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P100 A PRACTICAL FRAMEWORK FOR THE ASSESSMENT OF RISKS AND BENEFITS OF OFF-LABEL PRESCRIBING IN PAEDIATRICS (ARBOP-P)

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Background Guidelines for off-label prescribing are emerging.[1–6] However, these guidelines do not provide practical guidance to assess the risk benefit balance and select the right paediatric dose We, therefore, aimed to develop a practical framework to guide paediatric healthcare professionals to assess the risks and benefits of off-label use.

Methods We have reviewed available literature on the suggested criteria for appropriate off-label use and evaluated these criteria for relevance in paediatrics. For guidance on dose-selection we searched for regulatory guidance on paediatric drug development. Next, the literature was searched for strategies that can be applied to assess the risks and benefits of off-label use. Based on literature findings a framework was proposed to provide practical guidance to physicians for off-label prescribing. Finally, the framework was applied to a case.

Results The following conditions for appropriate off-label use were identified based on available literature: 1. *Medical need for off-label use*. 2. *Off-label use is based on 'high quality evidence'*. As 'high quality evidence' in paediatrics is often lacking-, we propose to replace the need for high quality evidence by a positive risk-benefit assessment based on available evidence. 3. *Parents and patients are informed*. This is not feasible for every single drug prescribed off-label, we propose a graded approach 4. *The outcomes of off-label use are followed up*.

The PROACT-URL framework[7] for decision-making as well as the FDA paediatric decision tree[8] seem helpful tools to guide decisions in real-life practice.

Conclusion We identified important aspects and tools to develop a framework (ARBOP-P) to guide healthcare professionals on how to systematically assess and balance the benefits and risks for off-label use, including dose selection, to ultimately optimize efficacy and safety of paediatric off-label prescribing.

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P101 EXTENDING THE DUTCH PAEDIATRIC FORMULARY ACROSS EUROPE: SUCCESSFUL DEVELOPMENT OF COUNTRY SPECIFIC, PARALLEL, PAEDIATRIC DRUG FORMULARIES

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Backgrounds As many drugs in paediatrics are used of off-label, prescribers across Europe face a lack of evidence-based dosing guidelines. The Dutch Paediatric Formulary (DPF) was developed to provide dosing guidelines based on best available evidence from registration data, investigator-initiated research, clinical experience and consensus (1). The DPF has recently joined forces with Germany, Norway and Austria aiming to develop multi-language, parallel, paediatric drug formularies based on the DPF.

Methods

The DPF database and ICT framework were extended to a duplicate database for Germany. The dosing guidelines were translated to German and reviewed for fit with German practice. Relevant drugs and dosing recommendations were selected and country-specific information was added to address country-specific needs. Work-sharing on content development was studied in a small pilot.

Results The German Pediatric Formulary (www.kinderformularium.de) was launched on 1 October 2018 within a German paediatric medication safety project (KiDSafe). At that time 119 of 769 drugs were reviewed and published in the German formulary.The dosing recommendations of the DPF show a good fit with German practice; i.e. adaptations were needed in less than 10% of the cases caused by differences in licensing status, national guidelines or availability of formulations. There were no differences in interpretation of evidence. Nine drugs - highly relevant for German practice, but not listed in the DPF, were added to the German formulary based on SmPC. The content