



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

EMA/94160/2022

European Medicines Agency decision P/0053/2022

of 11 March 2022

on the acceptance of a modification of an agreed paediatric investigation plan for etrasimod L-arginine (EMEA-002713-PIP01-19-M01) 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

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on the acceptance of a modification of an agreed paediatric investigation plan for etrasimod L-arginine (EMA-002713-PIP01-19-M01) 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 726/2004¹,

Having regard to Regulation (EC) No 726/2004 of the European Parliament and of the Council of 31 March 2004 laying down Union procedures for the authorisation and supervision of medicinal products for human use and establishing a European Medicines Agency²,

Having regard to the European Medicines Agency's decision P/0487/2020 issued on 22 December 2020,

Having regard to the application submitted by Arena Pharmaceuticals, Inc. on 12 October 2021 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 21 January 2022, 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.
- (2) It is therefore appropriate to adopt a decision on the acceptance of changes to the agreed paediatric investigation plan.

¹ OJ L 378, 27.12.2006, p.1, as amended.

² OJ L 136, 30.4.2004, p. 1, as amended.

Has adopted this decision:

Article 1

Changes to the agreed paediatric investigation plan for etrasimod L-arginine, film-coated tablet, age-appropriate oral solid dosage form, oral use, 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 Arena Pharmaceuticals, Inc., 6154 Nancy Ridge Drive, 92121 - San Diego, USA.



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

EMA/PDCO/584217/2021
Amsterdam, 21 January 2022

Opinion of the Paediatric Committee on the acceptance of a modification of an agreed Paediatric Investigation Plan EMA-002713-PIP01-19-M01

Scope of the application

Active substance(s):

Etrasimod L-arginine

Condition(s):

Treatment of ulcerative colitis

Pharmaceutical form(s):

Film-coated tablet

Age-appropriate oral solid dosage form

Route(s) of administration:

Oral use

Name/corporate name of the PIP applicant:

Arena Pharmaceuticals, Inc.

Basis for opinion

Pursuant to Article 22 of Regulation (EC) No 1901/2006 as amended, Arena Pharmaceuticals, Inc. submitted to the European Medicines Agency on 12 October 2021 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/0487/2020 issued on 22 December 2020.

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

The procedure started on 22 November 2021.



Scope of the modification

Some measures 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 in the scope set out in the Annex I of this opinion.

The Norwegian Paediatric Committee member agrees 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 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

1.1. Condition:

Treatment of ulcerative colitis

The waiver applies to:

- the paediatric population from birth to less than 2 years of age;
- film-coated tablet, age-appropriate oral solid dosage form, oral use;
- on the grounds that the specific medicinal product does not represent a significant therapeutic benefit over existing treatments.

2. Paediatric investigation plan

2.1. Condition:

Treatment of ulcerative colitis

2.1.1. Indication(s) targeted by the PIP

Treatment of moderately or severely active ulcerative colitis

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

From 2 years to less than 18 years of age

2.1.3. Pharmaceutical form(s)

Film-coated tablet

Age-appropriate oral solid dosage form

2.1.4. Measures

Area	Number of measures	Description
Quality-related studies	1	Study 1 Development of an age-appropriate oral solid dosage form
Non-clinical studies	1	Study 2 (APD334.TOX.009) Definitive juvenile toxicity study in Sprague Dawley rats.

Area	Number of measures	Description
Clinical studies	4	Study 3 (APD334-301) Randomized, double-blind, placebo-controlled study to assess efficacy and safety of etrasimod as compared to placebo in adolescents from 16 years to less than 18 years of age (and adults) with moderately to severely active ulcerative colitis (UC) over a 52 week treatment period. Study 4 (APD334-302) Randomized, double-blind, placebo-controlled study to assess efficacy after 12 weeks of treatment and safety of etrasimod as compared to placebo in adolescents from 16 years to less than 18 years of age (and adults) with moderately to severely active ulcerative colitis (UC). Study 5 (APD334-PED1, APD334-207) Open-label, single-arm, study to evaluate the efficacy, safety and pharmacokinetics of etrasimod, consisting of a 12-week induction period to evaluate the efficacy, safety and PK and pharmacodynamic (PD) relationship, and a 40-week treatment extension period to evaluate efficacy, PK, and long-term safety of etrasimod in adolescents from 12 years to less than 18 years of age with moderately to severely active ulcerative colitis (UC). Study 6 (APD334-PED2, APD334-208) Open-label, single-arm, study to evaluate the efficacy, safety and pharmacokinetics of etrasimod, consisting of a 12-week induction period to evaluate the efficacy, safety and PK and pharmacodynamic (PD) relationship, and a 40-week treatment extension period to evaluate efficacy, PK, and long-term safety of etrasimod in children from 2 years to less than 12 years of age with moderately to severely active ulcerative colitis (UC).
Extrapolation, modelling and simulation studies	2	Study 7 (MODEL 1) Population pharmacokinetic model to predict PK exposures and determine appropriate doses in paediatric populations. Study 8 (MODEL 2) Population pharmacokinetic/pharmacodynamic model(s) (exposure-response analyses).
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:	No
Date of completion of the paediatric investigation plan:	By September 2025
Deferral for one or more measures contained in the paediatric investigation plan:	Yes