

PEDIATRIC RHEUMATOLOGY AND IMMUNOLOGY

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2795 '02



HACKENSACK UNIVERSITY
MEDICAL CENTER

June 28, 2002

Dockets Management Branch (HFA-305)
Food and Drug Administration
5630 Fishers Lane
Room 1061
Rockville, MD 20857

Yukiho Kimura, M.D.
Chief, Rheumatology

Kathleen A. Haines, M.D.
Chief, Immunology

Suzanne C. Li, M.D., PH.D.
Laurie Ebner-Lyon, R.N., A.P.N.
Doreen Tabussi, R.N.

Docket Number: 02N-0152

Dear Sir or Madam:

As a pediatrician who cares for infants and children every day, I welcome the opportunity to comment on the relationship between the 1998 Pediatric Rule and the Best Pharmaceuticals for Children Act (P.L. 107-109). As a member of the American Academy of Pediatrics (AAP), I know that the AAP has advocated for appropriately tested and labeled medications for infants, children and adolescents for over 40 years. Securing safe and appropriate drugs for use by children has had a long and laborious history. Significant progress toward pediatric drug studies and labeling has been made over the last five years.

A dual approach to obtaining essential pediatric data was instituted in the late 1990's. This approach combines: 1) incentives for voluntary studies of drug safety and dosing by industry (extended in January 2002 in the Best Pharmaceuticals for Children Act [BPCA]); and 2) a regulation requiring pediatric studies of new drugs and some already marketed drugs, known as the Pediatric Rule.

In March 2002 the FDA proposed to suspend the Pediatric Rule. While this proposal was reversed, this action indicates that children are at risk of losing the ground we have fought so hard to secure for them.

The Pediatric Rule ensures that children are no longer a therapeutic afterthought by the pharmaceutical industry. It is an essential and successful tool in ensuring that children have the quality and quantity of drugs they need. All new drugs must be studied for pediatric use at the time a drug comes to market unless the FDA grants a waiver. This makes medications for children a certainty, not an option and puts children on a level playing field with adults for the first time.

I believe that all components of the 1998 Pediatric Rule must be preserved. It is a comprehensive approach to securing pediatric studies. FDA has not yet invoked all

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The Joseph M. Sanzari Children's Hospital — Soon To Be Located In — The Sarkis Gabrellian Women's & Children's Pavilion

the provisions of the Pediatric Rule; however, together they weave a safety net for children to ensure that children have appropriate drugs available for their use.

The following comments and recommendations respond to questions and issues raised in the Federal Register notice soliciting public comments:

- Retiring or relaxing any authorities currently in the Pediatric Rule is inappropriate and would be to the detriment of children. It must always be kept in mind that BPCA is time-limited, voluntary and subject to continuation by the Congress. Those facts speak directly to the need to ensure that the Pediatric Rule remains in place in its entirety.
- Noting again that the BPCA is subject to continuation by Congress and that future reauthorization is uncertain, the Pediatric Rule should mirror the scope of the BPCA and apply to all labeled and potential indications as well as new indications. If a company submits a supplemental indication to the FDA, it invokes the Pediatric Rule. It is important that appropriate pediatric studies be conducted for that new use; and if the current label lacks appropriate pediatric use information (e.g., for neonates) the FDA should also include in their requirement for pediatric studies of the new indication, any pediatric studies that may be needed for the currently labeled or potential indications.
- In determining the process of when pediatric studies are conducted, the FDA should rely on the detailed process for requesting pediatric studies of already marketed drugs and securing labeling that is outlined in the BPCA.
- It is essential that the Pediatric Rule remain in place because it is the only mechanism that ensures that biological products will be studied and available for children. No provision of BPCA applies specifically to biological products since the legislation focuses on drugs covered by the Food, Drug and Cosmetic Act (FDCA) and the vast majority of biologics are covered under the Public Health Service Act. Moreover, some of the most innovative new therapies now and in the future are biological products, which are not covered under BPCA.
- Appropriate formulations are an essential component of providing medications for the pediatric population. It is a requisite for studies in infants and younger children to develop age appropriate formulations, if necessary. Failure to require needed formulations for specific age populations negates the intent of the BPCA and the Pediatric Rule.
- BPCA limits its reference to “recommendation” for formulation changes only to studies completed under public contract. This provision was included to acknowledge that once a formulation is developed in the study phase, while it may be necessary to manufacture that formulation, it may not always be possible to scale up the formulation for distribution to the general public.

Thank you for your consideration of these comments.

Sincerely,


Yukiko Kimura, MD
Chief, Pediatric Rheumatology
Hackensack University Medical Center
Associate Professor of Pediatrics
UMDNJ-New Jersey Medical School

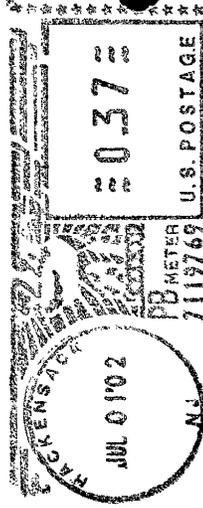
The Joseph M. Sanzari Children's Hospital



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**AMERICAN
PEDIATRIC
SOCIETY**

**ASSOCIATION OF
MEDICAL SCHOOL PEDIATRIC
DEPARTMENT CHAIRS**

**SOCIETY FOR
PEDIATRIC
RESEARCH**

July 1, 2002

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Public Policy Council

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University of Washington - Seattle

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Rockville, MD 20652

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Dear Sir or Madam:

The Public Policy Council welcomes the opportunity to comment on the relationship between the 1998 Pediatric Rule and the Best Pharmaceuticals for Children Act (P.L. 107-109). The Public Policy Council is comprised of the American Pediatric Society, the Association of Medical School Pediatric Department Chairs, and the Society for Pediatric Research. These organizations consist of pediatric researchers, full time academic and clinical faculty responsible for the training of pediatricians, and the leadership of medical school pediatric departments.

A dual approach to obtaining essential pediatric data was instituted in the late 1990's. This approach combines: 1) incentives for voluntary studies of drug safety and dosing by industry (extended in January 2002 in the Best Pharmaceuticals for Children Act [BPCA]); and 2) a regulation requiring pediatric studies of new drugs and some already marketed drugs, known as the Pediatric Rule.

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We believe that all components of the 1998 Pediatric Rule must be preserved. It is a comprehensive approach to securing pediatric studies. FDA has not yet invoked all the provisions of the Pediatric Rule; however, together they weave a

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safety net for children to ensure that children have appropriate drugs available for their use.

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Sincerely,



Myron Genel, MD
Chair, Public Policy Council

