

1 analysis may be comparative to the use of another drug,
2 to another health care intervention, or to no intervention.

3 “(B) Such term does not include any analysis that
4 relates only to an indication that is not approved under
5 section 505 or under section 351 of the Public Health
6 Service Act for such drug.”.

7 **SEC. 2102. FACILITATING RESPONSIBLE COMMUNICATION**
8 **OF SCIENTIFIC AND MEDICAL DEVELOP-**
9 **MENTS.**

10 (a) GUIDANCE.—Not later than 18 months after the
11 date of enactment of this Act, the Secretary of Health and
12 Human Services shall issue draft guidance on facilitating
13 the responsible dissemination of truthful and nonmis-
14 leading scientific and medical information not included in
15 the approved labeling of drugs and devices.

16 (b) DEFINITION.—In this section, the terms “drug”
17 and “device” have the meaning given to such terms in sec-
18 tion 201 of the Federal Food, Drug, and Cosmetic Act
19 (21 U.S.C. 321).

20 **Subtitle G—Antibiotic Drug**
21 **Development**

22 **SEC. 2121. APPROVAL OF CERTAIN DRUGS FOR USE IN A**
23 **LIMITED POPULATION OF PATIENTS.**

24 (a) PURPOSE.—The purpose of this section is to help
25 to expedite the development and availability of treatments

1 for serious or life-threatening bacterial or fungal infections
2 in patients with unmet needs, while maintaining safety
3 and effectiveness standards for such treatments, taking
4 into account the severity of the infection and the avail-
5 ability or lack of alternative treatments.

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

11 “(z) APPROVAL OF CERTAIN ANTIBACTERIAL AND
12 ANTIFUNGAL DRUGS FOR USE IN A LIMITED POPU-
13 LATION OF PATIENTS.—

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

18 “(A) may execute a written agreement
19 with the sponsor on the process for developing
20 data to support an application for approval of
21 such drug, for use in a limited population of pa-
22 tients in accordance with this subsection;

23 “(B) shall proceed in accordance with this
24 subsection only if a written agreement is
25 reached under subparagraph (A);

1 “(C) shall provide the sponsor with an op-
2 portunity to request meetings under paragraph
3 (2);

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

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

9 “(ii) based on a streamlined develop-
10 ment program; and

11 “(iii) only if the standards for ap-
12 proval under subsections (c) and (d) of this
13 section or licensure under section 351 of
14 the Public Health Service Act, as applica-
15 ble, are met; and

16 “(E) in approving a drug in accordance
17 with this subsection, subject to subparagraph
18 (D)(iii), may rely upon—

19 “(i) traditional endpoints, alternate
20 endpoints, or a combination of traditional
21 and alternate endpoints, and, as appro-
22 priate, data sets of a limited size; and

23 “(ii)(I) additional data, including pre-
24 clinical, pharmacologic, or pathophysiologic
25 evidence;

1 “(II) nonclinical susceptibility and
2 pharmacokinetic data;

3 “(III) data from phase 2 clinical
4 trials; and

5 “(IV) such other confirmatory evi-
6 dence as the Secretary determines appro-
7 priate to approve the drug.

8 “(2) FORMAL MEETINGS.—

9 “(A) IN GENERAL.—To help to expedite
10 and facilitate the development and review of a
11 drug for which a sponsor intends to request ap-
12 proval in accordance with this subsection, the
13 Secretary may, at the request of the sponsor,
14 conduct meetings that provide early consulta-
15 tion, timely advice, and sufficient opportunities
16 to develop an agreement described in paragraph
17 (1)(A) and help the sponsor design and conduct
18 a drug development program as efficiently as
19 possible, including the following types of meet-
20 ings:

21 “(i) An early consultation meeting.

22 “(ii) An assessment meeting.

23 “(iii) A postapproval meeting.

24 “(B) NO ALTERING OF GOALS.—Nothing
25 in this paragraph shall be construed to alter

1 agreed upon goals and procedures identified in
2 the letters described in section 101(b) of the
3 Prescription Drug User Fee Amendments of
4 2012.

5 “(C) BREAKTHROUGH THERAPIES.—In the
6 case of a drug designated as a breakthrough
7 therapy under section 506(a), the sponsor of
8 such drug may elect to utilize meetings pro-
9 vided under such section with respect to such
10 drug in lieu of meetings described in subpara-
11 graph (A).

12 “(3) LABELING REQUIREMENT.—The labeling
13 of an antibacterial or antifungal drug approved in
14 accordance with this subsection shall contain the
15 statement ‘Limited Population’ in a prominent man-
16 ner and adjacent to, and not more prominent than,
17 the brand name of the product. The prescribing in-
18 formation for such antibacterial or antifungal drug
19 required by section 201.57 of title 21, Code of Fed-
20 eral Regulations (or any successor regulation) shall
21 also include the following statement: ‘This drug is
22 indicated for use in a limited and specific population
23 of patients.’.

24 “(4) PROMOTIONAL MATERIALS.—The provi-
25 sions of section 506(c)(2)(B) shall apply with re-

1 spect to approval in accordance with this subsection
2 to the same extent and in the same manner as such
3 provisions apply with respect to accelerated approval
4 in accordance with section 506(c)(1).

5 “(5) TERMINATION OF REQUIREMENTS OR CON-
6 DITIONS.—If a drug is approved in accordance with
7 this subsection for an indication in a limited popu-
8 lation of patients and is subsequently approved or li-
9 censed under this section or section 351 of the Pub-
10 lic Health Service Act, other than in accordance with
11 this subsection, for—

12 “(A) the same indication and the same
13 conditions of use, the Secretary shall remove
14 any labeling requirements or postmarketing
15 conditions that were made applicable to the
16 drug under this subsection; or

17 “(B) a different indication or condition of
18 use, the Secretary shall not apply the labeling
19 requirements and postmarketing conditions that
20 were made applicable to the drug under this
21 subsection to the subsequent approval of the
22 drug for such different indication or condition
23 of use.

24 “(6) RELATION TO OTHER PROVISIONS.—Noth-
25 ing in this subsection shall be construed to prohibit

1 the approval of a drug for use in a limited popu-
2 lation of patients in accordance with this subsection,
3 in combination with—

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

7 “(B) designation and treatment of the
8 drug as a breakthrough therapy under section
9 506(a);

10 “(C) designation and treatment of the
11 drug as a fast track product under section
12 506(b); or

13 “(D) accelerated approval of the drug in
14 accordance with section 506(e).

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

17 “(A) to alter the standards of evidence
18 under subsection (c) or (d) (including the sub-
19 stantial evidence standard in subsection (d));

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

22 “(C) to otherwise, in any way, limit the au-
23 thority of the Secretary to approve products
24 pursuant to this Act and the Public Health

1 Service Act as authorized prior to the date of
2 enactment of this subsection; or

3 “(D) to restrict in any manner, the pre-
4 scribing of antibiotics or other products by
5 health care providers, or to otherwise limit or
6 restrict the practice of health care.

7 “(8) EFFECTIVE IMMEDIATELY.—The Sec-
8 retary shall have the authorities vested in the Sec-
9 retary by this subsection beginning on the date of
10 enactment of this subsection, irrespective of when
11 and whether the Secretary promulgates final regula-
12 tions or guidance.

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

14 “(A) EARLY CONSULTATION MEETING.—
15 The term ‘early consultation meeting’ means a
16 pre-investigational new drug meeting or an end-
17 of-phase-1 meeting that—

18 “(i) is conducted to review and reach
19 a written agreement—

20 “(I) on the scope of the stream-
21 lined development plan for a drug for
22 which a sponsor intends to request ap-
23 proval in accordance with this sub-
24 section; and

1 “(II) which, as appropriate, may
2 include agreement on the design and
3 size of necessary preclinical and clin-
4 ical studies early in the development
5 process, including clinical trials whose
6 data are intended to form the primary
7 basis for an effectiveness claim; and

8 “(ii) provides an opportunity to dis-
9 cuss expectations of the Secretary regard-
10 ing studies or other information that the
11 Secretary deems appropriate for purposes
12 of applying paragraph (5), relating to the
13 termination of labeling requirements or
14 postmarketing conditions.

15 “(B) ASSESSMENT MEETING.—The term
16 ‘assessment meeting’ means an end-of-phase 2
17 meeting, pre-new drug application meeting, or
18 pre-biologics license application meeting con-
19 ducted to resolve questions and issues raised
20 during the course of clinical investigations, and
21 details addressed in the written agreement re-
22 garding postapproval commitments or expan-
23 sion of approved uses.

24 “(C) POSTAPPROVAL MEETING.—The term
25 ‘postapproval meeting’ means a meeting fol-

1 lowing initial approval or licensure of the drug
2 for use in a limited population, to discuss any
3 issues identified by the Secretary or the sponsor
4 regarding postapproval commitments or expansion
5 of approved uses.”.

6 (c) GUIDANCE.—Not later than 18 months after the
7 date of enactment of this Act, the Secretary of Health and
8 Human Services, acting through the Commissioner of
9 Food and Drugs, shall issue draft guidance describing criteria,
10 process, and other general considerations for demonstrating
11 the safety and effectiveness of antibacterial and
12 antifungal drugs to be approved for use in a limited population
13 in accordance with section 505(z) of the Federal
14 Food, Drug, and Cosmetic Act, as added by subsection
15 (b).

16 (d) CONFORMING AMENDMENTS.—

17 (1) LICENSURE OF CERTAIN BIOLOGICAL PRODUCTS.—Section 351(j) of the Public Health Service
18 Act (42 U.S.C. 262(j)) is amended—
19

20 (A) by striking “(j)” and inserting
21 “(j)(1)”;

22 (B) by inserting “505(z),” after “505(p),”;
23 and

24 (C) by adding at the end the following new
25 paragraph:

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

4 “(A) references to an antibacterial or antifungal
5 drug that is intended to treat a serious or life-
6 threatening infection shall be construed to refer to
7 a biological product intended to treat a serious or
8 life-threatening bacterial or fungal infection; and

9 “(B) references to approval of a drug under
10 section 505(c) of such Act shall be construed to
11 refer to a licensure of a biological product under
12 subsection (a) of this section.”.

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

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

21 (e) EVALUATION.—

22 (1) ASSESSMENT.—Not later than 48 months
23 after the date of enactment of this Act, the Sec-
24 retary of Health and Human Services shall publish
25 for public comment an assessment of the program

1 established under section 505(z) of the Federal
2 Food, Drug, and Cosmetic Act, as added by sub-
3 section (b). Such assessment shall determine if the
4 limited-use pathway established under such section
5 505(z) has improved or is likely to improve patient
6 access to novel antibacterial or antifungal treat-
7 ments and assess how the pathway could be ex-
8 panded to cover products for serious or life-threat-
9 ening diseases or conditions beyond bacterial and
10 fungal infections.

11 (2) MEETING.—Not later than 90 days after
12 the date of the publication of such assessment, the
13 Secretary, acting through the Commissioner of Food
14 and Drugs, shall hold a public meeting to discuss
15 the findings of the assessment, during which public
16 stakeholders may present their views on the success
17 of the program established under section 505(z) of
18 the Federal Food, Drug, and Cosmetic Act, as
19 added by subsection (b), and the appropriateness of
20 expanding such program.

21 (f) EXPANSION OF PROGRAM.—If the Secretary of
22 Health and Human Services determines, based on the as-
23 sessment under subsection (e)(1), evaluation of the assess-
24 ment, and any other relevant information, that the public
25 health would benefit from expansion of the limited-use

1 pathway established under section 505(z) of the Federal
2 Food, Drug, and Cosmetic Act (as added by subsection
3 (b)) beyond the drugs approved in accordance with such
4 section, the Secretary may expand such limited-use path-
5 way in accordance with such a determination. The ap-
6 proval of any drugs under any such expansion shall be
7 subject to the considerations and requirements described
8 in such section 505(z) for purposes of expansion to other
9 serious or life-threatening diseases or conditions.

10 (g) MONITORING.—The Public Health Service Act is
11 amended by inserting after section 317T (42 U.S.C.
12 247b–22) the following:

13 **“SEC. 317U. MONITORING ANTIBACTERIAL AND**
14 **ANTIFUNGAL DRUG USE AND RESISTANCE.**

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

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

21 “(2) changes in bacterial and fungal resistance
22 to drugs.

23 “(b) PUBLIC AVAILABILITY OF DATA.—The Sec-
24 retary shall make summaries of the data derived from

1 monitoring under this section publicly available for the
2 purposes of—

3 “(1) improving the monitoring of important
4 trends in antibacterial and antifungal resistance;
5 and

6 “(2) ensuring appropriate stewardship of anti-
7 bacterial and antifungal drugs, including those re-
8 ceiving approval or licensure for a limited population
9 pursuant to section 505(z) of the Federal Food,
10 Drug, and Cosmetic Act.”.

11 **SEC. 2122. SUSCEPTIBILITY TEST INTERPRETIVE CRITERIA**
12 **FOR MICROORGANISMS.**

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

16 **“SEC. 511. IDENTIFYING AND UPDATING SUSCEPTIBILITY**
17 **TEST INTERPRETIVE CRITERIA FOR MICRO-**
18 **ORGANISMS.**

19 “(a) PURPOSE; IDENTIFICATION OF CRITERIA.—

20 “(1) PURPOSE.—The purpose of this section is
21 to provide the Secretary with an expedited, flexible
22 method for—

23 “(A) clearance or premarket approval of
24 antimicrobial susceptibility testing devices uti-
25 lizing updated, recognized susceptibility test in-