



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

EMA/409211/2014

European Medicines Agency decision

P/0197/2014

of 8 August 2014

on the acceptance of a modification of an agreed paediatric investigation plan for exenatide (Byetta, Bydureon), (EMA-000689-PIP01-09-M05) 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/237/09 issued on 30 November 2009, the decision P/12/2010 issued on 20 January 2010, the decision P/21/2011 issued on 25 January 2011, the decision P/224/2011 issued on 27 September 2011, and the decision P/0217/2013 issued on 6 September 2013,

Having regard to the application submitted by Bristol-Myers Squibb / AstraZeneca EEIG on 31 March 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 20 June 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 and to the waiver.
- (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 and to the 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

Changes to the agreed paediatric investigation plan for exenatide (Byetta, Bydureon), solution for injection, powder and solvent for prolonged-release suspension for injection, subcutaneous use, including changes to the deferral, and to the waiver, 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 Bristol-Myers Squibb / AstraZeneca EEIG, Sanderson Road, UB8 1DH - Uxbridge, United Kingdom.

Done at London, 8 August 2014

For the European Medicines Agency
Guido Rasi
Executive Director
(Signature on file)



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

EMA/PDCO/196307/2014

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

EMA-000689-PIP01-09-M05

Scope of the application

Active substance(s):

Exenatide

Invented name:

Byetta

Bydureon

Condition(s):

Treatment of type 2 diabetes mellitus

Authorised indication(s):

See Annex II

Pharmaceutical form(s):

Solution for injection

Powder and solvent for prolonged-release suspension for injection

Route(s) of administration:

Subcutaneous use

Name / corporate name of the PIP applicant:

Bristol-Myers Squibb / AstraZeneca EEIG

Information about the authorised medicinal product:

See Annex II



Basis for opinion

Pursuant to Article 22 of Regulation (EC) No 1901/2006 as amended, Bristol-Myers Squibb / AstraZeneca EEIG submitted to the European Medicines Agency on 31 March 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/237/09 issued on 30 November 2009, the decision P/12/2010 issued on 20 January 2010, the decision P/21/2011 issued on 25 January 2011, the decision P/224/2011 issued on 27 September 2011, and the decision P/0217/2013 issued on 6 September 2013.

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

The procedure started on 23 April 2014.

Scope of the modification

Some measures and timelines of the Paediatric Investigation Plan have been modified. A waiver for a paediatric subset has been removed.

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 and to the waiver 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, 20 June 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(s): treatment of type 2 diabetes mellitus

The waiver applies to:

- children from birth to less than 10 years;
- for solution for injection and powder and solvent for prolonged-release suspension for injection, subcutaneous 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.

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 as monotherapy or in combination with metformin, and/or sulphonylureas in patients who have not achieved adequate glycaemic control on maximally tolerated doses of these oral therapies, or in combination with insulin with or without other oral antidiabetic agents.

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

From 10 to less than 18 years.

2.1.3. Pharmaceutical form(s)

Solution for injection

Powder and solvent for prolonged-release suspension for injection

2.1.4. Studies

Area	Number of studies	Description
Quality	0	Not applicable.
Non-clinical	2	Study 1 Juvenile toxicity study in male rats to investigate potential effects of Bydureon on sexual maturation. Study 2 Juvenile toxicity study in female rats to investigate potential effects of Bydureon on sexual maturation.

Area	Number of studies	Description
Clinical	3	Study 3 Randomised, single-blind, dose-escalating, placebo-controlled crossover study to evaluate the pharmacokinetics, pharmacodynamics and tolerability of exenatide in adolescent patients with type 2 diabetes mellitus. Study 4 Double-blind, placebo-controlled, randomized, multi-center parallel study of the safety and efficacy of exenatide twice daily (as monotherapy and adjunctive therapy to oral antidiabetic agents) in children and adolescents with type 2 diabetes mellitus. Study 5 Double-blind, placebo-controlled, randomized, multi-center parallel study of the safety and efficacy of exenatide once weekly (as monotherapy and adjunctive therapy to oral antidiabetic agents and/or insulin) in children and adolescents with type 2 diabetes mellitus.
Extrapolation, modelling and simulation studies	4	Study 6 Modelling and Simulation study to evaluate the use of Byetta in the treatment of type 2 diabetes mellitus in children from 10 to less than 18 years of age. Study 7 Modelling and Simulation study to evaluate the use of Bydureon in the treatment of type 2 diabetes mellitus in children from 10 to less than 18 years of age. Study 8 Extrapolation study to evaluate the use of Byetta in the treatment of type 2 diabetes mellitus in children from 10 to less than 18 years of age. Study 9 Extrapolation study to evaluate the use of Bydureon in the treatment of type 2 diabetes mellitus in children from 10 to less than 18 years of age.
Other studies	0	Not applicable.
Other measures	0	Not applicable.

3. Follow-up, completion and deferral of PIP

Concerns on potential long term safety issues in relation to paediatric use:	Yes
Date of completion of the paediatric investigation plan:	By June 2019
Deferral for one or more studies 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:

- Treatment of Type 2 Diabetes Mellitus in adult patients, in combination with metformin in patients who have not achieved adequate glycaemic control on maximally tolerated doses of these oral therapies.
- Treatment of Type 2 Diabetes Mellitus in adult patients, in combination with sulphonylureas in patients who have not achieved adequate glycaemic control on maximally tolerated doses of these oral therapies.
- Treatment of Type 2 Diabetes Mellitus in adult patients, in combination with thiazolidinediones in patients who have not achieved adequate glycaemic control on maximally tolerated doses of these oral therapies.
- Treatment of Type 2 Diabetes Mellitus in adult patients, in combination with metformin and a sulphonylurea in patients who have not achieved adequate glycaemic control on maximally tolerated doses of these oral therapies.
- Treatment of Type 2 Diabetes Mellitus in adult patients, in combination with metformin and a thiazolidinedione in patients who have not achieved adequate glycaemic control on maximally tolerated doses of these oral therapies.

Authorised pharmaceutical form(s):

Solution for injection

Authorised route(s) of administration:

Subcutaneous use