



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

EMA/776083/2014

European Medicines Agency decision

P/0001/2015

of 7 January 2015

on the acceptance of a modification of an agreed paediatric investigation plan for linagliptin (Trajenta) (EMA-000498-PIP01-08-M04) 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.



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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 726/2004¹,

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 Agency²,

Having regard to the European Medicines Agency's decision P/114/2009 issued on 15 June 2009, the decision P/0308/2012 issued on 21 December 2012, the decision P/0046/2014 issued on 7 March 2014, and the decision P/0163/2014 issued on 16 June 2014,

Having regard to the application submitted by Boehringer Ingelheim International GmbH on 22 September 2014 under Article 22 of Regulation (EC) No 1901/2006 proposing changes to the agreed paediatric investigation plan with a deferral and a waiver,

Having regard to the opinion of the Paediatric Committee of the European Medicines Agency, issued on 12 December 2014, in accordance with Article 22 of Regulation (EC) No 1901/2006,

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 acceptance of changes to the agreed paediatric investigation plan and to the deferral.
- (2) It is therefore appropriate to adopt a decision on the acceptance of changes to the agreed paediatric investigation plan, including changes to the 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

Changes to the agreed paediatric investigation plan for linagliptin (Trajenta), film-coated tablet, oral use, including changes to the deferral, are hereby accepted in the scope set out in the opinion of the Paediatric Committee of the European Medicines Agency annexed hereto, together with its appendices.

Article 2

This decision is addressed to Boehringer Ingelheim International GmbH, Bingerstrasse 173, 55216 - Ingelheim am Rhein, Germany.

Done at London, 7 January 2015

For the European Medicines Agency
Zaide Frias
Head of Division (ad interim)
Human Medicines Research and Development Support
(Signature on file)



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

EMA/PDCO/590034/2014

Opinion of the Paediatric Committee on the acceptance of a modification of an agreed Paediatric Investigation Plan

EMA-000498-PIP01-08-M04

Scope of the application

Active substance(s):

Linagliptin

Invented name:

Trajenta

Condition(s):

Treatment of type 2 diabetes mellitus

Authorised indication(s):

See Annex II

Pharmaceutical form(s):

Film-coated tablet

Route(s) of administration:

Oral use

Name / corporate name of the PIP applicant:

Boehringer Ingelheim International GmbH

Information about the authorised medicinal product:

See Annex II



Basis for opinion

Pursuant to Article 22 of Regulation (EC) No 1901/2006 as amended, Boehringer Ingelheim International GmbH submitted to the European Medicines Agency on 22 September 2014 an application for modification of the agreed paediatric investigation plan with a deferral and a waiver as set out in the European Medicines Agency's decision P/114/2009 issued on 15 June 2009, the decision P/0308/2012 issued on 21 December 2012, the decision P/0046/2014 issued on 7 March 2014, and the decision P/0163/2014 issued on 16 June 2014.

The application for modification proposed changes to the agreed paediatric investigation plan and to the deferral.

The procedure started on 14 October 2014.

Scope of the modification

Some measures and timelines of the Paediatric Investigation Plan have been modified.

Opinion

1. The Paediatric Committee, having assessed the application in accordance with Article 22 of Regulation (EC) No 1901/2006 as amended, recommends as set out in the appended summary report:
 - to agree to changes to the paediatric investigation plan and to the deferral in the scope set out in the Annex I of this opinion.

The Icelandic and the Norwegian Paediatric Committee members agree with the above-mentioned recommendation of the Paediatric Committee.

2. The measures and timelines of the paediatric investigation plan and the subset(s) of the paediatric population and condition(s) covered by the waiver 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 annexes and appendix.

London, 12 December 2014

On behalf of the Paediatric Committee
Dr Dirk Mentzer, Chairman
(Signature on file)

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

1.1. Condition:

Treatment of type 2 diabetes mellitus

The waiver applies to:

- The paediatric population from birth to less than 10 years;
- film-coated tablets, oral use;
- on the grounds that the disease or condition for which the specific medicinal product is intended does not occur in the specified paediatric subsets.

2. Paediatric investigation plan

2.1. Condition:

Treatment of type 2 diabetes mellitus

2.1.1. Indication(s) targeted by the PIP

Treatment of type 2 diabetes mellitus

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

From 10 to less than 18 years of age.

2.1.3. Pharmaceutical form(s)

Film-coated tablet

2.1.4. Measures

Area	Number of measures	Description
Quality-related studies	0	Not applicable.
Non-clinical studies	0	Not applicable.
Clinical studies	2	Study 1 Randomized, double-blind, placebo-controlled, 12-week dose-finding study of linagliptin in children from 10 to less and 18 years of age, with type 2 diabetes mellitus.

Area	Number of measures	Description
		Study 2 <i>This study is the same as study 2 of the empagliflozin PIP EMEA-000828-PIP01-08-M03 and subsequent modifications thereof.</i> Double-blind, randomised, placebo controlled, add-on to metformin trial to evaluate efficacy and safety, with a double-blind safety extension period to 52 weeks, comparing linagliptin and empagliflozin versus placebo in children from 10 to less than 18 years of age with type 2 diabetes mellitus.
Extrapolation, modelling and simulation studies	0	Not applicable.
Other studies	0	Not applicable
Other measures	0	Not applicable.

3. Follow-up, completion and deferral of PIP

Concerns on potential long term safety/efficacy issues in relation to paediatric use:	Yes
Date of completion of the paediatric investigation plan:	By February 2019.
Deferral for one or more measures contained in the paediatric investigation plan:	Yes

Annex II

Information about the authorised medicinal product

Condition(s) and authorised indication(s):

1. Treatment of type 2 diabetes mellitus

Authorised indications:

Trajenta is indicated in the treatment of type 2 diabetes mellitus to improve glycaemic control in adults:

- As monotherapy:

In patients inadequately controlled by diet and exercise alone and for whom metformin is inappropriate due to intolerance, or contraindicated due to renal impairment.

- As combination therapy:

In combination with metformin when diet and exercise plus metformin alone do not provide adequate glycaemic control.

In combination with a sulphonylurea and metformin when diet and exercise plus dual therapy with these medicinal products do not provide adequate glycaemic control.

In combination with insulin with or without metformin, when this regimen alone, with diet and exercise, does not provide adequate glycaemic control.

Authorised pharmaceutical form(s):

Film-coated tablet

Authorised route(s) of administration:

Oral use