Distributing Specific Population Information in Labeling

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The labeling examples in this presentation are fictitious and are provided only to demonstrate current labeling development challenges.
Distribution of Renal Impairment Information: Example Overview

2 DOSAGE AND ADMINISTRATION
The recommended once daily oral dosage of DRUG-X is:

- 25 mg in patients with normal renal function or mild renal impairment (i.e., creatinine clearance between 60 to 90 mL/minute as estimated by Cockcroft-Gault).
- 12.5 mg in patients with moderate or severe renal impairment (i.e., creatinine clearance less than 60 mL/minute as estimated by Cockcroft-Gault) [see Use in Specific Populations (8.6)].

8 USE IN SPECIFIC POPULATIONS
8.6 Renal Impairment
The use of DRUG-X in patients with moderate or severe renal impairment was associated greater blood levels of drugoxide compared to patients with normal renal function [see Clinical Pharmacology (12.3)]. Given that increased drugoxide blood levels increases the risk of Adverse Reaction-Y, a dosage reduction in patients with moderate or severe renal impairment (i.e., creatinine clearance less than 60 mL/minute) is recommended [see Dosage and Administration (2)]. A dosage reduction in patients with mild renal impairment is not needed.

12 CLINICAL PHARMACOLOGY
12.3 Pharmacokinetics

Specific Populations
Patients with Renal Impairment: Compared to patients with normal renal function, the AUC of drugoxide was increased X%, Y%, Z% in patients with mild renal impairment [creatinine clearance (Clcr) 60 to 90 mL/minute], moderate renal impairment (Clcr 30 to 60 mL/minute), and severe renal impairment (Clcr less than 30 mL/minute), respectively. Following a single 25 mg dose of drugoxide in addition, the Cmax of drugoxide was increased A%, B%, C% in patients with mild, moderate, and severe renal impairment, respectively [see Dosage and Administration (2) and Use in Specific Populations (8.6)].
12 CLINICAL PHARMACOLOGY
12.3 Pharmacokinetics

Specific Populations

Patients with Renal Impairment: Compared to patients with normal renal function, the AUC of drugoxide was increased X%, Y%, Z% in patients with mild renal impairment [creatinine clearance (CIN) 60 to 90 mL/minute], moderate renal impairment (CIN 30 to 60 mL/minute), and severe renal impairment (CIN less than 30 mL/minute), respectively, following a single 25 mg dose of drugoxide. In addition, the Cmax of drugoxide was increased A%, B%, C% in patients with mild, moderate, and severe renal impairment, respectively [see Dosage and Administration (2) and Use in Specific Populations (8.6)].

- Develop data subsections before clinical subsections
- Describe PK studies and results conducted to identify PK differences in patients with varying degrees of renal impairment relative to PK of drug in patients with normal renal function

* Section IV(C)(4) - Clinical Pharmacology Section of Labeling Guidance; Section VI(F) - PK in Patients with Impaired Renal Function - Study Design, Data Analysis, and Impact on Dosing and Labeling Guidance
PK = pharmacokinetics
8 USE IN SPECIFIC POPULATIONS
8.6 Renal Impairment
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- Describe clinical implications of differences in response, safety, or recommendations for use of drug in patients with renal impairment compared to patients with normal renal function*

* Section VI(D) - PK in Patients with Impaired Renal Function - Study Design, Data Analysis, and Impact on Dosing and Labeling Guidance
Distribution of Renal Impairment Information Example: Section 2

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- Must include dosage modifications in D&A section for specific populations*
- Should include method for calculating creatinine clearance**
References

- PLR Requirements for Prescribing Information website:

- PK in Patients with Impaired Renal Function - Study Design, Data Analysis, and Impact on Dosing and Labeling Guidance:

Thank you!