INTERNATIONAL DEVICES & DIAGNOSTICS MONITOR

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IN THIS ISSUE

Industry Negotiating With FDA For $500M Deal for MDUFA IV

Negotiations are moving apace between industry and the FDA to hash out the latest iteration of Medical Device User Fee Act.

According to meeting minutes documenting the negotionations that were posted last week, the FDA is estimating total costs of $500 million to implement additional resources for quality management, de novo, presubmissions and other programs under MDUFA IV.

During a Jan. 27 meeting, the FDA presented industry with several proposals that would be implemented over the five-year authorization period for MDUFA IV, such as establishing a team of 20 employees responsible for quality management.

Among other proposals, the FDA would hire 43 device coordinators to ensure consistency in process and feedback for each innovative device's entire regulatory lifespan, from presubmission through marketing authorization.

In addition, the FDA proposed improving other programs, with 57 employees needed for pre-submission meetings, 61 employees for de novo reviews and 17 employees for third party 510(k) reviews.

(See **MDUFA**, *Page 4)*

FDA Advisory Committee Pushes for Robust Post-Approval Studies for Leadless Pacemakers

While leadless pacemakers could represent a new generation of devices that could improve the comfort and quality of life for some patients, the FDA is concerned about the long-term safety of the devices.

During a Feb. 18 meeting in Gaithersburg, Md., an FDA advisory committee examined some of these concerns, including potential adverse events. The panel ultimately recommended that long-term post-approval studies enroll a large number of patients for leadless pacemakers, which are delivered through a femoral catheter.

Among the adverse events named are perforation and complications through the femoral access, as well as the end of life of the device, once the battery dies. The devices have an estimated longevity of about seven to 12 years, depending on the programmed parameters.

(See **Pacemakers**, *Page 8)*

Senate Confirms Califf For FDA Commissioner Job

The Senate confirmed presidential nominee Robert Califf as the new commissioner of the FDA on Feb. 24 in a roll call vote of 89 to 4.

Sens. Edward Markey (D-Mass.) and Joe Manchin (D-W.Va.) — who previously held a joint press conference discussing their opposition to Califf — were among the no votes. The other two were Sens. Kelly Ayotte (R-N.H.) and Richard Blumenthal (D-Conn.).

The vote followed days of debate after the upper chamber voted 80-6 on Feb. 22 to invoke cloture, which allowed for up to 30 hours of debate before a final vote.

Interim FDA Commissioner Stephen Ostroff praised Califf in a statement, citing his understanding of "the critical role that the FDA plays in responding to the changes in our society while protecting and promoting the health of the public, across the many areas we regulate." A spokesperson added that no date has been set for when he will be sworn in as commissioner.

Califf was first nominated by President Barack Obama in September. The FDA deputy commissioner for tobacco and medical products and former Duke University clinical researcher drew wide praise from industry, and little opposition (*IDDM*, Sept. 18, 2015).

Although he faced some tough questions during a Senate HELP committee hearing from Sens. Bernie Sanders (I-Vt.) and Elizabeth Warren (D-Mass.), he remained widely supported by both parties, including Chairman Sen. Lamar Alexander (R-Tenn.) and Ranking Member Patty Murray (D-Wash.).

Califf sailed through the HELP Committee's vote to send his nomination to the full Senate by a unanimous voice vote (*IDDM*, Jan. 15). His nomination was met with holds from a handful of senators, including Markey, Manchin and Sanders (*IDDM*, Jan. 29). Sen. Lisa Murkowski (R-Alaska) also placed a hold on Califf's nomination over genetically modified salmon labeling guidelines, but later lifted her hold following discussions with the FDA.
— Michael Cipriano

South Korea Unifies Approval Process With HTA, Allowing Firms to Save Time

Manufacturers can get earlier access to the market under a new pilot program launched last week in South Korea that unifies the country's medical device approval review process and the health technology assessment.

The new process, called the Integrated Service for Medical Device Approval and Health Technology Assessment, will be offered until July. The program will be rolled out fully after revising relevant regulations based on the result of the pilot.

Under the program, companies can proceed to HTA at the same time that they are in the process of seeking regulatory approval. Previously, companies couldn't submit applications for HTA until they had product approval, says Young Kim, president of Synex, a professional service firm for healthcare businesses in Korea.

"HTA took 9 to 12 months previously, so companies can save such significant amount of time to market under the new program," Kim tells *IDDM*.

The country's former program, called HTA One-Stop Service, also reviewed HTA, approval and existing technology determination process simultaneously. However, it lacked active cooperation among the ministries, which caused discrepancy in evaluation results between Ministry of Food and Drug Safety and the Ministry of Health and Welfare, creating confusion for companies.

Under the pilot program, companies will receive a single integrated result reflecting both review processes. If the technology is identified as existing technology, it will proceed with general approval process, not the integrated process.

A product accepted to the integrated service receives a final result within 120 days after submission, within 80 days for emerging technology, and within 240 days for the applications other than IVDs or those that need additional review time. Even when a company receives conflicting results in the approval and HTA review process, it can get the final results quickly by only submitting additional information.

The program also offers companies a better chance of success in both regulatory approval and HTA, since MFDS is supposed to take the leadership role in harmonizing the review criteria for the agency's regulatory approval and the HTA agency's approval before companies can proceed with the government for reimbursement/self-pay approval, says Kim.

"Previously, many device companies had regulatory approvals but failed in HTA, as HTA required a significantly higher level of clinical evidence than the one for regulatory approval. As a result, device companies had regulatory approval but could not launch such devices commercially," she adds.

In Korea, HTA is mandatory for devices introducing a new medical procedure before they can be introduced to market, Kim explains. Under the new program, MFDS is expected to communicate closely with the HTA agency to narrow down the gap in the level of evidence between regulatory approval and HTA. — Jonathon Shacat

Expert: ISO 13485 Keeps Eye on Quality, But Revisions Could be Problematic

The revised ISO 13485 is intended to maintain non-negotiable levels for quality and safety requirements, but one expert says the standard has gone too far in an attempt to satisfy everybody involved in quality management systems.

Improvements in the new version, released last week, include broadening its applicability to include all organizations involved in the life cycle of the product, from concept to end of life, greater alignment with regulatory requirements and a greater focus on post-market surveillance including complaint handling.

ISO 13485:2016, Medical devices - Quality management systems – Requirements for regulatory purposes also has a greater emphasis on

(See **ISO 13485***, Page 4)*

ISO 13485, *from Page 3*

having the appropriate infrastructure, particularly for the production of sterile medical devices, and more focus on risk management, ISO says.

Wil Vargas, secretary of the technical committee responsible for the revision, says the new version will provide even greater confidence to stakeholders, including consumers.

"Not only will it allow organizations to demonstrate compliance with regulatory requirements, but it will help all organizations involved in the development, distribution and maintenance of medical devices improve their processes, better manage risks and ultimately improve the quality of what they do," he says.

However, Dan O'Leary, president of Ombu Enterprises, says while the changes in the new standard include many of the issues raised in FDA's QSR, as well as other issues from a variety of regulatory regions, it appears the new standard rewords and changes many of the requirements.

"This has the potential to create further confusion in implementing a medical device quality management system, especially when it must satisfy both QSR and ISO 13485:2016," he tells *IDDM*. "The inclusion of these accumulated requirements can help make a comprehensive standard, but one wonders if these changes are solutions looking for problems, i.e., after all the work to implement the new standard, will medical devices be safer and more effective?"

The new 13485, which revised a 2003 version, contains some significant changes, says John Beasley, senior consultant at MedTech Review. One item, in particular, is the section on validation of computer software. Compliance with the issue of validation of computer software could be a full time job at some companies, he says.

"The FDA has always had, since 1996, a requirement for validation of computer software that is used not only in production but also in the quality management system. But that requirement is not a specific item that is looked at in the QSIT audit that FDA investigators do," he tells *IDDM*.

"So, I am asking the question, 'What does your validation of computer software look like?' and I'm encouraging people to get it ready because when the ISO auditor comes in for the new standard, they will look at it," Beasley adds.

Another change worth noting involves management review of new and revised regulatory requirements, he says. "In the new version, it isn't enough that you make management aware of the new and revised requirements. You need to document how management will respond to these modified requirements," he explains.

"So when China comes up with new rules on clinical trials and you are coming for a revision to your medical device license in China, are you going to have to provide information on a clinical trial that will be acceptable to the China FDA? How are you going to respond? Are you going to investigate? Who are you going to investigate with?" he says. — Jonathon Shacat

MDUFA, *from Page 1*

FDA also proposed a program that would enable reviewers to use real-world evidence for premarket decision-making by building a system that links and improves the regulatory quality of data sources, such as electronic health records, healthcare claims and registries. Implementing the proposal would cost $10 million annually, plus 15 employees.

But, the FDA and industry appeared far apart regarding these proposals, according to the meeting minutes.

Industry representatives pointed out that the process enhancements and increased capacity reflected in the proposal would presumably improve decision times. Industry also identified some items in the proposal that may reduce reviewer workload.

The representatives agreed to consider the FDA's ideas and develop a counter proposal to present at a Feb. 18 negotiation meeting. The minutes from that meeting have not been released yet.

Read the Jan. 20 minutes here: www.fdanews.com/02-16-MDUFA-1.pdf and the Jan. 27 minutes here: www.fdanews.com/02-16-MDUFA-2.pdf. — Jonathon Shacat

U.S. Supreme Court Resistant to Changing Patent Damages Standards

In a case with broad implications for medical patent protection, the U.S. Supreme Court showed little enthusiasm for lowering a strict appellate standard for enhanced damages during oral arguments last week.

The eight justices considered a consolidated case involving two instances of patent infringement, both of which challenged the federal appellate courts' two-part test to determine whether an infringement is willful, thereby opening a patent violator up to triple compensatory damages.

The justices sharply questioned both sides in the case but expressed a clear reticence toward dismantling the existing standard.

The case conjoins two separate patent suits — one involving medical device makers Stryker and Zimmer and the other involving electronics companies Pulse Electronics and Halo Electronics.

Stryker accused Zimmer of violating its patents for a pulsed lavage product and took its case to the U.S. Court of Appeals for the Federal Circuit before it was merged with the other case, in which Halo took Pulse to court for allegedly selling a patent-violating product overseas. That case came before a federal appellate circuit panel before being merged at the high court-level.

While Stryker and Halo told the justices that the appellate court's rigidly defined test for treble damages is appropriate, Zimmer and Pulse contended that the appellate standard has no basis in law and makes it difficult for patent holders to properly punish violators.

The justices did not appear well disposed toward Stryker's and Halo's points in favor of replacing the standard with judicial discretion, repeatedly questioning the impact this would have on patent litigation.

Many of the accusers' points also were expressed by the U.S. Attorney's Office during arguments Tuesday.

Justice Stephen Breyer contended that such an unsettled system would give large companies with deep pockets an advantage over smaller competitors; the opposite of what the U.S. patent system was designed to do.

Justices Ruth Bader Ginsburg and Sonya Sotomayor questioned how companies would define a standard for granting treble damages if they did away with the current system.

Justice Samuel Alito seemed to question the value of a system that eschews legal tests in favor of assessing "the state of mind of the infringer at the time of the infringer's conduct."

Chief Justice John Roberts followed a similar train of thought, noting that the violator could have had "a good-faith belief that the patent [in question] wasn't valid."

The justices posed some potent puzzlers for alleged infringers Zimmer and Pulse as well, with Sotomayor questioning the value of preserving an appellate standard for damages so rigidly defined that "any defense whatsoever in the litigation that's not frivolous … gets you out of enhanced damages."

The case — *Halo Electronics v. Pulse Electronics and Stryker Corp. v. Zimmer* — is likely to be decided this summer.

Read a transcript of the arguments here: www.fdanews.com/02-23-16-SupremeCourt.pdf. — Cameron Ayers

Guidance Spells out Human Factors To Consider When Developing Devices

The FDA has shed some light on what factors it wants companies to consider when developing devices to eliminate or reduce design-related problems that contribute to or cause unsafe or ineffective use.

According to final guidance issued earlier this month, risk management should focus on use-related hazards involving situations such as:

(See **Guidance**, *Page 6)*

Amgen Collaborates With Unilife On Injectable Drug Delivery Systems

Unilife has granted Amgen exclusive rights to its wearable injectors within certain drug classes, under a collaboration announced last week.

Amgen also was granted nonexclusive rights to all proprietary Unilife delivery systems within oncology, inflammation, bone health, nephrology, cardiovascular and neuroscience.

In a note, Piper Jaffray analyst Charles Duncan says the program could focus on PCSK9-inhibitors, G-CSFs or IL-1 receptor antagonists.

Development programs will begin in 2016, the companies say.

Under the terms of the deal, Unilife can receive up to $75 million. Amgen paid a nonrefundable $20 million license fee and purchased a $30 million senior secured convertible note from Unilife. Amgen may purchase up to an additional $25 million in senior secured convertible notes over the next two years.

The payments are in addition to $15 million paid to Unilife by Amgen in connection with an exclusivity agreement reached on Dec. 31, 2015. The agreement also stated Unilife would get payments for each device manufactured based on the annual volume and device features, and that Amgen has a right to source and/or sublicense manufacturing of up to 20 percent of its total annual volume needs for the devices.
— Jonathon Shacat

Guidance, *from Page 5*

- Use of the device is inconsistent with the user's expectations or intuition about device operation;
- The use environment impairs the physical, perceptual and cognitive abilities that exceed the abilities of the user;
- Devices are used in ways that the manufacturer could have anticipated but did not consider; and
- Devices are used in ways that were anticipated but inappropriate, and for which risk elimination or reduction could have been applied but was not.

"By incorporating these considerations into the device development process, manufacturers can reduce the overall risk level posed by their devices, thus decreasing adverse events associated with the device and avoiding potential device recalls," the final guidance says.

The guidance on *Applying Human Factors and Usability Engineering to Medical Devices* was released in draft form on June 22, 2011, drawing more than 600 comments. They were generally supportive, but requested clarification in a number of areas, the agency says.

The FDA clarified points including risk mitigation and human factors testing methods, user populations for testing, determining the appropriate sample size, reporting of testing results in premarket submissions and collecting human factors data as part of a clinical study.

The final guidance was issued Feb. 3, along with draft guidance on the *List of Highest Priority Devices for Human Factors Review*, explaining which device types should have human factors data in premarket submissions because they have clear potential for serious harm resulting from use error.

The list includes devices such as anesthesia machines, artificial pancreas systems, automated external defibrillators, duodenoscopes with elevator channels, infusion pumps, insulin delivery systems, robotic surgery devices and ventilators.

The final guidance on applying human factors and usability engineering supersedes *Medical Device Use-Safety: Incorporating Human Factors Engineering into Risk Management* issued on July 18, 2000. Read it here: www.fdanews.com/02-16-FDAHumanFactors.pdf. Comments on the draft guidance on the list of highest priority device are due by May 3. Read it here: www.fdanews.com/02-16-FDAHumanList.pdf.
— Jonathon Shacat

FDA to Require PMAs For Metal-on-Metal Hips

Following widespread media attention over patient injuries and increased scrutiny by the FDA, manufacturers of certain types of metal-on-metal hips now will have to submit premarket approval applications to keep their devices on the market.

Under a final FDA order unveiled this month, two types of devices — hip joint metal/metal semi-constrained with a cemented acetabular component and hip joint metal/metal semi-constrained with an uncemented acetabular component — will require PMAs.

As a result, PMA applications must be filed with the agency by May 18 if manufacturers want to continue marketing their MoM total hip replacement devices and/or market new MoM total hip replacement devices.

"Given the known risks, the FDA believes that there is insufficient evidence and information to conclude that general controls in combination with special controls would provide reasonable assurance of the safety and effectiveness of these devices," the agency says.

Manufacturers will be required to submit a PMA application that includes:

- Any risks known — or that should be reasonably known — to the applicant;
- The effectiveness of the device that is the subject of the application; and
- Full reports of all nonclinical and clinical information from investigations on the safety and effectiveness of the device for which premarket approval is sought.

In comments to the 2013 proposed order on the topic, groups provided more details about the risks associated with these devices. For example, the National Research Center for Women & Families noted what it saw as serious issues related to MoM hips, "including the lack of scientific evidence (clinical trials), the higher revision rates for women, the higher revision rates compared [with] metal on polyurethane hips, and the lack of evidence that MoM hips have benefits that outweigh their risks."

Meanwhile, while acknowledging that these devices perform well in the majority of patients, the American Association of Orthopaedic Surgeons said in comments that more research was needed into adverse local tissue responses related to MoM bearings.

Read the final order here: www.fdanews.com/02-16-FDAHips.pdf. — Jonathon Shacat

UK's MHRA Revises Guidance On Registration Requirements

The UK's Medicines and Healthcare products Regulatory Agency has updated guidance on how to register as a manufacturer to sell medical devices.

Companies must register if they sell Class I devices they manufacture, Class 1 devices they refurbish or re-label, any system or procedure pack, custom-made medical devices, in vitro diagnostic devices they manufacture and IVDs undergoing performance evaluation.

"Manufacturers without a place of business in the EU need to appoint an authorized representative in the EU. Only one authorized representative can be designated within the EU for each product type," the guidance says.

The guidance document, first published in December 2014, was revised last week with new information to clarify the use of the Device Online Registration System.

Regulators launched the DORS in February 2015. Devicemakers can register certain products and directly manage their details. The online registration was voluntary until May of last year, when MHRA stopped accepting paper registrations.

Manufacturers must pay roughly $95 to update their DORS record if they want to change their name, address, authorized representative or status of an in vitro diagnostic, or add device types. Changes that can be made for free include removing a device from records, changing a contact person and changing a telephone number or email address.

Read the guidance here: www.fdanews.com/02-16-MHRAguidance.pdf. — Jonathon Shacat

Pacemakers, *from Page 1*

Members of the Circulatory System Devices Panel agreed that studies of 1,741 patients should consider groin complications, perforations, infection, battery longevity and mortality. Due to attrition of the sample size, 500 patients would complete nine years of follow-up and the studies would observe roughly 200 cases of end of life of the device, the panel agreed.

There is limited information on device removal several years post implant. As a result, the panel recommended that the studies also should capture data on how often extraction is attempted, success rates and associated complications.

The panel also agreed that a robust training mechanism is necessary for implanting doctors so they are adequately aware of adverse events and appropriate patient selection methods.

The meeting came as the FDA is preparing to receive premarket approval applications from Medtronic and St. Jude for leadless pacemakers.

Panel Chair Richard Page called the leadless pacemaker a "masterpiece of engineering" and described the technology as "transformative" for patients.

"The purpose of the meeting was to address how to evaluate the devices in a postmarket environment, if or when they are approved by the FDA," Page tells *IDDM*. "This was a meeting to describe how to manage the class of devices in the postapproval environment, as opposed to giving an opinion as to safety or efficacy of any single device."

Race to U.S. Market

Two companies are in the race to the U.S. market with a leadless pacemaker: Medtronic's Micra Transcatheter Pacing System and St. Jude's Nanostim Leadless Pacemaker.

Both devices are commercially available in Europe. Medtronic's Micra received CE Mark on April 14, 2015, based on clinical results from 60 patients implanted with the device over three months. St. Jude's Nanostim obtained the CE Mark on Aug. 5, 2013, based on clinical results from 33 patients over three months. Late phase clinical trials are ongoing in the U.S. to generate data for premarket approval submissions to the FDA.

In addition, Boston Scientific is developing a leadless pacemaker to complement its subcutaneous-implantable cardioverter defibrillator.

David Steinhaus, Medtronic's vice president and medical director for the cardiac rhythm and heart failure division, says the company is "committed to ensuring patient safety and device effectiveness over the long-term with ongoing monitoring of the Micra TPS through a thorough post-approval study, a proprietary post-market surveillance program and a rigorous implanter training program."

Mark Carlson, vice president of global clinical affairs and chief medical officer at St. Jude, says the company appreciates the FDA's proactive efforts to gain more insight and understanding around leadless pacing technology through "dialogue that will help ensure that leadless technology is adopted with patient safety in mind and with successful clinical outcomes as a top priority."

Solution to Problems

Leadless pacemakers were among ECRI Institute's 2016 list of the top 10 technological advances that are poised to affect care delivery over the next 12 to 18 months (*IDDM*, Jan. 8).

Leadless pacemakers were invented as a solution to some problems associated with leads on conventional pacemakers, says Diane Robertson, ECRI Institute's director of health technology assessment information services.

"A few years ago, there was a lot of press about the problems with leads in pacemakers. There were big recalls of leads, and there were patient deaths from leads breaking," she told reporters during a press briefing on Feb. 9 at the institute's facility in Plymouth Meeting, Pa.

Adding to those concerns was the fact that "to operate on a patient to remove a faulty lead was as risky as leaving the lead in," she added.
— Jonathon Shacat

BRIEFS

Test Can "Smell" Prostate Cancer

Researchers at the University of Liverpool have shown that a diagnostic test can "smell" prostate cancer in men's urine. The pilot study included 155 men presenting to urology clinics – 58 were diagnosed with prostate cancer, 24 with bladder cancer and 73 with haematuria and or poor stream without cancer. The test is described in a paper in the *Journal of Breath Research* called *The use of a gas chromatography-sensor system combined with advanced statistical methods, towards the diagnosis of urological malignancies*. "There is currently no accurate test for prostate cancer, the vagaries of the [prostate-specific antigen] test indicators can sometimes result in unnecessary biopsies, resulting in psychological toll, risk of infection from the procedure and even sometimes missing cancer cases. Our aim is to create a test that avoids this procedure at initial diagnosis by detecting cancer in a non-invasive way by smelling the disease in men's urine. A few years ago we did similar work to detect bladder cancer following a discovery that dogs could sniff out cancer," says professor Norman Ratcliffe.

FDA Extends Comment Period for Guidance

The FDA is extending the comment period by 30 days for its draft guidance on *Design Considerations and Pre-market Submission Recommendations for Interoperable Medical Devices*. Comments were due by March 28, but the new date is April 28. The FDA says the extension comes in response to requests to give interested people additional time to submit comments (*IDDM*, Jan. 29).

USPTO Grants Patent to Oragenics

Oragenics scored a U.S. patent protection for the generation SMaRT Replacement Therapy for live biotherapeutic compositions and methods for preventing dental caries. The USPTO issued the '488 patent, "Replacement Therapy for Dental Caries," which gives Oragenics a 17-year patent protection period for SMaRT. The patent protects SMaRT compositions and delivery forms, including mouthwash, toothpaste, chewing gum, floss, chewable tablet, food and beverages. "The SMaRT Replacement Therapy was designed to be a painless, one-time, five-minute topical treatment applied to the teeth that has the potential to offer lifelong protection against tooth decay," said Jeffrey Hillman, co-inventor of SMaRT Technology and co-founder of Oragenics.

Medtronic Snags FDA Approval

The FDA granted an approval to Medtronic for its deep brain stimulation therapy for people with Parkinson's with recent onset of motor complications. "This decision by the FDA is significant in that Medtronic DBS Therapy may be considered before the symptoms and complications of disease becomes severe," according to Mahlon DeLong, the W.P. Timmie professor of neurology at Emory University School of Medicine, in a statement. As a result of the FDA's action, Medtronic DBS therapy may be used on patients who have had Parkinson's for at least four years, along with recent onset of motor complications, or motor complications of longer-standing duration that are not adequately controlled with medication.

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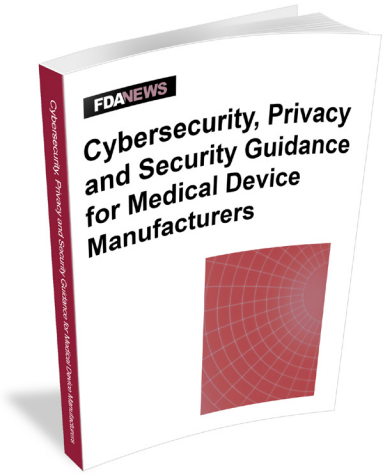

Cybersecurity, Privacy and Security Guidance for Medical Device Manufacturers

With electronic medical devices capable of logging and storing more and more data on device use and patient health, cybersecurity risks from medical devices are growing. Even the FBI recently warned the industry that this will create a rich environment for cybercriminals to exploit.

Cyberattacks on medical devices can compromise not only the safety of patients, but also the security of hospitals and healthcare networks.

What can you do now to prepare? Order **Cybersecurity, Privacy and Security Guidance for Medical Device Manufacturers** from FDAnews. It'll give you what you need to deal with cybersecurity risks and HIPAA/HITECH compliance, including:

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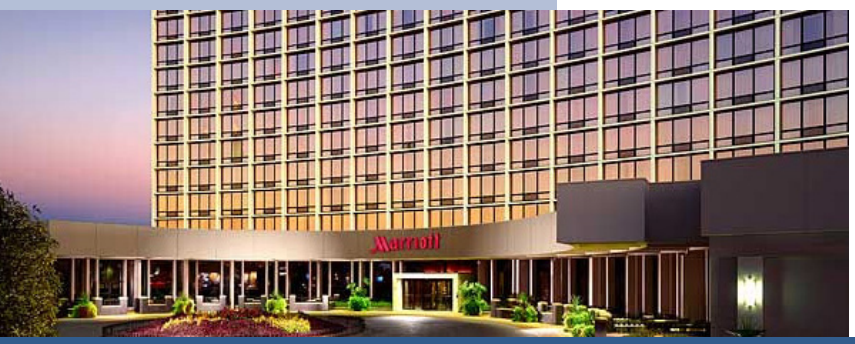

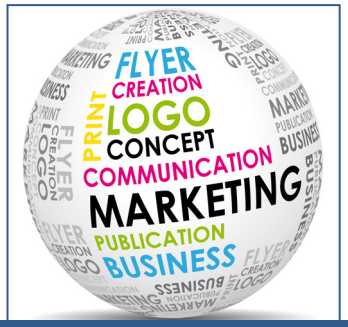

DAY ONE

8:00 a.m. – 9:00 a.m.

Registration and Continental Breakfast

9:00 a.m. - 9:45 a.m.

Pre-approval Communications

- How to meet your SEC requirements for disclosing information while not running afoul of FDA pre-approval promotion prohibitions

9:45 a.m. - 10:30 a.m.

Disease Awareness Communications

- A review of FDA's help-seeking guidance
- Keys for using disease awareness communications prior to approval. Essential information for continuing communications efforts post-approval compliantly.

10:30 a.m. - 10:45 a.m.

Break

10:45 a.m. - 11:15 a.m.

From Day of Approval through Commercial Launch

- Understanding the timeline and key dates for communications
- Minimizing the pain, while maximizing the impact of initial promotional communications

11:15 a.m. 12:00 p.m.

Essential Advertising & Promotion Regulations

- A review of all of the requirements for product promotion, including product name usage, fair balance, directions for use

12:00 p.m. – 1:00 p.m.

Lunch

1:00 p.m. - 1:45 p.m.

Format-Specific Promotional Requirements

- DTC television promotion
- Brief summary requirements for print promotion

1:45 p.m. - 2:30 p.m.

Substantial Evidence & Other Standards

- A review of the substantial evidence standard, what fails to meet that standard, and when other standards apply

2:30 p.m. - 2:45 p.m.

Break

2:45 p.m. – 4:00 p.m.

Off-Label Information

- Avoiding off-label promotion
- Scientific exchange exemption
- Responding to unsolicited requests
- Distributing off-label reprints

4:00 p.m. - 4:30 p.m.

The Promotional Review Process

- An overview of a the standard promotional review process
- Essential traits for any effective process
- Key decisions in establishing or improving performance
- Effective use of metrics for evaluating performance

4:30 p.m.

Session Wrap-Up, End of Day One

DAY TWO

8:30 a.m. – 9:00 a.m.

Continental Breakfast

9:00 a.m. - 9:45 a.m.

Integrating Digital Promotion

- Key considerations for evaluating the compliance of digital promotional tactics and their integration into the overall promotional mix

9:45 a.m. - 10:15 a.m.

Social Media Part 1

- Overview of the platforms, issues, and a review of the status of FDA guidance

10:15 a.m. - 10:30 a.m.

Break

10:30 a.m. - 12:30 p.m.

Social Media Guidances

- A review of the three social media guidances released in 2014: 2253 Filing, Presenting Risk Information in Space-Limited Contexts, & Correcting Misinformation on Third-party Sites

12:30 p.m. - 1:30 p.m.

Lunch

1:30 p.m. - 3:15 p.m.

Promotional Review Board Practicum

- Workshop participants will apply the lessons from the earlier part of the workshop to specific product promotions. They will work in teams to evaluate specific promotional tactics, determine what (if any) parts of the promotion are problematic, and how to provide direction to a brand marketer to make the promotions compliant.

3:15 p.m. - 3:30 p.m.

Break

3:30 p.m. - 4:15 p.m.

Continuing Regulatory Intelligence: Staying Abreast of Ad/Promo News

- Ad/Promo is an area of ongoing developments. This session will cover the most prominent sources for keeping up with these developments.

4:15 p.m. - 4:30 p.m.

Wrap-up and Adjourn Workshop

"Dale was very engaging and informative. I like the interactive portion where we reviewed actual ads."

— Workshop Attendee

WHO WILL BENEFIT?

- Advertising and marketing managers
- Social media teams
- Promotion review committee members
- Medical affairs
- Continuing education and tradeshow organizers
- Regulatory compliance officers
- PRC coordinators
- Legal counsel
- Compliance
- Executive management
- Outside ad agencies and marketing consultants

"[Dale is] an animated speaker who seems to know something about everything and has no shortage of opinions. This is potentially very dry and dull material. Dale brings out the exciting and humorous aspects especially well. It's an engaging two days."

— Michael Benedetto, Editorial Group Leader, FCB Health

"This is normally a dry topic, but with Dale it was anything but dry. Dale gave one of the best, most engaging presentations. Dale is highly knowledgeable and also very entertaining."

— Ellen Derrico, Global Head, Market Development - Life Sciences & Healthcare, QlikTech

"As a fellow regulatory professional, Dale is one of the most deeply knowledgeable experts I've heard on this complicated subject. As the pharmaceutical industry is experiencing, digital promotional tactics can trip up even experienced regulatory professionals, but Dale showed how basic principles can be applied to develop compliant promotional materials."

— Kathleen Koons, Sr Regulatory Affairs Manager, DJA Global Pharmaceuticals Inc.

Course Binder Materials:

Full slides from the PowerPoint presentations

Reference documents:

FDA Advertising & Procedural Guidances

- Help-Seeking Guidance
- DTC Broadcast Guidance & Q&A
- FDAAA Pre-Dissemination Review Requirements
- Product Name Guidance (All three versions from 1999, 2012, and 2013)
- Presenting Risk Information Guidance
- Social Media Guidances
  - Postmarketing Submissions Requirements
  - Responding to Unsolicited Requests for Off-label Information
  - Presenting Risk Information in Space-limited Contexts Correcting Third-party Misinformation
- Distributing Off-Label Reprints

Relevant Sections of Code of Federal Regulations

Form 2253

PhRMA Principles on DTC Advertising

PhRMA Principles on Interactions with Healthcare Professionals

Pre-approval Promotion Checklist

Effective Review & Approval Process Checklist

Keys to Evaluating Promotional Review Systems List of Key Resources for Continuing Education

Articles by Dale Cooke

- Developing Compliant Search Engine Marketing Campaigns (Publication Date of September 2014)!
- Industry Standards for Linking Disease Awareness Websites to Product Promotion!
- Patient Testimonial Videos: FDA Actions on Risk Information Presentation!
- Presenting Risk Information on Websites!
- Where Things Stand on FDA Guidance on Social Media (Publication Date of September 2014)

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