| SUBMISSION OF COMMENTS ON DRAFT COMMISSION PAEDIATRICS GUIDELINE |
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| **COMMENTS FROM UK Medicines for Children Research Network/Contact Dr Vanessa Poustie** |
| **GENERAL COMMENTS** |
| The MCRN considers that the Paediatric Investigation Plan (PIP), and particularly the degree of detail contained within it, will be a very valuable document. The MCRN believes that the PIP will provide a clear indication of where data derived from adult studies has been applied to children, for example, safety data. Information from the PIP should be made public if not commercially sensitive. Potential public areas of the PIP should be clearly stated.<br><br>It is unclear as to whether the PIP need only be for the indications already in the MA or proposed for a new MA for adults. The guideline should explicitly state whether other indications could be included in the PIP or might be required in the PIP by the Paediatric Committee. |
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| SPECIFIC COMMENTS ON TEXT | | |
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| **GUIDELINE SECTION TITLE** | | |
| **Section. + paragraph no.** | **Comment and Rationale** | **Proposed change (if applicable)** |
| Introduction | No comment | |
| Section 1.<br>1.1 | It may be necessary to divide the subset 2-11 years into 'pre-school' and 'school age' children for the purposes of age-adapted formulation development.<br><br>If information is provided on indications not covered by the PIP is there provision to ask for or require these indications to be included?<br><br>If therapeutic benefit/need is assessed on the basis of data such as mechanisms of action, can relevant studies be required in the PIP even if the applicant is not seeking that indication?<br><br>Is the applicant expected to monitor and present new information that | |

Date of transmission:

Submit all comments to: by email to peter.arlett@ec.europa.eu in word forma please.
Deadline for comments: <30 March 2007>
These comments and the identity of the sender may be published on the European Commission website unless a specific justified objection is received by the European Commission.

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| | has not been generated by the applicant?<br><br>These points should be made clear in the guideline. | |
| Section 1<br><br>1.2 A.7 | The applicant should provide details of the authorised dosage form in relation to age. | |
| 1.3 B.4 | A definition of 'unauthorised' treatment should be given. Does this literally mean 'without marketing authorisation' or does it include 'off-label' use of authorised products?<br><br>The way in which the authorised dosage form may be modified when used in this way should be stated and information provided to allow an assessment of the accuracy, safety and potential efficacy. | |
| 1.5 D.2 | Consideration should be given to ethnic and cultural differences in route of administration, acceptable dosage forms and excipients.<br><br>If the dosage form is to be manipulated to facilitate dosage accuracy this should be discussed.<br><br>Suitability of the dosage form in relation to age and development of different subsets; compliance and concordance; administration by carers; via naso-gastric tubes; with suitable intravenous fluids and devices; needs of disabled children should all be discussed.<br><br>Applicants should indicate if they intend to provide intermediate products to be manipulated before administration e.g. additional/flavouring added.<br><br>If technically difficult to produce a suitable, stable formulation, the applicant should consider whether an extemporaneous formulation could be prepared by the pharmacist. Information on formulation and stability should be provided.<br><br>If an early formulation is to be used for initial studies with a different formulation proposed for marketing, details of bridging studies should be provided.<br><br>Applicants should take account of the EMEA reflection paper 'Formulations of choice for the paediatric population'. | |
| 1.5 D.3 | Information on *in silico* modelling should be provided if appropriate. | |

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| 1.5 D.5.2 | Compatibility with intravenous fluids and commonly administered intravenous drugs should be provided. Influence of excipients in all age groups and routes of administration should be discussed. | |
| 1.6 Part E | Applicants should be advised to consider all methods of providing a suitable dosage form (e.g. intermediate products; extemporaneous products) before seeking a waiver on grounds of major quality problems. | |
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Please feel free to add more rows if needed.