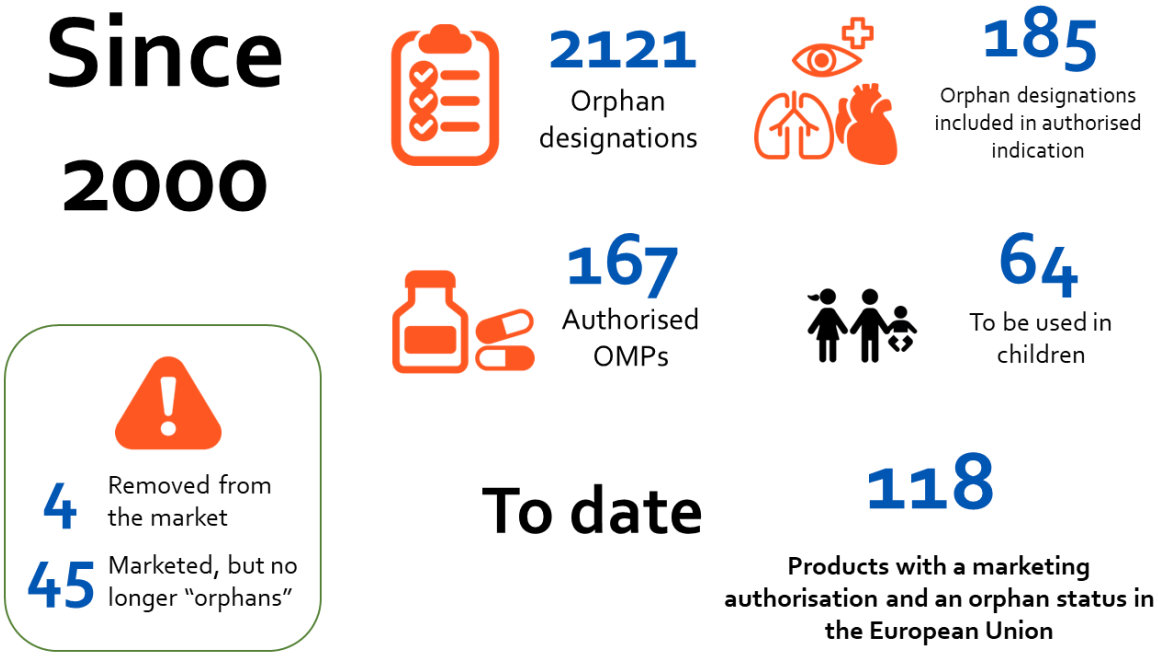
For more information, please see the up to date *list of medicines under additional monitoring.*

Medicines safety resources

- List of medicines under additional monitoring
- EudraVigilance
- Shortages catalogue
- Recommendations on medication errors
- Good Pharmacovigilance Practices
- Patient registries
- Rules of procedure on the organisation and conduct of public hearings at the PRAC

Click on the image to get the latest issue of ***QPP Update***, an EMA newsletter with the latest news on EU

Orphan medicines key figures



21 February 2018

Note that this January 2019 no market authorisation has been granted for an orphan drug.

Please click also on the following links to see:

Orphan medicinal products authorised during 2018

Orphan medicinal products authorised since 2000

ORPHAN MEDICINAL PRODUCTS AUTHORISED IN 2018

Medicinal Product	Marketing Authorisation Holder	Therapeutic Indication	Date of Marketing Authorisation
Jorveza® (budesonide)	Dr. Falk Pharma GmbH	Eosinophilic oesophagitis	08/01/2018
Premyvis® (letermovir)	Merck Sharp & Dohme Limited	Cytomegalovirus infection prevention following haematopoietic stem cell transplant	08/01/2018
Crysvita® (burosumab)	Kyowa Kirin Limited	X-linked hypophosphataemia	19/02/2018
Lamzede® (velmanase alfa)	Chiesi Farmaceutici S.p.A.	Alpha-mannosidosis	23/03/2018
Alofisel® (darvadstrocel)	Tigenix, S.A.U.	Complex anal fistulas in adults with Crohn's disease	23/03/2018
Mylotarg® (gemtuzumab ozogamicin)	Pfizer Limited	Acute myeloid leukemia	19/04/2018
Amglidia® (glibenclamide)	Ammtrek	Neonatal diabetes	24/05/2018
Rubraca® (rucaparib)	Clovis Oncology UK Limited	High-grade cancers of the ovary, fallopian tubes and peritoneum	24/05/2018
Verkazia® (ciclosporin)	Santen Oy	Keratoconjunctivitis (VKC) in children and adolescents from 4 to 18 years	06/07/2018
Tegsedi® (inotersen sodium)	Ionis USA Ltd	Hereditary transthyretin amyloidosis (hATTR)	06/07/2018
Myalepta® (metreleptin)	Aegerion Pharmaceuticals B.V.	Lipodystrophy	30/07/2018
Vyxeos® (daunorubicin / cytarabine)	Jazz Pharmaceuticals Ireland Limited	Adults with newly diagnosed acute myeloid leukaemia	22/08/2018
Kymriah® (tisagenlecleucel)	Novartis Europharm Limited	B-cell acute lymphoblastic leukaemia (ALL), and diffuse large B-cell lymphoma (DLBCL)	22/08/2018
Mepsevii® (vestronidase alfametreleptin)	Ultragenyx Germany GmbH	Mucopolysaccharidosis type VII (MPS VII, also known as Sly syndrome)	23/08/2018
Yescarta® (axicabtagene ciloleucel)	Kite Pharma EU B.V.	Diffuse large B-cell lymphoma (DLBCL) and primary mediastinal large B-cell lymphoma (PMBCL)	23/08/2018
Onpattro® (patisiran)	Alnylam Netherlands B.V.	Hereditary transthyretin-mediated amyloidosis (hATTR)	26/08/2018
Cablivic® (caplacizumab)	Ablynx NV	Acquired thrombotic thrombocytopenic purpura (aTTP)	31/08/2018
Symkevi® (tezacaftor/ivacaftor)	Vertex Pharmaceuticals (Europe) Ltd.	Cystic fibrosis in patients aged 12 years and above	31/10/2018
Luxturna® (voretigene neparvovec)	Spark Therapeutics Ireland Ltd	Inherited retinal dystrophy	22/11/2018
Namuscla® (mexiletine hcl)	Lupin Europe GmbH	Non-dystrophic myotonic disorders	18/12/2018

CHMP Meeting Highlights January 2019

Minutes December 2018
Agenda January 2019
Meeting Highlights January 2019

In January, the CHMP recommended **6 medicines for approval**, none of them were orphan medicines:

- *Ajovy (fremanezumab)*, for the prophylaxis of migraine.
- *Vizimpro* (*dacomitinib*) received a positive opinion for the treatment of locally advanced or metastatic non-small cell lung cancer with epidermal growth factor receptor activating mutations.
- Two biosimilar medicines for the treatment of certain inflammatory and autoimmune disorders received a positive opinion from the Committee: *Idacio* (*adalimumab*) and *Kromeya* (*adalimumab*).
- Two generic medicines: *Atazanavir Krka* (*atazanavir*), for the treatment of HIV-1 infection in adults and children 6 years of age and older, and *Febuxostat Krka (febuxostat*), for the prevention and treatment of hyperuricaemia.

For further details, read the full *CHMP meeting highlights*

Click on the image to get the latest issue of ***Human Medicines Highlights,*** a newsletter published by EMA address to organisations representing patients, consumers and healthcare professionals summarising key information on medicines for human use.

COMP January 2019 meeting update

Minutes November 2018
Agenda January 2019
Meeting Report January 2019

During the January plenary, the COMP adopted **12 positive opinions** on the designation of medicines as orphan medicinal products to the European Commission (EC). For further information, please see the *meeting report.* For further information on the work of the COMP see the *2019 work plan*

Please find below the list of indications covered in the medicines that were recommended for orphan designation:

- Non-traumatic osteonecrosis
- Spinal muscular atrophy
- Small cell lung cancer
- Infantile neuroaxonal dystrophy
- DiGeorge syndrome
- CHARGE syndrome
- Immunodeficiency due to FOXN1 deficiency
- Post-transplant lymphoproliferative disorder
- Haemophilia B
- Epidermolysis bullosa
- Cystic fibrosis
- Hunter's syndrome

Summaries of positive opinions on orphan designations are available on the *EMA website*

Overview of the orphan designation process since 2000

Year	Applications submitted	Positive COMP opinions	Applications withdrawn	Negative COMP opinions	Designations granted by the Commission	Orphan medicinal products authorised	Orphan designations included in authorised therapeutic indication
2018	203	152	79	3	126	12	15
2017	260	144	100	2	147	14	15
2016	330	220	82	2	209	14	14
2015	258	177	94	1	190	14	21
2014	329	196	61	2	187	15	16
2013	201	136	60	1	136	7	8
2012	197	139	52	1	148	10	12
2011	166	111	45	2	107	5	5
2010	174	123	51	2	128	4	4
2009	164	113	23	0	106	9	9
2008	119	86	31	1	73	6	7
2007	125	97	19	1	98	13	13
2006	104	81	20	2	80	9	11
2005	118	88	30	0	88	4	4
2004	108	75	22	4	73	6	6
2003	87	54	41	1	55	5	5
2002	80	43	30	2	49	4	4
2001	83	62	26	1	64	3	3
2000	72	26	3	0	14	0	0
Total	**3211**	**2134**	**881**	**28**	**2121**	**164**	**185**

Adapted from the December 2018 Committee for Orphan Medicinal Products (COMP) meeting report

PDCO January 2019 meeting to be updated in February issue

Minutes October 2019
Agenda January 2019
Meeting Report December 2018

PDCO December 2018 meeting update

In December, the PDCO adopted **6 positive opinions** agreeing *paediatric investigation plans (PIPs)* for the medicine below. The PIP aims to generate the necessary quality, safety and efficacy data through studies to support the authorisation of the medicine for use in children of all ages.

- *Filgotinib*, from Gilead Sciences International Ltd., for the treatment of Crohn's disease and treatment of ulcerative colitis
- *Rilpivirine,* from Janssen-Cilag International N.V., for the treatment of human immunodeficiency virus (HIV-1) infection
- *Ozanimod,* from Celgene Europe Limited, for the treatment of Crohn's disease
- *Etripamil,* from Milestone Pharmaceuticals Inc, for the treatment of supraventricular arrhythmia
- *Ianalumab,* from Novartis Europharm Limited, for the treatment of autoimmune hepatitis
- *Split influenza virus,* inactivated containing antigens equivalent to the A/H1N1-like strain, A/H3N2-like strain, B-like strain (Victoria lineage) and B-like strain (Yamagata lineage), from Sanofi Pasteur, for prevention of influenza infection

The PDCO also adopted opinions on **product-specific waivers, modifications to an agreed PIP and compliance check** that can be consulted in the *meeting report*.

For a comprehensive list of opinions and decisions on PIPs, please check the *EMA website*

Minutes November 2018
Agenda January 2019
Meeting Report Dec 2018
Meeting Report January 2019

CAT December 2018 and January 2019 meeting update

In December 2018 and January 2019, the Committee for Advanced Therapies (CAT) finalised **a total of 9 scientific recommendations on the classification of advanced therapy medicinal products** (ATMPs) depicted below.

The outcome of these assessments can be found here: *Summaries of scientific recommendations on classification of ATMPs*.

The following products were classified as **gene therapy medicinal products:**

December 2018:

- Genetically modified bone marrow derived allogeneic mesenchymal stem cells expressing human alpha-1 antitrypsin, intended for the **treatment of steroid refractory acute graft-versushost disease.**
- Adeno-associated virus vector containing a transgene that encodes a microRNA targeting huntingtin, intended for the **treatment of Huntington's disease.**

January 2019:

- Bacteriophage capsid containing deoxyribonucleic acid encoding a ribonucleic acid (RNA)- guided nucleases and associated RNA guides, targeting shiga-toxin genes, intended **for the treatment of shiga-toxin producing *E. coli* infections.**
- Autologous CD34+ haematopoietic cells transduced with a lentiviral vector encoding the CD18 ß-subunit of human ß2 integrin, intended for the **treatment of severe leukocyte adhesion deficiency type I.**

The following product were classified as a **somatic cell therapy medicinal product**:

December 2018:

- **Ex vivo** treated human donor haematopoietic stem cells, intended for the **treatment of severe combined immunodeficiency.**

January 2019:

- Allogeneic expanded natural killer cells, intended for the **treatment of multiple myeloma**.

The following products were classified as **tissue engineered products**:

December 2018:

- Allogeneic Wharton's jelly derived mesenchymal stem cells on a dermal scaffold, intended for **the treatment of epidermolysis bullosa.**
- Suspension of human olfactory ensheathing cells and olfactory nerve fibroblasts, intended for the treatment of **complete and incomplete spinal cord injuries,** aiming to support neuroregeneration.

January 2019:

- Allogeneic cultured postnatal thymus tissue-derived product, intended **for immune reconstitution in patients with congenital athymia.**

PATIENTS' AND CONSUMERS' WORKING PARTY

The Patients' and Consumers' Working Party (PCWP), established in 2006, serves as a platform for exchange of information and discussion of issues of common interest between EMA and patients and consumers. It provides recommendations to EMA and its human scientific committees on all matters of interest in relation to medicines. For more information, see also the *PCWP mandate, objectives and rules of procedure.*

PCWP 2018-2019 Work Plan

At the last *Plenary with all eligible organisations* held on 22 November 2017, the draft joint work programme for PCWP and HCPWP for 2018 and 2019 was presented. This draft was sent for consultation during December to the drafting group and in it in the final review process by both working. For more information please see the *meeting summary* and the *draft joint work programme 2018-2019 presentation*

PCWP 2018 meetings

The first *PCWP – HCPWP joint meeting* of the year was held at the EMA on 17-18 April 2018. See *agenda* and *summary report.* All presentations are available in the *PCWP-HCPWP joint meeting event page*.

The second *PCWP – HCPWP joint meeting* of the year was held at the EMA on 25 September 2018. They discussed topics such as the results of the 2017 EMA perception survey, also the agency regulatory science initiative to 2025 and an update on Good Pharmacovigilance Practices (GVP). A feedback on the ongoing work on electronic product information and on availability of authorised medicines was given to the working parties' members.

EMA is also **supporting public health campaigns** with the aim to engage more with patients and HCPs. During this meeting a *case study* was presented where EMA has shared EURORDIS #RareDiseaseDay campaign.

For more information, see the *agenda.*

All presentations are available in the *PCWP-HCPWP joint meeting event page*.

GLOSSARY

Accelerated assessment
Rapid assessment of medicines in the centralised procedure aimed at facilitating patient access to new medicines that address an unmet medical need. Accelerated assessment usually takes 150 evaluation days, rather than 210.

Advanced therapies or advanced-therapy medicinal products (ATMPs)
ATMPs are new medical products based on genes, cells and tissues, which offer new treatment opportunities for many diseases and injuries. There are four main groups:

Gene-therapy medicines
They are medicines that contain genes leading to a therapeutic effect. They work by inserting 'recombinant' genes into cells, usually to treat a variety of diseases, including genetic disorders, cancer or long-term diseases. A recombinant gene is a stretch of DNA that is created in the laboratory, bringing together DNA from different sources.

Somatic-cell therapy medicines
These contain cells or tissues that have been manipulated to change their biological characteristics. They can be used to cure, diagnose or prevent diseases;

Tissue-engineered medicines
These contain cells or tissues that have been modified so they can be used to repair, regenerate or replace tissue.

Combined advanced-therapy medicines
These are medicines that contain one or more medical devices as an integral part of the medicine. An example of this is cells embedded in a biodegradable matrix or scaffold.

Authorisation under exceptional circumstances
It allows patients access to medicines that cannot be approved under a standard authorisation as comprehensive data cannot be obtained, either because there are only very few patients with the disease, the collection of complete information on the efficacy and safety of the medicine would be unethical, or there are gaps in the scientific knowledge. These medicines are subject to specific post-authorisation obligations and monitoring.

Compliance check
It is performed to verify that all the measures agreed in a *Paediatric Investigation Plan* (PIP) and reflected in the Agency's decision have been conducted in accordance with the decision, including the agreed timelines. Full compliance with all studies/measured contained in the PIP is one of several prerequisites for obtaining the rewards and incentives provided for in Articles 36 to 38 of the Paediatric Regulation.

Conditional marketing authorisation
It is granted to a medicine that addresses unmet medical needs of patients on the basis of less comprehensive data than normally required. The available data must indicate that the medicine's benefits outweigh its risks and the applicant should be in a position to provide the comprehensive clinical data in the future.

Designation, orphan medicinal product
A status assigned to a medicine intended for use against a rare condition. The medicine must fulfil certain criteria for designation as an orphan medicine so that it can benefit from incentives such as protection from competition once on the market.

European Public Assessment Report (EPAR)
It is a lay-language document, which provides a summary of the grounds on which the EMA/CHMP based its recommendation for the medicine to receive a marketing authorisation. This happens when a manufacturer develops a generic medicine based on a reference medicine, but with a different strength or given by a different route.

Hybrid application for marketing authorisation
Hybrid applications rely partly on the results of tests on the reference medicine and partly on new data from clinical trials.

Informed consent application for marketing authorisation
An informed consent application makes use of data from the dossier of a previously authorised medicine, with the marketing authorisation holder of that medicine giving consent for the use of their data in the application.

Orphan Legislation
Regulation (EC) No 141/2000 on orphan medicinal products

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GLOSSARY

Paediatric Investigation Plan (PIP)
It sets out a programme for the development of a medicine in the paediatric population. It aims to generate the necessary quality, safety and efficacy data through studies to support the authorisation of the medicine for use in children of all ages. These data have to be submitted to the EMA, or national competent authorities, as part of an application for a marketing authorisation for a new medicine, or for one covered by a patent.

Paediatric Use Marketing Authorisation (PUMA)
It is a dedicated marketing authorisation for medicinal products indicated exclusively for use in the paediatric population, or subsets thereof, with, if necessary, an age-appropriate formulation. It has been designed to promote paediatric development of already authorised products which are no longer covered by a patent. Benefits are 8 years of data protection and 10 years market protection

Patient-reported outcomes (PROs)
Measurements based on data provided directly by patients regarding their health condition without interpretation of the patient's response by a clinician or anyone else.

Patient-reported outcome measures (PROMs)
They are instruments, scales, or single-item measures that have been developed to measure PROs, for example a self-completed questionnaire to assess pain.

Periodic Safety Update Reports (PSURs)
Periodic reports that the evaluate the benefit-risk balance of a medicine as evidence is gathered in clinical use. They are submitted by marketing authorisation holders at defined time points after the authorisation.

Post-authorisation efficacy studies (PAES)
PAES are studies relating to authorised medicinal products conducted within the therapeutic indication with the aim of addressing well-reasoned scientific uncertainties on aspects of the evidence of benefits of a medicine that could not be resolved before authorisation or were identified afterwards.

Post-authorisation safety studies (PASS)
A PASS is carried out after a medicine has been authorised to obtain further information on its safety, or to measure the effectiveness of risk-management measures. The PRAC is responsible for assessing the protocols of imposed PASSs and for assessing their results.

Prevalence
In the context of the Orphan Legislation, the prevalence refers to the number of persons with the condition at the time the application is made, divided by the population of the European Union (EU) at that time. It requires demonstration through authoritative references that the disease or condition for which the medicinal product is intended affects not more than 5 in 10,000 persons in the EU, when the application is made.

Public summaries of PDCO evaluations of PIPs
They describe the applicant's proposal for the development of their medicine in children, the PDCO's conclusion on the potential use of the medicine in the paediatric population, the plan agreed between the committee and the applicant at the completion of the procedure (including any partial waivers or deferrals) and the next steps.

Referral procedures for safety reasons
A referral is a procedure used to resolve issues such as concerns over the safety or benefit-risk balance of a medicine or a class of medicines. In a referral, the EMA is requested to conduct a scientific assessment of a particular medicine or a class of medicines on behalf of the European Commission or a Member State.

Risk Management Plans (RMPs)
RMPs are regulatory documents submitted by medicine developers when they apply for marketing authorisation and include information on the medicine's safety profile; how its risks will be prevented or minimised in patients; plans for studies and other activities to gain more knowledge about the safety and efficacy of the medicine; risk factors for developing adverse reactions; measuring the effectiveness of risk-minimisation measures.

Scientific advice/protocol assistance
Through scientific advice, companies can ask the EMA for advice on whether they are conducting the appropriate tests and studies during the clinical development of a given product. In the case of orphan medicines for the treatment of rare diseases, it also includes advice on1) the demonstration of significant benefit for the designated orphan indication and on 2) similarity or clinical superiority over other medicines; which are criteria for the authorisation of an orphan medicine.

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Significant benefit

Demonstrating a significant benefit, this is demonstrating a "clinically relevant advantage or a major contribution to patients" is one of the criteria that medicines for the treatment of rare diseases must fulfil to benefit from 10 years of market exclusivity once they have been authorised. For further information, read the *workshop report: Demonstrating significant benefit of orphan medicines*, held at the EMA in December 2015.

Safety signal

A safety signal is information on a new or incompletely documented adverse event that is potentially caused by a medicine and that warrants further investigation. Signals are generated from several sources such as spontaneous reports, clinical studies and the scientific literature, but their presence does not mean that a medicine has caused the reported adverse event. The adverse event could be a symptom of another illness or caused by another medicine taken by the patient. The evaluation of a safety signal is required to establish whether or not there is a causal relationship between the medicine and the adverse event.

Similar active substance

It means an identical active substance, or an active substance with the same principal molecular structural features (but not necessarily all of them) and which acts via the same mechanism.

Scientific Advisory Group (SAG)

SAGs have been established to provide an independent recommendation on scientific/technical matters related to products under evaluation through centralised regulatory procedures and referrals by the CHMP or any other scientific issue relevant to the work of the Committee.

Waiver

A waiver can be issued if there is evidence that the medicine concerned is likely to be ineffective or unsafe in the paediatric population, or that the disease or condition targeted occurs only in adult populations, or that the medicine, or the performance of trials, does not represent a significant therapeutic benefit over existing treatments for paediatric patients.

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