Geriatric Information in Human Prescription Drug and Biological Product Labeling

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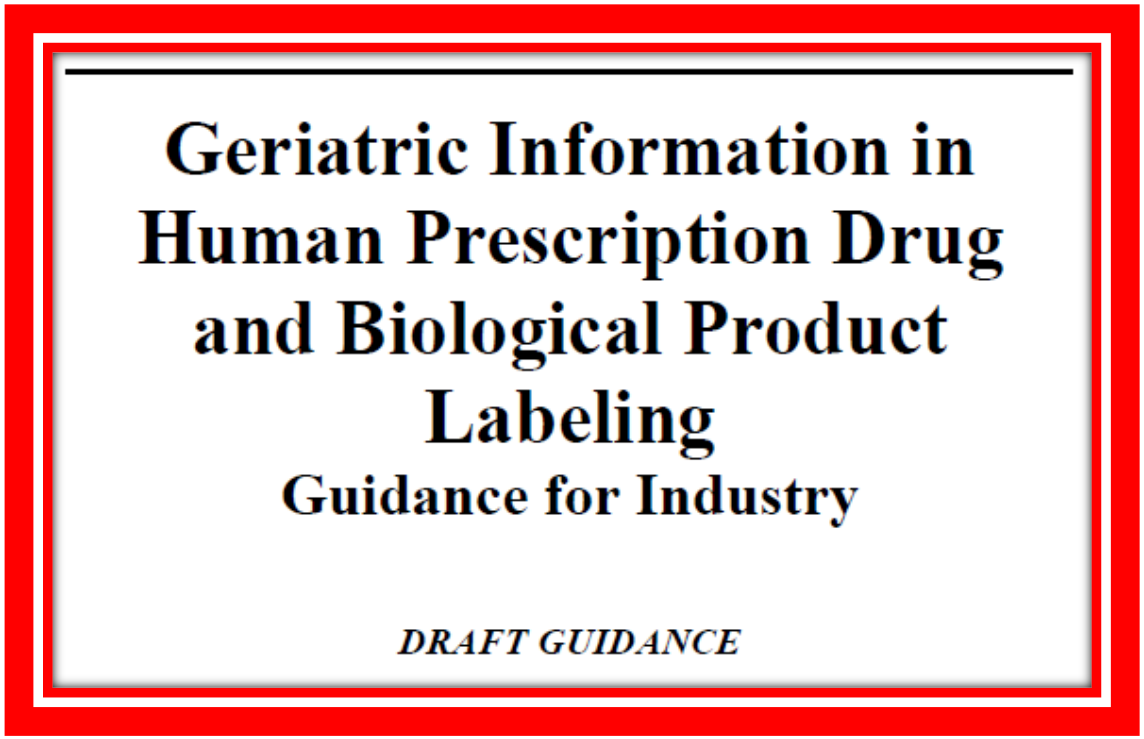
Introduction and Purpose

This slide deck summarizes the Food and Drug Administration Draft Guidance



I. Introduction

Guidance goals are to:

- Replace “Content and Format for Geriatric Labeling” (October 2001 Guidance)
- Ensure consistent placement of “prescription drug use information for geriatric patients (age 65 or older)” in product labeling
- Make information accessible to health care practitioners

II. Background - Why new labeling?

New geriatric testing and labeling initiatives emerged because geriatric patients may have different responses to and safety concerns about drug and biologic products.

- Labeling for geriatrics is in addition to all labeling for adult patients
- Subgroups (e.g. 65-74, 75-84, 85 and older) may be helpful if differences in responses between these aged populations exist

II. Background - Geriatric Concerns

Specific geriatric concerns

- Different dosing recommendations
- Different adverse event (AE) rates
- Different AE severities
- Different AEs (novel AEs not seen in general adult populations)

II. Legislative History

- Law enacted to address historical lack of geriatric data in drug approval applications
- Food and Drug Administration Safety and Innovation Act of 2012 (FDASIA) Section 907 requires clinical trials to report on age-related subgroups.
- FDA updated Good Review Practice guidance on IND applications to discourage arbitrary maximum age cut off for clinical trials

III. Overview

Overview of Geriatric Use Information in Human Prescription drug and Biological Product Labeling

Information required in labeling varies if:

- Drug is for a geriatric-specific population with data to support this indication for use
- Drug is for adult patients generally including geriatric patients

III. Drugs for Adult Patients Generally

Three scenarios of safety and effectiveness data are possible for drugs approved for use in adult patients generally including geriatric patients:

- (1.1) Sufficient information to detect differences between geriatric and younger patients; **no differences**
- (1.2) Sufficient information to detect differences between geriatric and younger patients; **differences** observed
- (1.3) **Insufficient information** to detect differences between geriatric and younger patients

Drug labeling should include these geriatric data!

IV.A Geriatric Use Subsection

Information to include:

- Specific risks and safety concerns for geriatric patients
- Geriatric exposure information
- Category-based statements
- Specific pharmacokinetic information (when available)
- Substantial kidney excretion warning (if applicable)

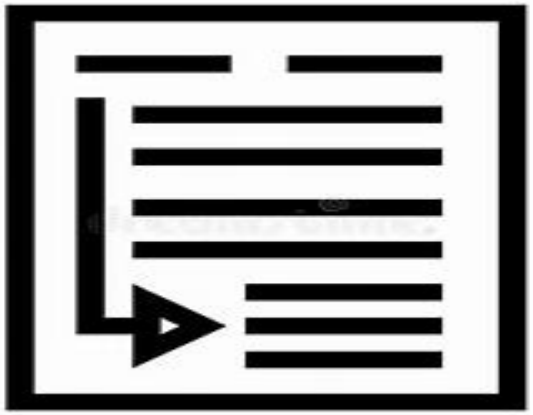
IV.A Geriatric Data for Use Subsection

Geriatric data are preferred from randomized controlled trials (RCTs); however, geriatric data may come from any legitimate source including clinical literature, registries, epidemiology reports, adverse event reports or other experience reports. Three drug approval scenarios are possible:

1. Drug is approved for use generally in adult patients including geriatric patients or a subset of the geriatric population
2. Drug is approved for a geriatric-specific indication
3. Drug is not approved for the geriatric population

IV.A Geriatric Exposure Data in Label

The total number of geriatric patients evaluated in clinical studies is recommended for inclusion in labels for all safety and effectiveness scenarios (and data may be cross-referenced to other subsections)



IV.A Example – No Differences

Use the following when no observed differences in safety and/or effectiveness are found in geriatric patients compared to younger adult patients (**Scenario 1.1)**

- *"There were n patients 65 years of age and older in the clinical studies for Disease A [see Clinical Studies (14)]. Of the total number of DRUG X-treated patients in these studies, n (y%) were 65 years of age and older, while n (z%) were 75 years of age and older."*
- Remember to document the percent or number of patients 65+ and 75+ included in the clinical studies!

IV.A Example - Differences

Use the following when differences in safety and/or effectiveness are found when geriatric patients are compared to younger adult patients (**Scenario 1.2**)

- *"Of the total number of DRUG X-treated patients in clinical studies for Disease A, n (y%) were 65 to 74 years of age, and n (z%) were 75 years of age and older [see Clinical Studies (14)]."*
- Remember to document percent AND number drug-exposed geriatric patients in clinical studies!

IV.A Example Insufficient Data

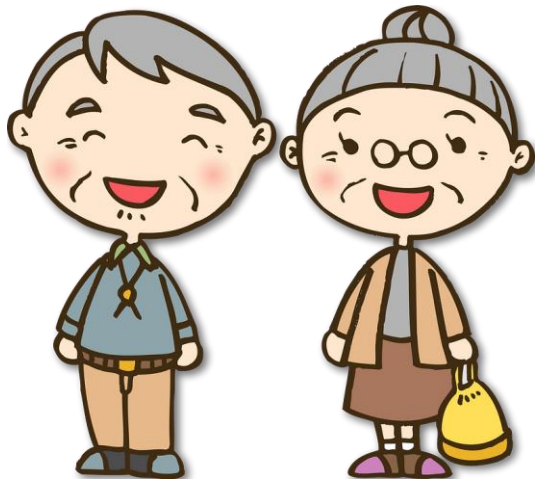
Use the following when information is insufficient to detect differences in safety and/or effectiveness between geriatric and younger adult patients (**Scenario 1.3**)

- *"There were n patients 65 years of age and older in the clinical studies for Disease A, Disease B, and Disease C [see Clinical Studies (14.1, 14.2, 14.3)]. Of the total number of DRUG X-treated patients in these studies, n (x%) were 65 to 74 years of age, n (y%) were 75 to 84 years of age, and n (z%) were 85 years of age and older."*
- Remember to document percent AND number drug-exposed geriatric patients in clinical studies!

IV. B Other Sections of Labeling

Geriatric specific language is required in any section where unique information exists:

- **INDICATIONS AND USAGE**
- **DOSAGE AND ADMINISTRATION**
- **WARNINGS AND PRECAUTIONS**
- **ADVERSE REACTIONS**
- **CLINICAL PHARMACOLOGY**
- **CLINICAL STUDIES**



V. Geriatric-Specific Indication

- Drugs approved for geriatric-specific indications must be supported by clinical trials in geriatric populations
- "USE IN SPECIFIC POPULATIONS, Geriatric Use" should be specified
- Indication and Usage, Dosage and Administration, Adverse Reactions, Clinical Pharmacology, and Clinical Studies sections must list geriatric specific information

V. Example - Geriatric Indication

Use the following when drug approved for a geriatric-specific indication:

- Indications and Usage section:
  - *"DRUG X is indicated for the treatment of Indication A in patients 65 years of age and older."*
- Use in Specific Populations, Geriatric Use subsection:
  - *"DRUG X is indicated in patients 65 years of age and older (for Indication A), and the information on this use is discussed throughout the labeling."*

VI. Not Approved for Geriatric Use

Drugs studied only in younger population are typically approved for all ages due to generalizability

- Uncommon situations may exist where geriatric use is not supported
- If unique geriatric risks or hazards are present, then CONTRAINDICATIONS and/or WARNINGS AND PRECAUTIONS are required and the Geriatric Use sections must clearly state the details

VII. Omitting Or Revising Information

21 CFR 201.57(c)(9)(v)(A) to (E) describes requirements for labelling "Use in specific population"

- FDA may permit omission of labelling requirements if the requirement is clearly inapplicable
  - For example: a drug for neonates does **not** require "Use in specific population, geriatric use" subsection
- Labelling must be updated if new information causes existing information to be false, inaccurate or misleading
- Applicants should review specific population labelling requirements each time label is updated

References

- Geriatric Information in Human Prescription Drug and Biological Product Labeling Guidance for Industry https://www.fda.gov/media/142162/download
- Bridging the Gap – Promoting Safe and Effective Drug Use in Geriatric Patients https://sbiaevents.com/files2/SBIA-Geriatrics-Labeling-Webinar.pdf

Thank you for reading!

If these slides were helpful or if Frestedt or Alimentix can help in any other way, please let us know!

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