

FDA Expedited Pathways

Accelerating the development of therapeutic products intended to treat serious conditions and unmet medical needs has been an increasing interest of the public, legislators, and the scientific community for many years.

Responding to this interest, FDA has issued regulations and guidance documents to establish development programs designed to speed the availability of new therapies to patients with serious conditions, especially when there are no satisfactory alternative therapies.

Below we highlight the benefits of, qualifying criteria for, and timing and procedures for six different expedited programs and designations. Overall, the purpose of these regulatory pathways is to save time and reduce the cost of bringing therapies to market for serious conditions and unmet medical needs.

Expedited pathways to consider during clinical development



by providing opportunities for frequent interactions with the FDA review team





CRITERIA Product must be

"serious condition"



address an <u>"unmet medical need"</u>

Nonclinical or clinical data must

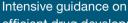
TIMING

BENEFITS

Phase I Phase III



Breakthrough Therapy



efficient drug development

Multidisciplinary BT meeting

Initial Comprehensive

Organizational commitment

CRITERIA

Intensive guidance on efficient drug development



Rolling Review





"serious condition"



that the drug may demonstrate substantial improvement on a clinically significant endpoint(s) over available therapies

Preliminary clinical evidence

Can be submitted with IND, but need for clinical evidence precludes this in most cases; ideally

TIMING

submitted prior to pivotal study; FDA response in 60 days **BENEFITS**

Phase III

Phase II



Infectious

Disease **Program** (QIPD)



CRITERIA

5-year



(first application)

Priority Review



Fast Track designation





serious or life-threatening infections* Application should include specific QIDP-qualified indication, rationale for development, and data supporting antibacterial/antifungal activity

(in vitro, animal model or human data)

Must be an antibacterial or antifungal

not eligible for QIDP

Biologics and devices are



pathogens; or (2) qualifying pathogens listed in 21 CFR 317.2. Includes: Ciostridium difficile, Enterococcus sop, Helicobpylori, Mycobacterium tuberculosis, Neisseria gonorrhoeae, Staphylococcus aureus, Vibrio cholerae, and many others.

TIMING



Pre-Clinical





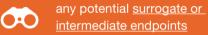
"unmet medical needs"





(RMAT)







Meets the definition of Regenerative Medicine



requirements Preliminary clinical evidence indicates potential to address

and satisfy post-approval



Product must be

intended to treat a

"serious condition"

Unlike Breakthrough designation, RMAT designation does not require evidence to indicate that the drug may offer a substantial improvement over available therapies

evidence precludes this in most cases; ideally no later than EOP2 meeting; FDA response in 60 days

Expedited pathways to consider at the NDA/BLA stage of development

Shorter clock for review of marketing application

(6 months compared with the 10-month standard review)

Can be submitted with IND, but need for clinical

Phase II

Phase III

BENEFITS

designated as a qualified

Any application or

Review voucher

supplement for a drug

submitted with a Priority

infectious disease product





CRITERIA Product must be intended to treat a



"serious condition" or effectiveness Any supplement that proposes a Product has been



Request should include nonclinical or clinical data to demonstrate the potential to

address "unmet medical need"

Marketing

application

If approved, would provide a

significant improvement in safety

labeling change pursuant to a report

on pediatric study under 505A



TIMING

BENEFITS

"serious condition"

Approval based on an effect on a surrogate endpoint or an intermediate

Generally, provides a meaningful



Accelerated

Approval

CRITERIA

TIMING



AND

Phase II Phase III

Phase I

VERISTAT EXPERTS CAN HELP AS YOU CONSIDER ANY OF THE FDA EXPEDITED PATHWAYS

"Which of FDA's different expedited programs do I qualify for? Can I apply for more than one?"



"When should I apply?"

"What are some strategic considerations for choosing

"What are the costs, risks and benefits of each program? Should I apply for one over the other, or more than one?"

expedited pathway(s) to pursue for my program?"

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DEFINITIONS



"Serious Condition"

"... a disease or condition associated with morbidity that has substantial impact on day-to-day functioning. Short-lived and self-limiting morbidity will usually not be sufficient, but the morbidity need not be irreversible if it is persistent or recurrent. Whether a disease or condition is serious is a matter of clinical judgment, based on its impact on such factors as survival, day-to-day functioning, or the likelihood that the disease, if left untreated, will progress from a less severe condition to a more serious one."

Source: FDA Guidance for Industry: Expedited Programs for Serious Conditions – Drugs and Biologics. https://www.fda.gov/media/86377/download



"Unmet Medical Need"

- 1. Where there is no available therapy
- 2. Where there is available therapy but the investigational agent:
 - Has an effect on a serious outcome of the condition that is not seen with or is better than available therapy
 - Can be used effectively with other critical agents that cannot be combined with available therapy
 - Provides efficacy comparable to available therapy, while (1) avoiding serious toxicity that occurs with available therapy,
 (2) avoiding less serious toxicity that is common and causes discontinuation of treatment of a serious condition, or (3) reducing the potential for harmful drug interactions
 - Has a documented benefit that is expected to lead to an improvement in serious outcomes
- 3. Where the only available therapy was approved under the Accelerated Approval program based on a surrogate endpoint or an intermediate clinical endpoint and clinical benefit has not yet been verified

Source: FDA Guidance for Industry: Expedited Programs for Serious Conditions – Drugs and Biologics. https://www.fda.gov/media/86377/download



Rolling Review

"[Rolling Review] means that a drug company can submit completed sections of its Biologic License Application (BLA) or New Drug Application (NDA) for review by FDA, rather than waiting until every section of the NDA is completed before the entire application can be reviewed. BLA or NDA review usually does not begin until the drug company has submitted the entire application to the FDA."

Source: https://www.fda.gov/patients/fast-track-breakthrough-therapy-accelerated-approval-priority-review/fast-track



Surrogate Endpoints

"... a marker, such as a laboratory measurement, radiographic image, physical sign, or other measure, that is not itself a direct measurement of clinical benefit, and (A) is known to predict clinical benefit and could be used to support traditional approval of a drug or biological product; or (B) is reasonably likely to predict clinical benefit and could be used to support the accelerated approval of a drug or biological product in accordance with section 506(c)."

Source: https://www.fda.gov/drugs/development-resources/table-surrogate-endpoints-were-basis-drug-approval-or-licensure



Regenerative Medicine

"... a cell therapy, therapeutic tissue engineering product, human cell and tissue product, or any combination product using such therapies or products, except for those regulated solely under Section 361 of the Public Health Service Act and part 1271 of Title 21, Code of Federal Regulations.... certain human gene therapies and xenogeneic cell products may also meet the definition of a regenerative medicine therapy."

Source: https://www.fda.gov/vaccines-blood-biologics/cellular-gene-therapy-products/regenerative-medicine-advanced-therapy-designation

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