Case Study on Pharmaceutical Advertising and Promotion

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Panel

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Disclaimer

The statements within this presentation have not been evaluated by the Food and Drug Administration (FDA). The content and examples contained within this presentation are not based on actual approved products or Approved Product Labeling, or Package Insert information. This presentation refers to fictional pharmaceutical companies and products for *educational and demonstrative purposes only*. These fictional products are not intended to diagnose, treat, cure, or prevent any disease.

The views expressed during this Case Study are those of the individual panelists and not necessarily of the company or clients that they represent.

“CFL” Guidance

- FDA Guidance for Industry: Medical Product Communications That Are Consistent With the FDA-Required Labeling - Questions and Answers (June 2018)

- FDA does not intend to rely on CFL promotional communications to establish a new intended use

- Product communications must also be truthful and not misleading

3 Factor Test

- In order to be considered CFL, all three of the following must be true:

Factor 1	Factor 2	Factor 3
Information must be comparable/within the scope of conditions of use in FDA-required labeling	Information must not increase the potential for harm to health relative to information in FDA-required labeling	FDA-required labeling must enable safe and effective use under conditions represented in the communication

Factor 1: Comparable Conditions of Use

- **Indication**
  - is it different from the approved indication?
- **Patient Population**
  - is it outside the approved patient population?
- **Limitations and Directions for Handling/Use**
  - do they conflict with those in the required labeling?
- **Dosing or Use Regimen/Administration**
  - does it conflict with that set forth in the required labeling?

Factor 2: No Increased Potential for Harm to Health

- Risk-Benefit Profile

- Could include additional risks such as
  - risk of abuse or misuse
  - potential for harm from secondary exposure to medical product

Factor 3: Required Labeling Enables Safe and Effective Use

- FDA-required labeling should enable the product to be safely and effectively used under the conditions represented in the product communication

- Adequate information about: indication, patient population, risks, dosing and administration, etc.

Examples of Information that Could Be CFL

- Safety/efficacy comparisons for products approved for the same indication
- Information about long-term safety/efficacy for products approved for chronic use
- Information concerning product convenience
- Additional context about adverse reactions
- Information about effects in patient subgroups included in the approved population
- Additional context about the MOA described in FDA-required labeling
- Information about a product's onset of action
- Information about effects of a product on the patient
- Information about the tolerability of concomitant use with another product for a co-morbid condition

Examples of Information that is NOT CFL

Use of a product to treat a different disease than the one it is approved to treat

Use of a product to treat different stage, severity, or manifestation of a disease than it is approved to treat

Use of different strength, dosage, or use regimen than approved strength, dosage, or use regimen

Use of product as monotherapy when only approved for use in conjunction with other therapies

Use in patients outside of the approved population

Different route of administration or use in different tissue type than product is approved for

Use of product in different dosage form than the approved dosage form

Communications must also be truthful and non-misleading

- Must have appropriate evidentiary support
- Any data, studies, or analyses relied upon must be scientifically appropriate and statistically sound
- Must be presented with appropriate context
- May not omit material facts

Introduction of Drug for Hypothetical

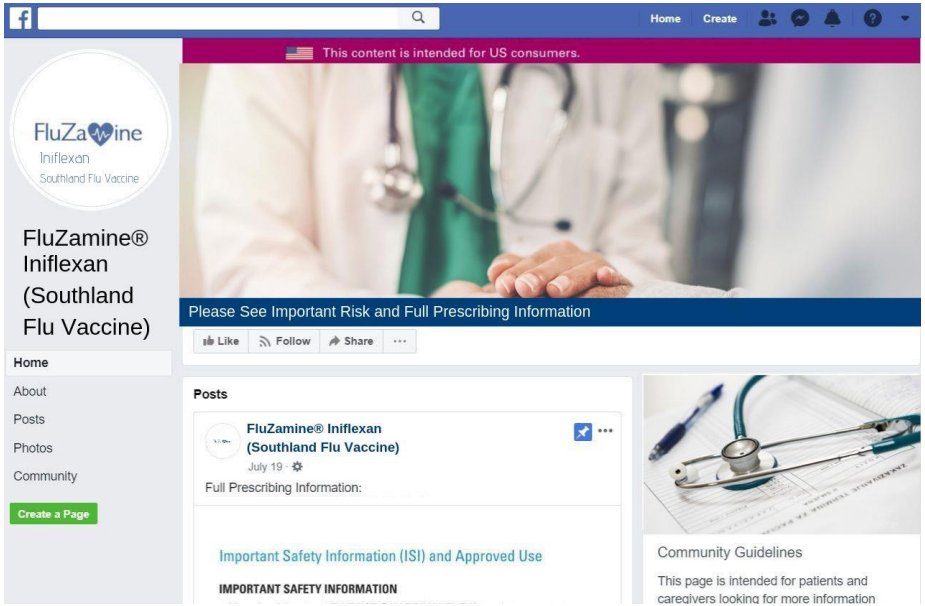
- **FLUZAMINE** is a flu vaccine injection for the prevention of the Southland Flu. FluZamine was approved by the FDA in the second quarter of 2018.

- According to FluZamine's prescribing information, FluZamine reduces the symptoms of the Southland Flu by 20%. Side effects may include migraines, nausea, and dizziness.

- FluZamine is indicated for the age range of 13 – 65.

FluZamine Promotional Activity

- In addition to traditional materials (Product Website, Professional Detail Aid, Consumer Journal Ad), the company has created a Facebook page and may consider other Social Media channels in the future



Scenario 1: Clinical Study Data

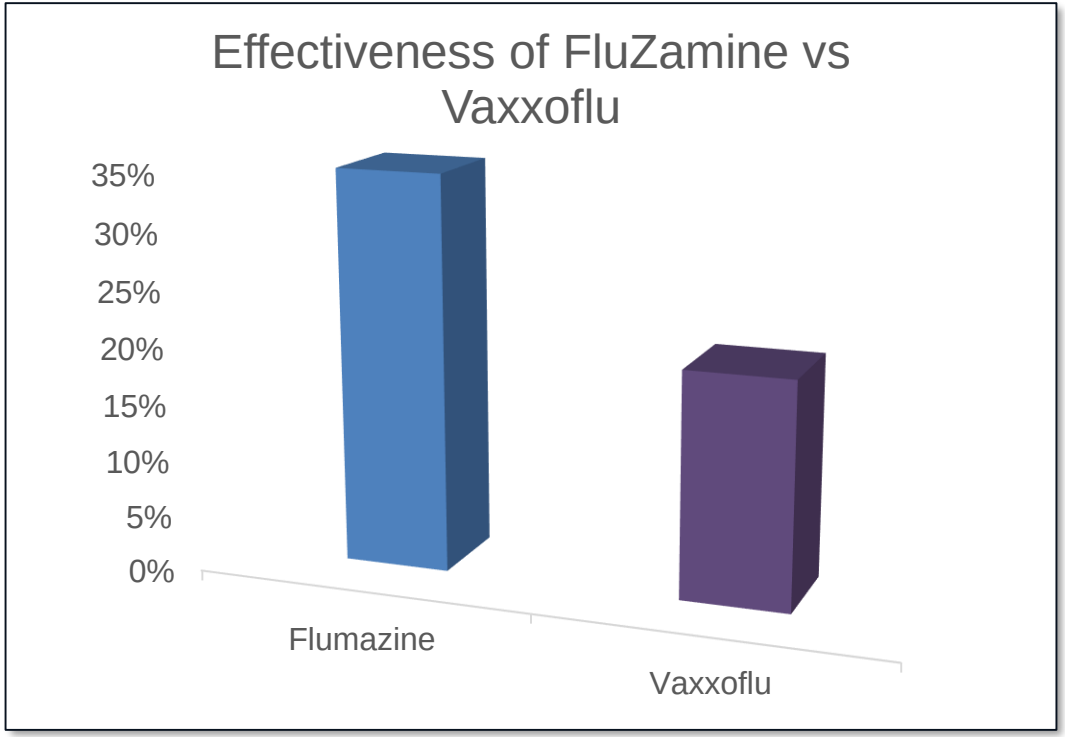
- Data from two randomized, controlled clinical trials show FluZamine reduces symptoms of the Southland Flu by 20%; this data is in the approved Product Labeling and Package Insert (PI).

- Vaxxoflu is a drug in the same class with the same indication as FluZamine, and is its main competitor. The PI for Vaxxoflu states that it reduces symptoms by 25%.

- Flu Co., the firm that markets FluZamine, conducts a head to head non-inferiority trial of FluZamine vs Vaxxoflu in Adults (18 and over).
  - The trial not only meets its primary endpoint of non-inferiority to Vaxxoflu in reducing symptoms, but in fact the results show FluZamine to be 'much more effective' than Vaxxoflu – symptoms were reduced by 35% with FluZamine and 20% with Vaxxoflu.

Would you approve this promotion?

The FluZamine marketing team wants to create promotional pieces using this data for Professional and Consumer audiences



Questions

- Are the results of the head to head trial consistent with label?
- Can a claim of superiority be made?
- Is presenting data showing that FluZamine reduces symptoms by 35% overstating efficacy?
- What, if anything, about the study can be included in promotional material for FluZamine?
  - Would you promote this data in conjunction with, or separate from, pivotal trial data for FluZamine?
- If promotable, what considerations are there for how the information can be presented?

Scenario 1A: Patient Populations

What if there are overlapping patient populations?

Vaxxoflu is approved for treating adults 18 and older

FluZamine is approved for treating patients aged 13 – 65

Would any of the prior answers change?
Are there further considerations in this case?

Scenario 2: Secondary Endpoints

- A key secondary endpoint in this head to head study of FluZamine vs Vaxxoflu compared ER visits resulting from symptoms of the Southland Flu in adults (18 and over).

- Patients randomized to receive FluZamine had 50% fewer ER visits than those in the trial who received Vaxxoflu.

- The pivotal trials for both products did not assess ER visits, nor is information on ER visits included in either PI.

Would you approve this ad?

Questions

- Are ER visits caused by disease symptoms consistent with label?
- What elements need to be considered?
- What, if anything, about the study can be included in promotional material for FluZamine?

Scenario 3: Quality of Life (QoL)

- One of the pivotal trials for FluZamine included a secondary QoL endpoint, where trial participants answered questions about the impact their flu symptoms had on their quality of life over the time of the trial using a validated tool. The QoL data was not included in the FluZamine label.

- The head to head trial vs Vaxxoflu also captured data on the effect of symptoms on QoL but used a different tool that is not validated.
  - The results showed a trend towards better improvements in QoL with FluZamine vs Vaxxoflu.

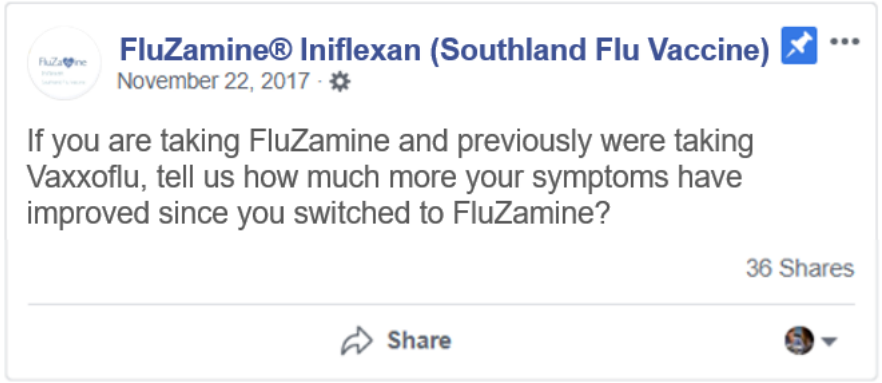
Patient Reported QoL

Questions

- Is the QoL data from the pivotal trial consistent with label?
- Can QoL comparison claims vs Vaxxoflu be made?
- What, if anything, about the head to head study can be included in promotional material for FluZamine?
- What if the tool was validated?
- Should the tool be reviewed by the MLR team (Medical, Legal, Regulatory) prior to use?
- If promotable, what contextual information would you consider including with communicating this data?

Scenario 4: Facebook Interaction

- Based on the activity on the FluZamine product Facebook page, the marketing team wishes to engage in 2-way communications with consumers by posting the following:



Questions

- What considerations would you undertake in assessing if these posts would be approvable?

- The FluZamine brand team hires a community manager for their Facebook account, who wishes to include replies to people who provide information about their FluZamine experiences, but only if those experiences are described as negative. Any issues with this approach?

- The Community Manager wants to reach out to the people who posted the most positive FluZamine responses, to see if they would want to blog on behalf of the company to share more about their disease and experience with FluZamine. What considerations would you take into account if you were on the review team?

Summary

- The Consistent with Label guidance has presented companies with the framework to communicate data not specifically included in the product PI.
- Review teams must assess a myriad of factors and considerations to determine paths forward when contemplating promoting ‘Consistent with Label’ data.
- Review teams may need to consider how their existing procedures governing the review and approval of material needs to evolve to meet the new environment created by the CFL guidance