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**MINUTES OF THE 34<sup>th</sup> MEETING OF THE APEX COMMITTEE HELD ON 02.06.2017 UNDER THE CHAIRMANSHIP OF SECRETARY, (H&FW) FOR SUPERVISING CLINICAL TRIALS ON NEW CHEMICAL ENTITIES**

**Present:**

- 1. SHRI C.K. MISHRA**  
Secretary  
Department of Health and Family Welfare  
Ministry of Health and Family Welfare &  
Chairman, Apex Committee
- 2. Dr. SOUMYA SWAMINATHAN**  
Secretary, DHR & DG ICMR
- 3. Dr. JAGDISH PRASAD**  
DGHS
- 4. SHRI K. L. SHARMA**  
Joint Secretary  
Department of Health and Family Welfare

**Special Invitees:**

- 1. SHRI R.K.VATS**  
Addl. Secretary and Director General (CGHS)  
Ministry of Health and Family Welfare
- 2. Dr. G. N. SINGH**  
DCG (I), FDA Bhavan, New Delhi

Initiating the discussion, Chairman, Apex Committee welcomed the members of the Committee and special invitees to the meeting. Thereafter, the Committee deliberated upon each of the agenda items and recommended as following:

**ITEM No. 01**

**A: Proposals of Clinical Trials related to New Chemical Entities (NCEs) recommended by Technical Committee:**

**Proposal No.01:**

**A phase III randomized, open-label (sponsor-blind), active-controlled, parallel-group, multi-center, event driven study in dialysis subjects with anemia associated with chronic kidney disease to evaluate the safety and efficacy of Daprodustat compared to recombinant human erythropoietin, following a switch from erythropoietin-stimulating agents vide protocol No. 200807.**

The Committee, after detailed deliberations, concurred with the recommendations of the Technical Committee for approval of clinical trial protocol for conduct of the study. (Details at **Annexure-I**)

**Proposal No.02:**

**A phase III randomized, open-label (sponsor-blind), active- controlled, parallel-group, multi-center, event driven study in non-dialysis subjects with anemia associated with chronic kidney disease to evaluate the safety and efficacy of Daprodustat compared to Darbepoetin alfa vide protocol No 200808.**

The Committee, after detailed deliberations, concurred with the recommendations of the Technical Committee for approval of clinical trial protocol for conduct of the study. (Details at **Annexure-I**)

**Proposal No.03:**

**A Phase IIIa study of the drug oral Semaglutide evaluating Efficacy and safety of oral Semaglutide versus placebo in subjects with Type 2 Diabetes Mellitus treated with insulin.**

The Committee, after detailed deliberations, concurred with the recommendations of the Technical Committee for approval of clinical trial protocol for conduct of the study (Details at **Annexure-I**).

**Proposal No.04:**

**A Phase III, randomized, double-blind, placebo-controlled study evaluating the safety and efficacy of Selonsertib in subjects with compensated cirrhosis due to non alcoholic steatohepatitis (NASH) vide Protocol No: GS-US-384-1944.**

The Committee, after detailed deliberations, concurred with the recommendations of the Technical Committee for approval of clinical trial protocol for conduct of the study. (Details at **Annexure-I**)

**Proposal No.05:**

**A Phase III, Randomized, Double-Blind, Placebo-Controlled Study Evaluating the Safety and Efficacy of Selonsertib in Subjects with Compensated Cirrhosis due to Nonalcoholic Steatohepatitis (NASH) and Bridging (F3) Fibrosis vide Protocol No: GS-US-384-1943.**

The Committee, after detailed deliberations, concurred with the recommendations of the Technical Committee for approval of clinical trial protocol for conduct of the study. (Details at **Annexure-I**)

**Proposal No.06:**

**Pemafibrate to reduce cardiovascular outcomes by reducing triglycerides in patients with diabetes vide Protocol No. K-877-302, Version 1.0, dated 16/Nov/16.**

The Committee, after detailed deliberations, concurred with the recommendations of the Technical Committee for approval of clinical trial protocol for conduct of the study. (Details at **Annexure-II**)

**Proposal No.07:**

**A randomized, double-blind, placebo-controlled, phase 2 study to assess the efficacy, pharmacokinetics, pharmacodynamics and safety of LNP1892 (monotherapy) in chronic kidney disease (CKD) patients with secondary hyperparathyroidism (shpt), on dialysis and not on dialysis vide Protocol No. LRP/LNP1892/2016/007, Version 1.2 Dated 15 Dec 2016**

The Committee, after detailed deliberations, concurred with the recommendations of the Technical Committee for approval of clinical trial protocol for conduct of the study. (Details at **Annexure-II**)

**Proposal No.08:**

**Efficacy and safety of Semaglutide versus Canagliflozin as add-on to Metformin in subjects with type 2 diabetes Protocol No: NN9535-4270, Version 3.0, dated 19/Dec/16**

The Committee, after detailed deliberations, concurred with the recommendations of the Technical Committee for approval of clinical trial protocol for conduct of the study. (Details at **Annexure-II**)

**Proposal No.09:**

**A phase III, open-label, randomized, multicenter, 12 months, efficacy and safety study of weekly MOD-4023 compared to daily Genotropin - therapy in pre-pubertal children with growth hormone deficiency. Protocol No.: CP-4-006, Version No. 1.0, dated 05/Oct/16**

The Committee, after detailed deliberations, concurred with the recommendations of the Technical Committee for approval of clinical trial protocol for conduct of the study. (Details at **Annexure-II**)

**Proposal No.10:**

**Phase II/III pivotal, open-label, randomized, 3 arm study to assess the efficacy of LNP3794 monotherapy or in combination with Docetaxel, compared with Docetaxel alone, in patients with ras mutation positive locally advanced and metastatic non-small cell lung cancer. Protocol No. LRP/LNP3794/2016/006**

The Committee, after detailed deliberations, concurred with the recommendations of the Technical Committee for approval of clinical trial protocol for conduct of the study. (Details at **Annexure-II**)

**Proposal No.11:**

**Phase III study A Randomized, Open-label, Active-control Trial of SPI-2012 (Eflapegrastim) versus Pegfilgrastim in the management of chemotherapy-induced neutropenia in early stage breast cancer patients receiving Docetaxel and Cyclophosphamide (TC). Protocol No: SPI-GCF-302 Version: Original dated 27/Sep/2016A**

The Committee, after detailed deliberations, concurred with the recommendations of the Technical Committee for approval of clinical trial protocol for conduct of the study. (Details at **Annexure-II**)

**ITEM No. IB**

**B: Proposals of Clinical Trials related to IND's recommended by IND Committee:**

**Proposal No.01:**

**Phase I/II Clinical Trial on safety, immunogenicity and probing efficacy of the revived Recombinant Vaccine against Human Chorionic Gonadotropin (hCG).**

The Committee, after detailed deliberations, concurred with the recommendations of the IND Committee for approval of clinical trial protocol for conduct of the study.

**Proposal No.02:**

**A Phase III, multi-centre, randomized study to compare the efficacy and safety of Levonadifloxacin (iv and oral) with Linezolid (iv and oral) in acute bacterial skin and skin structure infections (ABSSSI).**

The committee after detailed deliberations concurred with the recommendations of the IND Committee for approval of clinical trial protocol for conduct of the study.

**Proposal No.03:**

**A 24-week randomized, double-blind, double-dummy, parallel-group, multi-centre, active-controlled study to evaluate efficacy and safety of Remogliflozin Etabonate in subjects with type-2 diabetes mellitus.**

The committee after detailed deliberations concurred with the recommendations of the IND Committee for approval of clinical trial protocol for conduct of the study.

**Proposal No.04:**

**Prospective, randomized, double blinded, parallel group, multicentric, comparative clinical study to compare efficacy and safety of oral CPL-2009-0031 of Cadila Pharmaceutical Limited, India against innovator Sitagliptin in patients with uncontrolled Type-2 Diabetes Mellitus (T2DM).**

The Committee, after detailed deliberations, concurred with the recommendations of the IND Committee for approval of clinical trial protocol for conduct of the study.

**Proposal No.05:**

**A double-blind, double-dummy, active-controlled, oral, multiple-dose, parallel, randomized study to evaluate efficacy and safety of Endoxifen in bipolar I disorder patients.**

The Committee, after detailed deliberations, concurred with the recommendations of the IND Committee for approval of clinical trial protocol for conduct of the study.

**Proposal No.06:****An Open-label, Phase I/II study of Topical Apaziquone for the Treatment of Oral Leukoplakia.**

The committee after detailed deliberations concurred with the recommendations of the IND Committee for approval of clinical trial protocol for conduct of the study.

**Proposal No.07:****A prospective, randomized, double blind, placebo controlled study of intravenously infused ZYKR1 to investigate the safety, tolerability, pharmacokinetics and pharmacodynamics in healthy volunteers.**

The committee after detailed deliberations concurred with the recommendations of the IND Committee for approval of clinical trial protocol for conduct of the study.

**ITEM No. 02****To establish the predictability for conduct of clinical trials**

The Committee was apprised that the system of examination of proposals in CDSCO has since reached a maturity and, therefore, it will be appropriate that the approval processes should be streamlined. After discussion, it was decided that:

- (i) the proposals relating to GCT should be placed before the SEC and where these are accepted/rejected by the SEC, no further approval of the Technical Committee or Apex Committee will be required;
- (ii) in cases, where DCGI is not in agreement with the recommendations of SECs in case of clinical trial application, the matter may be placed before the Technical Committee for a final decision within a month of the recommendations of the SEC;
- (iii) the cases rejected by the SEC shall, in case the applicant feels aggrieved, be placed before the Technical Committee for its consideration. Where the Technical Committee decides, for reasons to be recoded in writing, to overrule the SEC, the decision of the Technical Committee shall be final;

- (iv) IND Clinical trial applications shall be placed before the IND Committee and the decision taken by the IND Committee shall be final. DGHS or Spl DGHS may be invited to the meetings of IND Committee. In rare cases, where the IND Committee, considers it necessary to keep the Apex Committee informed, the matter may be placed before the Apex Committee for guidance; and
- (v) a brief summary of the applications received, proposals pending, proposals rejected, clarifications sought, and approved at different levels shall be submitted for perusal of the Apex Committee every month. CDSCO will, in consultation with C-DAC, examine whether the report can be generated through SUGAM.

The meeting ended with vote of thanks to and from the Chairman.



## Annexure-I

**Proposals of clinical trial of NCEs along with their evaluations and recommendations of the Technical Committee in its 40<sup>th</sup> Technical Committee Meetings held on 03.05.2017.**

Propo al No	Details of the proposal	Assessment of the Proposal <i>vis -a vis</i> specified Parameters	Recommendations 1. Subject Expert Committee 2. Technical Committee
1.	<p><b>Name of the Drug:</b> Daprodustat</p> <p><b>Date of Application:</b> 16/9/2016</p> <p><b>Protocol No:</b> 200807</p> <p><b>Phase of the trial:</b> III</p> <p><b>Name of the Applicant:</b> M/s PPD Pharmaceutical Development India Pvt. Ltd., India</p> <p><b>Name of the Sponsor:</b> GlaxoSmithKline Research &amp; Development Limited</p> <p><b>Name of the Manufacturer:</b> Glaxo Operations UK Ltd (trading as Glaxo Wellcome Operations), Priory Street Ware, Hertfordshire SG12 0DJ UK</p> <p>GlaxoSmithKline LLC, 1250 South Collegeville Road Collegeville PA 19426 -0989, USA</p> <p><b>Protocol Title:</b> A Phase III randomized, open-label (sponsor-blind), active-controlled, parallel-group, multi-center, event driven study in dialysis subjects with anemia associated with</p>	<p><b>Assessment of Risk vs. Benefit to the patients:</b> The safety profile of the study drugs from preclinical toxicology studies including Single dose toxicity, repeat dose toxicity; reproductive and developmental toxicity, genotoxicity, Dermal toxicity tests, local tolerance and clinical studies justify the conduct of the trial.</p> <p><b>Innovation vis-à-vis Existing Therapeutic Option:</b> To compare Daprodustat to rhEPO for cardiovascular (CV) safety (noninferiority). And to compare Daprodustat to rhEPO for hemoglobin efficacy (non inferiority)</p> <p><b>Unmet Medical Need in the country:</b> The test drug may potentially provide alternative treatment in dialysis subjects with anemia associated with chronic kidney disease.</p>	<p><b>1. Recommendation of SEC (Cardiovascular &amp; Renal) on 09/02/2017.</b></p> <p>After detailed deliberation the committee opined that the proposal may be approved subject to final opinion from Nephrologist.</p> <p>The same proposal was earlier deliberated in the SEC Cardiovascular and Renal dated 09.02.2017 and after review by the Nephrologist during this meeting the committee recommended the conduct of the study.</p> <p><b>SEC Experts:</b></p> <ol style="list-style-type: none"> <li>1. Dr. Sandeep Bansal, HOD, VMMC, Sufdurjung Hospital, New Delhi</li> <li>2. Dr. A. H. Ansari, Assistant Professor, Vardhman Mahavir Medical College, New Delhi-110029.</li> <li>3. Dr. K.M.K. Reddy, Dept. of Cardiology, Osmania Medical College, Koti Hyderabad-500095.</li> <li>4. Dr. K.H. Reeta, professor, Dept. of Pharmacology, AIIMS, New Delhi.</li> <li>5. Dr. S.K. Agarwal, Professor &amp; Head of the Department, Dept. of Nephrology, AIIMS, New Delhi.</li> <li>6. Dr. R K Sharma, Professor, Dept. of Nephrology, SGPPI, Lucknow.</li> </ol> <p><b>2. Recommendation of the Technical Committee meeting held on</b></p>

	<p>chronic kidney disease to evaluate the safety and efficacy of Daprodustat compared to recombinant human erythropoietin, Following a Switch From erythropoietin-stimulating Agents. (Protocol # : 200807)</p>		<p><b>03.05.2017:</b> After detailed deliberation, the committee agreed with the recommendation of the SEC and recommended the approval of the study.</p>
<p><b>2.</b></p>	<p><b>Name of the Drug:</b> Daprodustat</p> <p><b>Date of Application:</b> <b>23/9/2016</b></p> <p><b>Protocol No:</b> 200808</p> <p><b>Phase of the trial:</b> III</p> <p><b>Name of the Applicant:</b> M/s PPD Pharmaceutical Development India Pvt. Ltd., India</p> <p><b>Name of the Sponsor:</b> GlaxoSmithKline Research &amp; Development Limited, 980 Great West Road, Brentford, Middlesex, TW8 9GS UK</p> <p><b>Name of the Manufacturer:</b> Glaxo Operations UK Ltd (trading as Glaxo Wellcome Operations), Priory Street Ware, Hertfordshire SG12 0DJ UK</p> <p>GlaxoSmithKline LLC, 1250 South Collegeville Road Collegeville PA 19426 -0989, USA</p> <p><b>Protocol Title:</b> A phase 3 randomized, open-</p>	<p><b>Assessment of Risk vs. Benefit to the patients:</b> The safety profile of the study drugs from preclinical toxicology studies including Single dose toxicity, repeat dose toxicity, reproductive and developmental toxicity, genotoxicity, Dermal toxicity tests, local tolerance and clinical studies justify the conduct of the trial.</p> <p><b>Innovation vis-à-vis Existing Therapeutic Option:</b> To compare Daprodustat to rhEPO for cardiovascular (CV) safety (noninferiority). And to compare Daprodustat to rhEPO for hemoglobin efficacy (non inferiority)</p> <p><b>Unmet Medical Need in the country:</b> The test drug may potentially provide alternative treatment in dialysis subjects with anemia associated with chronic kidney disease</p>	<p><b>1. Recommendation of the SEC (Cardiovascular &amp; Renal) on 09/02/2017.</b> After detailed deliberation the committee opined that the proposal may be approved subject to final opinion from Nephrologist.</p> <p>The same proposal was earlier deliberated in the SEC Cardiovascular and Renal dated 09.02.2017 and after review by the Nephrologist during this meeting the committee recommended the conduct of the study.</p> <p><b>SEC Expert:</b></p> <ol style="list-style-type: none"> <li>1. Dr. Sandeep Bansal, HOD, VMMC, Sufdurjung Hospital, New Delhi</li> <li>2. Dr. A. H. Ansari, Assistant Professor, Vardhman Mahavir Medical College, New Delhi-110029.</li> <li>3. Dr. K.M.K. Reddy, Dept. of Cardiology, Osmania Medical College, Koti Hyderabad-500095.</li> <li>4. Dr. K.H. Reeta, professor, Dept. of Pharmacology, AIIMS, New Delhi.</li> <li>5. Dr. S.K. Agarwal, Professor &amp; Head of the Department, Dept. of Nephrology, AIIMS, New Delhi.</li> <li>6. Dr. R K Sharma, Professor, Dept. of Nephrology, SGPGI, Lucknow.</li> </ol> <p><b>2. Recommendation of the Technical Committee meeting held on 03.05.2017:</b> After detailed deliberation, the committee agreed with the</p>

	<p>label (sponsor-blind), active-controlled, parallel-group, multi-center, event driven study in non-dialysis subjects with anemia associated with chronic kidney disease to evaluate the safety and efficacy of daprodustat compared to darbepoetin alfa. (# 200808)</p>		<p>recommendation of the SEC and recommended the approval of the study.</p>
<p>3.</p>	<p><b>Name of the Drug:</b> Oral Semaglutide</p> <p><b>Date of Application:</b> 04/10/2016</p> <p><b>Protocol No: NN9924-4280</b></p> <p><b>Phase of the trial:</b> IIIa</p> <p><b>Name of the Applicant:</b> Novo Nordisk India Private, Bangalore -560 066, Karnataka, India</p> <p><b>Name of the Sponsor:</b> Novo Nordisk India Private Ltd, Bangalore - 560 066, Karnataka, India.</p> <p><b>Name of the Manufacturer:</b> Novo Nordisk A/S, Clinical Supplies Packaging, Novo Nordisk Park, B5.S.09. DK-2760, Måløv, Denmark.</p> <p><b>Title:</b> Efficacy and</p>	<p><b>Assessment of Risk vs. Benefit to the patients:</b> The safety profile of the study drugs from preclinical toxicology studies including repeat dose toxicity, reproductive and developmental toxicity, carcinogenicity, genotoxicity and clinical studies justify the conduct of the trial.</p> <p><b>Innovation vis-à-vis Existing Therapeutic Option:</b> To compare the effect of once-daily dosing of three dose levels of oral semaglutide (3, 7 and 14 mg) versus placebo on glycaemic control in subjects with type 2 diabetes mellitus treated with insulin.</p> <p><b>Unmet Medical Need in the country:</b> The test drug may potentially provide alternative treatment in subjects with type 2</p>	<p><b>1.Recommendations of Subject Expert Committee SEC (Endocrinology and Metabolism) held on 20.12.2016.</b> After detailed deliberation the committee opined that the patients in the placebo arm will be at risk of hyperglycemia due to 20% insulin reduction during at randomization till visit 8.Hence the detailed risk management plan should be submitted till the visit 9. Accordingly the firm should submit revised protocol for further review.</p> <p><b>The firm has submitted response for above recommendation,</b></p> <p>I. Protocol title has been changed to “ A 52 week randomized, double-blind, placebo-controlled trial, four armed, parallel-group, multicenter, multinational trial. This trial will compare the study, Efficacy of three dose levels of once-daily oral Semaglutide versus placebo in subjects with type-2 diabetes mellitus treated with insulin.</p> <p>II.Additional eye examination was added in Amended protocol.</p> <p>III.The criteria for subject completion, withdrawal and lost to follow up respectively are clarified and have been made consistent across sections.</p>

	<p>safety of Oral Semaglutide versus placebo in subjects with type 2 diabetes mellitus treated with insulin.</p>	<p>diabetes treated with insulin.</p>	<p>IV. Transient worsening of diabetic retinopathy is a recognized complication in selected patients with diabetes after initiation of intensive antidiabetic treatment. Information to the investigators and subjects related to diabetic retinopathy has been added to the protocol and subject information.</p> <p>V. As per agreement with the FDA, text is added to highlight the investigator's responsibility in relation to further evaluation of potential incidental thyroid nodules discovered at the physical examination.</p> <p>VI. For the pattern mixture model using multiple imputation, the number of imputations will be increased from 100 to 1000 data sets, to ensure a greater precision of the estimates.</p> <p>VII. Regulatory approval status of the study 8/9 countries approved</p> <p><b>2. Recommendations of Subject Expert Committee SEC in (Endocrinology and Metabolism) held on 10.02.2017.</b></p> <p>After detailed re-deliberation the committee opined that the risk management plan/revised protocol is acceptable. Hence the committee recommended the conduct of the study (protocol amendment no: 2, version 3.0).</p> <p><b>SEC Experts:</b></p> <ol style="list-style-type: none"> <li>1. Dr. MD. Ashraf Ganie, Dept. of Endocrinology, SKIMS, K&amp;K</li> <li>2. Dr. Bikash Medhi, Dept. of Pharmacology, PGIMER, Chandigarh.</li> <li>3. Dr. Rajesh Khadgawat, Professor, Dept. of Endocrinology, AIIMS, New delhi.</li> <li>4. Dr. Manoj Chadha, Dept. of Endocrinology P.D Hinduja National Hospital MAhim, Mumbai.</li> </ol>
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			<p>5. Dr. Deepak Khandelwal, Consultant, dept. of Endocrinology, Maharaja Agrasen Hospital New Delhi.</p> <p><b>3. Recommendation of the Technical Committee meeting held on 03.05.2017:</b> After detailed deliberation, the committee agreed with the recommendation of the SEC and recommended the approval of the study.</p>
<p><b>4.</b></p>	<p><b>Name of the Drug:</b> Selonsertib (SEL) 6 mg / 18 mg Tablet</p> <p><b>Date of Application:</b> 16/02/2017 (Online Submission)</p> <p><b>Protocol No:</b> GU-US-384-1944, Version Original, Dated 19/12/16.</p> <p><b>Phase of the trial:</b> III</p> <p><b>Name of the Applicant:</b> KlinEra Corporation India, 401, Hill view Industrial Estate, Ghatkopar (West), Mumbai, 400086 India</p> <p><b>Name of the Sponsor:</b> Gilead Sciences, Inc. 333 Lakeside Drive Foster City, CA 94404.</p> <p><b>Name of the Manufacturer:</b> Gilead Sciences, Inc., 333 Lakeside Drive, Foster City, CA</p>	<p><b>Risk vs Benefit to the patients:</b> The safety profile of the test drug from various preclinical pharmacology, toxicity studies and phase I and II clinical studies justifies the conduct of this phase III trial.</p> <p><b>Innovation vis a vis existing therapy:</b> The data from the studies conducted so far with the IMP alone and in combination with other drugs indicates that The study drug may provide a better/ specific treatment option for patients with Cirrhosis due to Nonalcoholic Steatohepatitis (NASH)</p> <p><b>Unmet need:</b> Study drug may provide a better treatment options as there is no</p>	<p><b>1. Recommendation of the SEC (Gastroenterology) held on 23/March/2017</b> After detailed deliberation the committee recommended the conduct of the study.</p> <p><b>SEC expert:</b></p> <ol style="list-style-type: none"> <li>1. Dr. Bikash Medhi, Professor, Dept. of Pharmacology, PGIMER, Chandigarh.</li> <li>2. Dr. Anoop Saraya, Professor, Dept. of Gastroenterology, AIIMS, New Delhi.</li> <li>3. Dr. Sudhir Gupta, Professor and Head, Government Medical College and Super Speciality, Nagpur.</li> <li>4. Dr. P. Shravan Kumar, Professor, HOD of Gastroenterology, Gandhi Medical College and Hospital, Secunderabad, Telengana.</li> <li>5. Dr. B. D Goswami, Prof. and Head, Dept. of Gastroenerology, Seth Gauhati Medical College, Gauhati.</li> </ol> <p><b>2. Recommendation of the Technical Committee meeting held on 03.05.2017:</b></p>

	<p>94404, USA.</p> <p>Gilead Alberta, ULC, 1021 Hayter Road NW, Edmonton, Alberta, Canada, T6S 1A1</p> <p><b>Protocol Title:</b> A Phase III, randomized, double- blind, placebo- controlled study evaluating the safety and efficacy of Selonsertib in subjects with compensated cirrhosis due to nonalcoholic steatohepatitis (NASH)</p>	<p>first line treatment option available for Cirrhosis due to Nonalcoholic Steatohepatitis (NASH).</p>	<p>After detailed deliberation, the committee agreed with the recommendation of the SEC and recommended the approval of the study.</p>
<p><b>5.</b></p>	<p><b>Name of the Drug:</b> Selonsertib (SEL) 6 mg / 18 mg Tablet</p> <p><b>Date of Application:</b> 17/02/2017 (Online Submission)</p> <p><b>Protocol No:</b> GU- US-384-1943, Version Original, Dated 19/12/16.</p> <p><b>Phase of the trial:</b> III</p> <p><b>Name of the Applicant:</b> KlinEra Corporation India, 401, Hill view Industrial Estate, Ghatkopar (West), Mumbai, 400086 India</p> <p><b>Name of the Sponsor:</b> Gilead Sciences, Inc. 333 Lakeside Drive Foster City, CA 94404.</p>	<p><b>Risk vs Benefit to the patients:</b> The safety profile of the test drug from various preclinical pharmacology, toxicity studies and phase I and II clinical studies justifies the conduct of this phase III trial.</p> <p><b>Innovation vis a vis existing therapy:</b> The data from the studies conducted so far with the IMP alone and in combination with other drugs indicates that the study drug may provide a better/ specific treatment option for patients with Compensated Cirrhosis due to</p>	<p><b>1. Recommendation of SEC (Gastroenterology) held on 23/March/17</b></p> <p>After detailed deliberation the committee recommended the conduct of the study.</p> <p><b>SEC expert:</b></p> <ol style="list-style-type: none"> <li>1. Dr. Bikash Medhi, Professor, Dept. of Pharmacology, PGIMER, Chandigarh.</li> <li>2. Dr. Anoop Saraya, Professor, Dept. of Gastroenterology, AIIMS, New Delhi.</li> <li>3. Dr. Sudhir Gupta, Professor and Head, Government Medical College and Super Speciality, Nagpur.</li> <li>4. Dr. P. Shravan Kumar, Professor, HOD of Gastroenterology, Gandhi Medical College and Hospital, Secunderabad, Telengana.</li> <li>5. Dr. B. D Goswami, Prof. and Head, Dept. of Gastroenerology, Seth</li> </ol>

	<p><b>Name of the Manufacturer:</b>                  Gilead Sciences, Inc.,                  333 Lakeside Drive,                  Foster City, CA                  94404, USA.</p> <p>Gilead Alberta, ULC,                  1021 Hayter Road                  NW, Edmonton,                  Alberta, Canada, T6S                  1A1</p> <p><b>Protocol Title:</b> A                  Phase III, randomized,                  double-blind,                  placebo-controlled                  study evaluating the                  safety and efficacy of                  Selonsertibin subjects                  with non alcoholic                  steatohepatitis (nash)                  and bridging (f3)                  fibrosis.</p>	<p>Nonalcoholic                  Steatohepatitis                  (NASH) and                  bridging fibrosis.</p> <p><b>Unmet need:</b> Study                  drug may provide a                  better treatment                  options as there is no                  first line treatment                  option available for                  fibrosis regression                  and reduce                  progression to                  cirrhosis associated                  complications in                  subjects with NASH                  and bridging (F3)                  fibrosis.</p>	<p>Gauhati Medical College,                  Gauwhati.</p> <p><b>2. Recommendation of the Technical Committee meeting held on 03.05.2017:</b></p> <p>After detailed deliberation, the committee agreed with the recommendation of the SEC and recommended the approval of the study.</p>
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## Annexure-II

**Proposal of clinical trial of NCEs along with their evaluations and recommendations of the Technical Committee in its 41<sup>st</sup> Technical Committee Meeting on 31.05.2017**

Propo sal No	Details of the proposal	Assessment of the Proposal <i>vis –a vis</i> specified Parameters	Recommendations 1. Subject Expert Committee 2. Technical Committee
6.	<p><b>Name of the Drug:</b> K-877 (PEMAFIBRATE)  <b>Date of Application:</b> 03/02/17 (Online Submission)  <b>Protocol No:</b> K-877-302            Version 1.0, dated 16/Nov/16  <b>Phase of the trial:</b> Phase III  <b>Name of the Applicant:</b> M/s Quintiles Research India Private Limited  <b>Name of the Sponsor:</b> Kowa Company Ltd, Japan  <b>Name of the Manufacturer:</b> Kowa Company Ltd Nagoya Factory 2-18-57 Hatooka, Kita-ku Nagoya City Aichi 462-0024 Japan  <b>Protocol Title:</b> Pema fibrate To Reduce Cardiovascular Outcomes By Reducing Triglycerides In Patients With Diabetes (Prominent)</p>	<p><b>Assessment of Risk vs. Benefit to the patients:</b> The pre-clinical including repeat dose studies and Phase I, Phase II, Phase III studies justify the conduct of this study.  <b>Innovation vis-à-vis Existing Therapeutic Option:</b> The primary scientific aim of this study is to assess whether treatment with selective peroxisome proliferator activated receptor modulator alpha (SPPARM-alpha) IMP, will prevent myocardial infarction (MI), ischemic stroke, unstable angina requiring unplanned revascularization and cardiovascular death in adults with T2D who have elevated TG and low HDLC levels and are at high risk for future CV events.  <b>Unmet Medical Need in the country:</b> Reducing the rate of diabetes related complications requires more than just adequate glycemic control, and to ameliorate residual macrovascular risk, lipid management may require more than statins alone. The specificity of increased CV risk due to metabolic syndrome, T2D, increased TG and decreased HDL-C make South Asian populations in need of new effective treatments for these conditions as well as an ideal clinical setting to address the scientific hypothesis tested with IMP.</p>	<p><b>1. Recommendation of SEC (Cardiology &amp; Renal) on 18/04/17</b>            After detailed deliberation the committee recommended the conduct of the Phase 3 clinical trial as per the protocol presented.  <b>SEC Experts List</b>            1. Dr. Sandeep Bansal, Professor &amp; Head of Department of Cardiology, Vardhman Mahavir Medical College, New Delhi-110029.            2. Dr. K.M.K Reddy, DM Cardio, Osmania Medical College, Secunderabad, Andhra Pradesh.            3. Dr. S.K. Agrawal, Professor &amp; Head of the department, Dept. Of Nephrology AIIMS, New Delhi.            4. Dr. Saibal Mukhopadhyay, Professor, Dept. Of Cardiology, G B Pant Hospital, Delhi.  <b>7.Recommendation of the Technical Committee meeting held on 31.05.2017:</b>            After detailed deliberation, the committee agreed with the recommendation of the SEC and recommended the approval of the study.</p>



7.	<p><b>Name of the Drug:</b> LNP1892</p> <p><b>Date of Application:</b> 16.12.2016</p> <p><b>Protocol No:</b> LRP/LNP1892/2016/007, Version 1.2 Dated 15/Dec/16</p> <p><b>Phase of the trial:</b> Phase II</p> <p><b>Name of the Applicant:</b> Lupin Limited, Lupin Research Park, Survey No. 46A/47A, Village - Nande, Taluka -Mulshi, Pune - 412 155, Maharashtra, India</p> <p><b>Name of the Sponsor:</b> Lupin Atlantis Holdings SA Landis + Gyr Strasse 1 6300 Zug, Switzerland</p> <p><b>Name of the Manufacturer:</b> Catalent Pharma Solutions 14 School house Rd. Somerset, New Jersey, NJ 08873 USA</p> <p><b>Protocol Title:</b> A randomized, double-blind, placebo-controlled, phase ii study to assess the efficacy, pharmacokinetics, pharmacodynamics and safety of LNP1892 (Monotherapy) in Chronic Kidney Disease (CKD) Patients with Secondary Hyperparathyroidism (SHPT), On Dialysis and not on Dialysis</p>	<p><b>Assessment of Risk vs. Benefit to the patients:</b> In Phase 1 first in human study, IMP was found to be safe and well tolerated up to the highest doses tested (up to 50 mg in single dose and 25 mg in multiple dose study). IMP has potential to decrease iPTH without significant hypocalcaemia. The observation of preclinical and Phase I clinical study justify the conduct of study.</p> <p><b>Innovation vis-à-vis Existing Therapeutic Option:</b> In current available therapies for SHPT, phosphate binders have a risk of cardiovascular diseases (CVD), and newer vitamin D sterols have a risk of hypercalcemia and provide inefficient control. It is expected that the property of IMP of reducing iPTH without change in serum phosphate or calcium levels will benefit in SHPT patients who are on dialysis as well as not on dialysis.</p> <p><b>Unmet Medical Need in the country:</b> In India, prevalence of SHPT is very common varying from 72.7% to 92.5%, increasing with CKD stage, and maximum seen in CKD Stage 5. Cinacalcet is the first US FDA approved calcimimetic for treating SHPT in CKD patients receiving dialysis (stage 5 CKD) and hypercalcemia in patients with parathyroid carcinoma. Cinacalcetis also not recommended in patients with intact parathyroid hormone (iPTH) values above 800 pg/mL and who are 'Not on Dialysis'. There is therefore, an urgent need for new pharmacologic therapies that achieve a balanced control of mineral metabolism and PTH secretion in SHPT in Dialysis as well as Not on Dialysis patients.</p>	<p><b>1. Recommendation of SEC (Cardiology &amp; Renal) on 18/April/17</b></p> <p>After detailed deliberation the committee has recommended the conduct of the Phase II study.</p> <p><b>SEC Experts List:</b></p> <ol style="list-style-type: none"> <li>1. Dr. Sandeep Bansal, Professor &amp; Head of Department of Cardiology, Vardhman Mahavir Medical College, New Delhi-110029.</li> <li>2. Dr. K.M.K Reddy, DM Cardio, Osmania Medical College, Secunderabad, Andhra Pradesh.</li> <li>3. Dr. S.K. Agrawal, Professor &amp; Head of the department, Dept. Of Nephrology AIIMS, New Delhi.</li> <li>4. Dr. Saibal Mukhopadhyay, Professor, Dept. Of Cardiology, G B Pant Hospital, Delhi.</li> </ol> <p><b>2. Recommendation of the Technical Committee meeting held on 31.05.2017:</b></p> <p>After detailed deliberation, the committee agreed with the recommendation of the SEC and recommended the approval of the study.</p>
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<p><b>8.</b></p>	<p><b>Name of the Drug:</b> Semaglutide</p> <p><b>Date of Application:</b> 28/12/16 (Online Submission)</p> <p><b>Protocol No:</b> NN9535-4270, Version 3.0, dated 19/Dec/16</p> <p><b>Phase of the trial:</b> Phase IIIb</p> <p><b>Name of the Applicant:</b> Novo Nordisk India Private Ltd, Plot No. 32, 47 - 50, EPIP Area, Whitefield, Bangalore - 560 066, India</p> <p><b>Name of the Sponsor:</b> Novo Nordisk India Private Ltd, Plot No. 32, 47 - 50, EPIP Area, Whitefield, Bangalore - 560 066, India</p> <p><b>Name of the Manufacturer:</b> Novo Nordisk A/S, Clinical Supplies Packaging, Novo Nordisk Park, B5.S.09. DK-2760, Måløv, Denmark.</p> <p><b>Protocol Title:</b> Efficacy and safety of Semaglutide versus Canagliflozin as add-on to Metformin in subjects with type 2 diabetes.</p>	<p><b>Assessment of Risk versus benefit to the patients:</b> The safety profile of the test drug from various preclinical pharmacology and toxicity studies including single dose toxicity, repeat dose toxicity studies and phase I, phase II, phase III clinical study justifies the conduct of the trial.</p> <p><b>Innovation Vis-à- Vis existing therapeutic option:</b> The aim for the present trial is to compare the effect of IMP versus canagliflozin, in subjects with T2D inadequately controlled with metformin, in terms of glycaemic control, weight management and other efficacy parameters.</p> <p><b>Unmet medical need in the country</b> Type 2 diabetes is a progressive disease and continuous treatment intensification is required in order to provide optimum glycaemic control. The currently available treatment modalities for T2D are still not satisfactory and there is a significant proportion of patients not reaching the treatment targets.</p>	<p><b>1. Recommendation of SEC (Endocrinology &amp; Metabolism) on 25/April/17</b></p> <p>After detailed deliberation the committee recommended for grant of permission to conduct the clinical trial.</p> <p><b>SEC Experts List</b></p> <ol style="list-style-type: none"> <li>1. Dr. B. Gupta, Prof &amp; Head Dept. of Medicine, NDMC Medical college &amp; Hindu Rao Hospital, New Delhi.</li> <li>2. Dr. Deepak Khandelwal, Maharja Agrasen Hospital, Punjabi Bhagh, New Delhi.</li> <li>3. Dr. K. H. Reeta, Dept. of Pharmacology, AIIMS, New Delhi.</li> <li>4. Dr. Rajesh Khadgawat, Assoc. Prof., AIIMS, New Delhi.</li> </ol> <p><b>2. Recommendation of the Technical Committee meeting held on 31.05.2017:</b></p> <p>After detailed deliberation, the committee agreed with the recommendation of the SEC and recommended the approval of the study.</p>
<p><b>9.</b></p>	<p><b>Name of the Drug:</b> MOD-4023</p> <p><b>Date of Application:</b> 10/12/16 (Online Submission)</p> <p><b>Protocol No:</b> CP-4-006, Version No. 1.0, dated 05/Oct/16</p> <p><b>Phase of the trial:</b> Phase III</p>	<p><b>Risk vs Benefit to the patients:</b> The safety profile of the test drug from various preclinical pharmacology and toxicity studies including single dose toxicity, repeat dose toxicity, Male fertility studies, female reproduction and developmental toxicity Studies, Carcinogenicity, Genotoxicity studies and phase I, phase II, phase III clinical study justifies</p>	<p><b>1. Recommendation of SEC (Endocrinology &amp; Metabolism) on 25/April/17</b></p> <p>After detailed deliberation the committee recommended for grant of permission to conduct the clinical trial.</p> <p>Dr. Rajesh Khadgawat did not participate in the deliberation.</p>

	<p><b>Name of the Applicant:</b> JSS Medical Research India Private Limited 6th Floor, Plot 12/2, Sector 27 D, Haryana, India</p> <p><b>Name of the Sponsor:</b> OPKO Biologics Ltd. Ashlagan 16 Kiryat Gat, Israel</p> <p><b>Name of the Manufacturer:</b> Pfizer Manufacturing Belgium NV, Rijksweg 12, 2870, Puurs, Belgium</p> <p><b>Protocol Title:</b> A phase III, open-label, randomized, multicenter, 12 months, efficacy and safety study of weekly MOD-4023 compared to daily Genotropin - therapy in pre-pubertal children with growth hormone deficiency.</p>	<p>the conduction of the trial.</p> <p><b>Innovation vis a vis against existing therapy:</b> The purpose of the study is to demonstrate that weekly MOD-4023 administration is non-inferior to daily Genotropin administration in terms of safety and efficacy outcomes</p> <p><b>Unmet need-</b> The test drugs may provide treatment option in pre-pubertal children with growth hormone deficiency.</p>	<p><b>SEC Experts List</b></p> <ol style="list-style-type: none"> <li>1. Dr. B. Gupta, Prof &amp; Head Dept. of Medicine, NDMC Medical college &amp; Hindu Rao Hospital, New Delhi.</li> <li>2. Dr. Deepak Khandelwal, Maharja Agrasen Hospital, Punjabi Bhagh, New Delhi.</li> <li>3. Dr. K. H. Reeta, Dept. of Pharmacology, AIIMS, New Delhi.</li> <li>4. Dr. Rajesh Khadgawat, Assoc. Prof., AIIMS, New Delhi.</li> </ol> <p><b>2. Recommendation of the Technical Committee meeting held on 31.05.2017:</b></p> <p>After detailed deliberation, the committee agreed with the recommendation of the SEC and recommended the approval of the study.</p>
10.	<p><b>Name of the Drug:</b> LNP3794</p> <p><b>Date of Application:</b> 17/03/17 (Online Submission)</p> <p><b>Protocol No:</b> LRP/LNP3794/2016/006</p> <p><b>Phase of the trial:</b> II/III</p> <p><b>Name of the Applicant:</b> Lupin Limited, Lupin Research Park, Survey No. 46A/47A, Village - Nande, Taluka -Mulshi, Pune - 412 155, India</p> <p><b>Name of the Sponsor:</b> Lupin Limited, Lupin Research Park, Survey No. 46A/47A, Village - Nande, Taluka -Mulshi, Pune - 412 155, India</p> <p><b>Name of the Manufacturer:</b> Catalent</p>	<p><b>Risk/Benefit Assessment for the Study:</b> The safety profile of the test drug from various preclinical pharmacology, toxicity studies and phase I clinical studies justifies the conduct of the trial.</p> <p><b>Innovation Vs existing therapeutic Option</b> The study drug is an innovative targeted therapy for treatment of RAS mutant NSCLC patients.</p> <p><b>Unmet medical need in the country:</b> LNP3794 in the treatment of RAS positive NSCLC would be a great advantage in scientific advancement and management of the disease.</p>	<p><b>1. Recommendation of SEC (Oncology &amp; Hematology) on 16.05.2017</b></p> <p>After detailed deliberation the committee recommended for grant of permission to conduct the clinical trial as per the protocol submitted.</p> <p><b>SEC Experts:</b></p> <ol style="list-style-type: none"> <li>1. Dr. P.K Gogoi, Professor &amp; Head, Guwahati Medical College and Hospital, Guwahati.</li> <li>2. Dr. (Brig) Ajay Sharma, Professor &amp; Sr. Advisor Army Hospital (Research &amp; Referral) New Delhi</li> <li>3. Dr. H.P. Pati, Professor, Dept. of Hematology, AIIMS, New Delhi.</li> <li>4. Dr. Sameer Bakshi, Professor, Dept. of Oncology, AIIMS, New Delhi.</li> <li>5. Dr. K. H. Reeta, Professor, Dept. of Pharmacology, AIIMS, New Delhi.</li> <li>6. Dr. C. k Bose, Assisntant Professor, Netaji Subhash Chander Bose Cancer Research</li> </ol>

	<p>Pharma Solutions, New Jersey, NJ 08873 USA.</p> <p><b>Protocol Title:</b> A phase II/III pivotal, open-label, randomized, 3 arm study to assess the efficacy of lnp3794 monotherapy or in combination with Docetaxel, compared with Docetaxel alone, in patients with RAS mutation positive locally advanced and metastatic non-small cell lung cancer</p>		<p>Institutie.</p> <p>7. Dr. Sanjay Kumar Singh, Assistant Professor, Gajara Raja Medical College, Gwalior.</p> <p>8. Dr. P. K Julka, Director Max Oncology, Day Care Centre, Lajpat Nagar.</p> <p><b>2. Recommendation of the Technical Committee meeting held on 31.05.2017:</b></p> <p>After detailed deliberation, the committee agreed with the recommendation of the SEC and recommended the approval of the study.</p>
<p><b>11.</b></p>	<p><b>Name of the Drug:</b> SPI-2012 (Eflapegrastim)</p> <p><b>Date of Application:</b> 20/04/17 (Online Submission)</p> <p>Protocol No: SPI-GCF-302 Version: Original dated 27/Sep/2016</p> <p>Phase of the trial: III</p> <p><b>Name of the Applicant:</b> Spectrum Oncology Pvt Ltd., 71, Free Press House, Journal Marg, Nariman Point, Mumbai, Maharashtra, India</p> <p><b>Name of the Sponsor:</b> Spectrum Pharmaceuticals, Inc. 157 Technology Drive, Irvine, CA 92618 USA.</p> <p><b>Name of the Manufacturer:</b> Hanmi Pharm. Co., Ltd., Chupalsandan-ro Paengseong-eup Pyeongtaek -si, Gyeonggi-do 17998, Korea</p> <p><b>Protocol Title:</b> A Randomized, Open-</p>	<p><b>Assessment of Risk versus benefit to the patients:</b> The safety profile of the test drug from various preclinical pharmacology and toxicity studies including single dose toxicity, repeat dose toxicity, Female reproductive &amp; developmental toxicity studies and phase I, phase II, phase III clinical study justifies the conduction of the trial.</p> <p><b>Innovation Vis-à- Vis existing therapeutic option:</b> The study drug is a novel biologic that was designed to maximize the pharmacological activity of the granulocyte-colony stimulating factor (G-CSF) moiety of the molecule.</p> <p><b>Unmet medical need in the country:</b> The study drug may provide an alternative treatment option in MBC patients receiving chemotherapy.</p>	<p><b>1. Recommendation of SEC (Oncology &amp; Hematology) on 16/05/17</b></p> <p>After detailed deliberation committee recommended for grant of permission to conduct the clinical trial as per the protocol submitted.</p> <p>SEC Experts:</p> <p>1. Dr. P.K Gogoi, Professor &amp; Head, Guwahati Medical College and Hospital, Guwahati.</p> <p>2. Dr. (Brig) Ajay Sharam, Professor &amp; Sr. Advisor Army Hospital (Research &amp; Referral) New Delhi</p> <p>3. Dr. H.P Pati, Professor, Dept. of Hematology, AIIMS, New Delhi.</p> <p>4. Dr. Sameer Bakshi, Professor, Dept. of Oncology, AIIMS, New Delhi.</p> <p>5. Dr. K. H. Reeta, Professor, Dept. of Pharmacology, AIIMS, New Delhi.</p> <p>6. Dr. C. k Bose, Assisstant Professor, Netaji Subhash Chander Bose Cancer Research Institutie.</p> <p>7. Dr. Sanjay Kumar Singh, Assistant Professor, Gajara Raja Medical College, Gwalior.</p> <p>8. Dr. P. K Julka, Director Max Oncology, Day Care Centre, Lajpat Nagar.</p> <p><b>2. Recommendation of the Technical Committee meeting</b></p>

	<p>label, Active-control Trial of SPI-2012 (Eflapegrastim) versus Pegfilgrastim in the Management of Chemotherapy-Induced Neutropenia in Early stage Breast cancer patients receiving Docetaxel and Cyclophosphamide (TC).</p>		<p><b>held on 31.05.2017:</b> After detailed deliberation, the committee agreed with the recommendation of the SEC and recommended the approval of the study.</p>
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