

# REdI Conference – Fall 2017

## Overview of FDA's Expanded Access Program



**J. Paul Phillips, MS**

Office of New Drugs/ Immediate Office  
Center for Drug Evaluation and Research

# Poll Question

## **What is your experience with expanded access?**

- a) I have submitted an application
- b) I understand the process but don't have experience
- c) I know the terms but don't know the process
- d) I don't know what it is but want to learn!

# Learning Objectives

- Why Expanded Access
- What Is Expanded Access
- The Regulatory Foundation
- How Expanded Access Works
- Resources & Contact Information

# Why Expanded Access?

## **1<sup>st</sup> the ideal...**

“Wherever possible, use of an investigational medical product by a patient as part of a *clinical trial* is preferable because clinical trials can generate data that may lead to the approval of products and, consequently, to wider availability.”<sup>1</sup> (Emphasis added.)

**When enrollment in a clinical trial is not possible and there are no satisfactory alternatives....**

...then a patient may be able to receive treatment through *expanded access*.

<sup>1</sup>FDA Expanded Access website: <https://www.fda.gov/NewsEvents/PublicHealthFocus/ExpandedAccessCompassionateUse/default.htm>

# What is Expanded Access?


A regulatory pathway that allows for treatment of a serious or life-threatening disease/condition with an investigational product when satisfactory alternatives are not available, the benefit justifies the risk, and treatment does not interfere with trials that could support approval

## Keep in mind...

- FDA must determine the expanded access criteria are met
- The manufacturer must be willing to provide the product

# The Regulatory Foundation

## Final Expanded Access Rule

- Published August 2009, implemented October 2009
- Codified in 21 CFR 312 

§ 312.310

Individual/  
Single patient



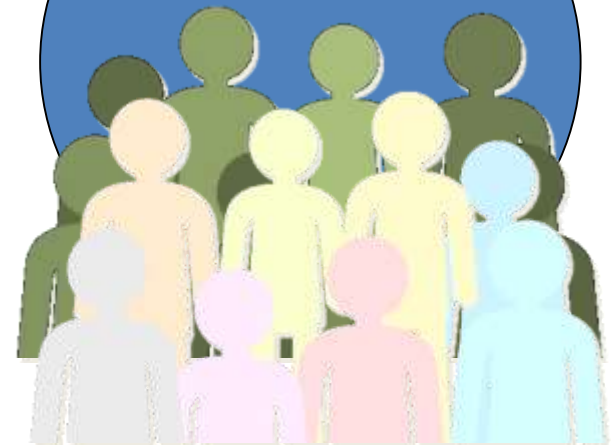
§ 312.315

Intermediate  
size population



§ 312.320

Treatment



# How Expanded Access Works



What should you consider if you want to submit an expanded access request?

- General elements for all categories
- Specific elements for each category

# Criteria- General

## **§ 312.305 Requirements for all expanded access uses**

- Patient(s) must have serious or immediately life-threatening disease/condition and no comparable or satisfactory alternative therapy
- Potential benefit justifies potential risks
- Potential risks are not unreasonable in the context of disease/condition
- Access will not interfere with clinical trials intended to support approval of expanded access use



# Safeguards- General

## **§ 312.305 Requirements for all expanded access uses**

- Must obtain informed consent [21 CFR 50]
- Must obtain IRB review [21 CFR 56]
- Must meet safety reporting and annual reporting requirements [§312.32 and §312.33]
- Must provide Investigator's Brochure if one exists
- Subject to the clinical hold provisions [§312.42]

# Submissions- General

## § 312.305 Requirements for all expanded access uses

- Requirements
  - a. Cover sheet (e.g. Form FDA 1571)
  - b. Rationale for the use
  - c. Criteria for patient selection or (for SPI) description of the patient
  - d. Method of administration, dose, and duration of treatment
  - e. Description of manufacturing facility
  - f. CMC information
  - g. Pharmacology/toxicology information
  - h. Description of the clinical procedures, lab tests, or other monitoring
- Can supply e. – g. requirements by Letter of Authorization
- Must clearly mark “Expanded Access” on the submission cover letter and 1571

# FDA Form 1571

11. This submission contains the following ( <i>Select all that apply</i> )			
<input type="checkbox"/> Initial Investigational New Drug Application (IND)	<input type="checkbox"/> Response to Clinical Hold	<input type="checkbox"/> Response To FDA Request For Information	
<input type="checkbox"/> Request For Reactivation Or Reinstatement	<input type="checkbox"/> Annual Report	<input type="checkbox"/> General Correspondence	
<input type="checkbox"/> Development Safety Update Report (DSUR)	<input type="checkbox"/> Other ( <i>Specify</i> ): _____		
<b>Protocol Amendment(s)</b>	<b>Information Amendment(s)</b>	<b>Request for</b>	<b>IND Safety Report(s)</b>
<input type="checkbox"/> New Protocol	<input type="checkbox"/> Chemistry/Microbiology	<input type="checkbox"/> Meeting	<input type="checkbox"/> Initial Written Report
<input type="checkbox"/> Change in Protocol	<input type="checkbox"/> Pharmacology/Toxicology	<input type="checkbox"/> Proprietary Name Review	<input type="checkbox"/> Follow-up to a Written Report
<input type="checkbox"/> New Investigator	<input type="checkbox"/> Clinical/Safety	<input type="checkbox"/> Special Protocol Assessment	
<input type="checkbox"/> PMR/PMC Protocol	<input type="checkbox"/> Clinical Pharmacology	<input type="checkbox"/> Formal Dispute Resolution	
12. Select the following only if applicable. ( <i>Justification statement must be submitted with application for any items selected below. Refer to the cited CFR section for further information.</i> )			
<i>Expanded Access Use, 21 CFR 312.300</i>			
<input type="checkbox"/> Emergency Research Exception From Informed Consent Requirements, 21 CFR 312.23 (f)	<input type="checkbox"/> Individual Patient, Non-Emergency 21 CFR 312.310	<input type="checkbox"/> Intermediate Size Patient Population, 21 CFR 312.315	
<input type="checkbox"/> Charge Request, 21 CFR 312.8	<input type="checkbox"/> Individual Patient, Emergency 21 CFR 312.310(d)	<input type="checkbox"/> Treatment IND or Protocol, 21 CFR 312.320	
<b>For FDA Use Only</b>			
CBER/DCC Receipt Stamp	DDR Receipt Stamp	Division Assignment	
		IND Number Assigned	



# Type of Expanded Access

What type of expanded access request should you submit?

**...important factors to consider are:**

- 1) How many patients are you planning to treat?
- 2) Are you actively seeking marketing approval?

**...in addition**

there are other unique elements that distinguish each of the 3 types of expanded access categories

# Criteria- Single Patient

## § 312.310 Individual patients, including for emergency use

*Use when:*

*Treatment is for a single patient*



Requires:

- Physician must determine probable risk from drug does not exceed that from disease, **and**
- FDA must determine patient cannot obtain access under another IND/protocol

# Safeguards- Single Patient



## **§ 312.310 Individual patients, including for emergency use**

- Treatment generally limited to one course
- Sponsor must submit written summary at end of treatment
- Special monitoring may be required if use is for extended duration
- FDA may request consolidation of multiple cases into one intermediate-size patient population IND

# Submissions- Single Patient



## Form FDA 3926

- Finalized in June 2016
- Developed to streamline individual patient expanded access submissions
- For individual investigator use only- may use instead of Forms FDA 1571 and FDA 1572
- IND may simply consist of:
  - The completed form FDA 3926,
  - A Letter of Authorization (LOA) from the product manufacturer, and
  - The first few pages of the investigator's CV

[Click on picture for link to form→](#)

A thumbnail image of the Form FDA 3926, titled "Individual Patient Expanded Access Investigational New Drug Application (IND)". The form is a complex document with multiple sections for providing detailed information about the drug, the patient, and the investigator.

# Emergency Use- Single Patient



## **§ 312.310 Individual patients, including for emergency use**

- Subset of Individual Patient Access
- Emergency use can be authorized over the phone
- Must provide written submission within 15 working days of emergency authorization
- Contact information, including after hours information:  
<http://www.fda.gov/NewsEvents/PublicHealthFocus/ExpandedAccessCompassionateUse/ucm429610.htm>



# Criteria- Intermediate Size

## § 312.315 Intermediate-size patient populations

*Use when:*

*Treatment is for more than one patient, **and***

*Drug not being developed for marketing for the expanded access use, **or***

*Drug is being developed but patient cannot participate in clinical trial **and** the sponsor is not yet actively pursuing marketing*



Requires:

- Sufficient evidence drug is safe at proposed dose & duration to justify size of study, **and**
- Preliminary evidence (clinical or plausible pharmacological) of effect

# Safeguards- Intermediate Size



## § 312.315 Intermediate-size patient populations

- FDA performs annual reviews to determine if
  - treatment use should continue?
  - possible to conduct a clinical study of the expanded access use (if not being developed)?
  - access is interfering with clinical development (if being developed)?
  - access under a treatment IND/protocol would be more appropriate?
- Sponsor must monitor for compliance with protocol and regulations

# Submissions- Intermediate Size



## **§ 312.315 Intermediate-size patient populations**

- Statement of whether drug is being developed *or* not
- Explanation of why patients cannot be enrolled in clinical study *or* why drug cannot be developed
- Description of patient population

# Criteria- Treatment

## § 312.320 Treatment IND or treatment protocol

*Use when:*

*Treatment is for multiple patients, **and***

*Sponsor is actively pursuing marketing approval for the expanded access use*



Requires:

- Sufficient evidence of safety and effectiveness (serious condition), **or**
- Reasonable basis for effectiveness without posing significant risk of injury (immediately life-threatening condition)

# Safeguards- Treatment

## **§ 312.320 Treatment IND or treatment protocol**

- 30-day post-submission wait before initiating study for both treatment INDs and protocols
- Sponsor must monitor for compliance with protocol and regulations

# Submissions

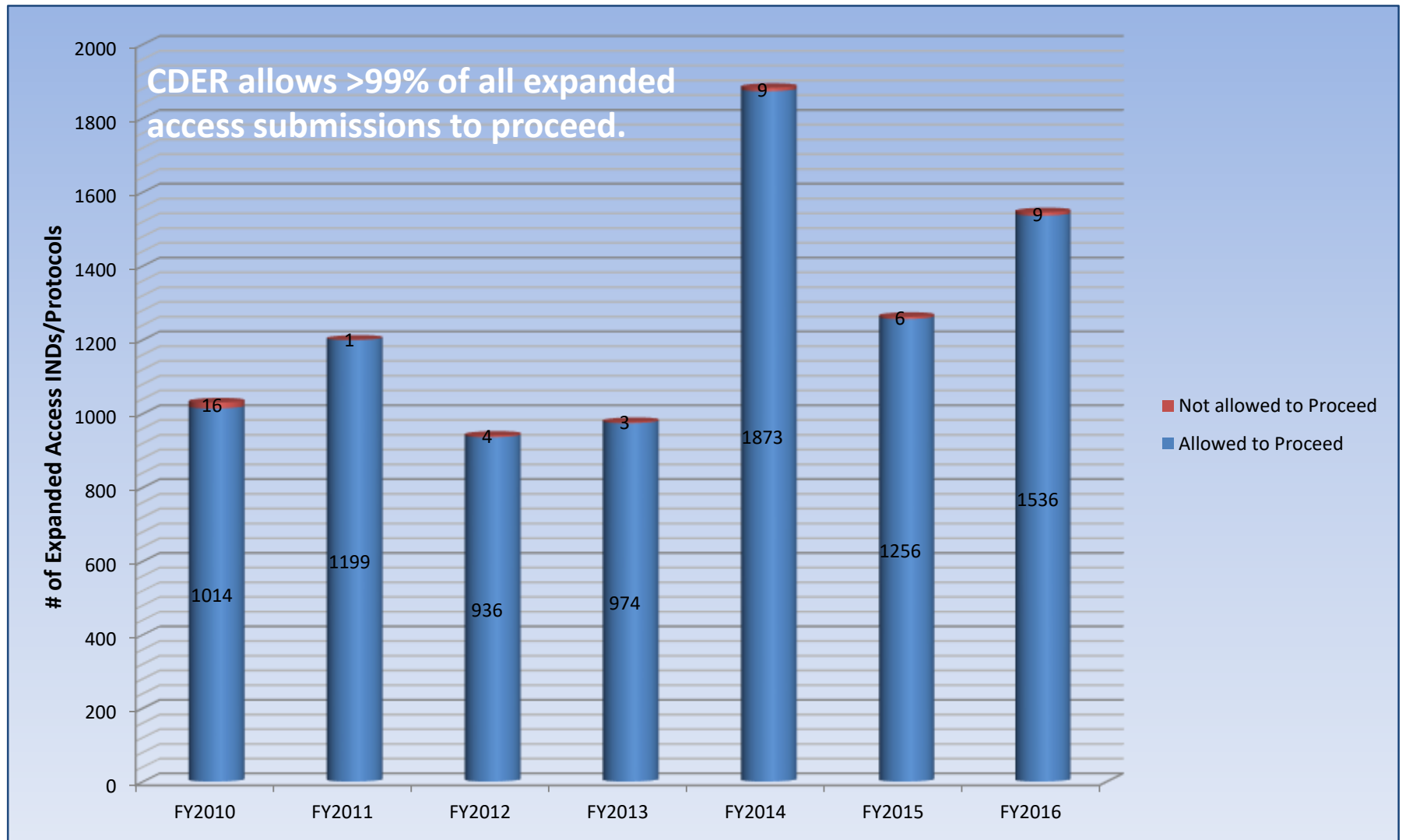
## Intermediate vs. Treatment ?

1. “FDA regulations do not impose specific numerical limitations ...”<sup>1</sup> (Emphasis added.)
2. If the drug is ***not* being developed for marketing...** **intermediate-size** patient population is appropriate
3. If the sponsor is **actively pursuing marketing...** *regardless of the number of patients to be treated...* **treatment** IND or protocol is appropriate

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<sup>1</sup>Expanded Access to Investigational Drugs for Treatment Use—Questions and Answers, found on FDA’s website at <https://www.fda.gov/ucm/groups/fdagov-public/@fdagov-drugs-gen/documents/document/ucm351261.pdf>

# FDA/CDER Track Record



# Summary

- Why Expanded Access
- What Is Expanded Access
- The Regulatory Foundation
- How Expanded Access Works



# Resources

- Federal Register/Vol. 74, No. 155/Thursday, August 13, 2009/Final Rule
- FDA's public website for Expanded Access (Compassionate Use)  
<https://www.fda.gov/NewsEvents/PublicHealthFocus/ExpandedAccessCompassionateUse/default.htm>
- Office of Health and Constituent Affairs website on Access  
<http://www.fda.gov/ForConsumers/ByAudience/ForPatientAdvocates/AccessToInvestigationalDrugs/default.htm>
- Guidance for Industry: *Expanded Access to Investigational Drugs for Treatment Use: Frequently Asked Questions*  
<http://www.fda.gov/downloads/drugs/guidancecomplianceregulatoryinformation/guidances/ucm351261.pdf>
- Guidance for Industry: *Individual Patient Expanded Access Applications: Form FDA 3926*  
<http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM432717.pdf>



# Contact Information

Visit: [www.fda.gov/expandedaccess](http://www.fda.gov/expandedaccess)

- FDA's Office of Health & Constituent Affairs  
301-796-4600 or  
[PatientNetwork@fda.hhs.gov](mailto:PatientNetwork@fda.hhs.gov)
- CDER's Division of Drug Information  
855-543-3784 or [druginfo@fda.hhs.gov](mailto:druginfo@fda.hhs.gov)
- CBER at 800-835-4709 or  
[industry.biologics@fda.gov](mailto:industry.biologics@fda.gov)



Please complete the session survey:  
[surveymonkey.com/r/DRG-D2S06](https://surveymonkey.com/r/DRG-D2S06)

Personal Contact Information:

[Paul.Phillips@FDA.HHS.GOV](mailto:Paul.Phillips@FDA.HHS.GOV)

301-796-3935

# Remember

- The ideal for receiving an investigational product is in a clinical trial, which can lead to approval and broader patient access
- Expanded access is a potential option when no satisfactory alternatives exist
- CDER allows >99% of all expanded access requests to proceed