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April 5<sup>th</sup>, 2007

*Dr. Peter ARLETT*

European Commission  
DG Enterprise and Industry, Pharmaceuticals  
European Commission, BREY 10/118  
B-1049 Brussels

Dear Dr. Arlett,

**Re: EFPIA Response on The Commission's Guideline on the format and content of Applications for agreement or modification of a paediatric Investigation plan and requests for waivers or deferrals and Concerning the operation of the compliance check and on Criteria for assessing significant studies**

Thank you for giving us the opportunity to comment on the above document and thank you very much also for having kindly accepted that we send you our comments a few days after the deadline published on the Commission's website.

EFPIA detailed comments are attached.

The most sensitive and complex issues identified by EFPIA are as follows:

1. The amount of required detail, and associated administrative burden, in the submission and maintenance of a Paediatric Investigation Plan (PIP) appears to be very high. There is great concern that for both industry and regulators alike the workload will prove excessive and unmanageable.
2. Related to the above point, we are concerned that if too much detail is requested in the plan, there is a danger that an unnecessary regulatory burden will result from the need to submit updates whenever elements of the detailed information contained in the PIP is modified, as the specifics of plans will certainly change during development. Therefore it would be important to clarify that changes to the content of the PIP should be notified as modification only when they are significant and likely to affect scientific outcomes and patient safety.
3. EFPIA is concerned that potential confusion, ambiguity and difficulties may arise if the principle of a single comprehensive PIP covering multiple indications/developments set forth in the current draft guideline is maintained. EFPIA believes that applicants should have the option to submit either individual PIPs corresponding to the respective individual indications/developments, or a

single comprehensive PIP which nevertheless identifies a single lead indication/development upon which the SPC-extension reward will be based.

4. The draft guideline lists criteria for assessing the significant therapeutic benefit. We are proposing a few amendments and additional criteria. This matter was extensively discussed in the EFPIA position paper entitled “*EFPIA position paper on significant therapeutic benefit and on significant studies*” sent under cover of our e-mail of 3<sup>rd</sup> March 2007.

EFPIA objects to being requested to perform studies comparing medicinal products under paediatrics development with therapies, which have never been authorised for the target indication. In our view it is unethical to conduct such research.

5. The nature and scope of the compliance check procedure upon submission of the marketing authorisation application or line extension appears unclear.
6. Finally, the final guidance should clarify that the first PIP submission, after the completion of adult PK studies, will usually be a top-level overview document only, and that much of the required information detailed within the draft guidance can only be supplied in a later PIP update.

Yours sincerely,

***Christine-Lise Julou***

Scientific, Technical & Regulatory Affairs Department Manager

*Encl. As stated*