

## **Pediatric Pilot Survey**

Drug information			
Drug brand name, if available:			
Drug proper or common name:			
Dosage form:			
Control #, if available:			
Dossier ID, if available:			
Email:			
For New Drug Submission (NDS) and Supplements to a New Drug Submission (SNDS) filings			
1. Have pediatric studies been included in this submission for any age groups between birth and up to 18 years? No (go to question 5) Yes. Please identify all ages (specify years or months) for which pediatric studies have been included:			
2. If the submission includes pediatric studies, what is your objective for submitting these studies? (select all that apply)     To seek a pediatric indication (includes seeking approval of new dosage forms and/or routes of administration for existing pediatric indications, which requires clinical studies)     To increase knowledge on the use of this drug in the pediatric population through the label (excluding indication)     To seek a pediatric data extension as per the Guidance document: Data protection under C.08.004.1 of the Food and Drug Regulations     Other (please explain):			



Pediatric Pilot Survey		Protected B when completed
3.	Are pediatric studies planned or ongoing?  No Yes. Please identify all ages for which pediatric studies are planned or ongoing:	
4.	Do you have an agreed or approved US FDA initial Pediatric Study Plan (iPSP) and Investigation Plan (EU-PIP) that would address the pediatric age groups for which so (Select all that apply)  No (go to question 6)  Yes, an iPSP  Yes, an EU-PIP	
5.	For respondents who have an agreed iPSP and/or an approved EU-PIP: Having consulted the Guidance on submitting pediatric development plans and pediatric devel	ot?
6.	For respondents who do not have an agreed iPSP and/or approved EU-PIP: Having consulted the Guidance on submitting pediatric development plans and pediatric development plan (C-PDP) for participating in the pilot?  No Yes. To participate in the pilot, a C-PDP must be included with the NDS or SNDS C-PDP document constitutes participation.	
7.	For respondents who said "no" to participating in the pilot:  Please provide a brief explanation on why you do not wish to participate.  Prefer not to answer	
	i rotor not to answer	

For NDS filings, please stop here and include this survey with your submission.



## For SNDS filings only

1. Does this drug already have an approved pediatric indication(s)?

Yes

No

2. Do the approved pediatric indication(s) align with all approved adult indication(s)?

Yes

No. Please identify all reasons why the approved pediatric indication(s) do not align with all approved adult indication(s):

Pediatric indication(s) for all adult indication(s) not possible or highly impracticable (for example, condition does not occur in pediatric populations)

Evidence that the drug would be ineffective and/or unsafe in pediatric populations

The drug does not present a significant therapeutic benefit over existing treatments for the pediatric population

Data to support pediatric indication(s) was previously submitted but the indication being sought was not approved

Pediatric studies are ongoing

Other (please explain):

3. Do the approved pediatric indication(s) span all pediatric age groups (birth up to 18 years)?

Yes

No. Please identify all the reasons for why the approved pediatric indication(s) do not span all pediatric age groups:

Pediatric indication(s) for all adult indication(s) not possible or highly impracticable (for example, condition does not occur in pediatric populations)

Evidence that the drug would be ineffective and/or unsafe in pediatric populations

The drug does not present a significant therapeutic benefit over existing treatments for certain pediatric populations

Data to support pediatric indication(s) for certain age groups was previously submitted but not approved

Pediatric studies are ongoing

Other (please explain):



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