EMA/482989/2013

European Medicines Agency decision

P/0209/2013

of 3 September 2013

on the agreement of a paediatric investigation plan for glibenclamide, (EMEA-001324-PIP01-12) 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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on the agreement of a paediatric investigation plan for glibenclamide, (EMEA-001324-PIP01-12) 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 AMMTeK on 27 June 2012 under Article 15(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 19 July 2013, in accordance with Article 18 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 agreement of a paediatric investigation plan.

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

[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 glibenclamide, 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

This decision is addressed to AMMTeK, 15 rue Béranger, 75003 – Paris, France.

Done at London, 3 September 2013

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

EMA/PDCO/260834/2013

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

EMEA-001324-PIP01-12

Scope of the application

Active substance(s):

Glibenclamide

Condition(s):

Treatment of neonatal diabetes mellitus

Pharmaceutical form(s):

Oral suspension

Route(s) of administration:

Oral use

Name/corporate name of the PIP applicant:

AMMTeK

Basis for opinion

Pursuant to Article 15 of Regulation (EC) No 1901/2006 as amended, AMMTeK submitted for agreement to the European Medicines Agency on 27 June 2012 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 14 November 2012.

Supplementary information was provided by the applicant on 23 April 2013. The applicant proposed modifications to the paediatric investigation plan and withdrew its request for a deferral.

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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 18 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.

London, 19 July 2013

On behalf of the Paediatric Committee
Dr Daniel Brasseur, 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

1. Waiver

Not applicable.

2. Paediatric Investigation Plan

2.1. Condition: Treatment of Neonatal Diabetes Mellitus

2.1.1. Indication(s) targeted by the PIP

Treatment of Neonatal Diabetes Mellitus with confirmed mutations in the genes coding for the Kir6.2 and SUR1 subunits of the Pancreatic Beta-cell ATP-sensitive potassium channel.

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)

Oral suspension.

2.1.4. Measures

Area	Number of measures	Description
Quality	2	**Measure 1** Development of an oral suspension in 2 strengths: • 0.6 mg/ml (30ml bottle) and 6 mg/ml (30ml bottle). **Measure 2** Data on dosing accuracy with proposed syringe covering the full dose range and dose increments.
Non-clinical	0	Not applicable.
Clinical	6	**Measure 3** Open label, single arm, non-randomized, uncontrolled safety and activity study to elucidate the genetic mechanism of a new form of diabetes mellitus (mutation in the ABCC8 gene which encodes the plasma membrane sulfonylurea receptor (SUR1) of the ATP-sensitive potassium channel (K+ATP) in pancreatic beta-cells) and investigate the safety and activity of oral sulfonylureas in neonatal diabetes in patients from 1 to less than 17 years of age. **Measure 4** Open label, single arm, non-randomized, uncontrolled study to investigate the activity and safety of oral sulfonylurea medication in patients from birth

Area	Number of measures	Description
		to less than 18 years of age (and adults) with neonatal diabetes carrying a mutation in the KCNJ11 gene which encodes the inwardly rectifying potassium channel (KIR6.2) of the ATP-sensitive potassium channel (K+ATP) in pancreatic beta-cells (NCT00334711). **Measure 5** Open label, three-arm, randomized, uncontrolled study to investigate the relative bioavailability of two glibenclamide suspensions versus crushed tablets of the reference product, Glibenclamide (Daonil) 5 mg after single oral administration in adult healthy male subjects. **Measure 6** Open label, single arm, non-randomized, uncontrolled study to investigate the activity and safety of oral sulfonylurea medication in patients from birth to less than 18 years of age (and adults) with permanent neonatal diabetes due to mutations in the genes coding for the Kir6.2 and SUR1 subunits of the Pancreatic Beta-cell ATP-sensitive K+ Channel (NCT00610038). **Measure 7** Open label, uncontrolled, single arm study to evaluate tolerance and acceptability of Glibenclamide (Glibentek) and gather pharmacokinetic data in paediatric patients from birth to less than 18 years of age with neonatal diabetes caused by a genetic mutation of KCNJ11 or ABCC8 encoding for both types of subunit Kir6.2 or SUR1 of the ATP-dependent potassium channels on pancreatic beta cells (NEOGLI). **Measure 8** Global data collection and analysis on safety and efficacy data of glibenclamide treatment in children with neonatal diabetes below 12 months of age including neonates.

3. Follow-up, completion and deferral of PIP

Concerns on potential long term safety and efficacy issues in relation to paediatric use:	No.
Date of completion of the paediatric investigation plan:	By December 2014.
Deferral for one or more measures contained in the paediatric investigation plan:	No.