EMA/146014/2021

European Medicines Agency decision

P/0104/2021

of 17 March 2021

on the agreement of a paediatric investigation plan and on the granting of a deferral for crinecerfont (EMEA-002700-PIP01-19) in accordance with Regulation (EC) No 1901/2006 of the European Parliament and of the Council

Disclaimer

This decision does not constitute entitlement to the rewards and incentives referred to in Title V of Regulation (EC) No 1901/2006.

Only the English text is authentic.

European Medicines Agency decision

P/0104/2021

of 17 March 2021

on the agreement of a paediatric investigation plan and on the granting of a deferral for crinecerfont (EMEA-002700-PIP01-19) in accordance with Regulation (EC) No 1901/2006 of the European Parliament and of the Council

The European Medicines Agency,

Having regard to the Treaty on the Functioning of the European Union,

Having regard to Regulation (EC) No 1901/2006 of the European Parliament and of the Council of 12 December 2006 on medicinal products for paediatric use and amending Regulation (EEC) No. 1768/92, Directive 2001/20/EC, Directive 2001/83/EC and Regulation (EC) No 726/2004[1],

Having regard to Regulation (EC) No 726/2004 of the European Parliament and of the Council of 31 March 2004 laying down Community procedures for the authorisation and supervision of medicinal products for human and veterinary use and establishing a European Medicines Agency[2],

Having regard to the application submitted by Neurocrine Therapeutics, Ltd. on 14 November 2019 under Article 16(1) of Regulation (EC) No 1901/2006 also requesting a deferral under Article 20 of said Regulation,

Having regard to the opinion of the Paediatric Committee of the European Medicines Agency, issued on 29 January 2021, in accordance with Article 17 of Regulation (EC) No 1901/2006 and Article 21 of said Regulation,

Having regard to Article 25 of Regulation (EC) No 1901/2006,

Whereas:

(1) The Paediatric Committee of the European Medicines Agency has given an opinion on the agreement of a paediatric investigation plan and on the granting of a deferral.

(2) It is therefore appropriate to adopt a decision agreeing a paediatric investigation plan.

(3) It is therefore appropriate to adopt a decision granting a deferral.

[1] OJ L 378, 27.12.2006, p.1.
[2] OJ L 136, 30.4.2004, p. 1.

Has adopted this decision:

Article 1

A paediatric investigation plan for crinecerfont, capsule, hard, oral solution, oral use, gastric use, the details of which are set out in the opinion of the Paediatric Committee of the European Medicines Agency annexed hereto, together with its appendices, is hereby agreed.

Article 2

A deferral for crinecerfont, capsule, hard, oral solution, oral use, gastric use, the details of which are set out in the opinion of the Paediatric Committee of the European Medicines Agency annexed hereto, together with its appendices, is hereby granted.

Article 3

This decision is addressed to Neurocrine Therapeutics Ltd, 70 Sir John Rogerson’s Quay, D02R296 - Dublin, Ireland.

EMA/PDCO/593187/2020
Amsterdam, 29 January 2021

Opinion of the Paediatric Committee on the agreement of a Paediatric Investigation Plan and a deferral

EMEA-002700-PIP01-19

Scope of the application

Active substance(s):

Crinecerfont

Condition(s):

Treatment of congenital adrenal hyperplasia

Pharmaceutical form(s):

Capsule, hard

Oral solution

Route(s) of administration:

Oral use

Gastric use

Name/corporate name of the PIP applicant:

Neurocrine Therapeutics, Ltd.

Basis for opinion

Pursuant to Article 16(1) of Regulation (EC) No 1901/2006 as amended, Neurocrine Therapeutics, Ltd. submitted for agreement to the European Medicines Agency on 14 November 2019 an application for a paediatric investigation plan for the above mentioned medicinal product and a deferral under Article 20 of said Regulation.

The procedure started on 6 January 2020.

Supplementary information was provided by the applicant on 23 October 2020.

Opinion

1. The Paediatric Committee, having assessed the proposed paediatric investigation plan in accordance with Article 17 of Regulation (EC) No 1901/2006 as amended, recommends as set out in the appended summary report:

   - to agree the paediatric investigation plan in accordance with Article 17(1) of said Regulation;
   - to grant a deferral in accordance with Article 21 of said Regulation.

The Norwegian Paediatric Committee member agrees with the above-mentioned recommendation of the Paediatric Committee.

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

This opinion is forwarded to the applicant and the Executive Director of the European Medicines Agency, together with its annex and appendix.

Annex I

The subset(s) of the paediatric population and condition(s) covered by the waiver and the measures and timelines of the agreed paediatric investigation plan (PIP)

1. Waiver

Not applicable

2. Paediatric investigation plan

2.1. Condition:

Treatment of congenital adrenal hyperplasia

2.1.1. Indication(s) targeted by the PIP

Treatment of congenital adrenal hyperplasia

2.1.2. Subset(s) of the paediatric population concerned by the paediatric development

From birth to less than 18 years of age.

2.1.3. Pharmaceutical form(s)

Capsule, hard

Oral solution

2.1.4. Measures

Area	Number of measures	Description
Quality-related studies	1	**Study 1** Assess feasibility of administration of crinecerfont oral solution using a feeding tube.
Non-clinical studies	2	**Study 2 (2020-TX-212)** Determination of exposure levels and tolerability in rats after single and 4-day repeat dosing of crinecerfont. **Study 3 (2020-TX-284)** Evaluation of the effects in rats on reproductive and neurobehavioral development and function.
Clinical studies	3	**Study 4 (CAH2006)** Randomised trial to evaluate the PK, efficacy, and safety of crinecerfont with an initial 28-week placebo-controlled period followed by 24-week open-label treatment. **Study 5 (CAH2011)** Open-label study to assess the safety, tolerability, sparse PK, and PD

		of crinecerfont in children from birth to 2 years of age **Study 6 (CAH3008)** Open-label study to collect long-term safety data for up to 3 years of subjects with 21-hydroxylase deficiency (21-OHD) causing congenital adrenal hyperplasia (CAH) who have completed treatment in Study CAH2006 or Study CAH2011
Extrapolation, modelling and simulation studies	4	**Study 7** Population PK analysis update with paediatric data in children 2 to less than 18 years **Study 8** Population PK analysis update with paediatric data in children less than 2 years **Study 9** Paediatric Exposure-Response analysis with data from adult and paediatric study in ages 2 years to less than 18 years of age **Study 10** Paediatric Exposure-Response analysis update with data from paediatric study in ages less than 2 years of age combined with data from adults and older paediatric ages

3. Follow-up, completion and deferral of PIP

Concerns on potential long-term safety/efficacy issues in relation to paediatric use:	No
Date of completion of the paediatric investigation plan:	By August 2029
Deferral for one or more measures contained in the paediatric investigation plan:	Yes