

1 tion 201 of the Federal Food, Drug, and Cosmetic Act  
2 (21 U.S.C. 321).

3 **Subtitle G—Antibiotic Drug**  
4 **Development**

5 **SEC. 2121. APPROVAL OF CERTAIN DRUGS FOR USE IN A**  
6 **LIMITED POPULATION OF PATIENTS.**

7 (a) PURPOSE.—The purpose of this section is to help  
8 expedite the development and availability of treatments for  
9 serious or life-threatening bacterial or fungal infections in  
10 patients with unmet needs, while maintaining safety and  
11 effectiveness standards for such treatments, taking into  
12 account the severity of the infection and the availability  
13 or lack of alternative treatments.

14 (b) APPROVAL OF CERTAIN ANTIBACTERIAL AND  
15 ANTIFUNGAL DRUGS.—Section 505 of the Federal Food,  
16 Drug, and Cosmetic Act (21 U.S.C. 355), as amended by  
17 section 2001, is further amended by adding at the end  
18 the following new subsection:

19 “(z) APPROVAL OF CERTAIN ANTIBACTERIAL AND  
20 ANTIFUNGAL DRUGS FOR USE IN A LIMITED POPU-  
21 LATION OF PATIENTS.—

22 “(1) PROCESS.—At the request of the sponsor  
23 of an antibacterial or antifungal drug that is in-  
24 tended to treat a serious or life-threatening infec-  
25 tion, the Secretary—

1           “(A) may execute a written agreement  
2 with the sponsor on the process for developing  
3 data to support an application for approval of  
4 such drug, for use in a limited population of pa-  
5 tients in accordance with this subsection;

6           “(B) shall proceed with the development  
7 and approval of such a drug in accordance with  
8 this subsection only if a written agreement is  
9 reached under subparagraph (A);

10           “(C) shall provide the sponsor with an op-  
11 portunity to request meetings under paragraph  
12 (2);

13           “(D) if a written agreement is reached  
14 under subparagraph (A), may approve the drug  
15 under this subsection for such use —

16           “(i) in a limited population of patients  
17 for which there is an unmet medical need;

18           “(ii) based on a streamlined develop-  
19 ment program; and

20           “(iii) only if the standards for ap-  
21 proval under subsections (c) and (d) of this  
22 section or licensure under section 351 of  
23 the Public Health Service Act, as applica-  
24 ble, are met; and

1           “(E) in approving a drug in accordance  
2 with this subsection, subject to subparagraph  
3 (D)(iii), may rely upon—

4           “(i) traditional endpoints, alternate  
5 endpoints, or a combination of traditional  
6 and alternate endpoints, and, as appro-  
7 priate, data sets of a limited size; and

8           “(ii)(I) additional data, including pre-  
9 clinical, pharmacologic, or pathophysiologic  
10 evidence;

11           “(II) nonclinical susceptibility and  
12 pharmacokinetic data;

13           “(III) data from phase 2 clinical  
14 trials; and

15           “(IV) such other confirmatory evi-  
16 dence as the Secretary determines appro-  
17 priate to approve the drug.

18           “(2) FORMAL MEETINGS.—

19           “(A) IN GENERAL.—To help expedite and  
20 facilitate the development and review of a drug  
21 for which a sponsor intends to request approval  
22 in accordance with this subsection, the Sec-  
23 retary may, at the request of the sponsor, con-  
24 duct meetings that provide early consultation,  
25 timely advice, and sufficient opportunities to

1 develop an agreement described in paragraph  
2 (1)(A) and help the sponsor design and conduct  
3 a drug development program as efficiently as  
4 possible, including the following types of meet-  
5 ings:

6 “(i) An early consultation meeting.

7 “(ii) An assessment meeting.

8 “(iii) A postapproval meeting.

9 “(B) NO ALTERING OF GOALS.—Nothing  
10 in this paragraph shall be construed to alter  
11 agreed upon goals and procedures identified in  
12 the letters described in section 101(b) of the  
13 Prescription Drug User Fee Amendments of  
14 2012.

15 “(C) BREAKTHROUGH THERAPIES.—In the  
16 case of a drug designated as a breakthrough  
17 therapy under section 506(a), the sponsor of  
18 such drug may elect to utilize meetings pro-  
19 vided under such section with respect to such  
20 drug in lieu of meetings described in subpara-  
21 graph (A).

22 “(3) LABELING REQUIREMENT.—The labeling  
23 of an antibacterial or antifungal drug approved in  
24 accordance with this subsection shall contain the  
25 statement ‘Limited Population’ in a prominent man-

1       ner and adjacent to, and not more prominent than,  
2       the brand name of the product. The prescribing in-  
3       formation for such antibacterial or antifungal drug  
4       required by section 201.57 of title 21, Code of Fed-  
5       eral Regulations (or any successor regulation) shall  
6       also include the following statement: ‘This drug is  
7       indicated for use in a limited and specific population  
8       of patients.’.

9               “(4) PROMOTIONAL MATERIALS.—The provi-  
10       sions of section 506(c)(2)(B) shall apply with re-  
11       spect to approval in accordance with this subsection  
12       to the same extent and in the same manner as such  
13       provisions apply with respect to accelerated approval  
14       in accordance with section 506(c)(1).

15               “(5) TERMINATION OF REQUIREMENTS OR CON-  
16       DITIONS.—If a drug is approved in accordance with  
17       this subsection for an indication in a limited popu-  
18       lation of patients and is subsequently approved or li-  
19       censed under this section or section 351 of the Pub-  
20       lic Health Service Act, other than in accordance with  
21       this subsection, for—

22                       “(A) the same indication and the same  
23       conditions of use, the Secretary shall remove  
24       any labeling requirements or postmarketing

1 conditions that were made applicable to the  
2 drug under this subsection; or

3 “(B) a different indication or condition of  
4 use, the Secretary shall not apply the labeling  
5 requirements and postmarketing conditions that  
6 were made applicable to the drug under this  
7 subsection to the subsequent approval of the  
8 drug for such different indication or condition  
9 of use.

10 “(6) RELATION TO OTHER PROVISIONS.—Noth-  
11 ing in this subsection shall be construed to prohibit  
12 the approval of a drug for use in a limited popu-  
13 lation of patients in accordance with this subsection,  
14 in combination with—

15 “(A) an agreement on the design and size  
16 of a clinical trial pursuant to subparagraphs  
17 (B) and (C) of subsection (b)(5);

18 “(B) designation and treatment of the  
19 drug as a breakthrough therapy under section  
20 506(a);

21 “(C) designation and treatment of the  
22 drug as a fast track product under section  
23 506(b); or

24 “(D) accelerated approval of the drug in  
25 accordance with section 506(c).

1           “(7) RULE OF CONSTRUCTION.—Nothing in  
2 this subsection shall be construed—

3           “(A) to alter the standards of evidence  
4 under subsection (c) or (d) (including the sub-  
5 stantial evidence standard in subsection (d));

6           “(B) to waive or otherwise preclude the ap-  
7 plication of requirements under subsection (o);

8           “(C) to otherwise, in any way, limit the au-  
9 thority of the Secretary to approve products  
10 pursuant to this Act and the Public Health  
11 Service Act as authorized prior to the date of  
12 enactment of this subsection; or

13           “(D) to restrict in any manner, the pre-  
14 scribing of antibiotics or other products by  
15 health care providers, or to otherwise limit or  
16 restrict the practice of health care.

17           “(8) EFFECTIVE IMMEDIATELY.—The Sec-  
18 retary shall have the authorities vested in the Sec-  
19 retary by this subsection beginning on the date of  
20 enactment of this subsection, irrespective of when  
21 and whether the Secretary promulgates final regula-  
22 tions or guidance.

23           “(9) DEFINITIONS.—In this subsection:

24           “(A) EARLY CONSULTATION MEETING.—  
25 The term ‘early consultation meeting’ means a

1 pre-investigational new drug meeting or an end-  
2 of-phase 1 meeting that—

3 “(i) is conducted to review and reach  
4 a written agreement—

5 “(I) on the scope of the stream-  
6 lined development plan for a drug for  
7 which a sponsor intends to request ap-  
8 proval in accordance with this sub-  
9 section; and

10 “(II) which, as appropriate, may  
11 include agreement on the design and  
12 size of necessary preclinical and clin-  
13 ical studies early in the development  
14 process, including clinical trials whose  
15 data are intended to form the primary  
16 basis for an effectiveness claim; and

17 “(ii) provides an opportunity to dis-  
18 cuss expectations of the Secretary regard-  
19 ing studies or other information that the  
20 Secretary deems appropriate for purposes  
21 of applying paragraph (5), relating to the  
22 termination of labeling requirements or  
23 postmarketing conditions.

24 “(B) ASSESSMENT MEETING.—The term  
25 ‘assessment meeting’ means an end-of-phase 2



1 meeting, pre-new drug application meeting, or  
2 pre-biologics license application meeting con-  
3 ducted to resolve questions and issues raised  
4 during the course of clinical investigations, and  
5 details addressed in the written agreement re-  
6 garding postapproval commitments or expan-  
7 sion of approved uses.

8 “(C) POSTAPPROVAL MEETING.—The term  
9 ‘postapproval meeting’ means a meeting fol-  
10 lowing initial approval or licensure of the drug  
11 for use in a limited population, to discuss any  
12 issues identified by the Secretary or the sponsor  
13 regarding postapproval commitments or expan-  
14 sion of approved uses.”.

15 (c) GUIDANCE.—Not later than 18 months after the  
16 date of enactment of this Act, the Secretary of Health and  
17 Human Services, acting through the Commissioner of  
18 Food and Drugs, shall issue draft guidance describing cri-  
19 teria, process, and other general considerations for dem-  
20 onstrating the safety and effectiveness of antibacterial and  
21 antifungal drugs to be approved for use in a limited popu-  
22 lation in accordance with section 505(z) of the Federal  
23 Food, Drug, and Cosmetic Act, as added by subsection  
24 (b).

25 (d) CONFORMING AMENDMENTS.—

1           (1) LICENSURE OF CERTAIN BIOLOGICAL PROD-  
2           UCTS.—Section 351(j) of the Public Health Service  
3           Act (42 U.S.C. 262(j)) is amended—

4                   (A) by striking “(j)” and inserting  
5                   “(j)(1)”;

6                   (B) by inserting “505(z),” after “505(p),”;  
7           and

8                   (C) by adding at the end the following new  
9           paragraph:

10          “(2) In applying section 505(z) of the Federal Food,  
11          Drug, and Cosmetic Act to the licensure of biological prod-  
12          ucts under this section—

13                   “(A) references to an antibacterial or antifungal  
14                   drug that is intended to treat a serious or life-  
15                   threatening infection shall be construed to refer to  
16                   a biological product intended to treat a serious or  
17                   life-threatening bacterial or fungal infection; and

18                   “(B) references to approval of a drug under  
19                   section 505(c) of such Act shall be construed to  
20                   refer to a licensure of a biological product under  
21                   subsection (a) of this section.”.

22          (2) MISBRANDING.—Section 502 of the Federal  
23          Food, Drug, and Cosmetic Act (21 U.S.C. 352) is  
24          amended by adding at the end the following new  
25          subsection:

1 “(dd) If it is a drug approved in accordance with sec-  
2 tion 505(z) and its labeling does not meet the require-  
3 ments under paragraph (3) of such subsection, subject to  
4 paragraph (5) of such subsection.”.

5 (e) EVALUATION.—

6 (1) ASSESSMENT.—Not later than 48 months  
7 after the date of enactment of this Act, the Sec-  
8 retary of Health and Human Services shall publish  
9 for public comment an assessment of the program  
10 established under section 505(z) of the Federal  
11 Food, Drug, and Cosmetic Act, as added by sub-  
12 section (b). Such assessment shall determine if the  
13 limited-use pathway established under such section  
14 505(z) has improved or is likely to improve patient  
15 access to novel antibacterial or antifungal treat-  
16 ments and assess how the pathway could be ex-  
17 panded to cover products for serious or life-threat-  
18 ening diseases or conditions beyond bacterial and  
19 fungal infections.

20 (2) MEETING.—Not later than 90 days after  
21 the date of the publication of such assessment, the  
22 Secretary, acting through the Commissioner of Food  
23 and Drugs shall hold a public meeting to discuss the  
24 findings of the assessment, during which public  
25 stakeholders may present their views on the success

1 of the program established under section 505(z) of  
2 the Federal Food, Drug, and Cosmetic Act, as  
3 added by subsection (b), and the appropriateness of  
4 expanding such program.

5 (f) EXPANSION OF PROGRAM.—If the Secretary of  
6 Health and Human Services determines, based on the as-  
7 sessment under subsection (e)(1), evaluation of the assess-  
8 ment, and any other relevant information, that the public  
9 health would benefit from expansion of the limited-use  
10 pathway established under section 505(z) of the Federal  
11 Food, Drug, and Cosmetic Act (as added by subsection  
12 (b)) beyond the drugs approved in accordance with such  
13 section, the Secretary may expand such limited-use path-  
14 way in accordance with such a determination. The ap-  
15 proval of any drugs under any such expansion shall be  
16 subject to the considerations and requirements described  
17 in such section 505(z) for purposes of expansion to other  
18 serious or life-threatening diseases or conditions.

19 (g) MONITORING.—The Public Health Service Act is  
20 amended by inserting after section 317T (42 U.S.C.  
21 247b–22) the following:

22 **“SEC. 317U. MONITORING ANTIBACTERIAL AND**  
23 **ANTIFUNGAL DRUG USE AND RESISTANCE.**

24 “(a) MONITORING.—The Secretary shall use an ap-  
25 propriate monitoring system to monitor—

1           “(1) the use of antibacterial and antifungal  
2           drugs, including those receiving approval or licensure  
3           for a limited population pursuant to section 505(z)  
4           of the Federal Food, Drug, and Cosmetic Act; and

5           “(2) changes in bacterial and fungal resistance  
6           to drugs.

7           “(b) PUBLIC AVAILABILITY OF DATA.—The Sec-  
8           retary shall make summaries of the data derived from  
9           monitoring under this section publicly available for the  
10          purposes of—

11           “(1) improving the monitoring of important  
12           trends in antibacterial and antifungal resistance;  
13           and

14           “(2) ensuring appropriate stewardship of anti-  
15           bacterial and antifungal drugs, including those re-  
16           ceiving approval or licensure for a limited population  
17           pursuant to section 505(z) of the Federal Food,  
18           Drug, and Cosmetic Act.”.

19   **SEC. 2122. SUSCEPTIBILITY TEST INTERPRETIVE CRITERIA**  
20                           **FOR MICROORGANISMS.**

21           (a) IN GENERAL.—Section 511 of the Federal Food,  
22           Drug, and Cosmetic Act (21 U.S.C. 360a) is amended to  
23           read as follows: