



Center for Drug Evaluation and Research

Food and Drug Administration

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Ambassador Deborah L. Birx, M.D.  
U.S. Ambassador-at-Large and U.S. Special Representative for Global Health  
Diplomacy  
Coordinator of U.S. Government Activities to Combat Global HIV/AIDS  
U.S. President's Emergency Plan for AIDS Relief (PEPFAR)  
U.S. Department of State, Washington, D.C.

Dear Deborah,

Thank you for contacting me in reference to the recent meeting at the Vatican where pediatric drug development under PEPFAR was discussed. Within my comments at the meeting on November 17, 2017, I referred to the following:

- Adolescents should be included in the initial registrational efficacy (Phase 3) trials along with adults or a separate adolescent trial should be conducted in parallel with the adult Phase 3 trials because dosing recommendations for antiretrovirals (ARVs) are the same for adults and adolescents.
- Pediatric formulation development should begin as soon as the adult dose is selected based on results from Phase 2 trial(s).
- Clinical trials across the pediatric (non-adolescent) population (at least down to age 4 weeks) should be conducted in parallel rather than in series, unless a product has a specific safety or drug disposition factor that warrants a different approach. A model-informed drug development approach using the adult and adolescent data can be utilized for initial dose selection to initiate parallel clinical trials across the pediatric population.
- Cohort enrollment and dose selection during pediatric (non-adolescent) clinical trials should be based on weight rather than age. The selected weight-bands should align with the weight-bands predefined by the WHO.

Sponsors are also encouraged to communicate early with the WHO, FDA and other regulatory agencies to align selections of formulation, strengths and dosage of investigational new ARVs to help facilitate and prioritize development of investigational products and future generic products.

We will be incorporating these principles into a guidance document to advise industry and others about pathways for pediatric drug development. We are hoping to publish this document in the very near future.

I hope my response will assure you that we are committed to more efficient drug development pathways for this vulnerable population.

Sincerely,

Debbie

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