

A hand is shown pointing at a tablet computer that displays a glowing world map. The background is a blurred clinical or laboratory setting with various pieces of medical equipment and monitors.

KATE KLAUS
SENIOR RISK MANAGEMENT ATTORNEY, FDA SPECIALIST

ZUHAL REED
SENIOR STAFF ATTORNEY, RISK MANAGEMENT

September 28, 2022



MEDMARC[®]
Treated Fairly

A ProAssurance Company

*HOT TOPICS IN LIFE SCIENCES:
WHAT DOES THIS MEAN FOR PRODUCTS LIABILITY?*



HEALTHY RETURNS

Next decade will transform health care more than past century: Johnson & Johnson CEO

PUBLISHED WED, MAR 30 2022·2:10 PM EDT | UPDATED THU, MAR 31 2022·10:52 AM EDT



Eric Rosenbaum
@ERPROSE

SHARE    

ARTIFICIAL INTELLIGENCE

ARTIFICIAL INTELLIGENCE IN MEDICAL DEVICES

Rise in applications for AI medical devices?

- ▶ AI has been a disruptive force in the life sciences industry.
- ▶ Does AI stand alone?
- ▶ What does this mean for products liability and medical malpractice?



MEDICAL DEVICE NETWORK

ns | 🔍 | News Analysis ▾ Sectors ▾ Themes ▾ Insights ▾ Companies ▾ Events

COMMENT | August 4, 2022

Rising applications for artificial intelligence in cardiovascular medicine

Artificial intelligence technology in the cardiovascular field has seen increased activity in the last few years with notable deals and partnerships.

By GlobalData

NewYork-Presbyterian invests \$15M in AI partnership



Timers Start Ticking At US FDA In A Month For An Even Dozen OTC Monograph Meeting Requests

30 Aug 2022 | NEWS



by [Malcolm Spicer](#)

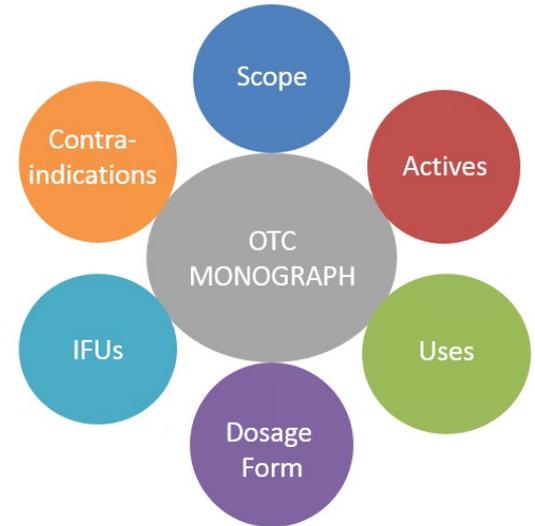
[@TheTanSheet](#)

malcolm.spicer@informa.com

OTC DRUG REFORM

OTC MONOGRAPH SYSTEM

- ▶ Set of conditions that are self-limiting and self-diagnosable
- ▶ Identifies permitted actives and concentrations
- ▶ Sets out required label statements
- ▶ No pre-approval required – if it complies with the monograph, it can be sold
 - ▶ Manufacturer must register with FDA and submit annual product listing



OTC MONOGRAPH SYSTEM

Drug Facts	
Active ingredient (in each tablet) Chlorpheniramine maleate 2 mg	Purpose Antihistamine
Uses temporarily relieves these symptoms due to hay fever or other upper respiratory allergies: ■ sneezing ■ runny nose ■ itchy, watery eyes ■ itchy throat	
Warnings Ask a doctor before use if you have ■ glaucoma ■ a breathing problem such as emphysema or chronic bronchitis ■ trouble urinating due to an enlarged prostate gland Ask a doctor or pharmacist before use if you are taking tranquilizers or sedatives	
When using this product ■ You may get drowsy ■ avoid alcoholic drinks ■ alcohol, sedatives, and tranquilizers may increase drowsiness ■ be careful when driving a motor vehicle or operating machinery ■ excitability may occur, especially in children	
If pregnant or breast-feeding, ask a health professional before use. Keep out of reach of children. In case of overdose, get medical help or contact a Poison Control Center right away.	
Directions	
adults and children 12 years and over	take 2 tablets every 4 to 6 hours; not more than 12 tablets in 24 hours
children 6 years to under 12 years	take 1 tablet every 4 to 6 hours; not more than 6 tablets in 24 hours
children under 6 years	ask a doctor
Other information store at 20-25° C (68-77° F) ■ protect from excessive moisture	
Inactive ingredients D&C yellow no. 10, lactose, magnesium stearate, microcrystalline cellulose, pregelatinized starch	

➤ Required label format

➤ Nearly every aspect dictated by regulations – fonts, font size, bolding, line widths, bullet use

MONOGRAPH ~~SYSTEM~~ RELIC



- ▶ Introduced in 1972 and never completed
- ▶ Relied on notice and comment rulemaking that resulted in a codified monograph
 - ▶ Significant downsides included the glacial pace of the process, which left tentative monographs pending indefinitely
- ▶ Barrier to innovation, as monographs were limited in large part to actives available in 1972

NEW ROUTE TO MARKET FOR OTCs

- ▶ Monograph reform was tacked onto the CARES Act (Coronavirus Aid, Relief, and Economic Security Act) of 2020
 - ▶ Replaced notice and comment rulemaking with an administrative order process
 - ▶ Streamlines the way in which FDA can issue, revise, and amend OTC monographs
 - ▶ Allows FDA to assess user fees from manufacturers and contract manufacturers of OTC drugs to support program staffing

Formal Meetings Between FDA and Sponsors or Requestors of Over-the-Counter Monograph Drugs Guidance for Industry

DRAFT GUIDANCE

This guidance document is being distributed for comment purposes only.

Comments and suggestions regarding this draft document should be submitted within 30 days of publication in the *Federal Register* of the notice announcing the availability of the draft guidance. Submit electronic comments to <https://www.regulations.gov>. Submit written comments to the Dockets Management Staff (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852. All comments should be identified with the docket number listed in the notice of availability that publishes in the *Federal Register*.

For questions regarding this draft document, contact (CDER) Trang Tran at 240-402-7945 or by email at Trang.Tran@fda.hhs.gov.

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Drug Evaluation and Research (CDER)

February 2022
Procedural

OTC DRUG REFORM: WHERE DO WE STAND?

Final monographs!

<https://www.accessdata.fda.gov/scripts/cder/omuf/index.cfm>

New route to market for OTCs

Easier Rx to OTC switch: Coming soon?

Additional Condition for Nonprescription Use (ACNU)

- Human factors studies
- Actual use studies
- Self-selection and labeling studies

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

21 CFR Parts 201 and 314

[Docket No. FDA-2021-N-0862]

RIN 0910-AH62

Nonprescription Drug Product With an Additional Condition for Nonprescription Use

AGENCY: Food and Drug Administration, Department of Health and Human Services (HHS).

ACTION: Proposed rule.

SUMMARY: The Food and Drug Administration (FDA, the Agency, or we) is proposing to establish requirements for a nonprescription drug product with an additional condition for nonprescription use (ACNU). The proposed rule, if finalized, would establish requirements for a nonprescription drug product that has an ACNU that an applicant must implement to ensure appropriate self-selection or appropriate actual use, or both, by consumers without the

STEM CELL THERAPY



Cell Therapy Manufacturing Market is expected to reach a valuation of US\$ 13.9 Billion by the end of 2032, at a CAGR of 14.2% from 2022-2032 | Future Market Insights, Inc.

U.S. dominates the North American region and held a total share of about 96.8% in 2021. The country is expected to continue to remain at the forefront throughout the forecast period. Increasing prevalence of sickle cell disease in the country and presence of a large number of gene & cell and tissue-based therapeutic developers are likely to drive growth.

September 05, 2022 09:00 ET | Source: Future Market Insights Global and Consulting Pvt. Ltd.

Column: In blow to public health, judge tosses FDA lawsuit targeting a clinic offering unproven stem cell treatments

▶ **Stem Cells**

- ▶ As investment rises, FDA becoming increasingly weary of illegal stem cell treatments. But what are the legal implications?
- ▶ Stem-cell derived products and stem cells in cosmetics – when is it regulated as a drug?

Stem Cell Therapy Market worth \$558 million by 2027 - Exclusive Report by MarketsandMarkets™

EMERGENCY USE AUTHORIZATIONS: THE END MAY BE IN SIGHT

FDA proposes 180-day transition before terminating COVID-19 EUAs, enforcement policies

Regulatory News | 04 January 2022 | By [Michael Mezher](#), [Joanne S. Egllovitch](#)

The US Food and Drug Administration (FDA) is proposing to give medical device makers 180-days' notice before terminating emergency use authorizations (EUAs) and phasing out its enforcement policies for medical devices issued during the COVID-19 public health emergency (PHE).

The transition plan comes in the form of two draft guidances issued in late December, in which FDA explains that the transition policies are intended to "prepare manufacturers and other stakeholders for the transition to normal operations and foster compliance with applicable requirements under the [Federal Food, Drug, and Cosmetic Act] and implementing regulations when the relevant EUAs and COVID-19-related enforcement policies cease to be in effect."



EMERGENCY USE AUTHORIZATION

➤ As a result of the HHS declaration that COVID-19 was a health emergency, FDA was able to bring pandemic-response products to market under Emergency Use Authorizations (EUAs), by passing the normal approval process.

➤ But what happens to the products once the health emergency ends?

DEPARTMENT OF HEALTH AND
HUMAN SERVICES

Office of the Secretary

Emergency Use Authorization
Declaration

AGENCY: Department of Health and
Human Services.

ACTION: Notice of Emergency Use
Authorization Declaration.

COVID PRODUCTS IN A POST-COVID WORLD

- ▶ FDA recognizes that industry will need time to plan for the eventual transition to normal operations
 - ▶ EUA Pathway vs. Enforcement Policies
 - ▶ Pursuing approval/clearance under traditional pathway
 - ▶ Reusable equipment sold under an EUA
 - Non-life-sustaining/supporting vs. life-sustaining/supporting

Contains Nonbinding Recommendations

Draft – Not for Implementation

**Transition Plan for Medical Devices
Issued Emergency Use Authorizations
(EUAs) During the Coronavirus
Disease 2019 (COVID-19) Public
Health Emergency**

**Draft Guidance for Industry and
Food and Drug Administration Staff**

DRAFT GUIDANCE

Contains Nonbinding Recommendations

Draft – Not for Implementation

**Transition Plan for Medical Devices
That Fall Within Enforcement Policies
Issued During the Coronavirus Disease
2019 (COVID-19) Public Health
Emergency**

**Draft Guidance for Industry and
Food and Drug Administration Staff**

DRAFT GUIDANCE

This draft guidance document is being distributed for comment purposes only.

GENE THERAPY

Human Gene Therapy Products Incorporating Human Genome Editing Draft Guidance for Industry

This guidance document is for comment purposes only.

Submit one set of either electronic or written comments on this draft guidance by the date provided in the *Federal Register* notice announcing the availability of the draft guidance. Submit electronic comments to <http://www.regulations.gov>. Submit written comments to the Dockets Management Staff (HF-A-305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852. You should identify all comments with the docket number listed in the notice of availability that publishes in the *Federal Register*.

Additional copies of this guidance are available from the Office of Communication, Outreach and Development (OCOD), 10903 New Hampshire Ave., Bldg. 71, Rm. 3128, Silver Spring, MD 20993-0002, or by calling 1-800-835-4709 or 240-402-8010, or email ocod@fda.hhs.gov, or from the internet at <https://www.fda.gov/vaccines-blood-biologics/guidance-compliance/biologics-information-biologics>.

For questions on the content of this guidance, contact OCOD at the phone numbers or email address listed above.

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Biologics Evaluation and Research
March 2022

➤ Gene Therapy

- Groundbreaking approval.
- Products liability implications.
- There has been a drastic rise in the number of gene therapy submissions to the FDA.
- Risks unique to gene therapy clinical trials.
- What's next?

 Wall Street Journal

FDA Approves Bluebird's \$2.8 Million Gene Therapy for Rare Blood Disease

The Food and Drug Administration approved a gene therapy from Bluebird Bio Inc. that represents a potential cure for a rare blood disorder...

2 weeks ago

 Reuters

Bluebird's \$2.8 million gene therapy becomes most expensive drug after U.S. approval

1 week ago

 STAT News

Bluebird wins U.S. approval for gene therapy for beta thalassemia - STAT

Zynteglo is just the third gene therapy approved by the FDA, and the first to target a chronic blood disease.

2 weeks ago

 FDA

HEALTH EQUITY

August 18, 2022

FDA Working to Encourage Diversity and Equity in Clinical Trials

in LinkedIn Facebook Twitter Send Embed

Stevens & Lee

Powerful partnerships. Standout solutions.

The FDA has recently made efforts to encourage more diversity and equity in clinical trials by releasing “Diversity Plans to Improve Enrollment of Participants from Underrepresented Racial and Ethnic Populations in Clinical Trials.”

WRITTEN BY:
Stevens & Lee
[Contact](#) [+ Follow](#)

PUBLISHED IN:
CDC
Clinical Laboratories [+ Follow](#)

SOCIODEMOGRAPHICS AND HEALTH

Overall health is a combination of both physical and mental well-being, and these are impacted by various sociodemographic characteristics, including:

- ▶ Race and ethnicity
- ▶ Socioeconomic status
- ▶ Geographic location
- ▶ Sexual orientation and gender identity

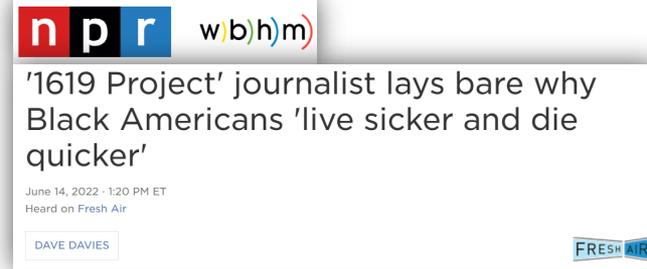
Lived experiences also need to be understood in the context of the individual and structural social determinants of health.

How and where we live, learn, work and play, and our access to high quality health care, healthy foods, and a quality education, can enhance our health outcomes.

Similarly, negative experiences and exposures, such as pollution, violence, structural racism and discrimination, can negatively affect our health.

Our health status reflects the interwoven effects of such factors.

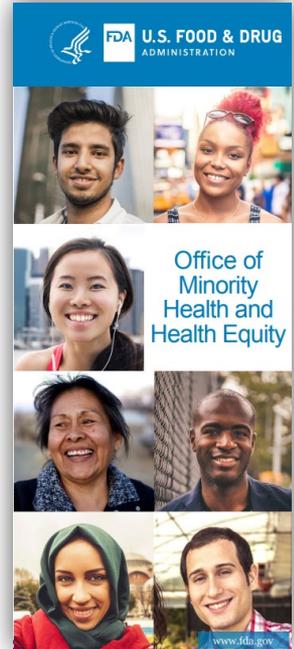
CLINICAL TRIALS AND DIVERSITY



- ▶ Clinical trials are intended to evaluate the safety and effectiveness of therapeutic interventions
 - ▶ Effective dosage for therapeutic response
 - ▶ Establish tolerable limits
 - ▶ Identify possible side effects and adverse events
- ▶ Historically, white men have constituted the overwhelming majority of clinical trial subjects
 - ▶ Genetic differences can impact drug and device efficacy and tolerability, so women and people of color have been left behind

▶ Promoting diversity and inclusion in clinical trials

- ▶ Draft guidance to industry “recommends” the inclusion of a Race and Ethnicity Diversity Plan with IND/IDE applications for drug and device clinical trials
- ▶ DEPICT Act
 - Diverse and Equitable Participation in Clinical Trials Act, proposed in 2022
 - If passed, would allow diversity action plans as a component of IND/IDE applications to be made mandatory
 - Would permit FDA to mandate post-approval studies/postmarket surveillance when sponsors fail to hit diversity enrollment targets without sufficient justification





Expert Opinions

Expert: How Hospitals Can Prepare for Supply Shortages

Determining what is critical, where the supplies are sourced, and inventory soft spots are essential to keeping a hospital running smoothly.

By Will Maddox | August 10, 2022 | 4:00 pm

SUPPLY CHAIN SHORTAGES

SUPPLY CHAIN SHORTAGE: THE BATTLE CONTINUES...

▶ **Pharmaceutical Supply Chain Issues During COVID19**

- ▶ CARES Act
- ▶ FDA's Risk Management Plan to mitigate the potential for drug shortages

▶ **The new modification in the Federal Food, Drug, and Cosmetic Act (FD&C Act)**

- ▶ Who does it apply to?
- ▶ Which products does it apply to?

Risk Management Plans to Mitigate the Potential for Drug Shortages Guidance for Industry

DRAFT GUIDANCE

This guidance document is being distributed for comment purposes only.

Comments and suggestions regarding this draft document should be submitted within 60 days of publication in the *Federal Register* of the notice announcing the availability of the draft guidance. Submit electronic comments to <https://www.regulations.gov>. Submit written comments to the Docket Management Staff (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852. All comments should be identified with the docket number listed in the notice of availability that publishes in the *Federal Register*.

For questions regarding this draft document, contact (CDER) Karen Takahashi at 301-796-3191 or (CBER) the Office of Communication, Outreach, and Development at 800-835-4709 or 240-402-8010.

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Drug Evaluation and Research (CDER)
Center for Biologics Evaluation and Research (CBER)

May 2022
Pharmaceutical Quality/Manufacturing Standards (CGMP)

2537841748_RiskManagementPlans.docx
04/26/22

THANK YOU!

kathrynklaus@medmarc.com

zuhalreed@medmarc.com

Medmarc.com

