

**MHRA**  
10 South Colonnade  
Canary Wharf  
London  
E14 4PU  
United Kingdom

[gov.uk/mhra](https://www.gov.uk/mhra)

## **Decision Cover Letter**

### **Decision of the licensing authority to:**

grant a product specific waiver

MHRA-101694-PIP01-24

### **Scope of the Application**

#### **Active Substance(s)**

Human IgG1 monoclonal antibody targeting amyloid transthyretin

#### **Condition(s)**

Treatment of transthyretin-mediated amyloidosis

#### **Pharmaceutical Form(s)**

Solution for infusion

#### **Route(s) of Administration**

INTRAVENOUS USE

#### **Name / Corporate name of the PIP applicant**

Alexion Europe S.A.S.

#### **Basis for the Decision**

Pursuant to the Human Medicines Regulations 2012, Alexion Europe S.A.S. submitted to the licensing authority on 13/11/2024 09:42 GMT an application for a Paediatric Investigation Plan

The procedure started on 02/12/2024 12:32 GMT

1. The licensing authority, having assessed the application in accordance with the Human Medicines Regulations 2012, decides, as set out in the appended summary report:

to grant a product specific waiver

2. The measures and timelines of the paediatric investigation plan are set out in the Annex I.

This decision is forwarded to the applicant, together with its annex and appendix.

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## Final Decision Letter

MHRA-101694-PIP01-24

Of 28/02/2025 17:09 GMT

On the adopted decision for Human IgG1 monoclonal antibody targeting amyloid transthyretin (MHRA-101694-PIP01-24) in accordance with the Human Medicines Regulations 2012.

The licensing authority, in accordance with the Human Medicines Regulations 2012, has adopted this decision:

Granting a waiver in all age groups for the listed condition(s)

This decision applies to a Paediatric Investigation Plan for Human IgG1 monoclonal antibody targeting amyloid transthyretin, Solution for infusion , INTRAVENOUS USE .

This decision is addressed to Alexion Europe S.A.S., 103-105 rue Anatole France, Levallois-Perret, FRANCE, 92300

## ANNEX I

### 1. Waiver

#### 1.1 Condition:

Treatment of transthyretin-mediated amyloidosis The waiver applies / applied to: Paediatric  
Subset(s): All subsets of the paediatric population from birth to less than 18 years of age  
Pharmaceutical form(s): Solution for infusion Route(s) of administration: INTRAVENOUS USE  
Reason for granting waiver: on the grounds that the specific medicinal product does not represent a significant therapeutic benefit as clinical studies(s) are not feasible.

### 2. Paediatric Investigation Plan:

#### 2.1 Condition(s):

Not Applicable

**2.2 Indication(s) targeted by the PIP:**

Not Applicable

**2.3 Subset(s) of the paediatric population concerned by the paediatric development:**

Not Applicable

**2.4 Pharmaceutical Form(s):**

Not Applicable

**2.5 Studies:**

<b>Study Type</b>	<b>Number of Studies</b>	<b>Study Description</b>
<b>Quality Measures</b>	0	Not Applicable
<b>Non-Clinical Studies</b>	0	Not Applicable
<b>Clinical Studies</b>	0	Not Applicable
<b>Extrapolation, Modeling &amp; Simulation Studies</b>	0	Not Applicable
<b>Other Studies</b>	0	Not Applicable
<b>Other Measures</b>	0	Not Applicable

**3. Follow-up, completion and deferral of a PIP:**

<b>Concerns on potential long term safety and efficacy issues in relation to paediatric use:</b>	
<b>Date of completion of the paediatric investigation plan:</b>	
<b>Deferral of one or more studies contained in the paediatric investigation plan:</b>	