EMA/174247/2020

European Medicines Agency decision

P/0152/2020

of 18 April 2020

on the agreement of a paediatric investigation plan and on the granting of a deferral and on the granting of a waiver for leriglitazone (EMEA-002106-PIP01-16) 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 726/2004[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 Minoryx Therapeutics SL on 20 March 2017 under Article 16(1) of Regulation (EC) No 1901/2006 also requesting a deferral under Article 20 of said regulation and a waiver under Article 13 of said Regulation,

Having regard to the opinion of the Paediatric Committee of the European Medicines Agency, issued on 28 February 2020, in accordance with Article 17 of Regulation (EC) No 1901/2006 and Article 21 of said Regulation and Article 13 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 and on the granting of a waiver.

(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.

(4) It is therefore appropriate to adopt a decision granting a waiver.

[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 leriglitazone, oral suspension, oral 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 leriglitazone, oral suspension, oral 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

A waiver for leriglitazone, oral suspension, oral 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 4

This decision is addressed to Minoryx Therapeutics S.L., TecnoCampus Mataró-Maresme Av Ernest Lluch 32 TCM3, 08302 - Mataró (Barcelona), Spain.

EMA/PDCO/15840/2020
Amsterdam, 28 February 2020

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

EMEA-002106-PIP01-16

Scope of the application

Active substance(s):

Leriglitazone

Condition(s):

Treatment of adrenoleukodystrophy

Pharmaceutical form(s):

Oral suspension

Route(s) of administration:

Oral use

Name/corporate name of the PIP applicant:

Minoryx Therapeutics SL

Basis for opinion

Pursuant to Article 16(1) of Regulation (EC) No 1901/2006 as amended, Minoryx Therapeutics SL submitted for agreement to the European Medicines Agency on 20 March 2017 an application for a paediatric investigation plan for the above mentioned medicinal product and a deferral under Article 20 of said Regulation and a waiver under Article 13 of said Regulation.

The procedure started on 25 April 2017.

Supplementary information was provided by the applicant on 28 November 2019. The applicant proposed modifications to the paediatric investigation plan.

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;
   - to grant a waiver for one or more subsets of the paediatric population in accordance with Article 13 of said Regulation and concluded in accordance with Article 11(1)(b) of said Regulation, on the grounds that the disease or condition for which the specific medicinal product is intended does not occur in the specified subset(s) of the paediatric population.

   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 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 adrenoleukodystrophy

The waiver applies to:

- girls from birth to less than 18 years of age, and boys from birth to less than 2 years of age;
- oral suspension, 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 subset(s).

2. Paediatric investigation plan

2.1. Condition:

Treatment of adrenoleukodystrophy

2.1.1. Indication(s) targeted by the PIP

Treatment of adrenoleukodystrophy

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

Boys from 2 to less than 18 years of age.

2.1.3. Pharmaceutical form(s)

Oral suspension

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 Open-label PK, efficacy and safety study to evaluate whether leriglitazone can arrest disease progression of cerebral adrenoleukodystrophy (cALD) if administered prior to hematopoietic stem-cell transplantation (HSCT), as determined by serial clinical and magnetic resonance imaging (MRI) investigations in male paediatric patients from 2 to less than 12 years of age (MT-2-02).

		Study 2 Safety analysis from double-blind, randomised, parallel-group, placebo-controlled study to evaluate the effect of 48 weeks of treatment with leriglitazone on biochemical, imaging, neurophysiological and clinical markers in paediatric patients from 12 to less than 18 years of age (and adults) with Friedreich's Ataxia (MT-2-03).
Extrapolation, modelling and simulation studies	2	Study 3 Population pharmacokinetic analysis to explore the influence of covariates, especially weight and age on the pharmacokinetics of leriglitazone and to predict the dose (range) that meets the target AUC in adolescents. Preceding modelling: Physiologically based pharmacokinetic (PBPK) model for leriglitazone that incorporates CYP3A4 and CYP2C8-mediated metabolism as well as biliary clearance derived from in-vitro data to derive an appropriate starting dose for paediatric patients. Study 4 Disease progression/exposure-response analysis (i.e. PKPD modelling) to confirm/establish the effective AUC target in adolescents.
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 April 2023
Deferral for one or more measures contained in the paediatric investigation plan:	Yes