PDUFA REAUTHORIZATION KICKOFF MEETING

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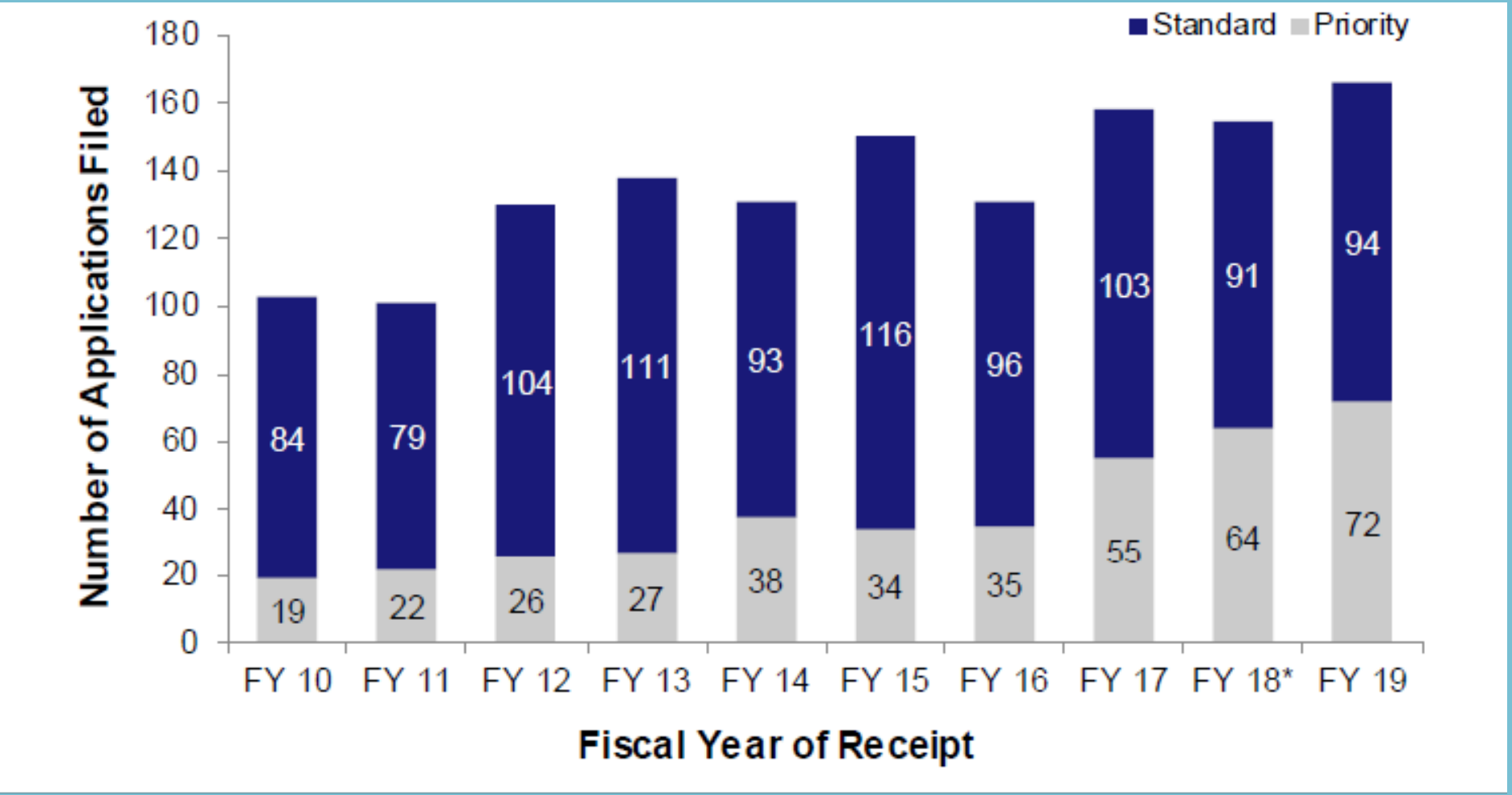
July 23, 2020

Total numbers of NDAs and BLAs



Source: FDA FY 2019 Performance Report to Congress, p. 21

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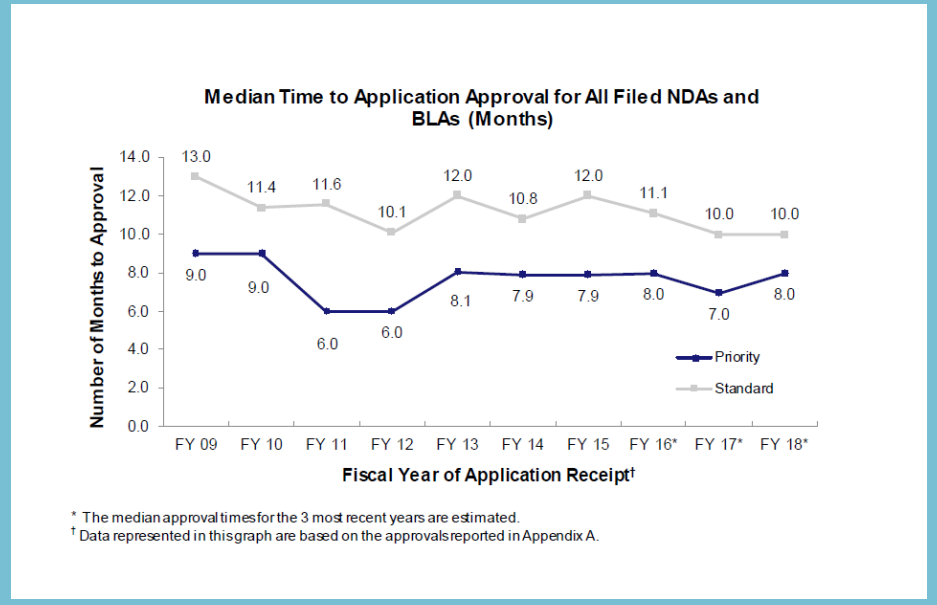
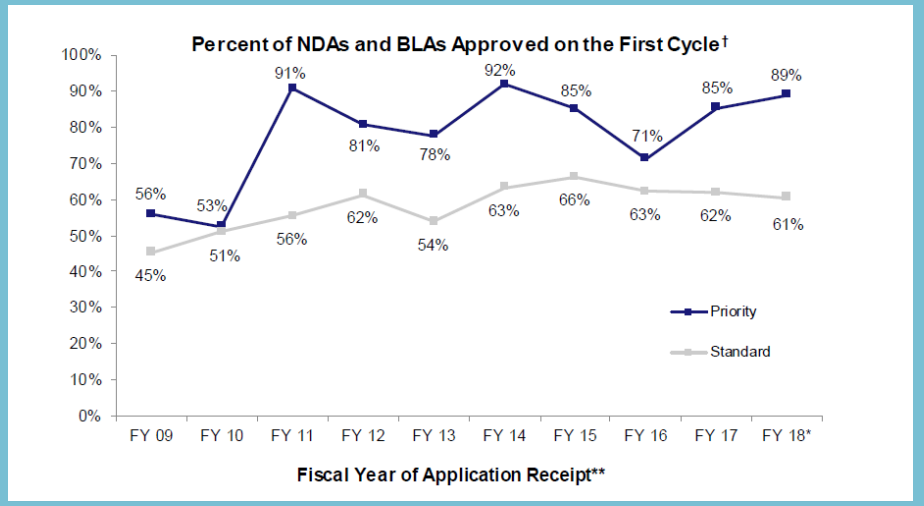
Meeting Management

Type	Goal: 90 Percent	Received*	On Time	Overdue	Pending Within Goal	Current Percent On Time	Highest Possible Percent On Time
Type A Meeting Requests†	Respond within 14 days	263	127	41	95	76%	84%
Type B Meeting Requests	Respond within 21 days	1,685	1,509	147	29	91%	91%
Type B(EOP) Meeting Requests	Respond within 14 days	335	272	58	5	82%	83%
Type C Meeting Requests	Respond within 21 days	1,488	1,295	160	33	89%	89%
Type A Meetings Scheduled†	Schedule within 30 days	242	91	39	112	70%	84%
Type B Meetings Scheduled	Schedule within 60 days	937	565	327	45	63%	65%
Type B(EOP) Meetings Scheduled	Schedule within 70 days	319	234	74	11	76%	77%
Type C Meetings Scheduled	Schedule within 75 days	711	500	177	34	74%	75%
Type A Written Response†	Respond within 30 days	5	4	1	0	80%	80%
Type B Written Response	Respond within 60 days	678	467	106	105	82%	84%
Type B(EOP) Written Response	Respond within 70 days	12	7	3	2	70%	75%
Type C Written Response	Respond within 75 days	675	433	109	133	80%	84%
Preliminary response for Type B(EOP) Meetings	Issue no later than 5 days prior to meeting date	298	203	32	63	86%	89%
Meeting Minutes	Issue within 30 days after meeting date	1,610	1,062	88	460	92%	95%

* Not all meeting requests are granted; therefore, the number of meetings scheduled may differ from the number of meeting requests received. Not all scheduled meetings are held; therefore, the number of meeting minutes may differ from the number of



* The median approval times for the 3 most recent years are estimated.
† Data represented in this graph are based on the approvals reported in Appendix A.



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Source: FDA FY 2019 Performance Report to Congress, p. 21

Surveys of Experts

Public Citizen (Lurie P and Wolfe S. December, 1998)

Respondents: 53 FDA medical officers

- 32% said standards were lower than prior to 1995
- 64% felt greater pressure to approve drugs
  - One respondent said this: “We are in the midst now to approve everything but to describe drug weakness in the label”
- 19 drugs approved (in 3-year period leading up to late 1998) were identified as having been inappropriately shifted to the accelerated approval track
- One medical officer said this: “In the last 2 years, I recommended two drugs not be approved. They both were approved without consulting me. This never happened before.”

HHS Office of Inspector General (Rehnquist J. March, 2003)

Respondents: 188 CDER reviewers

- 58% said 6 months for priority review was too short, 25% said 10 months for standard review was too short
- 36% were not confident in FDA decisions regarding the safety of a drug
- 18% felt pressure to approve a drug “despite reservations about its safety, efficacy, and quality”

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Recent analysis…

Chen C. *Propublica*. June, 2018

- "The FDA is increasingly green-lighting expensive drugs despite dangerous…side effects and inconclusive evidence that they curb or cure disease." Caroline Chen, *Propublica*
- "Clearly accelerated approval has greater uncertainty." Janet Woodcock, CDER
- "[The FDA] now has a built-in fear of over-regulation that's set in over the last 20 years." Daniel Carpenter, Harvard School of Government
- "I think it's reasonable to move drugs faster …. The key… is that you've got to make sure you closely follow the drug in a thoughtful way and unfortunately, too often we don't do that in the U.S." The many accelerated drug approval pathways "were initially designed to be exceptions to the rule, and now the exceptions are swallowing the rule." Aaron Kesselheim, Harvard Medical School
- "You don't survive as a senior official at the FDA unless you are pro-industry." Thomas Marciniak, former FDA medical team leader

Darrow J, Avorn J, Kesselheim A. *JAMA*, 2020

- "The FDA has increasingly accepted less data and more surrogate measures, and has shortened its review times."
- "The test of whether the drug approval framework is successful ultimately turns on the extent to which those drugs contribute to or detract from patient well-being."

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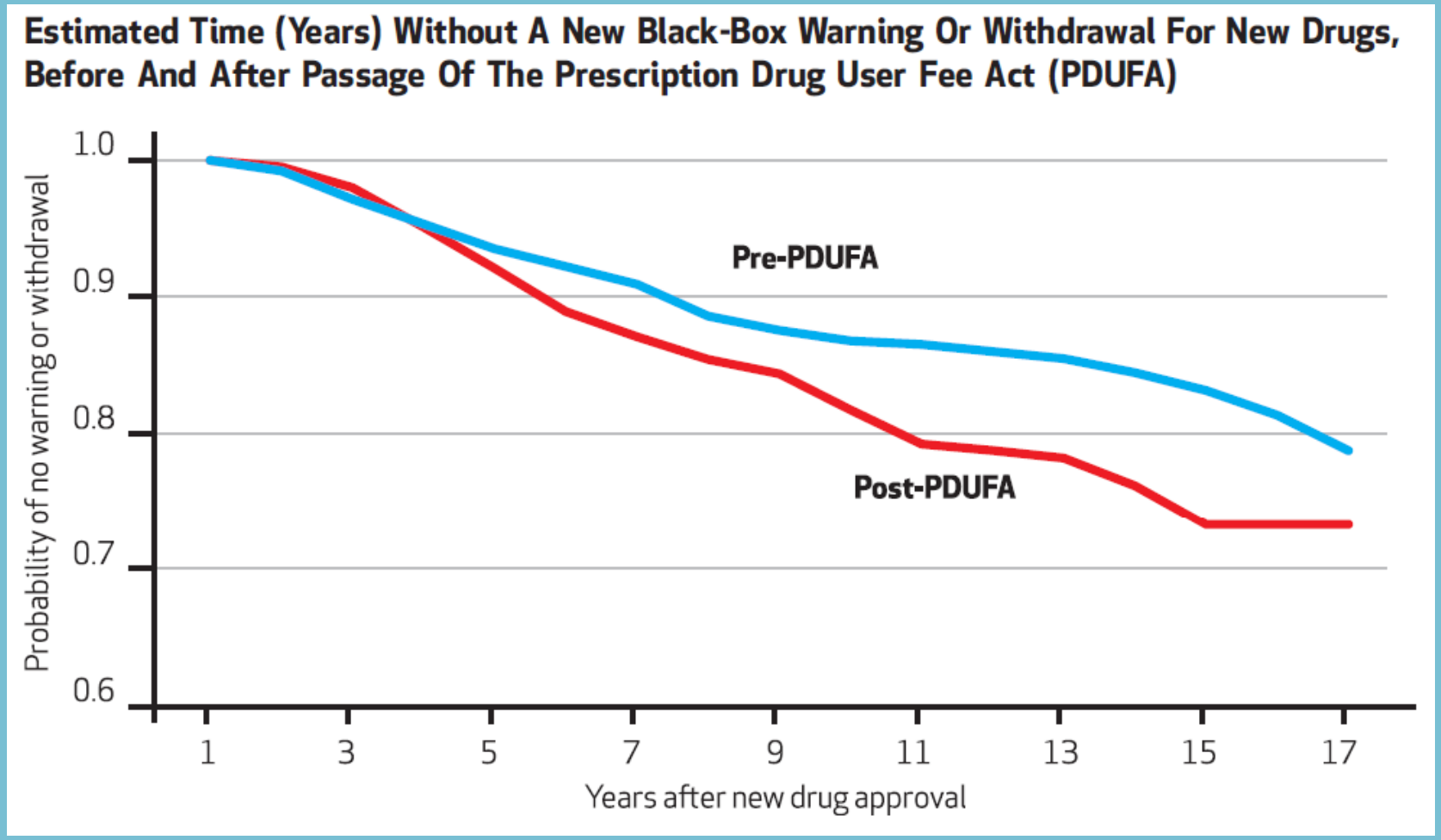
Faster is not necessarily better...



Source: Frank et al. (2014) *Health Affairs*, 33:9

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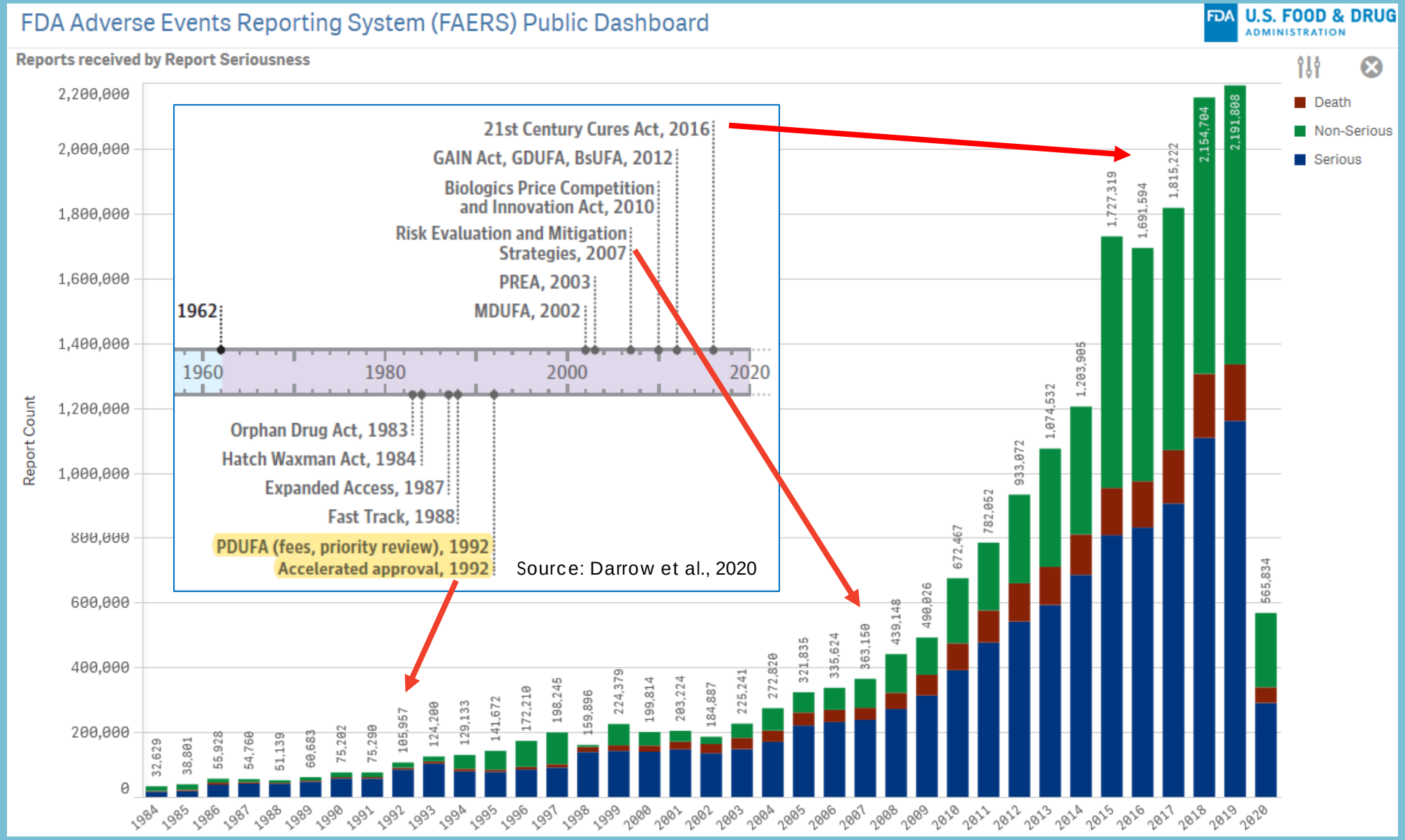

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Summary goals for PDUFA VII

1. More discretionary funding for FDA
2. More adherence to RCTs with definitive endpoints
3. Include provisions that do the following:
   a) Require independent, anonymous and regular surveys of FDA expert reviewers
   b) Grant the FDA authority to order drug recalls
   c) Finalize regulations that allow generic drug manufacturers to update product safety labeling
   d) Direct FDA to implement a special framework for evaluating opioid medications
   e) Require FDA to advance metrics for the assessment of the benefit-to-risk ratio of drug approval actions
4. Reject the following types of provisions:
   a) Those which promote off-label use or risky provisional pathways (e.g., H.R. 7269)
   b) Those which create pathways for longer periods of market exclusivity

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Thank you!

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