EMA/626319/2021

European Medicines Agency decision

P/0530/2021

of 3 December 2021

on the acceptance of a modification of an agreed paediatric investigation plan for azilsartan medoxomil (Edarbi), (EMEA-000237-PIP01-08-M10) 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/105/2009 issued on 15 June 2009, decision P/234/2009 issued on 27 November 2009, decision P/106/2010 issued on 25 June 2010, decision P/39/2011 issued on 4 February 2011, decision P/0273/2012 issued on 21 November 2012, decision P/0223/2013 issued on 23 September 2013, decision P/0210/2015 issued on 2 October 2015, decision P/0034/2019 issued on 29 January 2019 and the decision P/0158/2021 issued on 14 April 2021,

Having regard to the application submitted by Takeda Development Centre Europe Ltd on 9 July 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 15 October 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 azilsartan medoxomil (Edarbi), tablet, granules for oral suspension, 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 Takeda Development Centre Europe Ltd, 1 Kingdom Street, W2 6BD – London, United Kingdom.

EMA/PDCO/415650/2021 Corr
Amsterdam, 15 October 2021

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

EMEA-000237-PIP01-08-M10

Scope of the application

Active substance(s):

Azilsartan medoxomil

Invented name:

Edarbi

Condition(s):

Treatment of hypertension

Authorised indication(s):

See Annex II

Pharmaceutical form(s):

Tablet

Granules for oral suspension

Route(s) of administration:

Oral use

Name/corporate name of the PIP applicant:

Takeda Development Centre Europe Ltd

Information about the authorised medicinal product:

See Annex II

Basis for opinion

Pursuant to Article 22 of Regulation (EC) No 1901/2006 as amended, Takeda Development Centre Europe Ltd submitted to the European Medicines Agency on 9 July 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/105/2009 issued on 15 June 2009, decision P/234/2009 issued on 27 November 2009, decision P/106/2010 issued on 25 June 2010, decision P/39/2011 issued on 4 February 2011, decision P/0273/2012 issued on 21 November 2012, decision P/0223/2013 issued on 23 September 2013, decision P/0210/2015 issued on 2 October 2015, decision P/0034/2019 issued on 29 January 2019 and the decision P/0158/2021 issued on 14 April 2021.

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

The procedure started on 17 August 2021.

Scope of the modification

Some timelines of the Paediatric Investigation Plan have been modified.

Opinion

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.

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.

Annex I

The subset(s) of the paediatric population and condition(s) covered by the waiver and the measures and timelines of the

1. Waiver

1.1. Condition

Treatment of hypertension

The waiver applies to:

- preterm newborn infants, term newborn infants (from birth to less than 28 days), infants and children less than 2 years of age;
- tablets and granules for oral suspension, oral use;
- on the grounds that the specific medicinal product is likely to be unsafe.

2. Paediatric Investigation Plan

2.1. Condition to be investigated

Treatment of hypertension

2.1.1. Indication targeted by the PIP

Treatment of essential and secondary hypertension

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

From 2 years to less than 18 years of age

2.1.3. Pharmaceutical form(s)

Tablets

Granules for oral suspension

2.1.4. Measures

Area	Number of measures	Description
Quality-related studies	1	**Study 1** Development of age appropriate formulation (granules for oral suspension)
Non-clinical studies	4	**Study 2** Repeat-dose range-finding toxicity study in neonatal rats **Study 3** Repeat-dose toxicity study with recovery in neonatal rats **Study 4**

		A detailed comparative analysis of the toxicity profile of azilsartan compared to candesartan **Study 5** Repeat dose toxicity with recovery in juvenile rats
Clinical studies	4	**Study 6** Relative bioavailability, safety, and tolerability study in adults **Study 7** Single-dose PK, safety, and tolerability of TAK 491 in children and adolescents **Study 8** Randomized, double-blind, active-controlled, 6-week dose-ranging safety and efficacy study with a 2-week, randomised, double-blind, placebo-controlled withdrawal phase and 44-week open-label extension in children from 6 years to less than 18 years of age with essential and secondary hypertension **Study 9** Randomized, double-blind, 6-week dose-ranging safety and efficacy study with a 2-week randomized double-blind, placebo-controlled withdrawal phase and 2-year open-label extension in young children 2 years and older and with a weight of less than 25 kg with mild to moderate secondary hypertension
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/efficacy issues in relation to paediatric use:	Yes
Date of completion of the paediatric investigation plan:	By September 2023
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)

Treatment of hypertension

Authorised indication(s):

treatment of essential hypertension in adults.

Authorised pharmaceutical form(s)

Tablet

Authorised route(s) of administration

Oral use