EMA/640509/2014

European Medicines Agency decision

P/0310/2014

of 25 November 2014

on the acceptance of a modification of an agreed paediatric investigation plan for dapagliflozin (Forxiga), (EMEA-000694-PIP01-09-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 726/2004[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 European Medicines Agency's decision P/100/2010 issued on 11 June 2010, the decision P/0207/2012 issued on 21 September 2012, the decision P/0008/2013 issued on 22 January 2013, and the decision P/0292/2013 issued on 29 November 2013,

Having regard to the application submitted by Bristol-Myers Squibb / AstraZeneca EEIG on 16 July 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 10 October 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.

(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.
[2] OJ L 136, 30.4.2004, p. 1.

Has adopted this decision:

Article 1

Changes to the agreed paediatric investigation plan for dapagliflozin (Forxiga), tablet, 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 Bristol Myers Squibb / AstraZeneca EEIG, Bristol Myers Squibb House, Uxbridge Business Park, Sanderson Road, UB8 1DH – Uxbridge, United Kingdom.

Done at London, 25 November 2014

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

EMA/PDCO/458119/2014

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

EMEA-000694-PIP01-09-M04

Scope of the application

Active substance(s):

Dapagliflozin

Invented name:

Forxiga

Condition(s):

Treatment of type 2 Diabetes Mellitus

Authorised indication(s):

See Annex II

Pharmaceutical form(s):

Tablet

Route(s) of administration:

Oral use

Name/corporate name of the PIP applicant:

Bristol-Myers Squibb / AstraZeneca EEIG

Information about the authorised medicinal product:

See Annex II

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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 16 July 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/100/2010 issued on 11 June 2010, the decision P/0207/2012 issued on 21 September 2012, the decision P/0008/2013 issued on 22 January 2013, and the decision P/0292/2013 issued on 29 November 2013.

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

The procedure started on 13 August 2014.

Scope of the modification

Some 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 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, 10 October 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 of age;
- for 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 subset(s).

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)

Tablet.

2.1.4. Measures

Area	Number of studies	Description
Quality	1	Study 1 Assessment of acceptability of tablets in children (ability to swallow 2.5, 5 or 10 mg tablets) in the paediatric PK/PD study.
Non-clinical	2	Study 2 Oral carcinogenicity study in mice. Study 3 Oral carcinogenicity study in rats.
Clinical	2	Study 4 Randomised, multi-centre, parallel, single-dose study to explore the pharmacokinetics and pharmacodynamics of dapagliflozin in children, 10 to less than 18years of age with Type 2 Diabetes receiving one of three dose levels of dapagliflozin: 2.5, 5, or 10 mg.

		Study 5 Randomised, double-blind, multicentre, international, placebo-controlled, 12 week add-on to metformin study with a 40-week extension period to evaluate dapagliflozin versus placebo in paediatric patients with Type 2 Diabetes who are inadequately controlled on metformin monotherapy. Monotherapy Substudy: Non-randomised, open-label dapagliflozin monotherapy substudy in drug-naïve patients with inadequately controlled Type 2 Diabetes.
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 issues in relation to paediatric use:	Yes
Date of completion of the paediatric investigation plan:	By September 2017
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

   Authorised indications:

   Forxiga is indicated in adults aged 18 years and older with type 2 diabetes mellitus to improve glycaemic control as:

   - Monotherapy:

   When diet and exercise alone do not provide adequate glycaemic control in patients for whom use of metformin is considered inappropriate due to intolerance.

   - Add-on combination therapy:

   In combination with other glucose-lowering medicinal products including insulin, when these, together with diet and exercise, do not provide adequate glycaemic control.

Authorised pharmaceutical formulation(s):

Tablet

Authorised route(s) of administration:

Oral use