News from the EMA

Activities of the CHMP

During its meeting from 13–16 December 2010 the Committee for Human Medicinal Products (CHMP) adopted:

- five positive opinion for the granting of a marketing authorisation for:

- **Esbriet** (pirfenidone), an orphan medicine, from InterMune Europe, intended for treatment of idiopathic pulmonary fibrosis. The review for Esbriet began on 24 March 2010 with an active review time of 180 days.
- **Orphacol** (cholic acid) an orphan medicine from Lab. CTRS, intended for the treatment of inborn errors in primary bile acid synthesis due to deficiencies of certain enzymes. Begin of the review: 18 November 2009; review time: 210 days.
- **Teysuno** (tigafur/gimeracil/oteracil), an orphan medicine from Taiho Pharma Europe intended for the treatment of advanced gastric cancer in adults when given in combination with cisplatin. Begin of the review: 18 November 2009; review time: 210 days.
- **Xeplion** (paliperidone) from Janssen-Cilag, intended for the treatment of schizophrenia. Begin of the review: 3 December 2009; review time: 210 days.
- **Xiapex** (collagenase clostridium histolyticum) from Pfizer, intended for the treatment of Dupuytren's contracture in adult patients with a palpable cord. Begin of the review: 21 January 2010; review time: 210 days.

two positive opinions for the following informed consent applications:

- **Daliresp and Libertek** (roflumilast) from Nycomed GmbH intended for the maintenance treatment of severe COPD with chronic bronchitis in adult patients with a history of frequent exacerbations as add-on to bronchodilator treatment. Begin of the review: 17 October 2010; review time: 60 days.

- three positive opinions on the following generic medicines:

- **Ifarmacombi** (irbesartan hydrochlorid/hydrochlorothiazide) from Krka, d.d. Novo mesto, intended for the treatment of adult patients with essential hypertension whose blood pressure is not adequately controlled by one of the combination partners alone (generic of CoAprovel from Sanofi BMS).
- **Leflunomide Teva and Respo** (leflunomide), intended for the treatment of adult patients with active rheumatoid arthritis and for Respo in addition for treatment of active psoriatic arthritis (generics of Arava from Sanofi-Aventis).

- one positive opinion for the extension of the indication for:

- **Simponi** (golimumab), from Centocor, to include adult patients with severe, active and progressive rheumatoid arthritis (RA) not previously treated with methotrexate and to include reduction in the rate of progression of joint damage in all RA populations.

- one negative opinion for the extension of the indication for:

- **Avastin** (bevacizumab) from Roche: The current indication should not be extended to include first-line combination therapy with capecitabine in patients with metastatic breast cancer.

Pharmacovigilance:

Review of benefits and risks of Avastin from Roche concluded: The CHMP confirmed that the benefits of Avastin (bevacizumab) in combination with paclitaxel outweigh its risks and that this combination remains a valuable treatment option for patients suffering from metastatic breast cancer. Yet, it also concluded that Avastin in combination with docetaxel should no longer be used in the treatment of metastatic breast cancer. Patients who are currently being treated with this combination should discuss their ongoing treatment with their doctor. Avastin is an anticancer medicine used in combination with other anticancer treatments to treat cancers of the colon, rectum, lung, kidney or breast. The review was restricted to the use of Avastin in breast cancer and does not affect its use in the other indications.

Update on the withdrawal of Thelin: The CHMP has reviewed the data on liver toxicity, including three cases of fatal liver injury that had prompted Pfizer, to withdraw the marketing authorisation for **Thelin** worldwide and to discontinue all ongoing clinical trials.

Review of the safety of somatropin-containing medicines started: The CHMP has started a review of the safety of somatropin-containing medicines authorised centrally or by national procedures in the EU. While this review is ongoing, the CHMP confirms that there is no immediate concern. However, prescribers are reminded to strictly follow the indications and the approved doses. The maximum recommended dose of 50µg/kg weight/day for somatropin-containing medicines should not be exceeded.

Review of potential presence of endotoxins in peritoneal dialysis solutions concluded: T**he** CHMP concluded this review on the potential presence of endotoxins in the peritoneal dialysis solutions Dianeal, Extraneal and Nutrineal, from Baxter. Although the number of batches affected is likely to be low, the CHMP concluded that current stocks should be replaced, because it is not possible to identify which bags are affected and there is a risk that patients who receive peritoneal solutions which contain endotoxins may develop aseptic peritonitis. The replacement of batches should be handled in such a way that vulnerable patients who rely on a particular type of solution are not put at risk. The CHMP has therefore recommended an action plan so that patients who are most in need continue to have access to treatment.

Arbitration concluded: The CHMP completed this arbitration procedure initiated because of concerns that bioequivalence of the generic isotretinoin-containing medicine **Isotretinoin Ranbaxy (UK)**, to the reference product Roaccutane had only been shown under fasting conditions but not under fed conditions, and that this could thus result in suboptimal dosing. This medicine is indicated for treatment of severe acne that has not responded to standard treatments. The CHMP concluded that bioequivalence with the reference product has not been shown according to current requirements and that the benefit-risk balance of this medicine is negative. Therefore marketing authorisations should not be granted in the concerned Member States and it should be suspended in the United Kingdom where it is already authorised.

Harmonisation referral concluded: The CHMP recommended harmonisation of the prescribing information for the medicine **Tienam** (imipenem/cilastatin), from MSD. This medicine is an antibiotic authorised to treat complicated intra-abdominal infections, severe pneumonia, intra- and post-partum infections, complicated urinary tract infections, complicated skin and soft-tissue infections and the treatment of bacteraemia associated with these infections..

Date of the next CHMP meeting:17-20 January 2011.

Exclusively reported by Dr. Siegfried Throm, German Association of Research-Based Pharmaceutical Companies (e-mail: s.throm@vfa.de)
for:
Guide to Drug Regulatory Affairs www.drugregulatoryaffairs.eu