



## Another List!!

Rosemary Roberts, MD  
Deputy Director, OPDDPI  
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## Outline

- History of lists
  - "top ten" list
  - Food and Drug Administration Modernization Act (FDAMA) list
  - AAP (American Academy of Pediatrics) list
  - other lists
- Best Pharmaceuticals for Children Act (BPCA) mandates "off-patent" list

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## "Top Ten" List

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|-------------------------------------------------------------|---------------------------------------------------------------------------|
| • albuterol inhalation solution                             | • cromolyn sodium (Intal)                                                 |
| • promethazine HCl (Phenergan)                              | • sertraline HCl (Zoloft)                                                 |
| • ampicillin sodium for IV or IM use                        | • methylphenidate HCl (Ritalin)                                           |
| • auralgan otic                                             | • metaproteranol sulfate (Alupent)                                        |
| • clotrimazole/betamethasone dipropionate (Lotrisone) cream | • beclomethasone dipropionate nasal sprays (Beconase AQ and Vancenase AQ) |
| • fluoxetine HCl (Prozac)                                   |                                                                           |

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### FDAMA list

"Not later than 180 days after the date of enactment [11/21/97] of the Food and Drug Administration Modernization Act of 1997, the Secretary, after consultation with experts in pediatric research shall develop, prioritize, and publish an initial list of approved drugs for which additional pediatric information may produce health benefits in the pediatric population. The Secretary shall annually update the list." (section (b) of 505A)

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### Initial working list

- Recommendations from American Academy of Pediatrics, Pharmaceutical Research and Manufacturers Association, National Institutes of Health, Pediatric Pharmacology Research Units, National Pharmaceutical Alliance, Generic Pharmaceutical Industry Association, National Association of Pharmaceutical Manufacturers, and the United States Pharmacopeia
- Included Orange Book drugs with remaining patent protection and/or exclusivity

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### Initial working list

- Internally the working list was reviewed by the appropriate CDER review division based on the following criteria:
  - "...significant improvement compared to marketed products labeled for use in the treatment, diagnosis, or prevention of a disease..."; or
  - widely used in pediatric population (at least 50,000 prescription mentions per year); or
  - class or indication for which additional therapeutic or diagnostic options needed
- If met at least 1 criterion⇒draft list

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**Draft list**

- **Draft list published March 16, 1998 [63 FR 12815]**
- **submit written comments by April 15, 1998**

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**Draft list**

- **89 comments received**
  - specific drugs to be added or deleted;
  - criteria used too narrow; and
  - include all drugs used in the treatment of diseases or conditions that occur in the pediatric population

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**The FDAMA list**

**All drugs approved for use in adults for indications that occur in the pediatric population may have the potential for offering a health benefit to the pediatric population ⇒ “The list”**

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### FDAMA "Priority List"

- Drugs satisfying one of the three previously outlined criteria shall be on the "priority list of drugs"
- published May 20, 1998
  - 400 to 500 drugs
- updated annually through May 2001
  - removed drugs studied and labeled
  - added approved new drugs
  - drugs added by citizen petition
  - divisional changes

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### FDAMA "Priority List"

#### Being on the "priority list":

- does not constitute a written request
- does not mean qualify for pediatric exclusivity
- does not require the sponsor to do the requested studies

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### Lessons learned

- **Prioritizing** - no consensus ⇒ long list
- **voluntary program** - Why prioritize drugs needing study?
- **Resource intensive effort** to update the priority list annually
- **Overall, list not helpful**
  - ⇒ in Report to Congress recommended - Eliminate the requirement for the list

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**AAP list**

**FDA requested the AAP for suggestions of drugs that are most frequently used by pediatricians in the care of their patients and need additional study**

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**Other lists**

- Historically, the USP has looked at available pediatric information for products used “off-label” in the pediatric population
- post-enactment of BPCA, the USP has put together a list of “off-patent” and “off-label” drugs with narrow therapeutic index or for life-threatening diseases and used in pediatric patients

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**Best Pharmaceuticals for Children Act**

- Section 2 eliminates the FDAMA list associated with the pediatric exclusivity process
- Section 3 creates a research fund for the study of “off-patent” drugs
  - mandates a “new” list

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**BPCA Section 3 - list**

“Not later than one year after the date of enactment [01/04/2002] of this section, the Secretary, acting through the Director of the National Institutes of Health and in consultation with the Commissioner of Food and Drugs and experts in pediatric research, shall develop, prioritize, and publish an annual list of approved drugs for which-...”

[ ] added

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**BPCA Section 3 - list**

- The drugs for this list are to have no patent protection or market exclusivity (i.e., not listed in the Orange Book with existing patent protection or exclusivity)  
and
- additional studies are needed to assess the the safety and effectiveness of the use of the drug in the pediatric population.

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**BPCA Section 3 - list**

- In developing and prioritizing the list consider for each drug on the list-
  - availability of information concerning the safe and effective use in the pediatric population;
  - whether additional information is necessary;
  - whether new pediatric studies concerning the drug may produce health benefits in the pediatric population; and
  - whether reformulation is necessary.

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**BPCA section 3 - pediatric studies on  
"off patent" drugs**

- **FDA, in consultation with NIH to issue Written Requests (WR) for drugs on prioritized list to all holders of the approved applications for the drug**
  - holder(s) get 30 days for first right of refusal
  - if refuse, not entitled to respond to RFP
- **NIH in consultation with FDA shall publish a request for contract proposals to conduct the pediatric studies described in the WR.**

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