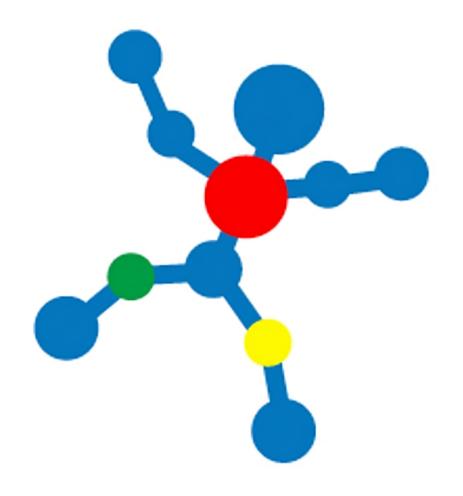
Time for a Paediatric Drug Regulatory Framework in Canada

Dr. Raphaël Kraus, Assistant Medical Director

On behalf of the Goodman Paediatric Formulations Centre (GPFC) CAHSPR Annual Conference, Montréal, QC

May 30, 2023





Relevant Objectives

- What are the Canada-specific challenges associated with ensuring safe and effective on-label prescribing for infants, children and youth?
- What future opportunities would further enhance Canada's drug regulatory framework to ensure paediatric patients benefit from the same safety, efficacy, availability and access standards as adults?



Compounding





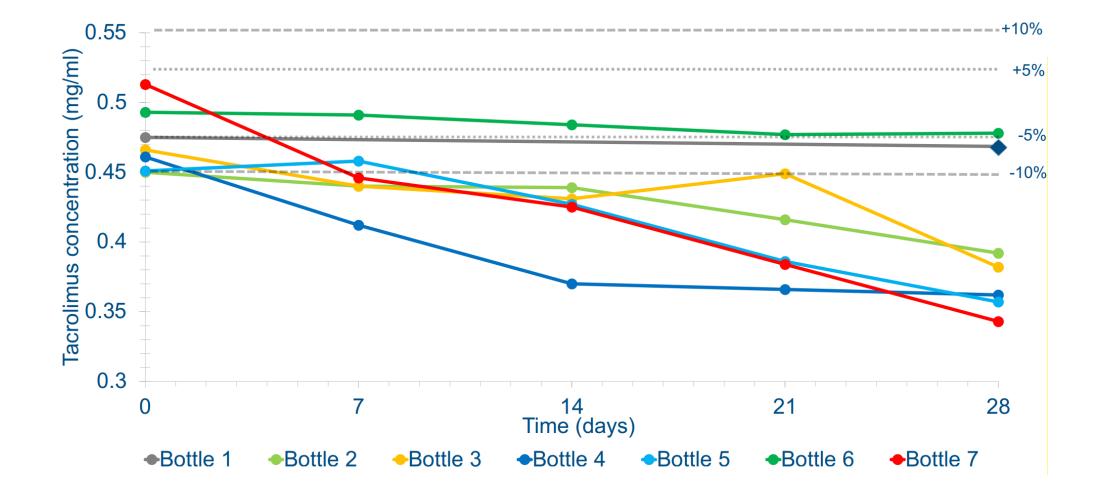
Bioavailability

- HIV drug lopinavir/ritonavir (Best 2011):
 - Crushed tablets (mixed with pudding) vs. whole tablets
 - Mean 40% reduction AUC (5-75%)





Purity, Potency, Content, Stability





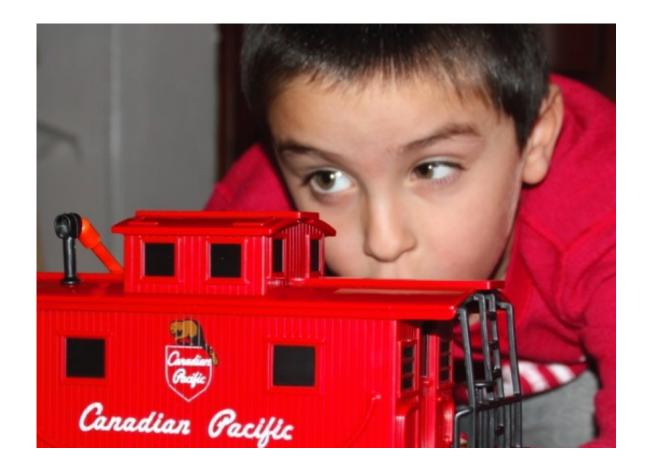
Extent of Problem in Canada

- 2007-2016: 60% of new drugs for children <6 years unavailable in child-friendly formulation (*Raja 2020*)
- CHUSJ (Landry 2023):
 - ¼ enteral drugs compounded
 - ½ of hospitalized children prescribed at least one compounded drug
- Compounding errors → 35% of harmful medication incidents in children (ISMP Canada 2022)





Parents find son's lifeless body after pharmacy switches sleep medication for toxic dose of another drug





~50% of frequently compounded oral liquid medications are commercially available as child-friendly formulations in the US or EU (Litalien 2020)



Our Mission

Improving access to commercialized child-friendly medicines



Our Mandate

- To facilitate market authorization of paediatric drug formulations in Canada by:
 - Identifying and communicating unmet paediatric formulation needs to key stakeholders
 - Contributing to a favorable clinical and regulatory environment
 - Contributing to uncovering incentives for manufacturers and life science organizations
 - Promoting **cost effective** treatments for children
- To promote safety of medicines administered to children



Knowledge Creation

Médicament ¹	Exemples d'utilisation(s) en pédiatrie	Pediatric drug data in Canadian
Mercaptopurine ^{2,3}	Colite ulcéreuse, maladie de Crohn, leucémie lymphoïde aigue	a descriptive analysis
Baclofène	Spasticité	1 ,
Clobazam ³	Épilepsie, prévention des convulsions fébriles	
Dexaméthasone	Asthme aigu, croup, pharyngite/amygdalite reliée au VEB, désordre rhumatologiques/immuns, désordres endocriniens, désordres hématopoïétiques/ néoplasiques, 0.55	Preeya Raja MSc PharmD, Mark Duffett PhD, Maryann
Dompéridone	nematopoletiques/ neoplasiques, 0.55 Gastroparésie, désordres de la morreflux gastro-œsophagien (RGO) Ē	
Gabapentin	Épilepsie, douleurs neuropathique 🖁 0.5	
Hydrocortisone	Insuffisance surrénalienne, hype physiologique	
Hydroxyurée ²	Anémie falciforme	
Esomeprazole ³	Œsophagite érosive associée au R(
Lévothyroxine⁵	Hypothyroïdie 5 0.4	
Métronidazole ⁴	Infections anaérobes, amibiase, di gana inflammatoire de l'intestin, giardia	
Phytonadione ⁶	Hypoprothrombinémie, maladie déficience en vitamine K	
Rifampicine ⁴	Méningite à H. Influenzae /méning 🔤 et prévention), infection par le cor 0.3	
Sildénafil	Hypertension pulmonaire 0 7	14 21
Sotalol ⁵	Arythmie	Time (days)
Tacrolimus ^{2,5}	Prévention de rejet de greffe réi	tottle 3 Bottle 4 Bottle 5 Bottle 6 Bottle 7 Bottle 5 Bottle 6 Bottle 7 Bottle
Topiramate ²	Épilepsie, migraines	



Advocacy

Providing Suitable Pediatric Formulations for Canadian Children: A Call for Action

Catherine Litalien, Julie Autmizguine, Antoine Carli, Denis Giroux, Denis Lebel, Jean-Marie Leclerc, Yves Théorêt, Andrea Gilpin, and Sophie Bérubé

Can J Hosp Pharm. 2020;73(4):247-56



Response to the Standing Committee on Health Study on Children's Health

The Institute of Safe Medication Practices Canada (ISMP Canada) and the Goodman Pediatric Formulations Centre (GPFC) of the CHU Sainte-Justine with support from CAH Advocates Canada and Children's Healthcare Canada, are pleased to jointly submit to the House of Commons Standing Committee on Health's study of children's health.

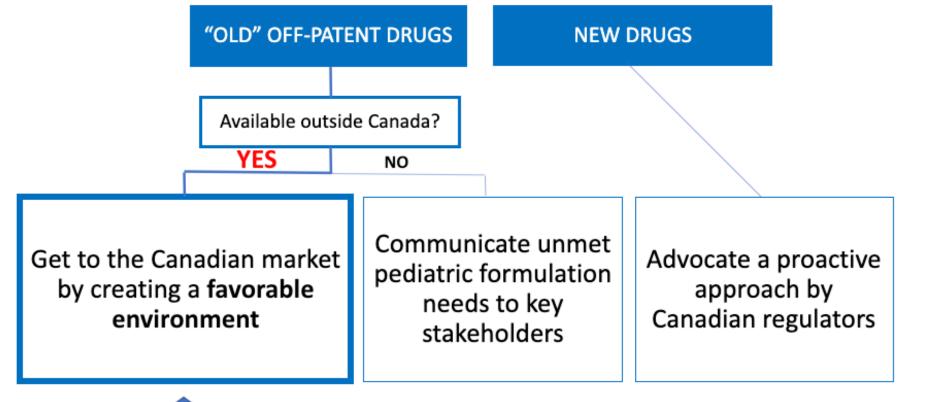
Time for a regulatory framework for pediatric medications in Canada

Andrea Gilpin PhD MBA, Sophie Bérubé BPharm MSc, Charlotte Moore-Hepburn MD, Thierry Lacaze-Masmonteil MD PhD, Samira Samiee-Zafarghandy MD, Michael Rieder MD PhD, Emily Gruenwoldt MHA, Stuart MacLeod MD PhD, Catherine Litalien MD

Cite as: CMAJ 2022 May 16;194:E678-80. doi: 10.1503/cmaj.220044



Our Strategy







Canada-Specific Challenges

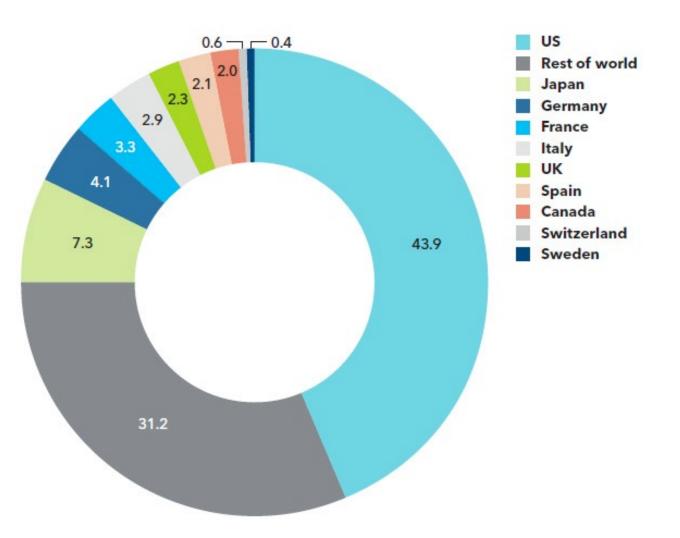
• Small market size

- Outdated regulatory framework
 - Lack of incentives
- Reimbursement



Small Market Size

- ~ 2% global market share
- Paediatric drugs: <10%





Outdated Regulatory Framework

• USA:

- 2002: Best Pharmaceutical for Children Act (BPCA)
- 2003: Pediatric Research Equity Act (PREA)
- 2005: FDA BPCA Pediatric Formulation Initiative

• EU:

- 2007: EU paediatric Regulation
- 2007: Paediatric-use marketing authorisation (PUMA)
- 2007: European Paediatric Formulation Initiative (EuPFI)
- WHO:
 - 2007: Make Medicines Child Size
 - 2016: Global Accelerator for Paediatric Formulations (GAP-f)









Outdated Regulatory Framework

- Canada:
 - 2014 Improving Medicines for Children in Canada
 - 2016 GPFC
 - No paediatric rule
 - No trusted foreign review policy
 - No harmonization of regulations with other jurisdictions
 - No incentives for formulations for old, off-patent drugs
 - On-patent: 6-month market exclusivity, 8-year data protection











Future Opportunities - Research

- Shared international approach for formulation development
 - International inventory of needs (dynamic)
 - International standards for compounding
 - Harmonized research standards
 - WHO Paediatric Regulatory Network
 - Relationship building





The Time is Now for Regulatory Change

• Paediatric rule

- Mandate paediatric safety & efficacy data
- Paediatric indications and formulations
- Data and market protection
- Trusted Foreign Decisions pathways
 - Reasonable market experience requirements
- Innovative fee structures
 - Reduced rates for paediatric medications
 - Accelerated review
 - Orphan drug designation/some form of protection for medication identified as meeting a critical need (NPLPD)



Paediatric Drug Action Plan

2.

3.

Vision: Children and youth (aged 0-17) in Canada have access to the medicines they need in age-appropriate formulations

We propose to work across Health Canada, other governmental departments, and with our external (national and international) partners to accomplish the following three goals:

Increase the **development** of essential pediatric medicines and formulations

Improve **access** to pediatric medicines and formulations

Provide more information to people in Canada



NEW DRUGS

6-month market exclusivity

"OLD" OFF-PATENT DRUGS





NEW DRUGS

"OLD" OFF-PATENT DRUGS

Trusted foreign decision pathway

Paediatric Rule

Optimize market exclusivity

Trusted foreign decision pathway

Innovative Fee Structures & Incentives





Our Team



Left to right: Denis Lebel, Sophie Bérubé, Hélène Roy, Ginette Piteau, Dr. Catherine Litalien and Dr. Raphaël Kraus



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