



Bristol-Myers Squibb Company

Worldwide Medicines Group

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David T. Bonk
Vice President & Senior Counsel
Worldwide Medicines Group

June 2, 2000

Dockets Management Branch
Food and Drug Administration, HFA-305
5630 Fishers Lane, Room 1061
Rockville, MD 20852

Re: Docket No. 00N-1266 Report to Congress on Pediatric Exclusivity; Request For
Comments, 65 Federal Register Number 88, 26217-26218 (May 5, 2000)

Dear Sir or Madam:

This is in response to the FDA's request for comments on the planned report to Congress concerning the pediatric research incentive provisions of the Food Drug and Cosmetic Act.

The Bristol-Myers Squibb Company (BMS) is a diversified worldwide health and personal care company with principal businesses in pharmaceuticals, consumer medicines, beauty care, nutritionals and medical devices. The Company's Pharmaceutical Research Institute (PRI) is a leading global research and development organization that employs more than 4,300 scientists worldwide. PRI scientists are dedicated to discovering and developing best in class, innovative, therapeutic and preventive agents, with a focus on the development of therapies for cardiovascular, metabolic, oncology, infectious diseases, and neurological disorders. Currently, the PRI pipeline comprises more than 50 compounds under active development. In 1999, BMS expended \$1.5 billion on pharmaceutical research and development.

Bristol-Myers Squibb actively participates in the pediatric research program. To date, BMS has requested Written Requests for Pediatric Studies for 17 drugs. FDA has issued nine Written Requests to the company and we have conducted or plan to conduct approximately 27 clinical trials (depending on receipt of final Written Requests) in pediatric populations in response to these requests. FDA has granted six months of additional exclusivity for three of our products; Lac-Hydrin[®] (ammonium lactate), Glucophage[®] (metformin hydrochloride) and BuSpar[®] (buspirone hydrochloride). Based upon this extensive and ongoing experience with the program, we offer the following comments for the Agency's consideration.

The pediatric research program has proved a great success by all measures. It has provided a meaningful incentive to sponsors to conduct clinical trials that have led or will lead to a significant improvement in knowledge on the appropriate use of drugs in pediatric populations. Prescribing

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physicians now have substantially more information about treatment options for children because of the program. As a result, care of pediatric patients will improve.

An incentive-based program has improved the quality and quantity of pediatric research because of the considerable resources that sponsors have put behind these efforts. NDA sponsors are in the best position to assess the potential pediatric uses of their products, and an incentive-based program provides the necessary inducement to ensure that sponsors are considering and suggesting to FDA all potentially meaningful research.

Glucophage® provides an excellent example of the extraordinary value of an incentive-based program. Only two years ago, many opinion leaders in diabetology and FDA believed that type 2 diabetes either did not occur in children or occurred at such a low incidence level that study of the use of metformin in children was unnecessary. It was widely assumed that children who were diagnosed with diabetes mellitus were type I diabetics and required insulin.

Without an incentive to examine the need for clinical trials with metformin in children and adolescents, Bristol-Myers Squibb simply may have acquiesced to the consensus on pediatric type 2 diabetes and requested a waiver to any mandated pediatric study requirement. The pediatric exclusivity program provided the incentive to the Company to review the incidence of type 2 diabetes in children thoroughly and to conclude that there was a substantial unmet need for an oral diabetes medication in the pediatric population. Two years and three clinical trials later, Bristol-Myers Squibb submitted significant evidence supporting an indication for Glucophage in children aged 8 to 17. Diabetes experts have responded very favorably to the Company's clinical program with metformin in children. Without an incentive-based pediatric program, it is very likely that the appropriate use of metformin in children would have remained undiscovered.

Bristol-Myers Squibb would be pleased to provide additional information on our experience with Glucophage®, which illustrates clearly the value of an incentive-based pediatric program.

BMS appreciates the opportunity to provide comments. We would be pleased to provide additional pertinent information as may be requested.

Sincerely,

A handwritten signature in black ink, appearing to read 'DTB', written over a horizontal line.

David T. Bonk



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Sincerely,

A handwritten signature in black ink, appearing to read 'David T. Bonk', with a stylized flourish at the end.

David T. Bonk

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