Expanded Access to Investigational Imaging Drugs

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Overview

- Expanded Access (EA) Defined
- Requirements for all EA authorizations
- Types of EA
  - Individual patients (emergency use)
  - Intermediate-size patient population
  - Treatment IND or Protocol
- Request to Charge under EA
- Recent approval under EA: Netspot
- Valuable Resources
What is Expanded Access?

21 CFR 312.300

➤ Use of investigational or approved drugs for:
  o Serious condition & no satisfactory alternative
    ▪ Individual patients/Emergency use (312.310)
    ▪ Intermediate patient populations (312.315)
    ▪ Treatment IND or treatment protocol (312.320)
The term **treatment** is used interchangeably to refer to use of an investigational drug when the primary purpose is to **diagnose**, **monitor**, **or treat** a patient’s disease or condition.
General Requirements

1. Patient(s) must have **serious or immediately life-threatening** disease/condition and no comparable or satisfactory alternative therapy.

2. Potential benefit justifies potential risks, and potential risks are not unreasonable in the context of disease/condition.

3. Access will not interfere with clinical trials to support approval of expanded access use.
Individual Patients

➢ General criteria plus:
  • Physician determines probable risk from drug does not exceed that from disease.
  • FDA determines patient cannot obtain access under another IND/protocol.

➢ Unique Safeguards
  • Treatment generally limited to 1 course for a specified duration, written summary required at end including adverse event summary.
Emergency Use

Emergency Expanded Access

• *Subset of Individual Patient EA*

• May be authorized over the phone

• Written submission to FDA within 15 working days of authorization.

• With a “significant” number of similar individual patient EA requests, FDA may request sponsor submit as an intermediate size population or treatment protocol expanded access application.
Intermediate Size Populations

- All General criteria for EA apply
- FDA allows use of drug in population that is smaller than typical treatment IND or treatment protocol EA authorizations.

May be appropriate when drug is:
- Not being developed (e.g. rare diseases)
- Being developed (e.g., patients not eligible)
- Approved drug (e.g., drug withdrawn, drug shortage) or related (foreign version of U.S. approved drug)
Intermediate Size Populations

Unique Criteria:

• Sufficient evidence drug is safe at proposed dose and duration to justify trial.

• Preliminary evidence of effectiveness or plausible pharmacologic effect to make EA use a reasonable therapeutic option in the proposed population.
Widespread Treatment Use

- Drug is being investigated in clinical trial designed to support marketing or trials are complete, and
- Company is actively pursuing marketing approval, and
- Sufficient evidence of safety and effectiveness
  - Sufficient evidence requirements differ for serious versus life threatening conditions
- Unique safeguards: 30 day post-submission wait, sponsor required to monitor protocol.
Evidence for use in serious disease

- “Sufficient clinical evidence of safety and effectiveness”

- Usually data from phase 3 trials needed, but “compelling” data from phase 2 trials could be acceptable.
Treatment INDs & Protocols

- Evidence for use in immediately life threatening disease
  - Available scientific evidence “as a whole” allows a reasonable conclusion the drug may be effective, and
  - The EA use would not expose patients to unreasonable risks of illness or injury
Shifting Gears

Request to Charge **under** Expanded Access
What is a Request to Charge?

- Request to charge for investigational drug
  - IND clinical trial, or
  - Patient treatment…expanded access

- Sponsor must:
  - Obtain FDA authorization
  - justify the amounts (independent accountant)

** Use of the drug cannot interfere with development of the drug for future approval.
RTC Under EA

What’s allowed:
- Authorization to charge limited number of patients under expanded access
- Authorization is for one year…can be renewed
- Only direct costs are recoverable unless:
  - Treatment IND and treatment of intermediate size population- sponsor can recover administrative costs

There must be:
- Sufficient enrollment in any ongoing studies to reasonably assure successful completion, evidence of adequate progress in development, and milestones planned for upcoming year.
Back to EA Submissions

Paperwork

- 2 types of submissions:
  - New IND or New Protocol amendment to existing IND

- Right of reference to existing IND application can often fulfill of required information.

- Individual Patient and Emergency Use EA
  - Form 3926 – on website and available via link at end of presentation.
Recent Approval under EA

- **Ga-68 Dotatate (Netspot)**
  - EA pathway contributed to recent marketing of a new imaging drug for rare disease.
  - Small population (neuroendocrine tumors)

- **EA submissions will be evaluated on a case by case basis**
  - Our experience and perspective is evolving
  - Sponsors are encouraged to review the guidances...*links on slides 20 and 21.*
Useful Links

- FDA’s Expanded Access (Compassionate Use) website: [http://www.fda.gov/NewsEvents/PublicHealthFocus/ExpandedAccessCompassionateUse/default.htm](http://www.fda.gov/NewsEvents/PublicHealthFocus/ExpandedAccessCompassionateUse/default.htm)

- FDA Expanded Access: Information for Physicians webpage: [http://www.fda.gov/NewsEvents/PublicHealthFocus/ExpandedAccessCompassionateUse/ucm429624.htm](http://www.fda.gov/NewsEvents/PublicHealthFocus/ExpandedAccessCompassionateUse/ucm429624.htm)
Useful Links

- Guidance for Industry: *Expanded Access to Investigational Drugs for Treatment Use: Questions and Answers*
  

- Guidance for Industry: *Individual Patient Expanded Access Applications: Form FDA 3926*
  

- IND Drug Applications for PET Drugs:
  
Thank You!

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