MINUTES OF 39th MEETING OF THE TECHNICAL COMMITTEE HELD ON 06.02.2017 UNDER THE CHAIRMANSHIP OF DGHS FOR SUPERVISING CLINICAL TRIALS ON NEW CHEMICAL ENTITIES IN THE LIGHT OF DIRECTIONS OF THE HON'BLE SUPREME COURT OF INDIA ON 03.01.2013.

Present:

1.	Dr. Jagdish Prasad, Director General of Health Services, Nirman Bhawan, New Delhi	Chairman
2.	Dr. Kamlakar Tripathi, Prof. Department of Medicine, Institute of Medical Sciences, Banaras Hindu University, Varanasi.	Member
3.	Dr. Yash Paul Sharma, Prof. & Head, Department of Cardiology, PGIMER, Chandigarh.	Member
4.	Dr. Rajutitus Chacko, Prof. And Head, Department of Medical Oncology, CMC, Vellore	Member
5.	Dr. Ashok Kumar Das Prof. of Medicine & Prof and Head of Endocrinology Pondicherry Institute of Medical Sciences, Pondicherry	Members

From CDSCO:

1. Dr.G.N. Singh
   Drugs Controller General (India)
2. Mr. R. Chandrashekar,
   Deputy Drugs Controller (India)
3. Mrs. Annam Visala,
   Deputy Drugs Controller (India)

Special Invitees:

1. Dr. Varinder Singh
   Professor, LMCH, New Delhi
2. Dr. C. D. Tripathi
   Professor and HOD, VMMC, New Delhi
3. Dr. Rohit K Sarin
   Director, NITRD, New Delhi
4. Dr. Shalini Chawla
   Professor, Dept. of Pharmacology, MAMC, New Delhi

The Chairman welcomed the members of the Committee for the 39th meeting. Thereafter, the Committee discussed the clinical trial proposals and other agenda one after another as under:

The Committee deliberated 08 cases related to approval of clinical trials. Out of these 08 cases, 02 cases was related to clinical trials of NCEs, 04 cases were related to Global Clinical Trials (GCT), remaining 02 cases were related to clinical trials for approval of Subsequent New Drugs, and Biologicals.

1. **Proposals of Clinical Trials of NCEs recommended by SECs.**

The Committee evaluated two cases related to clinical trials of NCEs and made recommendations considering all aspects of safety, efficacy especially in terms of the three parameters viz. risk versus benefit to the patients, innovation vis-a-vis existing therapeutic option and unmet medical need in the country. After detailed deliberations, the Committee recommended approval for two proposals of Clinical Trial. The recommendations of the Committee are enclosed at **Annexure-I.**

2. **Proposals of Clinical Trials of GCT recommended by SECs.**

The Committee evaluated four cases related to global clinical trials. After detailed deliberations, the Committee recommended approval for four proposals of clinical trials. The recommendations of the Committee are enclosed at **Annexure-II.**

3. **Proposals of Clinical Trials other than GCT/ NCEs recommended by SECs.**

The Committee evaluated two cases of other than GCT/clinical trial of NCEs. After detailed deliberations, the Committee recommended approval for two proposals. The recommendation of the Committee is enclosed as **Annexure-III.**

4. **Waiver of Clinical Trial in Indian population for approval of New Drugs and Biologicals which have already been approved outside India:**

02 proposals were placed before the Committee for consideration of permission for manufacture/ import for marketing in the country with waiver of local clinical trial. The details of recommendations of the Committee along with recommendations of the SEC are annexed as **Annexure-IV.**

Further, the committee has deliberated on the decision taken by the Committee in its 38th Meeting held on 22.12.2016 in which the Committee has reviewed the new drug approval process in the country and recommended -

1. Inspection for Research and Development of batches proposed for regulatory approval and
2. BA/BE studies should be mandatory for all new drugs including parenterals introduced for first time in India and manufactured locally (after obtaining waiver).

In view of the above recommendation i.e, "BA/BE studies should be mandatory for all new drugs including parenterals introduced for first time in India and manufactured locally (after obtaining waiver)". Based on various representations received from firms and Industry associations, the committee has reviewed various guidelines issued by stringent regulatory agencies such as USFDA (21 CFR 320.22), EMA (**Guideline on the Investigation of Bioequivalence)** and Japan (**Guideline for Bioequivalence Studies of Generic Products**) which are listed below:-

USFDA [21 CFR 320.22]: FDA shall waive the requirement for the submission of evidence of in vivo bioavailability or bioequivalence if the drug product is a parenteral solution intended solely for administration by injection, or an ophthalmic or otic solution; and contains the same active and inactive ingredients in the same concentration as a drug product that is the subject of an approved full new drug application or abbreviated new drug application.

EMA [Guideline on the Investigation of Bioequivalence]: Bioequivalence studies are generally not required if the test product is to be administered as an aqueous intravenous solution containing the same active substance as the currently approved product. However, if any excipients interact with the drug substance (e.g. complex formation), or otherwise affect the disposition of the drug substance, a bioequivalence study is required unless both products contain the same excipients in very similar quantity and it can be adequately justified that any difference in quantity does not affect the pharmacokinetics of the active substance. In the case of other parenteral routes, e.g. intramuscular or subcutaneous, and when the test product is of the same type of solution (aqueous or oily), contains the same concentration of the same active substance and the same excipients in similar amounts as the medicinal product currently approved, bioequivalence studies are not required. Moreover, a bioequivalence study is not required for an aqueous parenteral solution with comparable excipients in similar amounts, if it can be demonstrated that the excipients have no impact on the viscosity

Japan [Guidelines for Bioequivalence Studies of Generic Products]: Injections for intravenous administration, administered as an aqueous solution are dosage forms of which bioequivalence studies are waived.

The committee after reviewing and noting down the various guidelines and after detailed deliberations has revised the recommendation as:-

BA/BE studies should be mandatory for all new drugs including parenterals introduced for first time in India and manufactured locally provided that -

In case of parenteral preparations "Bioequivalence studies are generally not required if the test product is to be administered as an aqueous intravenous solution containing the same active substance as the currently approved product. However, if any excipients interact with the drug substance (e.g. complex formation), or otherwise affect the disposition of the drug substance, a bioequivalence study is required unless both products contain the same excipients in very similar quantity and it can be adequately justified that any difference in quantity does not affect the pharmacokinetics of the active substance.

In the case of other parenteral routes, e.g. intramuscular or subcutaneous, and when the test product is of the same type of solution (aqueous or oily), contains the same concentration of the same active substance and the same excipients in similar amounts as the medicinal product currently approved, bioequivalence studies are not required. Moreover, a bioequivalence study is not required for an aqueous parenteral solution with comparable excipients in similar amounts, if it can be demonstrated that the excipients have no impact on the viscosity.

Annexure-I

Proposals of clinical trial of NCEs along with their evaluations and recommendations of the Technical Committee in its 39th Meeting held on 06.02.2017:

Proposal No	Details of the proposal	Assessment of the Proposal *vis –a vis* specified Parameters	Recommendations 1. Subject Expert Committee 2. Technical Committee
1.	**Name of the Drug:** Parenteral TK-112690 (METREXASSIST™) **Date of Application:** 17/2/2016 **Protocol No**: CLP-2690-0002 **Phase of the trial:** Ib **Name of the Applicant:** M/s R A Chem Pharma Limited India **Name of the Sponsor:** Tosk, Inc., 2672 Bayshore Parkway, Suite 507, Mountain View, CA 94043 **Name of the Manufacturer:** M/s R A Chem Pharma Ltd, India for Drug Substance and M/s Ther Dose Pharma Pvt. Ltd., Hyderabad, India **Title:** A Phase lb, Multi-center, Study of METREXASSIST™ (Parenteral TK-112690)	**Risk versus Benefit to the patients**- The safety profile of the test drug from preclinical studies including single dose toxicity, repeat dose toxicity; genotoxicity and Clinical Phase I study justify the conduct of the study. **Innovation vis a vis existing therapeutic option-** The purpose of the study is to assess the efficacy Metrexassist administered weekly to subjects with locally advanced or recurrent or metastatic SCCHN scheduled to receive MTX as chemotherapy. **Unmet need**- The test drug may be alterative option in the treatment of patients locally advanced or recurrent or metastatic SCCHN	**1. Recommendation of SEC (Oncology) held on 03/05/2016.** After detailed deliberation the committee noted the following **1.** The rationale of using of the trial drugs for the mucoprotection of patients on Methotrexate is not clear and not substantiated by available published literature, specifically the role of Uridine in reducing mucositosis and not interfering with the action of Methotrexate on cancer cells was not substantiated with evidences **2.** They have not presented in vitro pre clinical or animal studies showing that the trial drug does not interfere with the efficacy of Methotrexate **3.** The rationale for addition of Uridine supplement in the trial will confound the outcome of the trial. **The Proposal was Re-deliberated in SEC (Oncology) held on 19/7/2016** The firm presented protocol and the following clarifications still need to be addressed: **1.** Only the summary version of non clinical pharmacological and toxicological data of the study drug

	Administered in Combination with Methotrexate as a Weekly Infusion to Subjects with SCCHN Undergoing Treatment with Methotrexate. A Dose Escalation/Safety study with No Control.		was presented. The same need to be presented in full detail including the data for the combination of Uridine with Metrexassist. **2.** The committee was informed that the protocol was approved in US in 2011 ; however no patients were recruited ,the reason for non recruitment for a period of five years is unclear. Hence the committee did not recommend the approval to conduct the study **The Proposal was Re-deliberated in SEC (Oncology) held on 23/8/206** After detailed deliberation the committee has recommended the conduct of phase Ib trial in at least 25 patients. Accordingly modified protocol for phase Ib is submitted to DCGI office. **List of SEC Experts:** **1.** Dr. Sameer Bakshi, Professor, Dept. of Medical Oncology, AIIMS, New Delhi **2.** Dr. H.P Pati, Prof, Dept of Hematology, AIIMS, New Delhi. **3.** Dr. Prantar Chakraborty, Dept. of Haematology, NKS Medical College, Kolkata. **4.** Dr. C.K. Bose, Assistant Professor, Netaji Subhash Chandra Bose Cancer Research Institute, Kolkata. **5.** Dr. H.S Rehan , Prof & Head of Dept. of Pharmacology, Lady Harding Medical College, New Delhi **6.** Dr. Renu Saxena, Prof & Head, Dept. of Hematology, AIIMS, New Delhi. **2. Recommendation of the Technical Committee meeting held**

			on 22.12.2016: The committee opined that the clinical trial with the NCE is proposed to be India centric, with no other participating countries. After detailed deliberation, the committee has requested the applicant to make a detailed protocol presentation before it in the next meeting and an expert in Pharmacology and Toxicology should also be invited. Accordingly, the firm has presented the proposal before the Committee. **Recommendation of the Technical Committee meeting held on 06.02.2017:** After detailed deliberation, the committee agreed with the recommendation of the SEC and recommended the approval of the study.
2.	**Name of the Drug:** DE-117 **Date of Application:** 31/08/2016 **Protocol No**: 01171505 **Phase of the trial:** III **Name of the Applicant:** M/S. Covance India Pharmaceutical Services Private Limited Company, Japan. **Name of the Manufacturer:** M/s. Santen Pharmaceutical Co. Ltd., Japan.	**Assessment of Risk vs. Benefit to the patients:** The safety profile of the test drug from preclinical studies including single dose toxicity, repeat dose toxicity, genotoxicity, reproductive and development toxicity studies and Clinical Phase I & II studies justify the conduct of the study. **Innovation vis-à-vis Existing Therapeutic Option:** The objective of the study is to determine if the mean diurnal intraocular pressure (IOP)	**1. Recommendations of Subject Expert Committee (SEC) (Ophthalmology) held on 13/10/2016.** After detailed deliberation the committee opined that firm needs to modify the CT protocol with respect to - **1.** Recruit only newly diagnosed cases since a 4 week wash out period is not safe. **2.** The subjects should be over 40 years of age. **3.** The visual field examination must be done on all subjects at the end of the study. **The firm has submitted response for above recommendation,** **1.** 4 weeks washout is reasonable and the risk in this well controlled phase III

	Title: A Phase III, Randomized, Observer-Marked, Active-Controlled, Parallel-Group, Multinational and Multicenter Study Assessing the Safety and Efficacy of DE-117 Ophthalmic Solution 0.002% compared with Latanoprost Ophthalmic Solution 0.005% in Subjects with Open-Angle Glaucoma or Ocular Hypertension-PEONY Study.	reduction with DE-117 ophthalmic solution 0.002% is non-inferior to Latanoprost ophthalmic solution 0.005% at Month 3 in subjects with open-angle glaucoma (OAG) or ocular hypertension (OHT). **Unmet Medical Need in the country:** The test drug may provide alternative treatment option for subjects with Open-Angle Glaucoma or Ocular Hypertension.	study is minimal. **2.** The firm has given the details of protocol trial accepted earlier by CDSCO and SEC in which the age of inclusion is ≥18 years. **3.** The firm has stated that they would modify the protocol as per SEC recommendation to have the visual field examination at visit 1 (Screening) an visit 5 (month 3)/ early termination. **The proposal was Re-deliberated in (Ophthalmology) held on 13/01/2017.** After detailed re-deliberation the committee recommended the conduct of the study subject to the following conditions: **1.** Patient at the time of enrollment should not be using more than two topical drugs for control of glaucoma. **2.** Subjects with diagnosis of OAG (including Pigmentary Glaucoma) or OHT in both eyes are proposed to be included. Hence age group 18 and above is acceptable. **3.** The visual field examination at Visit 1 (Screening) and Visit 5 (Month must be done. **SEC Expert List:** **1.** Dr. Rohit Saxena, Prof. AIIMS, New Delhi. **2.** Dr. R.K. Jain, Professor, Lady Harding Medical College, New Delhi. **3.** Dr. Renuka Srinivasan Prof., JIPMER, Dhanvantri Nagar, Pondicherry-605006. **4.** Dr. Kamalesh Khilani Prof., SMS Medical College, Jaipur. **5.** Dr. Pooja Gupta, Asst. Prof, Dept. of Pharmacology, AIIMS, New Delhi.

			2. Recommendation of the Technical Committee: After detailed deliberation, the committee agreed with the recommendation of the SEC and recommended the approval of the study

Annexure-II

Proposals of clinical trial of GCTs along with their evaluations and recommendations of the Technical Committee in its 39th Meeting held on 06.02.2017:

Proposal No.	Details of the proposal	Assessment of the Proposal *vis –a vis* specified Parameters	Recommendations 1. Subject Expert Committee 2. Technical Committee
1.	**Name of the Drug:** Dabigatran Etexilate **Date of Application:** 14/9/2016 **Protocol No**: 1160.248 **Phase of the trial:** III **Name of the Applicant:** M/S. Boehringer Ingelheim (India) Pvt. Ltd. **Name of the Sponsor:** M/S. Boehringer Ingelheim (India) Pvt. Ltd. **Name of the Manufacturer:** Boehringer Ingelheim GmbH & Co K.G Germany **Title:** A randomized, open-label, exploratory trial with blinded endpoint adjudication (PROBE), comparing efficacy and safety of Oral Dabigatran Etexilate versus Oral Warfarin in patients with cerebral venous and dural sinus thrombosis over a 24-	**Risk versus benefit to the patients -** In light of the fact that the Dabigatran is already approved in India, the safety profile of the study drug justify the conduct of the trial. **Innovation vis-a-vis existing therapeutic option-**The objective of the study is to investigate the efficacy and safety of Dabigatran Etexilate versus dose-adjusted Warfarin in patients with cerebral venous and dural sinus thrombosis. **Unmet need in the country-** The test drug may be an alternative treatment in patients with cerebral venous and dural sinus thrombosis.	**1. Recommendation of SEC (Neurology and Psychiatry) held on 21/10/2016.** After detailed deliberation the committee recommended the inclusion of the following: **1.** Primary endpoint is a mix of safety and efficacy, both of which cannot be achieved with the current sample size. **2.**Secondary endpoints needs to be modified as follows: **a.** Measurement of recanalisation should be restricted to only cerebral dural venous sinuses and be graded as complete/partial. **b.** To identify new ICH/worsening of the hemorrhagic component of a previous lesion as mentioned under point number 2 of secondary endpoint, the Patients should undergo repeat NCCT of the head any time when there is clinical deterioration. **c.** NCCT of the head should be done in all patients one week after initiation of the trial drugs (Warfarin/Dabigatran). 3. Antidote for Dabigatran must be provided free of cost along with the trial drugs. The firm has submitted response to the SEC recommendation that since there is limited data on Dabigatran etexilate in

	week period.		pregnant women or in patients with CVT due to CNS infection, head trauma and malignancy these patients are excluded form study, reducing the number of eligible patients significantly. It is estimated that performing a confirmatory trial would need approximately 2000 patients and since CVT is a rare indication such trial would not be feasible. The firm has given justification that this is a rare indication in which previous randomizes controlled trials have been of smaller size, the trials steering committee AND Boehringer consider it justified to perform RE-SPECT CVT as an exploratory trial, in which the primary endpoint can be explored with the given number of patients. 1. Measurement of recanalization should be restricted to only cerebral dural venous sinuses and be graded as complete/partial based on scales mentioned in the protocol. The assessment of recanalization will be standardized by the use of standard imaging manual. Veins and sinuses will be assessed as being not occluded, partially occluded/completely occluded. 2. The safety endpoint "new haemorrhagic brain lesion or worsening of the haemorrhagic component of a previous lesion" will be assessed by comparing repeated neuro imaging that is routinely performed if the patient has a neurological worsening during the trial or at the EOT visit to the baseline image. 3. The firm has informed that the participating countries have confirmed that routinely they don't perform a repeat NCCT with in 1 week but would perform a NCCT if the patient has any clinical symptoms or if the PI feels that there is a need to do so and the data for the

			same will be filled in CRF. **The proposal was Re-deliberated in (Neurology and Psychiatry) held on 21/12/2016.** The firm presented revised protocol and explained that the trial is exploratory in nature. After detailed deliberation the committee recommended the conduct of the study in its revised form/local amendment for India. **1. Recommendation of the Technical Committee:** The committee observed that 150 mg b.i.d dose of Dabigatran is approved for use in Deep Vein Thrombosis and Pulmonary Embolism which is also the proposed dose and after detailed deliberation, the committee agreed with the recommendation of the SEC and recommended the approval of the study.
2.	**Name of the Drug:** Plasma-derived factor VIII/VWF (Alphanate) **Date of Application:** 9/8/2016 **Protocol No**: GBI1406 **Phase of the trial:** II **Name of the Applicant**: M/s. Spectrum Clinical Research Private Limited **Name of the Sponsor:** Grifols Biologicals Inc.,5555 Valley Boulevard Los Angeles, CA 90032 **Name of the Manufacturer:** M/s Grifols Biologicals Inc., California,	**Risk versus benefit to the patients -** In light of the fact that the test drug is already approved and marketed in USA & other countries. Since the standard battery of toxicological studies are not appropriate for biological product due to development of antibodies to human proteins in animals. Therefore no standard animal pharmacology or toxicology data are available. The safety profile of the study drug from Phase II&IV clinical studies justify the conduct of the trial.	**1. Recommendation of SEC (Oncology &Hematology)) held on 22/11/2016.** After detailed deliberation the committee recommended the conduct of the trial subject to the condition that the protocol title is suitably revised to include Hemophilia A patients with inhibitors. Additionally the inclusion criteria for minimum age should be 2 years. The firm has submitted modified protocol on date 13/01/2016. **2. Recommendation of the Technical Committee:** After detailed deliberation, the committee agreed with the recommendation of the SEC and recommended the approval of the study.

	USA. **Title:** A Multicentre, phase 2, open-label, single arm, prospective, interventional study of Plasma-derived factor VIII/VWF (Alphanate) in Immune Tolerance Induction Therapy in subjects with Congenital Hemophilia A".	**Innovation vis-a-vis existing therapeutic option-** The objective of the study is to assess the proportion of subjects who achieve complete immune tolerance within 33 months of initiating Alphanate for immune tolerance induction (ITI). **Unmet need in the country-** The test drug may be an alternative treatment in patients with Congenital Hemophilia A.	
3.	**Name of the Drug:** Clindamycin & Benzoyl Peroxide Gel **Date of Application:** 02/09/2016 **Protocol No**: NCS-CT-006-AL-Benz, Version 1.0 **Phase of the t** Bioequivalence study **Name of the Applicant:** M/s. Cliantha Research Ltd.,Opp. Pushpraj Tower, Bodakdev, Ahmedabad, Gujarat-380054. **Name of the Sponsor:** M/s. Alvogen Pine Brook LLC, USA. **Name of the Manufacturer:** DPT laboratories, San Antonia, TX for Alvogen Pine Brook LLC. **Title:** A Multicenter, Randomized, Double –	**Risk versus benefit to the patients: -** In light of the fact that the study drugs are approved and marketed in India, the safety profile of these drugs justify the conduct of the study. **Innovation vis-a-vis existing therapeutic option: -**The primary objective of the study is to evaluate the therapeutic equivalence and safety of test products Benzoyl peroxide (5%) + Clindamycin Phosphate (Equivalent to 1% base) Gel and Reference Product Benzaclin Topical Gel in Patients with Acne Vulgaris. **Unmet need in the country-** The test drugs may be an alternate treatment of Acne	**1. Recommendation SEC (Analgesics) held on 16/12/2016.** After detailed deliberation the committee recommended the conduct of the study subject to the condition that nodulocystic acne patients should be excluded. **2. Recommendation of the Technical Committee:** After detailed deliberation, the committee agreed with the recommendation of the SEC and recommended the approval of the study

	blind, Parallel, Placebo Controlled Clinical End Point Study to Determine the Therapeutic Equivalence of Test Product Benzoyl Peroxide (5%) + Clindamycin Phosphate (Equivalent to 1% base) Gel and Reference Product Benzaclin Topical Gel in Patients with Acne Vulgaris.	Vulgaris.	
4.	**Name of the Drug:** Ofatumumab **Date of Application: 14/9/2016** **Protocol No**: COMB157G2301 & COMB157G2302 **Phase of the trial:** III **Name of the Applicant:** M/s Novartis Healthcare Pvt. Ltd., India. **Name of the Sponsor:** M/s Novartis Healthcare Pvt. Ltd., India **Name of the Manufacturer:** M/s Glaxo Operation UK Ltd. United Kingdom. **Title:** A Randomized, Double-blind, Double-dummy, Parallel-group Study Comparing the efficacy and safety of Ofatumumab Versus Teriflunomide in patients with Relapsing Multiple Sclerosis.	**Risk versus benefit to the patients -** In light of the fact that the Ofatumumab is already approved in India, the safety profile of the study drug justify the conduct of the trial. **Innovation vis-a-vis existing therapeutic option-**The objective of the study is to demonstrate that Ofatumumab is superior to Teriflunomide in reducing the frequency of confirmed relapse as evaluated by the annualized relapse rate in patients with relapsing MS. **Unmet need in the country-** The test drug may be an alternative treatment in patients with Relapsing Multiple Sclerosis	**1. Recommendation of SEC (Neurology) held on 21/12/2016.** After detailed deliberation the committee recommended the conduct of the study in its presented form. **2. Recommendation of the Technical Committee:** After detailed deliberation, the committee agreed with the recommendation of the SEC and recommended the approval of the study

Annexure III

Proposals of clinical trial of other than NCE/GCT along with their evaluations and recommendations of the Technical Committee in its 39th Meeting held on 06.02.2017:

S.No.	Name of the Drug	Recommendations: 1. Subject Expert Committee 2. Technical Committee
1	Pantoprozole dual-release gastro-resistant tablets 80 mg **Date of Application:** 03.07.2015 **Name of the firm:** M/s Sun Pharma Laboratories Limited	**1. Recommendation of SEC (Gastroenterology & Hepatology) meeting held on 6th Jan 2017**: Firm presented the revised Phase III CT protocol before the committee. Firm modified the protocol as suggested by the earlier committee. The committee recommended the protocol with the condition that the CT site should have pH metry. **SEC Expert List:** **1.** Dr. A. Saraya, Professor, Dept of Gastroenterology AIIMS, New Delhi-110029. **2.** Dr. Sudhir Gupta, Prof. & Head, Government Medical College & Super Speciality, Nagpur. **3.** Dr. Nihar Rajan Das, Professor, Dept. of Gastroenterology, AIIMS, New Delhi. **4.** Dr. Manoj Kumar Sharma, Associate Professor, Institute of Liver and Biliary Sciences, D-1, Vasant Kunj, New Delhi. **5.** Dr. Shalini Chawla, Professor, Department of Pharmacology, MAMC ,New Delhi. **6.** Dr. Ramesh Roop Rai, Director, NIMS, Jaipur (Special Invitee for Proposal No. 4). **7.** Dr. Ajay Kumar Khanna, Prof. IMS-BHU, Varanasi (Special Invitee for Proposal No. 4). **8.** Dr. J. B. Sharma, Prof. Dept. of Gynecology, AIIMS, New Delhi (Special Invitee for Proposal No. 4) **2. Recommendation of the Technical Committee:** After detailed deliberation, the committee agreed with the recommendation of the SEC and recommended the approval of the study.
2	VPM1002 (rBCG) Vaccine for Tuberculosis. **Date of Application:**	**1. Recommendation of the SEC:** The firm has presented the protocol for Phase III clinical trial which was deliberated by the committee and the committee recommended the following: **1.** The firm should amend the protocol to conduct

	Name of the firm: M/s Serum Institute of India Pvt. Ltd	Phase II/III clinical trial. **2.** The phase II shall be conducted in minimum of 200 subjects and present its clinical data to the committee before commencing the Phase III clinical trial. **Action Taken:** The firm has submitted the revised protocol **SEC Expert List:** **1.** Dr. Ramesh Aggarwal, Additional Professor, Vaccine & Neonatology, AIIMS, New Delhi110029. **2.** Dr. Anita Chakravarty, Dir. Prof. & HOD, Microbiology Maulana Azad Medical College, New Delhi **3.** Dr. Savita Verma, Pharmacology, PGIMS **4.** Dr. Veena Verma, Department of Pharmacology VMMC & Safdurjung Hospital, New Delhi. **2. Recommendation of the Technical Committee Meeting held on 22.12.2016:** After detailed deliberation, the Committee recommended that the firm should make a presentation specifically on immunity generated in patients, primary objective of the study etc., before the Committee. The Committee also desired that two experts viz Dr. R Sarin, (National Institute of Tuberculosis, New Delhi) and Dr. D. Behara (PGIMER, Chandigarh) should be invited during the presentation. Accordingly, the firm has presented the proposal before the Committee. **Recommendation of the Technical Committee Meeting held on 06.02.2017:** After detailed deliberation, the committee agreed with the recommendation of the SEC and recommended the approval of the study [Dr R K Sarin, has informed that he is one of the Prinicipal Investigator for the proposed study and expressed his conflict of interest.]

Annexure-IV

Recommendation of the 02 cases of Clinical Trials waiver in Indian Populations of 39th Technical Committee Meeting held on 06.02.2017:

S. No.	Drug Name	Indication	1. Recommendations of the SEC 2. Recommendation of Technical Committee
1	**Name of the Drug:** Teriflunamide Tablets 14 mg **Name of the Firm:** M/s. Sanofi-Synthelabo India Private Limited **Date of Application:** 23.04.2016 **Regulatory status in India: Not approved** **Regulatory status in other countries:** Teriflunomide is approved internationally in more than 37 countries including Europe, USA, Australia, Singapore, Switzerland etc. Considered Orphan drug in some countries	➢ For the treatment of patients with relapsing forms of multiple sclerosis (MS) to reduce the frequency of relapse and to delay the accumulation of physical disability	**1. Recommendation of the SEC (Neurology and Psychiatry) dated 21.12.2016:** The firm applied for import and marketing permission of Teriflunomide 14mg Tablets which is indicated for the treatment of patients with relapsing forms of multiple sclerosis (MS) to reduce the frequency of relapse and to delay the accumulation of physical disability with local clinical trial waiver. The Committee reviewed definition of orphan drug and rare disease of various regulatory agencies and opined that:- **1.** Multiple Sclerosis is not a rare disease and Teriflunomide is not an orphan drug in India. But it is an uncommon disease in India. **2.** There are other treatment options are available in India. Therefore, clinical trial waiver cannot be considered based on data and facts presented by the firm. **2.Recommendation of Technical Committee:** The firm during its presentation stated that the drug is approved in more than 70 countries including ICH regulatory countries like US, and EU. After detailed deliberation, the Committee recommended for waiver of local clinical trial subject to the conduct of Phase IV clinical trial in the country.

2	**Name of the Drug: :** Coated Vicryl plus Antibacterial (Polyglactin 910) Suture (w/wo needle) (Absorbable) **Name of the Firm:** M/s. Johnson & Johnson Ltd., Mumbai **Date of Application:** 11/07/2013 **Regulatory status in India:** Approved with Condition **Regulatory status in other countries:** USFDA, EU, Canada, Japan and Australia	➢ It is indicated for use in general soft tissue approximation and / or ligation, except for ophthalmic cardiovascular and neurological tissue.	**Recommendation of the SEC (Antimicrobial & Antiviral) which was held on 30/01/2015:** The committee made the following recommendations: "The committee recommended that the product may be continued for marketing in the country. However, the firm should carry out in-vivo controlled study to establish the duration of efficacy of the product in comparison to plain sutures in patients. **The case was again reviewed by SEC – Antimicrobial & Anti-viral in its meeting held on 23/03/2016**. The committee recommended that the product may be continued to be marketed in the country as per USFDA approved indications only. The firm shall provide efficacy data in Indian populations within 12 months for further review. **2.Recommendation of Technical Committee:** After detailed deliberation, the committee recommended that a report should be asked on the safety and efficacy of the drug from premier institutions like AIIMS, RML hospital and Safdurjung Hospital and the report should be submitted to the before the committee for further deliberation.

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