DDI Webinar Series: An Overview of FDA's Expanded Access Process and the New Individual Patient Expanded Access Application

Introduction: Lesley R. Navin RN, MSN

Division of Drug Information, OCOMM, CDER

Requirements for CE credit

- You will need to attend the activity, verified by Adobe Connect and complete the online evaluation survey. Those who attend will receive a link to the evaluation survey within 24 hours after the last session of the activity. Participants have 2 weeks to complete the survey. The survey will close on July 26, 2016.

- If you are in a conference room with more than one person there is one additional step. You must complete, sign and return our customized sign-in sheet within 24 hours of this webinar to DDIWebinars@fda.hhs.gov. To obtain our customized sign-in sheet, please send your request to us now at DDIWebinars@fda.hhs.gov and we will email it to you before the end of the webinar. This sign-in sheet is only required for attendees not directly logged into Adobe Connect.

DDI Webinar: An Overview of FDA's Expanded Access Process and the New Individual Patient Expanded Access Application

Presenters:

- Richard Klein, Director, Patient Liaison Program Office, Office of Health and Constituent Affairs
- Peter Lurie, MD, MPH, Associate Commissioner for Public Health Strategy and Analysis, Office of the Commissioner
- Colleen Locicero, RPh, Associate Director for Regulatory Affairs, Office of Drug Evaluation

Learning Objectives

- Summarize the objectives of the FDA's expanded access program
- Identify the types of expanded access requests
- Describe the requirements for requesting expanded access
- Explain how to submit single patient IND expanded access requests to the FDA using the new FDA Form 3926
- Describe the costs physicians may charge patients for single patient expanded access

Expanded Access

Part 1: What is Expanded Access?

Richard Klein

What is Expanded Access?

A process (or pathway) regulated by the Food and Drug Administration (FDA) that allows manufacturers to provide investigational new drugs to patients with serious diseases or conditions who have exhausted approved therapy, and cannot participate in a clinical trial

What is Expanded Access?

- Use of an investigational drug or biologic **to treat a patient** with a serious disease or condition who does not have comparable or satisfactory alternative therapies to treat the disease or condition.
  - Intent is clearly **treatment**

- Contrast with investigational drug in a **clinical trial** where the primary intent is **research**
  - systematic collection of data with the intent to analyze it to learn about the drug

Treatment Access

Named Patient Program

Special Access Programme

Compassionate Use

Single Patient IND

Pre-approval access

Pre-launch Access

Expanded Access

Historical Underpinnings

- History of facilitating access to investigational therapies reaches back to 1970s
  - Cardiovascular - metoprolol, nifedipine
  - HIV - pentamadine, AZT
  - Oncology (Group C drugs)
- No official regulatory recognition until 1987 when the regulations for Investigational New Drugs (INDs) were revised to provide access for a broad patient population under a Treatment IND/Protocol
- Implicit recognition of other treatment use for individuals, though no criteria or requirements described

Expanded Access Programs (EAPs) Should Be Considered the Option of Last Resort

Approved Drugs

Studied and characterized

Labeled

Broadest Availability

Reimbursement by 3rd party

Clinical Trials

Provide necessary data to determine safety & effectiveness

Most efficient path to market and broad availability

Expanded Access

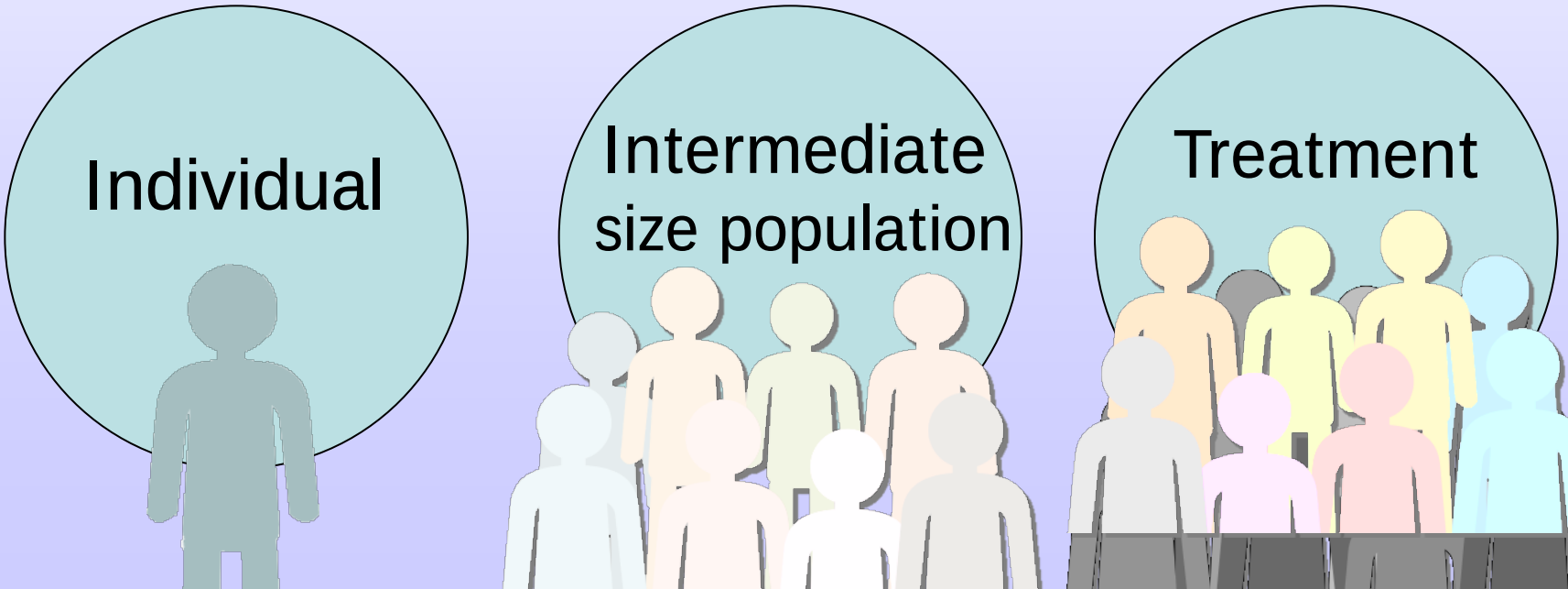
Represent opportunity when other options exhausted

Goal is access to treatment

FDA Published Revised Regulations in 2009

code of federal regulations 21 CFR 312 / IND Regulations

- Consolidated treatment use into a separate subpart of the IND regulations containing all necessary information in one place
- Describes **<u>three</u> distinct categories** of access



Expanded Access Regulations

- Describes the **general criteria** applicable to all categories of access, and additional criteria that must be met for each access category
- Describes **requirements for submission**
- Describes the **safeguards** applicable to EAPs (e.g., informed consent, ethics review, reporting requirements)

Requirements shared by all EAPs

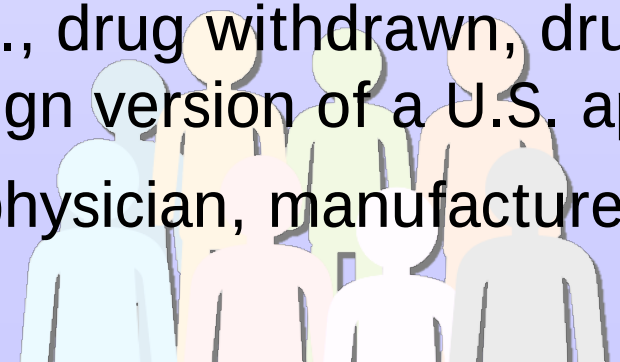
- Serious or immediately life threatening illness or condition
- No comparable or satisfactory alternative therapy
- Potential benefit justifies the potential risks of the treatment, and those risks are not unreasonable in the context of the disease or condition being treated
- Providing drug will not interfere with or compromise development for the expanded access use

Treatment IND

- Drug is being investigated in clinical trial designed to support marketing, or trials are complete
- Company is actively pursuing marketing approval
- Sufficient evidence of safety and effectiveness
  - For serious disease: generally, data from phase 3 or compelling data from phase 2 clinical trials; for immediately life-threatening disease: generally, data from phase 3 or phase 2 clinical trials, but could be more preliminary clinical evidence

Intermediate Size Population

- No fixed numerical requirement
- More than one … generally, less than a lot
- Can be used when a drug is
  - Being developed (e.g., patients not eligible for trial)
  - Not being developed (e.g., rare disease, cannot recruit for a trial)
  - Approved (e.g., drug withdrawn, drug shortage situation, foreign version of a U.S. approved drug)
- Sponsor can be physician, manufacturer, or 3rd party

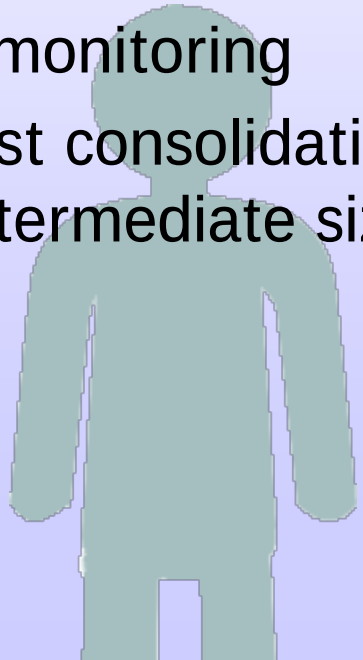


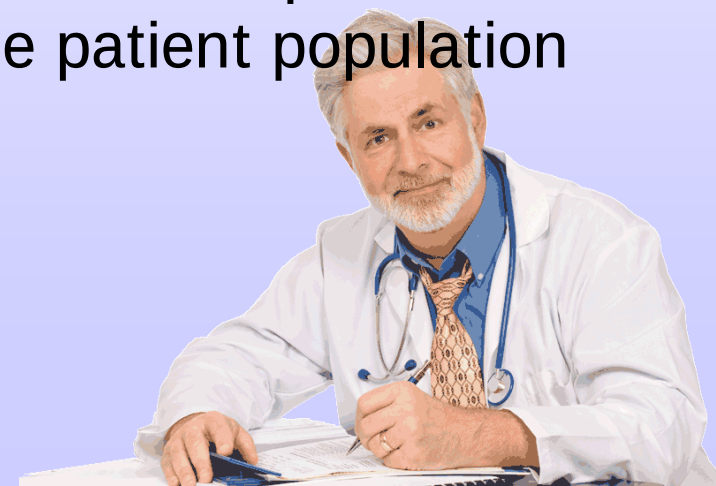
Individual Patient EAPs

- Physician must determine probable risk from drug does not exceed that from disease
- FDA must determine that the patient cannot obtain access under another type of IND
- Procedures for emergency use (where there is not time to make a written IND submission) – FDA may authorize starting access without submission, with very quick turn-around (F/U written submission required within 15 working days of authorization)

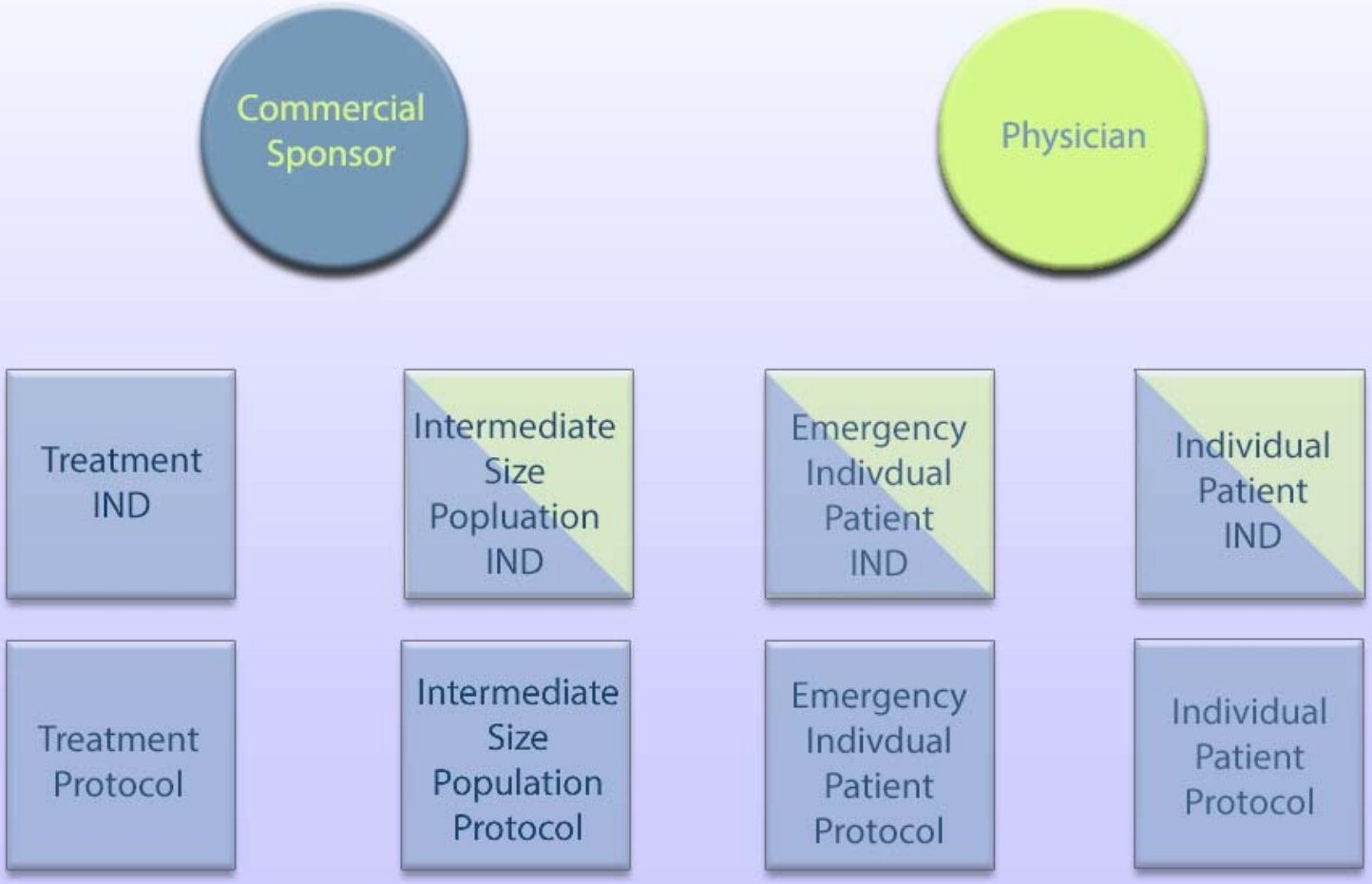
Individual Patient EAPs

- Physician often takes role of sponsor/investigator (responsible for sponsor activities: tracking, reporting, etc.)
- FDA requires written summary report, and may require special monitoring
- FDA may request consolidation of multiple cases into a single, intermediate size patient population IND



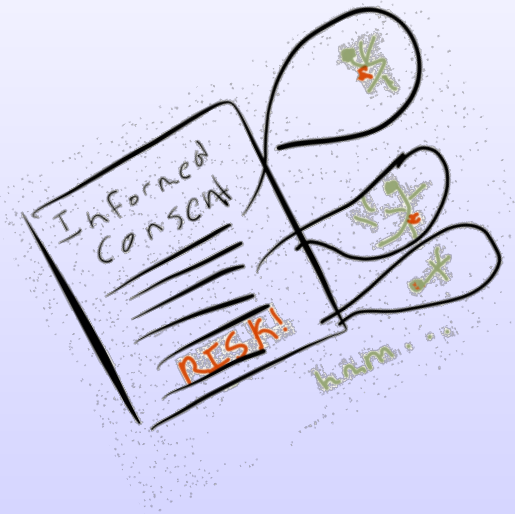


Categories of Expanded Access



Human Subject Protections Apply to All EAPs

Drugs in EAPs are *investigational drugs*, and they are subject to the following requirements:



- Protection of Human Subjects (informed consent)
- Institutional Review Boards (IRBs)
- Clinical Holds based on safety, and reporting requirements (adverse event reports, annual reports)

Overarching Considerations

- Unknown risks associated with access to investigational products for which there is limited information about safety and effectiveness
  - Some patients may benefit
  - Some patients may experience no effect
  - Some patients may be harmed
- FDA considers:
  - Potential harm to patients
  - Need to exhaust all existing approved treatments
  - Scientific likelihood of an efficacious response
  - Patient functionality

Potential EAP Benefits

- Can provide access to patients with serious/life-threatening diseases who have no other alternatives, and are willing to accept greater risk
- Can provide patients a measure of autonomy over their own health care decision
- The treatment IND can help bridge the gap between the latter stages of product development and approval by making a drug widely available during that period

How do patients view risk?

Potential overestimation of benefit and/or underestimation of risk

New drugs can have toxicities that cause increased suffering and pain, or the acceleration - or prolonging - of death, with no increase in quality of life

Not always considered by patients or families - Often see risks as abstract

How do IRBs view investigational products and risk?

- Traditionally charged with protecting research subjects from undue risk
- Direct benefit usually not a prerequisite for trials
- Efficacy (and safety) of early phase investigational drugs are not proven – and often not known
- Drug might be given in hope of direct benefit to patient

Concerns about Trial Enrollment

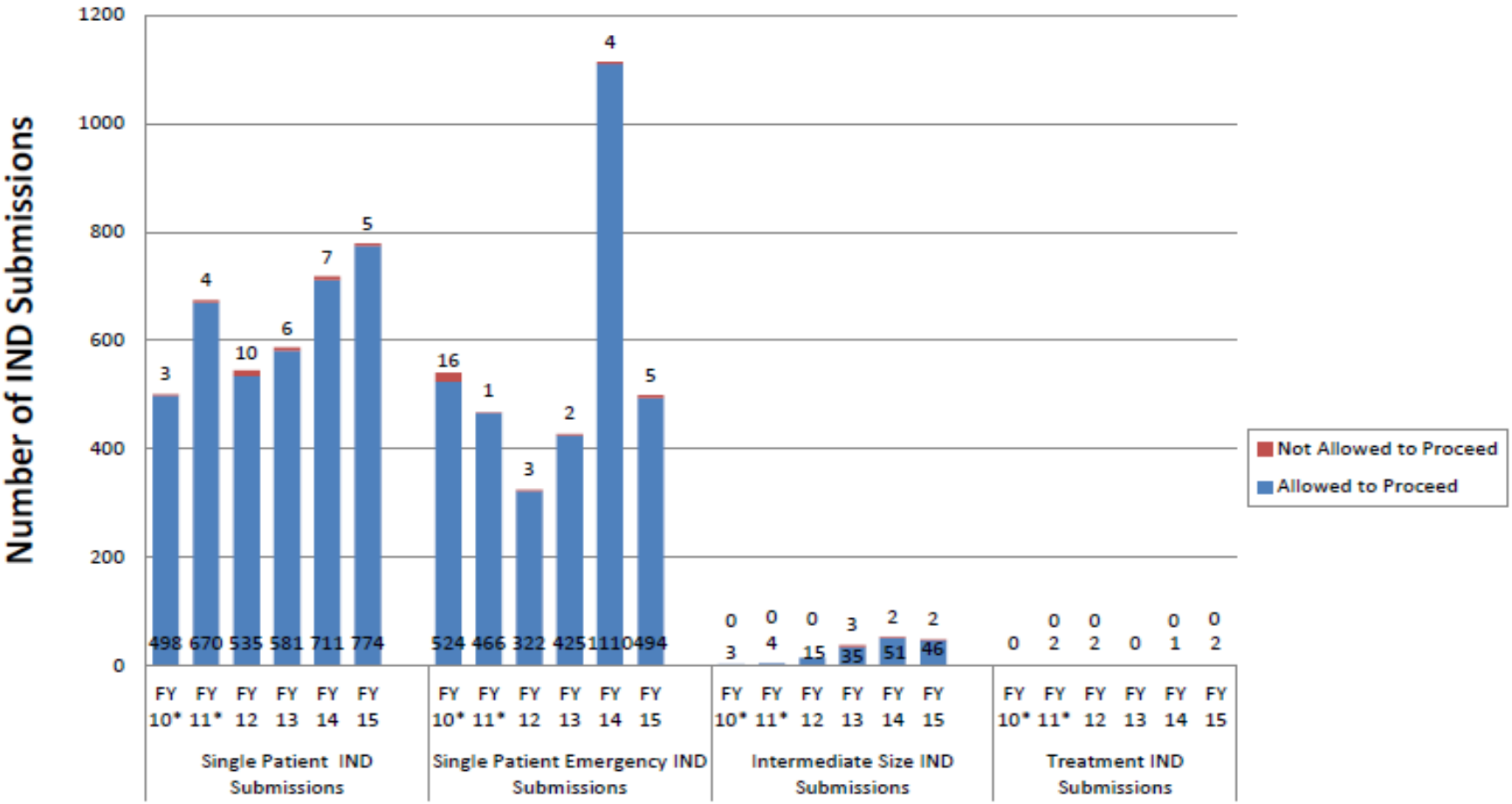
- Early access to investigational therapies could make phase II and III clinical trials more difficult to perform
  - E.g., AZT for HIV, high-dose chemotherapy + bone marrow transplant for stage IV breast cancer
- Clinical trial enrollment and conduct is a factor in consideration of treatment access to experimental drugs by manufacturers and FDA

Reasons Company May Deny Expanded Access Requests

Companies may deny a request for a number of reasons:

- Available clinical trials
- Manufacturing capacity is often limited in early phases – diverting drug for expanded access could limit supply for trials
- Concern adverse events would undermine the development program

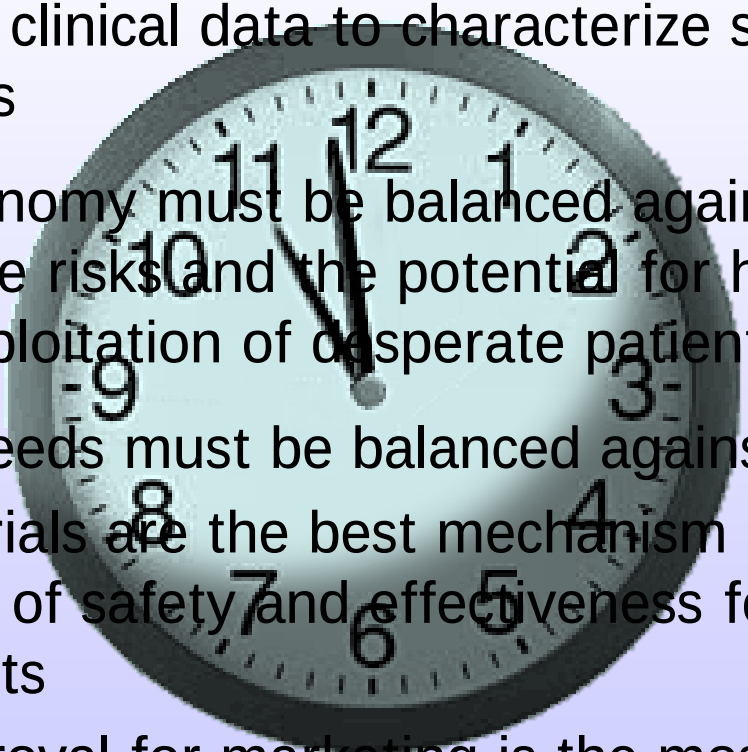
CBER and CDER Expanded Access IND Submissions, FY 2010 - 2015



Fiscal Year

*For FY 10 and FY 11, the reporting period was October 13 through October 12 of the following year.

Need for Balance



- Treatment access must be balanced against the systematic collection of clinical data to characterize safety and effectiveness
- Patient autonomy must be balanced against exposure to unreasonable risks and the potential for health fraud, and potential exploitation of desperate patients
- Individual needs must be balanced against societal needs
  - Clinical trials are the best mechanism to provide evidence of safety and effectiveness for potential new treatments
  - FDA approval for marketing is the most efficient means to make safe and effective treatments available to the greatest number of patients

EAP-Implementing the process: A community responsibility

- The Patient: Consults with their doctor to find and decide about alternative options
- The Doctor: Works with manufacturer, files paperwork with FDA, IRB, and is responsible for patient care and reporting
- The Industry Sponsor: Provides the investigational product, and permits cross-reference to their original IND information
- FDA: Determines eligibility, judges safety data, ensures patient protections
- IRB: Reviews consent to assure patient is informed about nature of treatment

Expanded Access

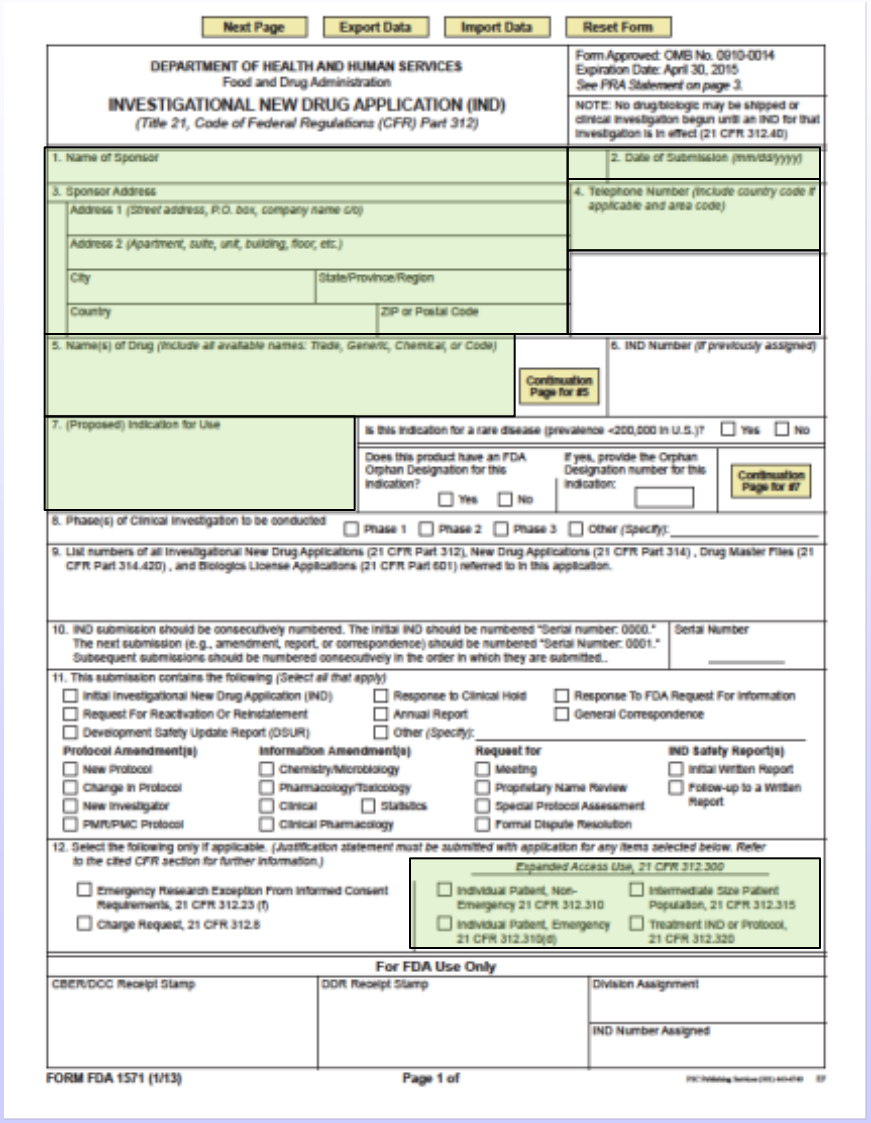
Part 2: What's New in Expanded Access?

Dr. Peter Lurie

Background

- Form FDA 1571 is very comprehensive and has been viewed by many outside FDA to be confusing and overly burdensome for a physician seeking expanded access for an individual patient to complete
- In summer 2014, FDA started to develop Form FDA 3926 in an effort to streamline the submission process for individual patient expanded access INDs

Form 1571



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DEPARTMENT OF HEALTH AND HUMAN SERVICES
Food and Drug Administration

INVESTIGATIONAL NEW DRUG APPLICATION (IND)
(Title 21, Code of Federal Regulations (CFR) Part 312)

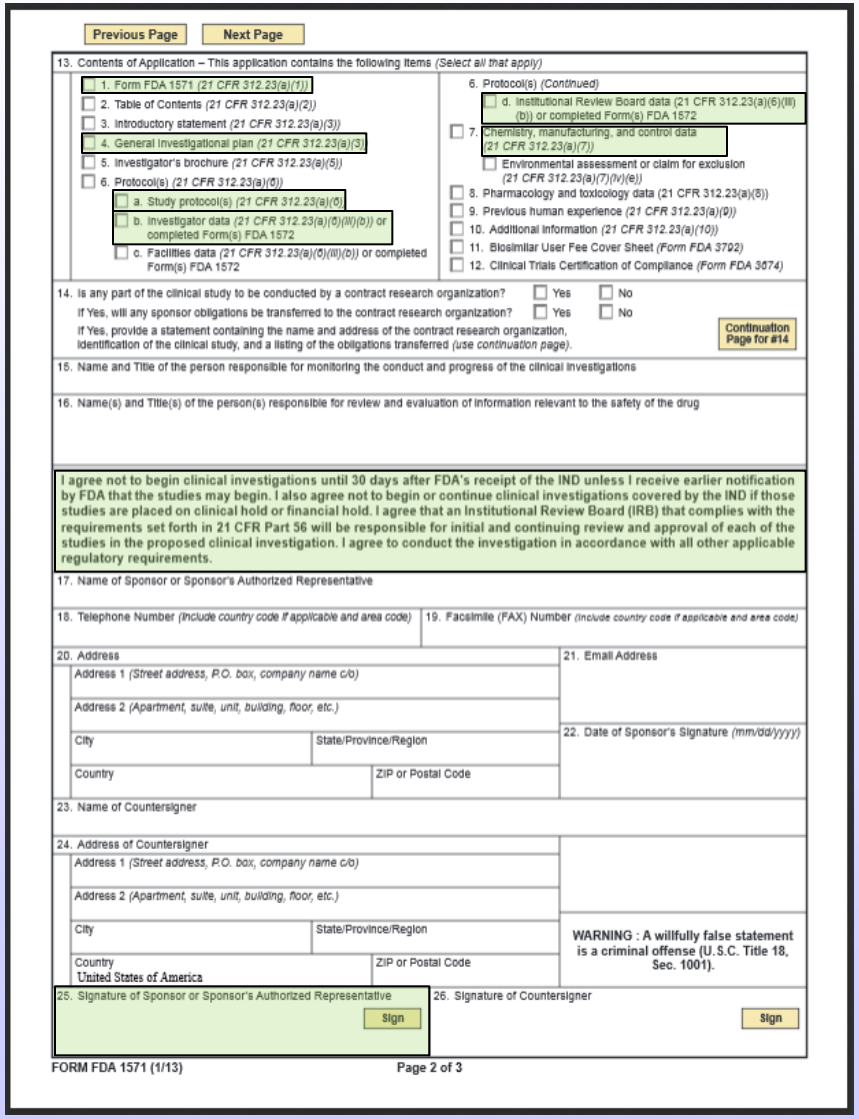
Form Approved: OMB No. 0910-0014
Expiration Date: April 30, 2015
See PRA Statement on page 3.

NOTE: No drug/biologic may be shipped or clinical investigation begun until an IND for that investigation is in effect (21 CFR 312.40)

1. Name of Sponsor
2. Date of Submission (mm/dd/yyyy)
3. Sponsor Address
Address 1 (Street address, P.O. box, company name c/o)
Address 2 (Apartment, suite, unit, building, floor, etc.)
City | State/Province/Region
Country | ZIP or Postal Code
4. Telephone Number (Include country code if applicable and area code)
5. Name(s) of Drug (Include all available names: Trade, Generic, Chemical, or Code)
Continuation Page for #5
6. IND Number (If previously assigned)
7. (Proposed) Indication for Use
Is this indication for a rare disease (prevalence <200,000 in U.S.)? ☐ Yes ☐ No
Does this product have an FDA Orphan Designation for this indication? ☐ Yes ☐ No
If yes, provide the Orphan Designation number for this indication:
Continuation Page for #7
8. Phase(s) of Clinical Investigation to be conducted: ☐ Phase 1 ☐ Phase 2 ☐ Phase 3 ☐ Other (Specify):
9. List numbers of all Investigational New Drug Applications (21 CFR Part 312), New Drug Applications (21 CFR Part 314) , Drug Master Files (21 CFR Part 314.420) , and Biologics License Applications (21 CFR Part 601) referred to in this application.
10. IND submission should be consecutively numbered. The initial IND should be numbered "Serial number: 0000." The next submission (e.g., amendment, report, or correspondence) should be numbered "Serial Number: 0001." Subsequent submissions should be numbered consecutively in the order in which they are submitted.. Serial Number
11. This submission contains the following (Select all that apply)
☐ Initial Investigational New Drug Application (IND) ☐ Response to Clinical Hold ☐ Response To FDA Request For Information
☐ Request For Reactivation Or Reinstatement ☐ Annual Report ☐ General Correspondence
☐ Development Safety Update Report (DSUR) ☐ Other (Specify):
Protocol Amendment(s): ☐ New Protocol ☐ Change in Protocol ☐ New Investigator ☐ PMR/PMC Protocol
Information Amendment(s): ☐ Chemistry/Microbiology ☐ Pharmacology/Toxicology ☐ Clinical ☐ Statistics ☐ Clinical Pharmacology
Request for: ☐ Meeting ☐ Proprietary Name Review ☐ Special Protocol Assessment ☐ Formal Dispute Resolution
IND Safety Report(s): ☐ Initial Written Report ☐ Follow-up to a Written Report
12. Select the following only if applicable. (Justification statement must be submitted with application for any items selected below. Refer to the cited CFR section for further information.)
☐ Emergency Research Exception From Informed Consent Requirements, 21 CFR 312.23 (f)
☐ Charge Request, 21 CFR 312.8
Expanded Access Use, 21 CFR 312.300
☐ Individual Patient, Non-Emergency 21 CFR 312.310
☐ Individual Patient, Emergency 21 CFR 312.310(d)
☐ Intermediate Size Patient Population, 21 CFR 312.315
☐ Treatment IND or Protocol, 21 CFR 312.320

For FDA Use Only
CBER/DCC Receipt Stamp | DDR Receipt Stamp | Division Assignment | IND Number Assigned

FORM FDA 1571 (1/13) Page 1 of



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13. Contents of Application – This application contains the following items (Select all that apply)
☐ 1. Form FDA 1571 (21 CFR 312.23(a)(1))
☐ 2. Table of Contents (21 CFR 312.23(a)(2))
☐ 3. Introductory statement (21 CFR 312.23(a)(3))
☐ 4. General investigational plan (21 CFR 312.23(a)(3))
☐ 5. Investigator's brochure (21 CFR 312.23(a)(5))
☐ 6. Protocol(s) (21 CFR 312.23(a)(6))
☐ a. Study protocol(s) (21 CFR 312.23(a)(6))
☐ b. Investigator data (21 CFR 312.23(a)(6)(iii)(b)) or completed Form(s) FDA 1572
☐ c. Facilities data (21 CFR 312.23(a)(6)(iii)(b)) or completed Form(s) FDA 1572
6. Protocol(s) (Continued)
☐ d. Institutional Review Board data (21 CFR 312.23(a)(6)(iii)(b)) or completed Form(s) FDA 1572
☐ 7. Chemistry, manufacturing, and control data (21 CFR 312.23(a)(7))
☐ Environmental assessment or claim for exclusion (21 CFR 312.23(a)(7)(iv)(e))
☐ 8. Pharmacology and toxicology data (21 CFR 312.23(a)(8))
☐ 9. Previous human experience (21 CFR 312.23(a)(9))
☐ 10. Additional information (21 CFR 312.23(a)(10))
☐ 11. Biosimilar User Fee Cover Sheet (Form FDA 3792)
☐ 12. Clinical Trials Certification of Compliance (Form FDA 3674)
14. Is any part of the clinical study to be conducted by a contract research organization? ☐ Yes ☐ No
If Yes, will any sponsor obligations be transferred to the contract research organization? ☐ Yes ☐ No
If Yes, provide a statement containing the name and address of the contract research organization, identification of the clinical study, and a listing of the obligations transferred (use continuation page).
Continuation Page for #14
15. Name and Title of the person responsible for monitoring the conduct and progress of the clinical investigations
16. Name(s) and Title(s) of the person(s) responsible for review and evaluation of information relevant to the safety of the drug
I agree not to begin clinical investigations until 30 days after FDA's receipt of the IND unless I receive earlier notification by FDA that the studies may begin. I also agree not to begin or continue clinical investigations covered by the IND if those studies are placed on clinical hold or financial hold. I agree that an Institutional Review Board (IRB) that complies with the requirements set forth in 21 CFR Part 56 will be responsible for initial and continuing review and approval of each of the studies in the proposed clinical investigation. I agree to conduct the investigation in accordance with all other applicable regulatory requirements.
17. Name of Sponsor or Sponsor's Authorized Representative
18. Telephone Number (Include country code if applicable and area code)
19. Facsimile (FAX) Number (Include country code if applicable and area code)
20. Address
Address 1 (Street address, P.O. box, company name c/o)
Address 2 (Apartment, suite, unit, building, floor, etc.)
City | State/Province/Region
Country | ZIP or Postal Code
21. Email Address
22. Date of Sponsor's Signature (mm/dd/yyyy)
23. Name of Countersigner
24. Address of Countersigner
Address 1 (Street address, P.O. box, company name c/o)
Address 2 (Apartment, suite, unit, building, floor, etc.)
City | State/Province/Region
Country: United States of America | ZIP or Postal Code
WARNING : A willfully false statement is a criminal offense (U.S.C. Title 18, Sec. 1001).
25. Signature of Sponsor or Sponsor's Authorized Representative — Sign
26. Signature of Countersigner — Sign

FORM FDA 1571 (1/13) Page 2 of 3

Need for New Form

- Form 1571 intended for commercial IND applications
- Less appropriate for individual IND use
- Goals:
  - Expedite access to investigational drugs, when appropriate
  - Simplify form to make it appropriate for individual patient applications in CDER and CBER
  - Reduce attachments and time burden

What's New?

On June 2, 2016, FDA streamlined and simplified the application process for physicians.

- Issued 3 final guidances about expanded access
- Introduced a much simpler application form called the Form FDA 3926
- Developed patient and physician fact sheets to further inform stakeholders about expanded access
- Revamped FDA's website to make it more user-friendly

Form 1571 v. Form 3926

	Form 1571	Form 3926
Purpose	Typically commercial IND applications	Individual IND expanded access applications
Number of pages	3	2
Number of elements	26	11
Number of additional documents	7 (+ Form 1572)	1 (and 1 voluntary)
Time to complete	PRA estimate of 100 hours	45 minutes

The Three Guidances

- Individual Patient Expanded Access Applications: Form FDA 3926
- Expanded Access to Investigational Drugs for Treatment Use -- Questions and Answers
- Charging for Investigational Drugs Under an IND -- Questions and Answers

Form FDA 3926

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Food and Drug Administration

Individual Patient Expanded Access
Investigational New Drug Application (IND)
(Title 21, Code of Federal Regulations (CFR) Part 312)

Form Approved: OMB No. 0910-0814
Expiration Date: April 30, 2019
See PRA Statement on last page.

1. Patient's Initials

2. Date of Submission *(mm/dd/yyyy)*

3.a. Initial Submission
☐ Select this box if this form is an initial submission for an individual patient expanded access IND, and complete only fields 4 through 8, and fields 10 and 11.

3.b. Follow-Up Submission
☐ Select this box if this form accompanies a follow-up submission to an existing individual patient expanded access IND, and complete the items to the right in this section, and fields 8 through 11.

Investigational Drug Name

Physician's IND Number

4. Clinical Information

Indication

Brief Clinical History *(Patient's age, gender, weight, allergies, diagnosis, prior therapy, response to prior therapy, reason for request, including an explanation of why the patient lacks other therapeutic options)*

5. Treatment Information

Investigational Drug Name

Name of the entity that will supply the drug *(generally the manufacturer)*

FDA Review Division *(if known)*

Treatment Plan *(Including the dose, route and schedule of administration, planned duration, and monitoring procedures. Also include modifications to the treatment plan in the event of toxicity.)*

6. Letter of Authorization (LOA), if applicable *(generally obtained from the manufacturer of the drug)*

☐ I have attached the LOA. *(Attach the LOA; if electronic, use normal PDF functions for file attachments.)*

Note: If there is no LOA, consult the Form Instructions.

7. Physician's Qualification Statement *(Including medical school attended, year of graduation, medical specialty, state medical license number, current employment, and job title. Alternatively, attach the first few pages of physician's curriculum vitae (CV), provided they contain this information. If attaching the CV electronically, use normal PDF functions for file attachments.)*

8. Physician Name, Address, and Contact Information

Physician Name *(Sponsor)*

Email Address of Physician

Address 1 *(Street address, No P.O. boxes)*

Address 2 *(Apartment, suite, unit, building, floor, etc.)*

Telephone Number of Physician

City

State

Facsimile (FAX) Number of Physician

ZIP Code

Physician's IND number, if known

FORM FDA 3926 (2/16) **Page 1 of 2** PSC Publishing Services (301) 443-6740 EF

Expanded Access– Questions & Answers Guidance

FDA finalized the 2013 draft guidance to provide information about:

- Implementation of FDA's regulations on expanded access to investigational drugs for treatment use under an IND
- How expanded access is defined, types of expanded access, when and how to request expanded access, and what information should be included in requests
- IRB review
- Amendments
- The role of Form FDA 3926

Charging for Expanded Access

The final guidance "Charging for Investigational Drugs Under an IND – Questions and Answers" clarifies:

- The criteria for charging for an investigational drug for expanded access for treatment use
- Which costs can be recovered for an investigational drug
- The circumstances under which FDA authorizes charging for an investigational drug in a clinical trial

Charging – Individual Patient Expanded Access

- Sponsor of the expanded access IND must request and receive authorization to charge from FDA before charging may begin
- The sponsor may recover the direct cost of making the drug available to the patient (e.g., cost of the drug, cost of shipping & handling); indirect & administrative costs may not be recovered
- Unless FDA specifies a shorter period, charging may continue for 1 year. A sponsor may request that FDA reauthorize charging for additional periods.

Take Aways

- There is a single, national, FDA mechanism in place that creates a pathway to access
- Application submitted by a physician for access for a single patient is designed to be completed in 45 minutes
- In general, FDA reviews and makes a decision about such applications quickly – hours to days
- More than 99% of expanded access applications are allowed to proceed
- Patients can't apply for such access; the request has to come from the investigational drug sponsor or the patient's physician
- FDA staff is available to provide information and assistance
- The purpose of these programs is treatment, not research, so sponsors do not have to submit efficacy data from an expanded access study, *but* must report serious/unexpected adverse reactions and submit a written summary report at the conclusion of treatment

Visit: www.fda.gov/expandedaccess

U.S. Food and Drug Administration

SINGLE PATIENT EXPANDED ACCESS:

PHYSICIAN FACT SHEET and APPLICATION CHECKLIST

What is Expanded Access?

Expanded access is the use of an investigational drug outside of clinical trials to diagnose, monitor, or treat patients with serious or life-threatening diseases or conditions for which there are no comparable or satisfactory therapy options available.

When possible, it is preferred that a patient be given an investigational drug as part of a clinical trial rather than through expanded access. This is because clinical trials are designed to generate data that may lead to the product's approval and, consequently, wider availability of the drug. However, patients may be able to receive the investigational product through expanded access when patient enrollment in a clinical trial is not possible (for example, the patient is not eligible for any ongoing clinical trials or there are none available).

Obtaining the investigational drug

To obtain expanded access for your patient, first contact the pharmaceutical company developing the drug. Sometimes, the company will provide the drug to patients according to a pre-established protocol. If not, you should ask the company for approval to obtain its drug. The company does so by issuing a Letter of Authorization (LOA).

Requesting expanded access from the FDA

To request access to an investigational drug for your patient, you must then submit an application to the FDA for expanded access on your patient's behalf. Form FDA 3926 can be used for this application. The expanded access process also includes requesting approval from an Institutional Review Board (IRB), and obtaining informed consent from your patient for the use of the investigational drug. Once the request is authorized by FDA, you will be responsible for managing the patient's medical care.

Ensuring patient safety is a priority; FDA must determine that the potential benefit justifies the potential risks of the use of the investigational drug. Even with safeguards, there may be unknown risks, since there is limited information available about the investigational drug. Your patient may not receive expanded access if the drug company does not provide the drug or if the FDA denies the request. However, FDA has historically granted expanded access to almost all the requests it receives.

If your patient needs the drug on an emergency basis, before a written request can be submitted, FDA can grant the request over the phone and your patient can begin treatment after you receive the medication from the drug company. However, you must still submit an expanded access application to FDA within 15 days and notify an IRB within 5 days of initiation of treatment.

Contact: DrugInfo@fda.hhs.gov or 1-855-543-3784 with any questions.

More Information:

- FDA Information for Physicians: Expanded Access
- FDA Guidance: Expanded Access to Investigational Drugs for Treatment Use -Questions and Answers
- Application for Individual Patient Expanded Access
- FDA's Expanded Access Contact Information, including FDA review divisions

Follow the steps below to request expanded access to an investigational new drug for your patient.

1. Ensure your patient meets the eligibility criteria for expanded access

- They must have a serious or immediately life-threatening disease or condition; there must be no comparable or satisfactory alternative therapy to diagnose, monitor, or treat the disease or condition; and they generally must be unable to participate in a clinical trial (see clinicaltrials.gov for a list of many clinical trials being conducted around the world).
- You must determine that the probable risk from the investigational drug is not greater than the probable risk from the disease or condition.
- If your practice includes multiple patients who might be good candidates for the investigational product, consider whether an expanded access IND for an intermediate-size population, rather than multiple single patient INDs, would be more efficient.

2. Obtain a letter of authorization (LOA) from the drug manufacturer

- Contact the drug manufacturer/company to request use of the drug outside of the clinical trial setting. FDA may be able to help identify the contact. The manufacturer must decide whether to provide the drug to treat your patient under expanded access.
- If the manufacturer agrees to provide the drug for expanded access, submit a Letter of Authorization from the drug company to the FDA with your IND submission. A template of this letter can be used and is available here.

3. Fill out the "Individual Patient Expanded Access Investigational New Drug Application" form (Form FDA 3926) and submit it to FDA

- Submit the request for your patient. See the guidance Individual Patient Expanded Access Applications: Form FDA 3926 for instructions.
- For emergency requests, you may contact 855-543-3784 and follow the instructions on FDA's Expanded Access Contact Information page. After 4:30 pm EST weekdays and all day on weekends, contact the FDA Emergency Call Center at 866-300-4374.

4. Request Institutional Review Board (IRB) approval

- If you work for an academic medical center, use the IRB procedures in place for your institution. If you are in private practice, seek IRB approval through a local university, hospital or an independent IRB.

5. Discuss the risks of the investigational drug treatment with your patient and obtain informed consent

- Informed consent must be obtained before initiating treatment, unless one of the exceptions in 21 CFR part 50 applies.

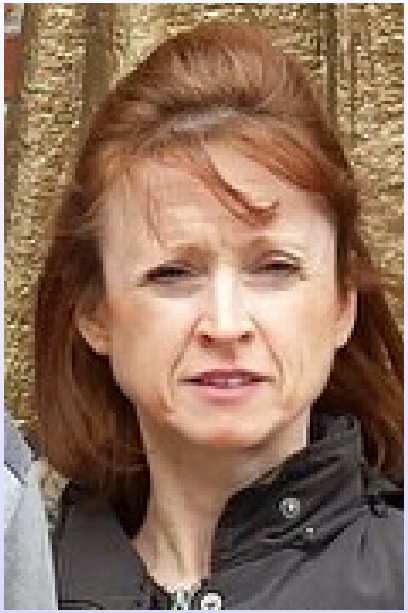
6. Await Authorization from FDA and the IRB

- Your patient may begin treatment 30 days after FDA receives the request, unless you receive earlier notification from FDA that the treatment may proceed. Typically FDA responds to these requests in a matter of days (or hours for emergency requests). You must also receive IRB approval before treatment can begin.
- Historically, FDA has approved 99% of expanded access requests. However, this is not a guarantee that yours will be approved.
- Once your request is approved by FDA, notify the drug company and arrange to obtain the drug.
- In certain circumstances, the drug company may be able to charge the patient for the cost of the drug, or it may elect to cover the cost.
- Any additional costs for administering the drug and monitoring its use will depend on the patient's insurance coverage and do not require FDA authorization. FDA has no authority to require that the Centers for Medicare and Medicaid Services (CMS) or any private health insurance company reimburse for investigational drugs for which FDA has authorized charging. It is important that you and your patient consider the cost of the investigational drug and the medical services associated with its use that are not covered by third-party payers such as insurance or Medicare.

7. Begin treatment and monitor the patient

- You are required to adhere to the monitoring procedures described in the treatment plan you outlined in the Form FDA 3926, including adverse event reporting. You may also have to submit a summary of the results of the treatment.

Expanded Access



Part 3: The New & Improved Individual Patient Expanded Access Application

Colleen Locicero

Form FDA 3926

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Food and Drug Administration

Individual Patient Expanded Access
Investigational New Drug Application (IND)
(Title 21, Code of Federal Regulations (CFR) Part 312)

Form Approved: OMB No. 0910-0814
Expiration Date: April 30, 2019
See PRA Statement on last page.

1. Patient's Initials

2. Date of Submission *(mm/dd/yyyy)*

3.a. Initial Submission
☐ Select this box if this form is an initial submission for an individual patient expanded access IND, and complete only fields 4 through 8, and fields 10 and 11.

3.b. Follow-Up Submission
☐ Select this box if this form accompanies a follow-up submission to an existing individual patient expanded access IND, and complete the items to the right in this section, and fields 8 through 11.

Investigational Drug Name

Physician's IND Number

4. Clinical Information

Indication

Brief Clinical History *(Patient's age, gender, weight, allergies, diagnosis, prior therapy, response to prior therapy, reason for request, including an explanation of why the patient lacks other therapeutic options)*

5. Treatment Information

Investigational Drug Name

Name of the entity that will supply the drug *(generally the manufacturer)*

FDA Review Division *(if known)*

Treatment Plan *(Including the dose, route and schedule of administration, planned duration, and monitoring procedures. Also include modifications to the treatment plan in the event of toxicity.)*

6. Letter of Authorization (LOA), if applicable *(generally obtained from the manufacturer of the drug)*

☐ I have attached the LOA. *(Attach the LOA; if electronic, use normal PDF functions for file attachments.)*

Note: If there is no LOA, consult the Form Instructions.

7. Physician's Qualification Statement *(Including medical school attended, year of graduation, medical specialty, state medical license number, current employment, and job title. Alternatively, attach the first few pages of physician's curriculum vitae (CV), provided they contain this information. If attaching the CV electronically, use normal PDF functions for file attachments.)*

8. Physician Name, Address, and Contact Information

Physician Name *(Sponsor)*

Address 1 *(Street address, No P.O. boxes)*

Address 2 *(Apartment, suite, unit, building, floor, etc.)*

City

State

ZIP Code

Email Address of Physician

Telephone Number of Physician

Facsimile (FAX) Number of Physician

Physician's IND number, if known

FORM FDA 3926 (2/16) **Page 1 of 2** PSC Publishing Services (301) 443-6740 EF

Form FDA 3926

9. Contents of Submission

This submission contains the following materials, which are attached to this form (select all that apply). If none of the following apply to the follow-up communications, use Form FDA 1571 for your submission.

- ☐ Initial Written IND Safety Report
- ☐ Follow-up to a Written IND Safety Report
- ☐ Annual Report
- ☐ Summary of Expanded Access Use (treatment completed)
- ☐ Change in Treatment Plan
- ☐ General Correspondence
- ☐ Response to FDA Request for Information
- ☐ Response to Clinical Hold

10. Request for Authorization to Use Form FDA 3926

☐ I request authorization to submit this Form FDA 3926 to comply with FDA's requirements for an individual patient expanded access IND.

11. Certification Statement: I will not begin treatment until 30 days after FDA's receipt of a completed application and all required materials unless I receive earlier notification from FDA that treatment may begin. I also agree not to begin or continue clinical investigations covered by the IND if those studies are placed on clinical hold. I also certify that I will obtain informed consent, consistent with Federal requirements, and that an Institutional Review Board (IRB) that complies with the Federal IRB requirements will be responsible for initial and continuing review and approval of this treatment use. I understand that in the case of an emergency request, treatment may begin without prior IRB approval, provided the IRB is notified of the emergency treatment within 5 working days of treatment. I agree to conduct the investigation in accordance with all other applicable regulatory requirements.

WARNING: A willfully false statement is a criminal offense (U.S.C. Title 18, Sec. 1001).

Signature of Physician	**Date**
To enable the signature field, please fill out all prior required fields. For a list of required fields which have not yet been filled out, please click here.	

For FDA Use Only

Date of FDA Receipt	Is this an emergency individual patient IND?	Is this indication for a rare disease (prevalence < 200,000 in the U.S.)?
IND Number	☐ Yes ☐ No	☐ Yes ☐ No

This section applies only to requirements of the Paperwork Reduction Act of 1995.

DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF EMAIL ADDRESS BELOW.

The burden time for this collection of information is estimated to average 45 minutes per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to:

Department of Health and Human Services
Food and Drug Administration
Office of Operations
Paperwork Reduction Act (PRA) Staff
PRAStaff@fda.hhs.gov

"An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number."

Form FDA 3926

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Food and Drug Administration

Individual Patient Expanded Access Investigational New Drug Application (IND)

(Title 21, Code of Federal Regulations (CFR) Part 312)

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Expiration Date: April 30, 2019
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Investigational Drug Name

Physician's IND Number

4. Clinical Information

Indication

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Form FDA 3926

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Form FDA 3926

8. Physician Name, Address, and Contact Information

Physician Name *(Sponsor)*	Email Address of Physician
Address 1 *(Street address, No P.O. boxes)*	
Address 2 *(Apartment, suite, unit, building, floor, etc.)*	Telephone Number of Physician
City / State	Facsimile (FAX) Number of Physician
ZIP Code	Physician's IND number, if known

Form FDA 3926

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Signature of Physician	**Date**
To enable the signature field, please fill out all prior required fields. For a list of required fields which have not yet been filled out, please click here.	

For FDA Use Only		
Date of FDA Receipt	Is this an emergency individual patient IND?	Is this indication for a rare disease (prevalence < 200,000 in the U.S.)?
IND Number	☐ Yes ☐ No	☐ Yes ☐ No

Submission Package

An individual patient IND submitted using Form FDA 3926 may only consist of:

- Completed form
- LOA to reference existing IND, if applicable
- First few pages of sponsor's CV (if sponsor elects to provide his/her qualification information in this way, rather than completing section 5 of the form)

Form FDA 1572 is **NOT** required to be submitted with Form FDA 3926

Overall Points to Remember

- To be used by sponsor-investigators (individual physician - not industry)
- To be used for submission of individual patient INDs, including those for emergency use, only (i.e., no other types of expanded access)
- Sponsor-investigator may always choose to use Form FDA 1571 instead

Challenge Questions

- We have a series of challenge questions to ask you about what you just heard about expanded access

- We will switch to voting mode from presentation mode

Challenge Question:

What is the purpose of expanded access?

A: To collect data supporting the development of a new treatment

B: To provide additional data to existing research outside the clinical trial

C: To treat patients who have exhausted approved treatment options

D: All of the above

Challenge Question:

What requests can physicians make with Form FDA 3926?

A: Follow-up requests for expanded access for individual patients

B: Expanded access for individual patients

C: Emergency expanded access

D: All of the above

Challenge Question:

About how long is it expected to take physicians to complete Form FDA 3926?

A: 1 Day

B: 100 Hours

C: 45 Minutes

D: 4 Hours

Challenge Question:

After receiving FDA approval for expanded access, what additional responsibilities do I have?

A: I must obtain approval from an IRB

B: I must obtain informed consent from my patient

C: I must submit a brief report to FDA, including the treatment outcome

D: All of the above

Challenge Question:

What costs can a physician, if authorized by FDA, recover from a patient under individual patient expanded access?

A: Direct costs of making the drug available

B: Administrative costs, like time spent on paperwork

C: You cannot recover any costs

D: Both A and B

Challenge Question:

Which of the following is true about individual patient expanded access?

A: You should request expanded access from FDA before approaching the company

B: Adverse events in expanded access programs frequently derail drug development programs

C: FDA approves over 99% of all expanded access applications

D: None of the above

More Information

Visit: www.fda.gov/expandedaccess

Contact

- FDA's Office of Health & Constituent Affairs 301-796-4600 or PatientNetwork@fda.hhs.gov
- CDER's Division of Drug Information

  855-543-3784 or druginfo@fda.hhs.gov
- CBER at 800-835-4709 or industry.biologics@fda.gov