

Health Canada's Proposed Pediatric Drug Action Plan: Insights and Feedback

*as part of
MICRYRN's Webinar Series*



February 3, 2021

Agenda

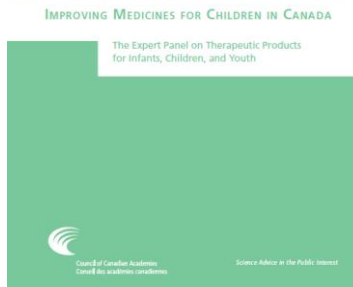
- 10:00am Welcome and Introduction to Panelists
Andrea Gilpin, GPFC
- 10:05am **Alysha Croker**
Office of Pediatrics and Patient Involvement
Health Canada
- 10:25am **Catherine Litalien, GPFC**
Summary of Results from Survey
- 10:55am Polling Questions to Audience
Charlotte Moore-Hepburn, CPS
Questions and Answer Period
Andrea Gilpin, GPFC
- 11:30am Conclusion of Workshop



Background to Survey

2020-21

2014



During the Canadian Society for Pharmaceutical Sciences in November 2020, Health Canada presented a new Pediatric Drug Action Plan (PDAP).

The GPFC and MICYRN wanted to provide feedback on the PDAP to Health Canada from the pediatric community and therefore organized this workshop.

2019

Paediatrics & Child Health, 2019, 333–335
doi: 10.1093/pch/pxz079
Position Statement

Position Statement

Improving paediatric medications: A prescription for Canadian children and youth

Charlotte Moore Hepburn MD¹, Andrea Gilpin PhD MBA², Julie Autmizguine MD MSc³, Avram Denburg MD PhD, L. Lee Dupuis R.Ph. MScPhm PhD, Yaron Finkelstein MD, Emily Gruenwoldt MHA, Shinya Ito MD, Geert 't Jong MD PhD, Thierry Lacaze-Masmonteil MD PhD, Deborah Levy MD MS, Stuart MacLeod MD PhD, Steven P. Miller MD CM MAS, Martin Offringa MD PhD, Maury Pinsk MD, Barry Power PharmD, Michael Rieder MD PhD, Catherine Litalien MD³

In preparation for this workshop, the GPFC has sent a survey to gain comments and feedback on the proposed PDAP.

Focus of this session is on PDAP, with the exception of Clinical Trials issues, as MICYRN led a clinical trial workshop in January.



Alysha Croker

Office of Pediatrics and Patient Involvement

Overview of proposed
Pediatric Drug Action
Plan by Health
Canada



Catherine Litalien, Co-Founder of GPFC and Pediatrician

Summary of Survey results conducted by the Goodman Pediatric Formulations Centre.



Methodology

- The survey was conducted using Google Forms
- The questionnaire (8 questions) was sent to over 25 people representing over 19 organizations with the encouragement to share the survey with others in the pediatric community
- January 8-18, 2021
- 26 surveys were completed representing over 30 people (some people did one survey but were two people)
- 16 organizations responded
- Subject matter experts

- Academic institutions/universities
- Pediatric Associations
- Physicians/Clinicians
- Hospital Pharmacists
- Pharmacists
- Researchers
- Geographical diversity



1. Was the summary of Health Canada's "What we Heard" complete ?

Pediatric Challenges in Canada – What we Heard

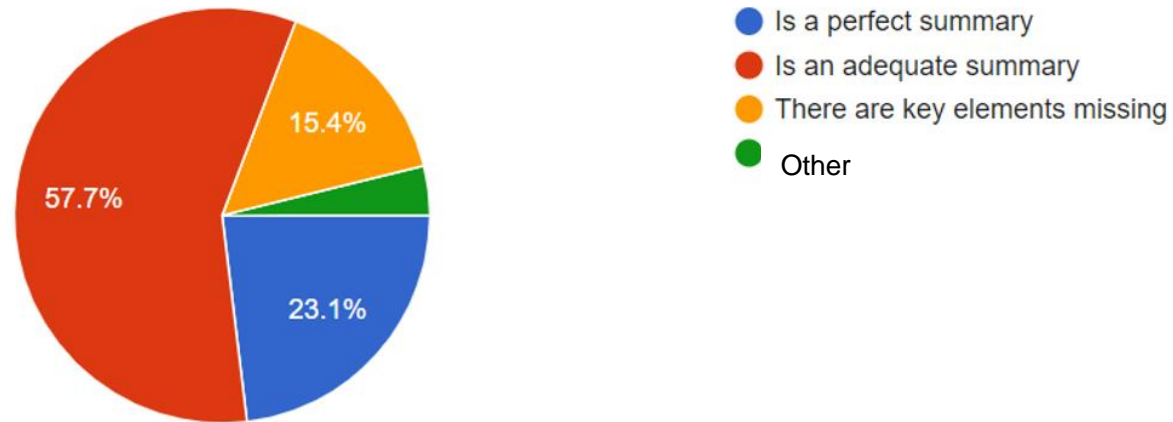
Receiving pediatric data in Canada	Pediatric clinical trials (CTs)	Economic realities of developing pediatric medicines	Off-label use of medicines in children
<ul style="list-style-type: none">• No regulatory / legislative requirement to conduct pediatric studies / submit data• Incentives to submit pediatric data / pediatric drugs may not be sufficient• Older / generic drugs unlikely to be studied further	<ul style="list-style-type: none">• Small patient populations / vast geographic area• Difficult to attract CTs to Canada; not enough access to pediatric CTs in Canada• Lack of CT knowledge / misconceptions among patients, families and GPs• Length of time to approvals (REBs)• CT infrastructure in Canada	<ul style="list-style-type: none">• Small patient populations (ROI for pediatric products)• Developing and maintaining pediatric indications / formulations is expensive• Compounding is often cheaper than authorized liquid formulations	<ul style="list-style-type: none">• Biological differences between adults and children• Increased likelihood of adverse events• Off-label used effectively in Canada (↓ motivation)• Practice of medicine under PT jurisdiction• Appropriate formulations not available



Health Canada's "What we Heard" captured many of the key points...

I believe that Health Canada's summary of the Challenges "What we Heard":

26 responses

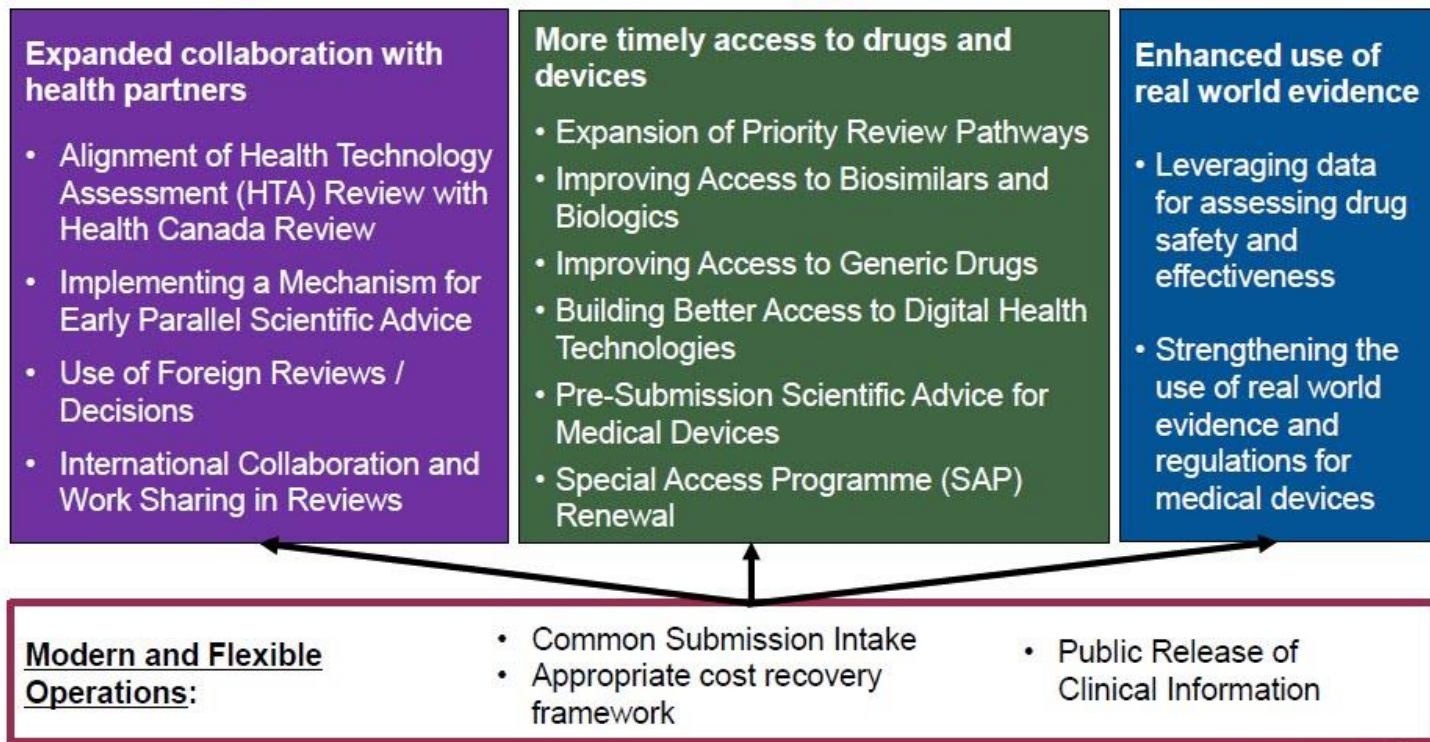


“What we Heard” Comments

Receiving pediatric data in Canada	Pediatric Clinical Trials	Economic Realities of developing pediatric medicines	Off-Label use and compounding of medicines in children
<ul style="list-style-type: none"> • Incentives to submit pediatric data/drugs are insufficient • Older/generic drugs unlikely to be submitted for new indications or formulations • Awaiting the use of Trusted Foreign Decisions 	<ul style="list-style-type: none"> • Legislation to require pediatric trials • Accept pediatric international trials • CHEER an asset 	<ul style="list-style-type: none"> • Compounding may not be as cheap as we think • Inclusion of all costs for compounding (direct & indirect) • Compounding not equivalent to commercial formulations • Rare disease framework is missing • Smaller market=attractive incentives needed 	<ul style="list-style-type: none"> • Lack of data capture from off-label use and compounding (and lack of funding) • No current standards for compounding across Canada • Access to appropriate formulations at a fair price
<h2>Transversal Key Components</h2>	<ul style="list-style-type: none"> • Lack of Expert Pediatric Advisory Board (EPAB) at the Ministerial Level • Misalignment with market access, reimbursement, pricing and provincial listing (disincentive) • Lack of pediatric specific criteria for HTA evaluation • Lack of harmonization from PTs to prioritize pediatric drugs/formulations • Lack of clear & consistent pathways and costs for entire process 		

2. R2D2

Regulatory Review of Drugs and Devices Initiative (R2D2)



Summarized Comments- Pediatric Specific



Expanded collaboration with health partners

- Alignment of HTA review, PT listing and pricing decision with HC
- Use of foreign decisions (pediatrics may have own requirements given unique needs)
- Pathways to ensure rapid access to life saving pediatric medications for certain critical diseases
- Inclusion of patients and HCP



Timely access to drugs and devices

- Pediatric-specific considerations throughout the drug approval and market access process including provincial listing
- Address provincial barriers to list



Enhanced use of real-world evidence

- Develop process to capture extensive RWE with pediatric drug use (compounding and off-label)
- Funding needed for data registries
- How to engage all qualified stakeholders to report AEs (parents, HCP, pharmacists)

Modern and Flexible Operations:

- Unique fee structure for ped formulations
- Use of RWE in compounding medications to support commercial submissions
- Clear role for OPPI in broader HC modernization efforts
- Optimal positioning of OPPI within HC to bridge between regulation and clinical trial reform



3 PDAP Methods

Health Canada is exploring ways to potentially increase the development of essential pediatric medicines and formulations. Some potential actions include:

1. Developing a national priority drug list for pediatric diseases / molecular targets (including formulations) that will guide pediatric medicine development in Canada
2. Implementing a bench-to-bedside (pre-clinical, CTs, authorization) platform to develop the drugs on Canada's priority list (with stakeholder support)
3. Developing incentive models for pediatric drug and formulation development
4. Improving the national infrastructure for pediatric CTs in Canada
5. Working across regulators to support alignment of pediatric CT requirements
6. Applying CT Modernization projects / activities to pediatric trials

3 PDAP Methods -Comments

Health Canada is exploring ways to increase the development of essential pediatric medicines and formulations. Some potential actions include:

- Developing a **national priority drugs list** for pediatric diseases/molecular targets (including formulations) that will guide pediatric medicine development in Canada.
 - Governance of committee, funding and organization – when to be established and who is leading this effort?
 - Recognition of list and priority by HTA and PT
 - Includes rare disease and formulations
- Developing **incentive models** for pediatric drug and formulation development.
 - Off-patent medications need special considerations (reimbursement exclusivity)
 - Longer data protection or patent for branded pediatric medicines and formulations
 - Work with international partners



4 PDAP Proposed Actions

Health Canada is exploring ways to potentially improve access to pediatric medicines and formulations. Some potential actions include:

1. Implementing a pediatric regulation (and associated guidance document) that will bring Health Canada in alignment with the FDA and EMA in requiring sponsors to develop a pediatric plan and submit the data created by conducting the studies in the plan
2. Applying international worksharing and collaboration to pediatric submissions (ACSS, Project Orbis)
3. Incentivizing the submission and maintenance of pediatric drugs / formulations in Canada
4. Working across regulators to support the alignment of pediatric drug authorization requirements across regulators
5. Developing mechanisms with HTAs and PTs to ensure that (expensive) drugs and formulations for pediatric populations are given serious consideration for inclusion in PT formularies
6. Applying Agile Licensing Framework (ALF) regulations to bring pediatric indications to Canada (e.g., Use of Foreign Decisions / Real World Evidence) and to monitor their safety / effectiveness

PDAP Proposed Actions - Feedback

Health Canada is exploring ways to potentially improve access to pediatric medicines and formulations. Some potential actions include:

- The requirement of two pediatric committees to provide expertise for this ambitious plan
 - Expert Pediatric Advisory Board (EPAB) at the ministerial level to harmonize and prioritize pediatric medicines across all agencies and jurisdictions.
 - Health Canada Pediatric Advisory Board to support Health Canada and the OPPI in all pediatric initiatives and provide pediatric expertise where needed.
- Proposed Pediatric Regulation – Obligation to Submit is Important
 - Mandate, time line, funding and who is the lead for this effort?
 - No Canadian PIP or PSP – use what was already submitted in the US or Europe as is
- Modern approach to rare diseases- allow development of a therapy for an entire family of rare diseases
- Require communication on progress, annual benchmarking and progress reports for international worksharing and collaboration to pediatric submissions
- Regarding incentives need to keep in mind small-mid size companies who are most likely to commercialize in Canada
- Acceptance of Trusted Foreign Decisions (“Accept data package as is”) will have a significant impact to improving access to pediatric medications/formulations in Canada



Communication Strategies Proposed

Health Canada is exploring ways to provide more information to Canadians on relevant pediatric topics. Some potential actions include:

1. Launching a pediatrics website
2. Actively engaging with HC's pediatric stakeholders and the general public in order to keep them up-to-date regarding pediatric activities and information
3. Implementing a pediatric data strategy to create and maintain relevant databases and publish regular analyses and reports
4. Launching information / awareness campaigns to encourage the participation of pediatric populations in CTs / increase knowledge of open pediatric CTs in Canada
5. Establishing the Office of Pediatrics and Patient Involvement (OPPI) as Health Canada's centre of expertise and single point of contact for pediatrics

Communications- Feedback

Health Canada is exploring ways to provide more information to Canadians on relevant pediatric topics. Some potential actions include:

- Concern that certain aspects of this proposed initiative will detract resources from the important actions outlined in the PDAP
- A priority must be for the OPPI to publish its project plan with deliverables and timelines with annual progress reports to the public.
- Communicating the mandate and governance of both the EPAB and Health Canada Pediatric Committee
- It was reported that actively engaging with HC's pediatric stakeholders is key and should include parent/patients, hospital pharmacists, pharmacists and the general public
- Funding is critical to create and maintain databases to monitor and quantify medication incident reporting, working with ISMP
- Develop formal mechanism of communication and prioritization of approvals of pediatric medicines with HTA and PTs
- Need to understand the extent pediatric drugs are compounded and funding for standardization of compounding
- Use successful awareness campaigns launched in other countries.



Most Important Actions to Improve Access to Pediatric Medications

- **Expert Pediatric Advisory Board at Federal Ministry** to harmonize and prioritize across the entire drug approval process
 - Alignment across all decision points is critical
- Establish **HC Pediatric Committee** governance and mandate with input from pediatric community
 - Priority pediatric medicines list
- Accept **Trusted Foreign Decisions**
- Institute **Pediatric Regulation** using mandatory submissions “as is” from other countries
- Deploy **incentives for commercialization** in Canada both brand and off-patent medications



Government of Canada



Health Canada



The publication of the OPPI’s plan with clear objectives, metrics, funding, and a timeline for implementation.



Polling Questions

Charlotte Moore-Hepburn,
Pediatrician and
Medical Affairs Director,
Canadian Paediatrics Society

63 people attended the
workshop and participated in the
polling questions. Participants
were from varied backgrounds
and disciplines.



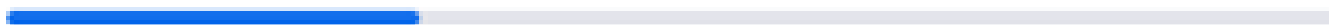
Polling Question 1 Results:

1. In your opinion, how important is the implementation of a pediatric regulation to increase access to pediatric medications and formulations in Canada?

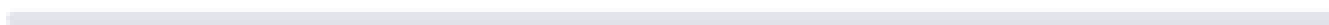
a) Critically important (31) 69%



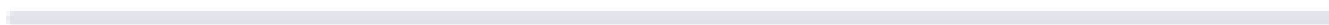
b) Somewhat important (14) 31%



c) Of little importance (0) 0%



d) Unimportant (0) 0%



Polling Question 2 Results:

1. Trusted Foreign Decisions as currently drafted indicates that 15 years of foreign market experience is needed for this to be used in Canada. Should this be different for pediatrics?

a) 15 years market experience in pediatrics is appropriate (0) 0%



b) 5-7 years experience is sufficient (13) 33%



c) 2 years experience is sufficient (14) 36%



d) foreign approval is sufficient with 0 years experience (12) 31%



Polling Question 3 Results:

1. In your opinion what are the three most important actions to take to improve access to pediatric medications/formulations in Canada? (please choose three of the following):(Multiple Choice)



Questions for Health Canada

1. The CCA report was published in 2014 and many of the recommendations in the PDAP were presented at that time. When will the OPPI present **clear objectives, with metric and targets**?
2. What is the **budget** for this initiative and how many resources will be dedicated to PDAP?
3. Recognizing that HC has internal priorities – how can the pediatric community support HC?
4. How will the decision be made to **formalize pediatric expertise** at:
 1. EPAB at the Federal Ministry of Health
 2. Health Canada Pediatric Committee
5. What approaches are possible for HC to contribute to **providing incentives to industry**?
6. How will the PDAP framework will address old off-patent drugs?



Top 3 Most Important Actions

Based on the polling questions during the workshop the following three were cited as the top most important actions.

1. Institute **Trusted Foreign Decisions** **79%**
2. Mandatory **Pediatric Regulation** **69%**
using submissions “as is” from other countries
3. **Incentives for commercialization** **46%**
in Canada both brand and off-patent medications



Overall Health Canada's PDAP Responds to Many of the Needs Identified by Stakeholders

The pediatric community looks forward to continuing to support Health Canada in its objectives to bolster pediatric submissions in Canada.

Thank you for the opportunity for the pediatric community to provide Health Canada with feedback to the PDAP.



**HOW CAN WE
HELP YOU?**

