FDA Platform Technology Draft Guidance Highlights Utility of Obscure Patent Term Extension Provision

As discussed in a **prior Goodwin Alert**, the US Food and Drug Administration (FDA) recently released **Draft Guidance for designating a platform technology for drug development** pursuant to § 560k of the Federal Food, Drug, and Cosmetic Act. The platform technology program was included as part of the PREVENT Pandemics Act "to bring significant efficiencies to the drug development or manufacturing process." Specifically, a platform technology must have the "potential to be incorporated in, or utilized by, m**ore than one drug** without an adverse effect of quality, manufacturing or safety."

Read the full insight **here**.

Common FDA Bioresearch Monitoring (BIMO) Violations: Updates from FY 2023 to Now



The Bioresearch Monitoring (BIMO) Program, operated by the U.S. Food and Drug Administration (FDA), conducts on-site inspections and data audits in order to effectively monitor the compliance of all FDA-regulated research.

As a follow up to our **July 2023 post**, we highlight the most common violations identified in Fiscal Year (FY) 2023, in addition to those observed thus far in FY 2024. BIMO conducted **1073** inspections in FY 2023. The majority of these inspections (approximately 79%) were of drug, biologic, or medical device study clinical investigators, institutional review boards (IRBs), sponsors,

clinical research organizations (CROs), and sponsor-investigators. Some of the most common inspection outcomes are highlighted in our alert linked below. Our methodology included a search of FDA's Warning Letter database for FY 2023 and 2024, to date, for letters issued by BIMO and the Center for Drug Evaluation and Research, the Center for Biologics Evaluation and Research, and the Center for Devices and Radiological Health to IRBs, CROs, clinical investigators, sponsors, and sponsor-investigators.

Read the full alert **here**.

Form FDA 483 Response Best Practices Announced by the FDA



In Draft Guidance published this week by the U.S. Food and Drug Administration (FDA), **Guidance for Industry – Processes and Practices Applicable to Bioresearch Monitoring Inspections**, the Agency provides some wisdom on best practices for responding to Form FDA 483s, albeit in the context of its Bioresearch Monitoring (BIMO) program inspections, but very much translatable to *any* Form FDA 483 response. FDA notes the following best practices:

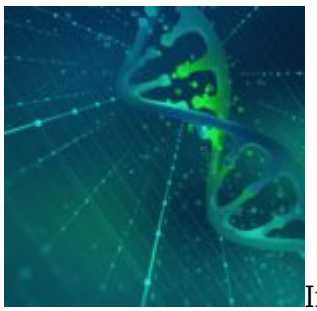
> A response should demonstrate the establishment's acknowledgment and understanding of FDA's observations. It should also demonstrate the establishment's commitment to address the observations, including a commitment from senior leadership.
>
> Responses should be well-organized and structured to:
>
> - Address each observation separately
> - Note whether the establishment agree(s) or disagree(s), and why
> - Provide both corrective and preventive actions and timelines for completion
> - Provide both completed and planned actions and related timelines
> - Provide a method of verifying or monitoring the effectiveness of the actions
> - Submit documentation (e.g., training, Standard Operating Procedures (SOPs), corrective action plans, records, etc.)

Importantly, FDA also states that timely Form FDA 483 responses that include "appropriate corrective and preventive actions could impact FDA's determination of the need for subsequent Agency action." FDA encourages responses within 15 business days after the end of an inspection and, helpfully, notes that any responses received within that window "will be considered before

further Agency action or decision." Interested stakeholders may submit comments **here** on FDA's Draft Guidance until August 5, 2024.

*Please contact **Julie Tibbets** or any member of our **Life Sciences Regulatory & Compliance practice** with questions on FDA's Draft Guidance or on responding to Form FDA 483s.*

Designating a Platform Technology: FDA's Long-Awaited Draft Guidance



In newly released **Draft Guidance** from the U.S. Food and Drug Administration (FDA) entitled, *Platform Technology Designation Program for Drug Development*, the FDA addresses its new designation program for platform technologies, which is intended to bring efficiencies to drug development, manufacturing, and review processes for applications that incorporate designated platform technologies.

Read the full alert **here**.

FDA Finalizes Rule and Sets Course to Phase In Oversight of Laboratory Developed Tests



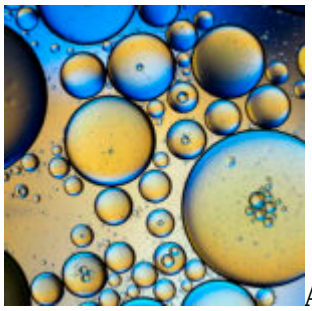
On May 6, 2024, following more than a decade of discourse with interested stakeholders on potential approaches to regulation of laboratory developed tests (LDTs), the U.S. Food and Drug Administration (FDA) published its **final rule** setting forth its framework for oversight of LDTs. The final rule and accompanying policy to phase out the agency's general policy of "enforcement discretion" for LDTs comes roughly six months after FDA published its **proposed rule** that outlined the agency's proposed approach to increasing oversight over LDTs.

As detailed in our prior analyses of the proposed rule (see **here** and **here**), FDA proposed to implement a **phaseout policy** that would, across five stages and within four years, apply to clinical laboratories offering tests as LDTs the same regulatory requirements applicable to in vitro diagnostics (IVDs).

The proposed rule received more than **6,500 comments**, and while FDA did not change its amendments to the regulation or meaningfully modify the phaseout timeline, FDA has significantly modified its phaseout policy to extend full or partial enforcement discretion to additional categories of LDTs, creating a framework whereby the agency intends to take a more targeted enforcement approach, particularly in the near-term, to addressing LDTs.

You can read our more in our **Insight**, where **Steven Tjoe**, **Matt Wetzel**, and **Sukrti Thonse** highlight the key features of the final rule and five-stage phaseout policy. Be sure to bookmark our dedicated **LDT Resource Page** to stay informed on the latest news and analyses on LDTs.

A Look Ahead in Life Sciences: What We Are Tracking in Q2 2024 and Beyond

As the life sciences, medtech, and diagnostic industries continue to expand and grow increasingly complex, so does the legal, regulatory, and compliance landscape. To help companies and investors navigate the many evolving and emerging laws and regulations across pharmaceuticals, biologics, medical devices, diagnostics, and laboratory testing, our Life Sciences Regulatory & Compliance team has provided an overview of key developments. We update and publish a quarterly tracker detailing these developments. You can read about the Q2 2024 updates **here**.

Master(ing) Protocols for Randomized Umbrella and Platform Trials

The U.S. Food and Drug Administration (FDA) recently issued a draft guidance, "**Master Protocols for Drug and Biological Product Development**", that echoes and builds on principles that the Agency previously set forth in guidance for **COVID-19 master protocols (2019)**, **master protocols in oncology (2022)** and **clinical trials for multiple versions of cellular or gene therapy products (2022)**. The draft guidance offers numerous (and at times *very* detailed) recommendations to facilitate the design, efficient analysis of data, and regulatory review of clinical trials conducted under such master protocols.

As a starting point, this draft guidance defines several key terms, including the types of trials that can be conducted under a master protocol:

Master Protocol	a protocol designed with multiple substudies, which may have different objectives and involve coordinated efforts to evaluate one or more medical products in one or more diseases or conditions within the overall study structure.
Umbrella Trial	evaluates multiple medical products concurrently for a single disease or condition
Platform Trial	evaluates multiple medical products for a disease or condition in an ongoing manner, with medical products entering or leaving the platform
Basket Trial	evaluates a medical product for multiple diseases, conditions, or disease subtypes

Master protocols offer sponsors the ability to streamline drug development through shared control groups, study infrastructure and oversight. However, these protocols also involve increased complexities and design challenges that generally require a higher degree of coordination. Here, we highlight some key design and analysis considerations addressed in the draft guidance:

Randomization

Sponsors should consider allocating more subjects to control arms than for each individual drug arm to increase power and reduce the risk of a poorly or highly performing control arm. For a platform trial, a sponsor should create a plan for changes to the randomization ratios that can occur as products enter and exit a platform trial. In umbrella or platform trials comparing different drugs, the sponsor should ensure that the randomization process prevents subjects from being randomized to drugs they are not eligible to receive given each drug's exclusion criteria.

Informed Consent

Sponsors should cover all treatment arms in their informed consent and obtain consent prior to randomization. In a platform trial where drugs are entering and exiting the study, consent forms should be modified accordingly to reflect the drugs currently under evaluation. FDA also

recommends the use of a central IRB to review informed consent forms, the protocol, and other relevant documents for monitoring of a trial conducted under a master protocol.

Blinding

Given the potential for different administration methods for various drugs included in umbrella or platform trials, unique blinding challenges may arise and sponsors should discuss their proposed approach to blinding with FDA early in the planning stage.

Safety Data

Safety data from a master protocol can be considered part of overall safety database but data from other sources may be needed to support approval. The type of master protocol and the drugs being evaluated will impact the approach to safety data collection. FDA also recommends that a data monitoring committee (DMC) or other independent, external entity review accumulating safety and efficacy data to minimize inadvertent dissemination of information that could pose risks to trial integrity.

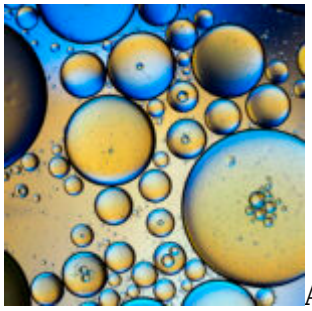
Regulatory Review Considerations

Each master protocol should be submitted as a new IND, and FDA recommends that the sponsor request a pre-IND meeting to discuss the protocol and other IND submission details. Given the potentially rapid pace of changes in a master protocol, the draft guidance recommends specific procedures for protocol amendments, including cover letters for each protocol amendment that update on the status of each drug and notifying the RPM at least 48 hours before submitting any protocol amendment that could substantively affect the master protocol. The IND should also include a well-designed communication plan to facilitate timely and effective communication between multiple stakeholders, including rapid communication of serious safety information and protocol amendments to investigators and FDA.

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Comments on this draft guidance are due February 22, 2024. Please contact the authors or your Goodwin attorney with any questions or if you would like to submit a comment.

A Look Ahead in Life Sciences: What We Are Tracking in Q1 2024 and Beyond

As the life sciences, medtech, and diagnostic industries continue to expand and grow increasingly complex, so does the legal, regulatory, and compliance landscape. To help companies and investors navigate the many evolving and emerging laws and regulations across pharmaceuticals, biologics, medical devices, diagnostics, and laboratory testing, our Life Sciences Regulatory & Compliance team has provided an overview of key developments. We update and publish a quarterly tracker detailing these developments. You can read about the Q1 2024 updates **here**.

A Practical Look at OIG's New Compliance Guidance

On November 6, 2023, for the first time in 15 years, HHS OIG issued a new reference guide for the health care compliance community – **the General Compliance Program Guidance, or GCPG**. While the GCPG does not set new legal standards and largely reinforces existing guidance, it is a tremendous tool to help health care and life sciences companies advance their compliance efforts. Indeed, within its 91 pages, the GCPG provides the most comprehensive and user-friendly trove of health care compliance insights, tips, and guidance ever provided by the federal government.

Read the full alert **here**.

Significant 340B Drug Pricing Program Litigation May Impact 340B Scope

Two recent federal court cases signal new significant developments with respect to the 340B Drug Pricing Program. Specifically: (1) new federal district court litigation challenging a recent HRSA Notice involving 340B Program “child site” registration and eligibility; and (2) a court decision in other litigation that implicates the scope of the 340B “eligible patient” definition. Details regarding these developments are in the client alert.

Read the client alert **here**.