sections in the review copy is required to be separately bound with a copy of the information required under §314.50 (a), (b), and (c) and a copy of the proposed labeling.

(3) The information required by §314.50(d)(2), (d)(4) (if an anti-infective drug), (d)(5), (d)(6), and (f) for the listed drug on which the applicant relies shall be satisfied by reference to the listed drug under paragraph (a)(1)(iii) of this section.

(4) The applicant shall submit a field copy of the application that contains the technical section described in §314.50(d)(1), a copy of the information required under §314.50(a) and (c), and certification that the field copy is a true copy of the technical section described in §314.50(d)(1) contained in the archival and review copies of the application.

§ 314.55 Pediatric use information.

(a) Required assessment. Except as provided in paragraphs (b), (c), and (d) of this section, each application for a new active ingredient, new indication, new dosage form, new dosing regimen, or new route of administration shall contain data that are adequate to assess the safety and effectiveness of the drug product for the claimed indications in all relevant pediatric subpopulations, and to support dosing and administration for each pediatric subpopulation for which the drug is safe and effective. Where the course of the disease and the effects of the drug are sufficiently similar in adults and pediatric patients, FDA may conclude that pediatric effectiveness can be extrapolated from adequate and well-controlled studies in adults usually supplemented with other information obtained in pediatric patients, such as pharmacokinetic studies. Studies may not be needed in each pediatric age group, if data from one age group can be extrapolated to another. Assessments of safety and effectiveness required under this section for a drug product that represents a meaningful therapeutic benefit over existing treatments for pediatric patients must be carried out using appropriate formulations for each age group(s) for which the assessment is required.

(b) Deferred submission. (1) FDA may, on its own initiative or at the request of an applicant, defer submission of some or all assessments of safety and effectiveness described in paragraph (a) of this section until after approval of the drug product for use in adults. Deferral may be granted if, among other reasons, the drug is ready for approval in adults before studies in pediatric patients are complete, or pediatric studies should be delayed until additional safety or effectiveness data have been collected. If an applicant requests deferred submission, the request must provide a certification from the applicant of the grounds for delaying pediatric studies, a description of the planned or ongoing studies, and evidence that the studies are being or will be conducted with due diligence and at the earliest possible time.

(2) If FDA determines that there is an adequate justification for temporarily delaying the submission of assessments of pediatric safety and effectiveness, the drug product may be approved for use in adults subject to the requirement that the applicant submit the required assessments within a specified time.

(c) Waivers—(1) General. FDA may grant a full or partial waiver of the requirements of paragraph (a) of this section on its own initiative or at the request of an applicant. A request for a waiver must provide an adequate justification.

(2) Full waiver. An applicant may request a waiver of the requirements of paragraph (a) of this section if the applicant certifies that:
(i) The drug product does not rep-
represent a meaningful therapeutic ben-
efit over existing treatments for pedi-
atric patients and is not likely to be
used in a substantial number of pedi-
atric patients;

(ii) Necessary studies are impossible
or highly impractical because, e.g., the
number of such patients is so small or
geographically dispersed; or

(iii) There is evidence strongly sug-
gesting that the drug product would be
ineffective or unsafe in all pediatric
age groups.

(3) Partial waiver. An applicant may
request a waiver of the requirements of
paragraph (a) of this section with re-
spect to a specified pediatric age group,
if the applicant certifies that:

(i) The drug product does not rep-
resent a meaningful therapeutic ben-
efit over existing treatments for pedi-
atric patients in that age group, and is
not likely to be used in a substantial
number of patients in that age group;

(ii) Necessary studies are impossible
or highly impractical because, e.g., the
number of patients in that age group is
so small or geographically dispersed;

(iii) There is evidence strongly sug-
gesting that the drug product would be
ineffective or unsafe in that age group;
or

(iv) The applicant can demonstrate
that reasonable attempts to produce a
pediatric formulation necessary for
that age group have failed.

(4) FDA action on waiver. FDA shall
grant a full or partial waiver, as appro-
priate, if the agency finds that there is
a reasonable basis on which to con-
clude that one or more of the grounds
for waiver specified in paragraphs (c)(2)
or (c)(3) of this section have been met.

If a waiver is granted on the ground
that it is not possible to develop a pedi-
atric formulation, the waiver will
cover only those pediatric age groups
requiring that formulation. If a waiver is
granted because there is evidence that
the product would be ineffective or unsafe in pediatric populations, this
information will be included in the
product’s labeling.

(5) Definition of “meaningful therapeu-
tic benefit”. For purposes of this sec-
tion and §201.23 of this chapter, a drug
will be considered to offer a meaningful
therapeutic benefit over existing thera-
pies if FDA estimates that:

(i) If approved, the drug would rep-
resent a significant improvement in
the treatment, diagnosis, or prevention
of a disease, compared to marketed
products adequately labeled for that
use in the relevant pediatric popu-
lation. Examples of how improvement
might be demonstrated include, for ex-
ample, evidence of increased effective-
ness in treatment, prevention, or diag-
nosis of disease, elimination or sub-
stantial reduction of a treatment-lim-
iting drug reaction, documented en-
hancement of compliance, or evidence
of safety and effectiveness in a new
subpopulation; or

(ii) The drug is in a class of drugs or
for an indication for which there is a
need for additional therapeutic op-
tions.

(d) Exemption for orphan drugs. This
section does not apply to any drug for
an indication or indications for which
orphan designation has been granted
under part 316, subpart C, of this chap-
ter.

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