



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

EMA/434335/2021

European Medicines Agency decision P/0298/2021

of 11 August 2021

on the acceptance of a modification of an agreed paediatric investigation plan for finerenone (EMA-001623-PIP01-14-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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on the acceptance of a modification of an agreed paediatric investigation plan for finerenone (EMA-001623-PIP01-14-M04) 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 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/0025/2015 issued on 30 January 2015, decision P/0362/2016 issued on 21 December 2016, decision P/0160/2019 issued on 17 April 2019, and decision P/0324/2019 issued on 10 September 2019,

Having regard to the application submitted by Bayer AG on 22 March 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 25 June 2021, 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.
- (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.

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 finerenone, film-coated tablet, age-appropriate oral (liquid or solid) dosage form, oral use, including changes to the deferral, 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 Bayer AG, Kaiser-Wilhelm-Allee 1, 51368 – Leverkusen, Germany.



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

EMA/PDCO/216270/2021
Amsterdam, 25 June 2021

Opinion of the Paediatric Committee on the acceptance of a modification of an agreed Paediatric Investigation Plan EMA-001623-PIP01-14-M04

Scope of the application

Active substance(s):

Finerenone

Condition(s):

Treatment of chronic kidney disease

Pharmaceutical form(s):

Film-coated tablet

Age-appropriate oral (liquid or solid) dosage form

Route(s) of administration:

Oral use

Name/corporate name of the PIP applicant:

Bayer AG

Basis for opinion

Pursuant to Article 22 of Regulation (EC) No 1901/2006 as amended, Bayer AG submitted to the European Medicines Agency on 22 March 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/0025/2015 issued on 30 January 2015, decision P/0362/2016 issued on 21 December 2016, decision P/0160/2019 issued on 17 April 2019, and decision P/0324/2019 issued on 10 September 2019.

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

The procedure started on 27 April 2021.

Scope of the modification

Some measures and 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 and to the deferral 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 chronic kidney disease

The waiver applies to:

- the paediatric population from birth to less than 6 months;
- film-coated tablet, age-appropriate oral (liquid or solid) dosage form, 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 chronic kidney disease

2.1.1. Indication(s) targeted by the PIP

Treatment of chronic kidney disease associated with proteinuria in addition to a therapy with angiotensin converting enzyme inhibitors (ACEI) or angiotensin receptor blockers (ARB)

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

From 6 months to less than 18 years of age

2.1.3. Pharmaceutical form(s)

Film-coated tablet

Age appropriate oral (liquid or solid) dosage form

2.1.4. Measures

Area	Number of measures	Description
Quality-related studies	1	Study 1 Development of an age-appropriate oral (liquid or solid) dosage form
Non-clinical studies	1	Study 2 Juvenile toxicity study
Clinical studies	4	Study 3 Relative bioavailability and food effect study of age appropriate oral liquid formulation in adult healthy subjects

		<p>Study 9</p> <p>Relative bioavailability and food effect study of age appropriate oral solid formulation in adult healthy subjects</p> <p>Study 4</p> <p>Randomized, double blind, placebo-controlled efficacy, safety and PK/PD study in children from 6 months to less than 18 years of age with chronic kidney disease (CKD) associated with proteinuria</p> <p>Study 5</p> <p>Open-label safety extension study in children from 6 months to less than 18 years of age with chronic kidney disease (CKD) associated with proteinuria</p>
Extrapolation, modelling and simulation studies	3	<p>Study 6</p> <p>Physiologically based PK modelling study to predict pharmacokinetics and to define the doses of finerenone for the paediatric clinical trial in children 6 months to less than 18 years of age with proteinuria associated with chronic kidney disease (CKD)</p> <p>Study 7</p> <p>Population PK-PD modelling study to characterise the pharmacokinetics and compare the expected and observed pharmacokinetics and pharmacodynamics in children 6 months to less than 18 years of age with proteinuria associated with CKD</p> <p>Study 8</p> <p>Extrapolation study to support exposure and efficacy assumptions in children 6 months to less than 18 years of age with proteinuria associated with CKD</p>
Other studies		Not applicable
Other measures		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 September 2026
Deferral for one or more measures contained in the paediatric investigation plan:	Yes