WG on clinical practice evidence in the labelling

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Presentation overview

Aim

Statement paper

- Aim
- Examples
- Solutions

WG members

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WG statement paper

- Off-label is not always off-evidence:
- Proposal to include more pediatric data in the drug label

Example: pediatric ward

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Study on off-label use of medicinal products in the European Union. EU report 2017

Example: pediatric Intensive care unit

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WG statement paper

- Off-label is not always off-evidence:
- Proposal to include more pediatric data in the drug label

Aim

- **The aim of our paper is**

- to present **selected products as examples** with high medical need,
- to **present existing data sources** to support risk-benefit risk analyses,
- to **discuss potential solutions** to provide physicians with best-evidence dosing information while striving for the highest possible level of evidence to support uptake of pediatric indications in SmPCs.

Dexmedetomidine: off-label in children

: almost complete PSP program finalized

BUT: FDA evaluated as not robust enough to support pediatric license

- - EU: detailed info in SMpC
- - US: very limited data in product monograph
- Drug is extensively used: help physicians by including detailed study data in label as company only posted limited study results on clinicaltrial.gov (and doctors do not search there for drug info)

Tocilizumab:

registered in children, new indication

- Tocilizumab, is registered for to treat polyarticulare and systemic form of JIA in children in Europe from 2 years onwards
- several pediatric case series: efficacy in JIA associated uveitis, which can occur without any polyarticualar involvement and not associated with systemic involvement
- Phase 2 trial in kids supporting this indication

Proposal: include these study data, with all limitations, with evidence level in the label

Remdesivir for COVID-19

conditional market authorization for >12 yr olds

The SMpC pediatric info: No safety and efficacy of remdesivir in children < 12 years established as **no data, including PK are available**.

EMA deferred obligation for to submit pediatric data and no trials currently ongoing in < 12 yr old!

BUT: In Gilead's remdesivir study in Ebola 12.8% of included patients were children 6-17 yr as well as children < 6 yrs

One pediatric SAE was reported not related to remdesivir.

Proposal: include the detailed pediatric study data in the label

Real-world data sources

- Pediatric data residing with the company
- Pediatric data from other clinical trials, including PK data to support Modeling and simulation
- Patient registries, as well as electronic health records
- Consensus-based clinical practice data

- Provide an evidence-level

Proposed solutions

- Prioritize drug labels in need of better pediatric data
  - Risk-based approach: drugs with high risk for toxicity or therapeutic failure
- Harmonize current labels across agencies
- Develop common framework on how to include pediatric data in new drug labels
- Change legislation to not only include post-marketing safety but also post-marketing efficacy data in label, even to approve for use in kids

Future: more on-label, more best-evidence off-label

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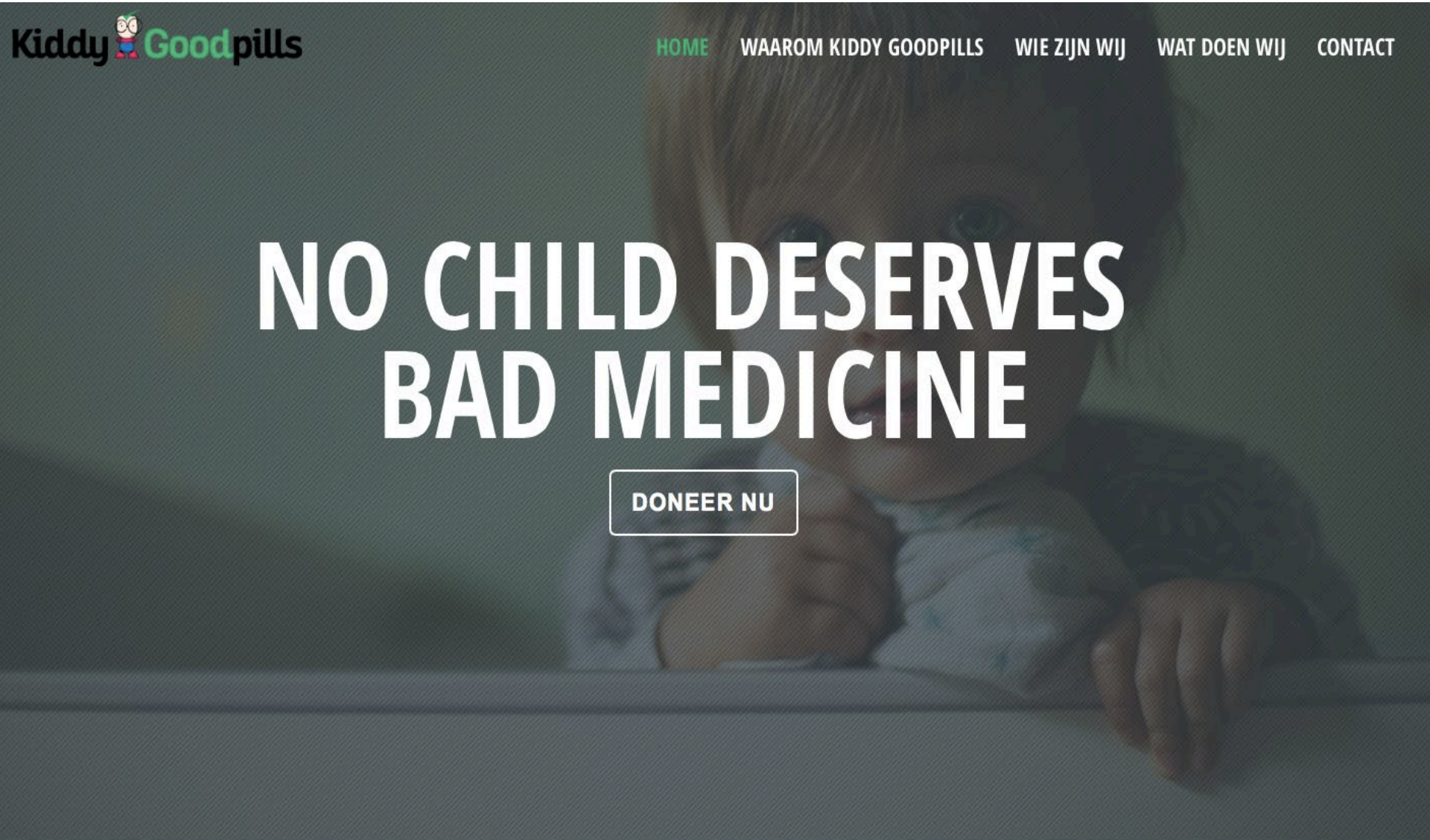
Questions?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