



U.S. Food and Drug Administration

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# Pediatric Regulations in the US and Europe

Melissa S Tassinari PhD DABT  
Sr. Staff Fellow  
Pediatric and Maternal Health Staff  
Office of New Drugs  
November 30, 2010



# Principles of pediatric drug development that guide regulations

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- Pediatric patients should be given medicines that have been properly evaluated for their use
  - Product development should include pediatric studies when pediatric use is anticipated

ICH = International Conference on Harmonization



# Objectives

- Brief Overview of Pediatric History at FDA
- Review of the major elements of the US laws
- Review and comparison of the European Paediatric Regulation
- Impact for Oncology Products

# US and EU Regulations

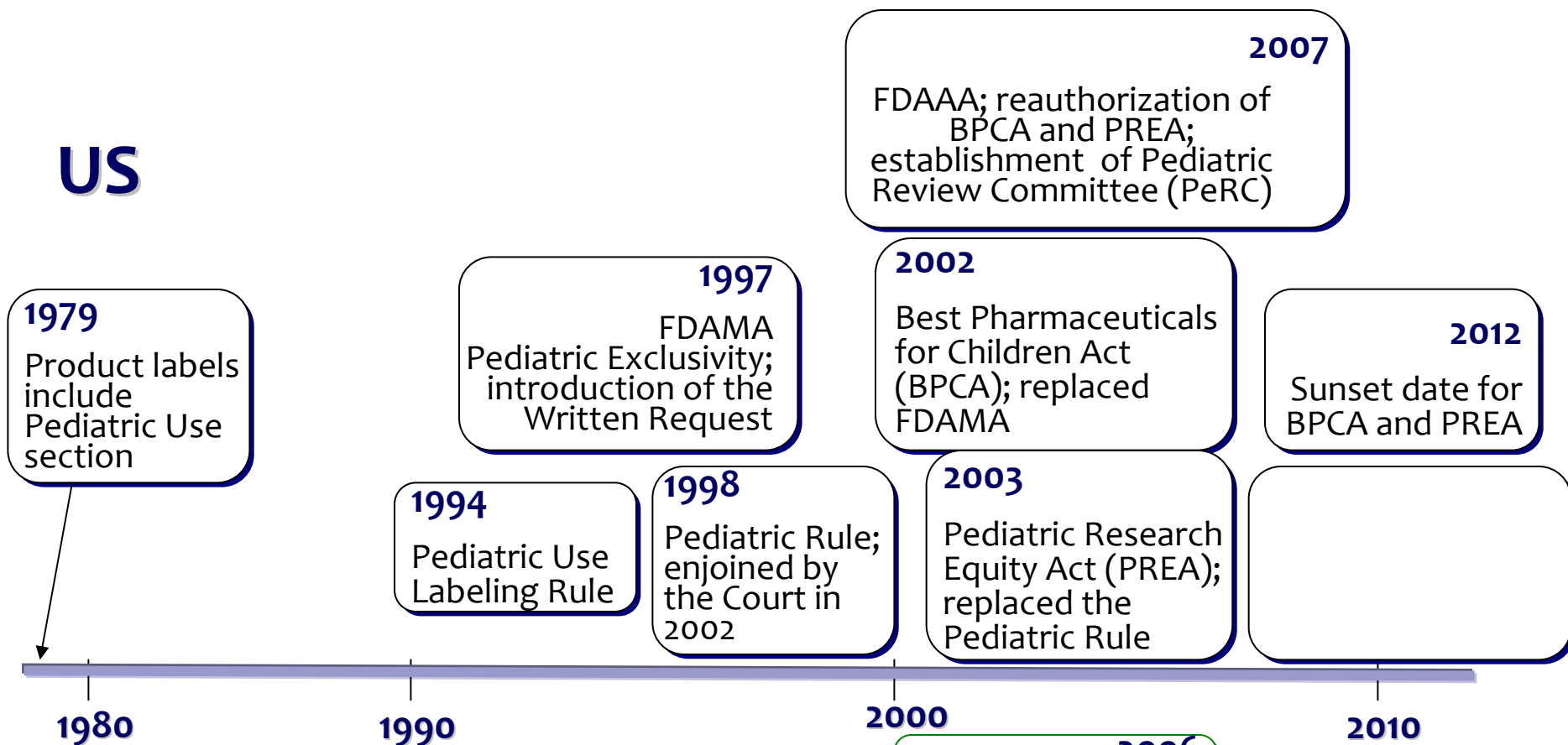
- Similar regulatory expectations
  - Study the safety and effectiveness of the drug in all appropriate age groups
  - Pediatric formulations developed
  - Labels reflect the known data
- Both regions require pediatric plans at time of submission

# Acronyms

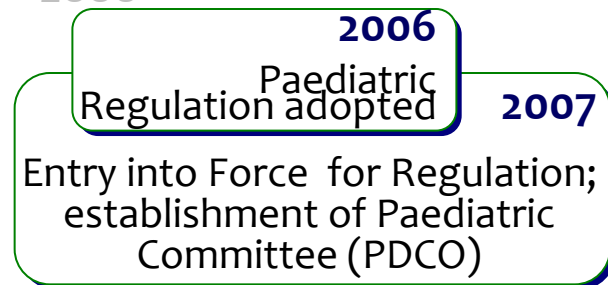
- BPCA – Best Pharmaceuticals for Children Act
  - FDAAA – Food and Drug Administration Amendments Act
  - PAC – Pediatric Advisory Committee
  - PeRC – Pediatric Review Committee
  - PREA – Pediatric Research Equity Act
  - PPSR – Proposed Pediatric Study Request
  - WR – Written Request
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- EMA – European Medicines Agency
  - PDCO – Paediatric Committee
  - PIP – Paediatric Investigation Plan
  - SPC – Supplementary Protection Certificate

# Pediatric Regulatory History

**US**



**EU**



# US Pediatric Laws

## PREA and BPCA: Working together



### PREA

Studies mandatory

Required studies for adult indication  
under review

Studies for orphan indications not required  
Applies to drugs and biologics



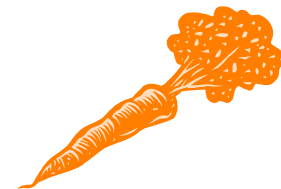
### BPCA

Studies voluntary

Studies on entire active moiety

WR may be issued for orphan indications

Applies to drugs and biologics\*





# Pediatric Review Committee (PeRC)

- Internal Review Committee
- Membership drawn from experts across FDA including CDER, CBER, OPT
- Expertise includes
  - Pediatrics
  - Chemistry
  - Statistics
  - Legal
  - Clinical Pharmacology
  - Safety
  - Toxicology
  - Ethics
- Reviews
  - ☐ PREA - waiver and deferral requests
  - ☐ PREA - pediatric plans and pediatric assessments before approval
  - ☐ BPCA - pediatric written requests

# Required Studies: Application of PREA



- Pediatric studies required and a pediatric assessment must be submitted for NDA/BLA or supplements with
  - ☐ New active ingredient
  - ☐ New indication
  - ☐ New dosage form
  - ☐ New dosing regimen or
  - ☐ New route of administration
- Applies only to indication(s) included in the submission
  - ☐ Drugs with Orphan Designation to not trigger PREA
- Submission of a pediatric plan must accompany any deferral request in an NDA/BLA submission
  - ☐ Includes clinical, non-clinical and formulation plans
- PREA requirements are part of NDA/BLA approval

# PREA: Waiver and Deferral



## ■ Waiver (full or partial)

- ☐ Study is not feasible or appropriate or safe for the age group
- ☐ Must be supported by data
  - Use of the product in a pediatric population
  - Occurrence of the condition in the pediatric population
  - Evidence that the product would be unsafe or ineffective

## ■ Deferral

- ☐ Studies will be conducted later in the development of the product – usually post approval as a post marketing requirement
- ☐ The age group(s) must be specified
- ☐ A pediatric plan must be submitted along with the deferral request

# BPCA: Written Request (WR)



- A description of pediatric studies issued by a Review Division
  - ☐ Can be in response to submission of PPSR by sponsor/applicant
  - ☐ Can be for indications and conditions other than the adult indication
- Successful completion results in an award of 6 months exclusivity attached to the patent or existing exclusivity
- PeRC review
  - ☐ What is the public health benefit?
  - ☐ Are the study designs feasible; sufficient to support dosing, safety and efficacy?
  - ☐ Have all populations and conditions been addressed?
  - ☐ Is there a PREA requirement?
  - ☐ Are there other products already approved for the condition?

# Paediatric Committee (PDCO)



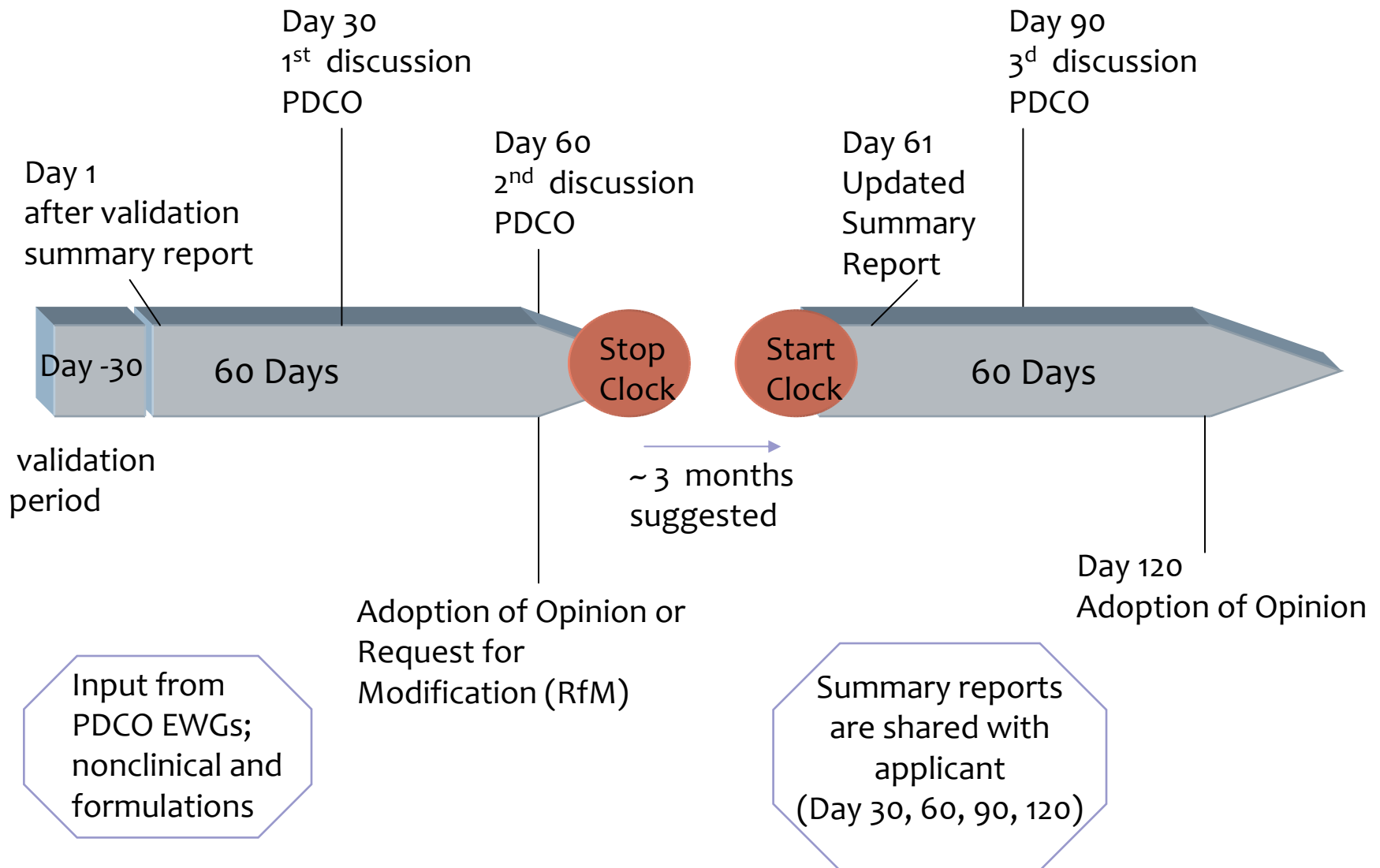
- Part of the European Medicines Agency (EMA)
- Decision authority for the paediatric investigation plan (PIP)
- Composed of members with pediatric expertise from each of the 27 member states, patient/family and Health Care Professional (HCP) organizations
- Has formed Expert Working Groups (EWG) to address
  - Formulations
  - Non-clinical studies

# Paediatric Investigation Plan (PIP)

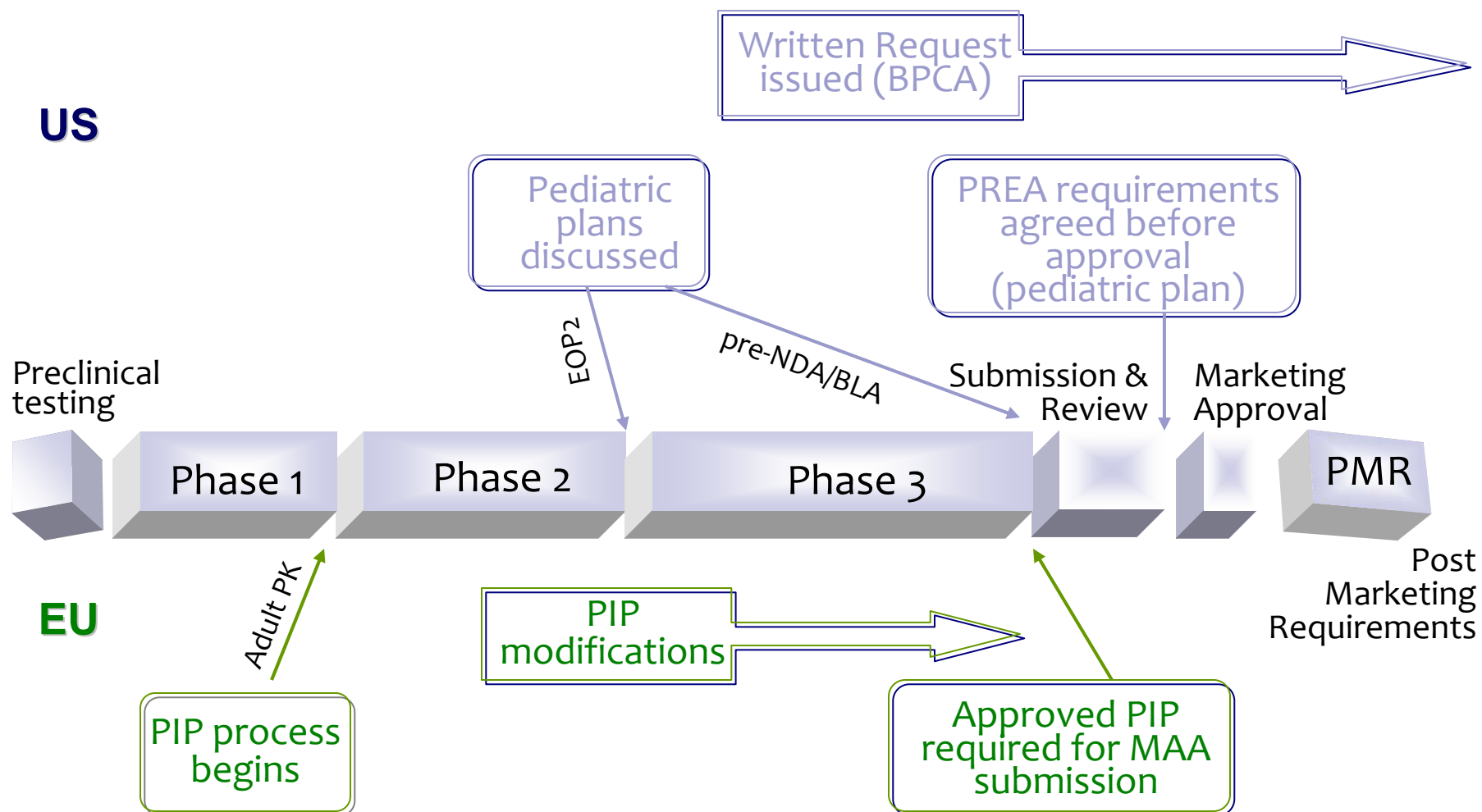


- One regulation that encompasses the same elements and considerations as PREA and BPCA
- An approved pediatric plan that considers all age groups, and conditions for which the product may have utility
- Opportunity for a 6 month extension of the SPC
- More structured format and timing
  - Includes waiver, deferral agreements as well as description of the studies needed; clinical, non-clinical and formulations
- Must have an approved PIP at time of filing of Marketing Authorization Application (MAA)

# PIP Review Process



# Pediatric Planning in the Drug Development Process - Timing





# What about drugs in Oncology?

- Protocols written in conjunction with CTEP\* and national cooperative research groups
- Indications likely to be studied under PREA
  - Same as adult; Leukemia/Lymphoma
  - Supportive care; to treat associated symptoms
- Majority of products will be studied under BPCA
  - Conditions under study in adults do not have a pediatric correlate
- All will follow the EU – PIP process

\* Cancer Treatment Evaluation Program

# Content of a Written Request

- Description of the indications to be studied
- Studies to be performed
  - Objectives
  - 1° endpoints
  - 2° endpoints
  - Statistical plans
- Nonclinical studies and formulations development – if needed
- Drug specific safety concerns
- Timing and format for report submission
- Labeling

# US Pediatric Plan – Oncology product

## ■ Phase 1 studies

- ☐ Rationale for the starting dose
- ☐ Pharmacokinetics
- ☐ Definition of the maximally tolerated dose, biologically effective dose
- ☐ Stopping rules for toxicity
- ☐ Statistical plan

## ■ Phase 2 studies

- ☐ Rationale for the starting dose
- ☐ Criteria to determine the activity of the product
- ☐ Stopping rules based on safety or lack of activity
- ☐ Statistical plan

# US Pediatric Plan – Oncology Product

- Work done under a written request for Oncology products rarely results in a labeled pediatric indication
- Phase 3 studies are infrequent within a Written Request
  - Which disease is often at question
  - Can take many years to complete
- However, Phase 3 studies can be required as appropriate
  - Is a routine requirement for non-oncology products.

# Comparing Pediatric Regulations

	<b>US BPCA<sup>+</sup></b>	<b>US PREA<sup>+</sup></b>	<b>EU</b>
Requirement	Optional Written Request	Mandatory Pediatric Plan/Assessment	Mandatory Paediatric Investigation Plan
Waiver	-	yes	yes
Deferral	-	yes	yes
Plan discussions	End of Phase 2 – post approval	End of Phase 2 – NDA/BLA approval	Completion of adult PK (Phase 1)
Plan approval	variable	with NDA/BLA approval	prior to MAA filing
Reward	Pediatric exclusivity	-	SPC* extension
Drugs	yes	yes	yes
Biologics	yes**	yes	yes
Biosimilars	yes	yes	no
Orphan drug	yes	no	yes
Decision Authority	Review Division	Review Division	Paediatric Committee

# Summary

- Small, vulnerable populations require thoughtful, coordinated clinical trial designs
  - Global engagement with Health Authorities
- The global regulations are driving pediatric drug development
- BPCA and its incentive has been successful
  - provides a mechanism for data to be submitted to the FDA for independent review
  - expands knowledge for improved pediatric care
  - informs the product label