Orphan Drug Development Guidebook

Building Block U224

This document defines the content of the Building Block created for each identified tool, incentives, initiative or practice introduced by public bodies or used by developers to expedite drug development in Rare Diseases (RDs).

ITEM	DESCRIPTION
Building Block (BB) Title	US Expanded Access Program
References	https://www.fda.gov/downloads/drugs/guidances/ucm351261.pdf https://www.fda.gov/ucm/groups/fdagov-public/@fdagov-drugs-gen/documents/document/ucm351264.pdf The Food and Drug Administration (FDA or Agency) is announcing the availability of a revised draft guidance for industry entitled "Expanded Access to Investigational Drugs for Treatment Use: Questions and Answers." November 2022 A revised draft for the industry "Charging for Investigational Drugs Under an IND: Questions and Answers" is also available. August 2022
Description	This FDA program allows early access to drugs and medical devices before marketing approval, under regulatory oversight with collection of safety data, to patients with serious or immediately life-threatening diseases or conditions who lack therapeutic alternatives. The program is designed to protect patient safety and avoid interference with the development of the investigational drug for marketing under approved applications. The Program allows patients with serious rare diseases to have access to pre-marketing drugs and devices, if the Sponsor agrees to this under their expanded access policy. The purpose of a protocol under this program is to diagnose, monitor or treat a patient's disease or condition rather than obtain information about a drug, as those are derived from a clinical trial. However, the protocol is conducted under IND and IRB oversight, with reporting of adverse events.

Category	Regulatory Building Block
Geographical scope	United States of America
Availability	Applicants developing medicines for rare and non-rare diseases. More specifically to: – treating licensed physician investigators with agreement from the developer – developers filing a new IND, or amendment to existing IND – appropriate patients and caregivers interested in access to pre-market drugs
Scope of use	• when a drug has been withdrawn for safety reasons, but there exists a patient population for whom the benefits of the withdrawn drug continue to outweigh the risks; • use of a similar, but unapproved drug (e.g., foreign-approved drug product) to provide treatment during a drug shortage of the approved drug; • use of an approved drug where availability is limited by a risk evaluation and mitigation strategy (REMS) for diagnostic, monitoring, or treatment purposes, by patients who cannot obtain the drug under the REMS; • to provide drug between end of the trial and completion of FDA review; or • use for other reasons.
Stakeholders	• Sponsors • Patients/guardians • Physicians • FDA
Enablers/ Requirements	• Sponsor must agree to provide drug and file an IND, or protocol amendment to existing IND • IRB approval must be obtained in advance (except in case of emergency expanded access use for an individual patient, see Building Block U225)

	• Licensed physician investigator must agree to prescribe the drug and report adverse events per protocol • Informed consent from the patient/guardian must be obtained
Output	Provision of care under approved expanded access protocol
Best time to apply and time window	An **expanded access protocol submission** should be used only if the sponsor seeking expanded access has an existing IND in effect — typically, such a sponsor is a commercial sponsor with an existing IND under which the sponsor is developing the drug for marketing. When there is an existing IND in effect, FDA generally encourages the submission of an expanded access protocol, rather than a new expanded access IND, because having all expanded access use and clinical trial use consolidated under a single IND may facilitate identification of safety concerns, may make the administrative process less burdensome for sponsors and FDA, and may help in product review. A **new expanded access IND submission** generally should be used when (1) there is no existing IND in effect for the drug or, more commonly, (2) there is an existing IND in effect for the drug, but the sponsor of the existing IND declines to be the sponsor of the expanded access use (e.g., for an individual patient use, the sponsor of the existing IND may prefer that a patient's physician take on the role of sponsor-investigator and submit a separate individual patient IND).
Expert tips	There are three categories of expanded access INDs and IND protocol amendments: • A protocol may be filed by the Sponsor for an intermediate size patient population, • Or for more widespread use as a treatment IND/protocol. • Individual (or single) patient expanded access protocols submitted by a licensed physician (physician-investigator). PROs: – Provides access to pre-market drugs CONs: – Requires safety monitoring, IRB oversight – Cost of drug and study borne by the developer or, with FDA authorization, may be charged to a patient or third-party payor