



AMENDMENT NO. _____ Calendar No. _____

Purpose: To amend the Federal Food, Drug, and Cosmetic Act to provide for expedited approval of certain non-prescription drugs.

IN THE SENATE OF THE UNITED STATES—119th Cong., 2d Sess.

S. 3794

To amend the Federal Food, Drug, and Cosmetic Act to further regulate compounding pharmacies and outsourcing facilities, and for other purposes.

Referred to the Committee on _____ and
ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT intended to be proposed by Mr. HUSTED

Viz:

1 At the end, add the following:

2 **TITLE II—EXPEDITED AP-**
3 **PROVAL OF NONPRESCRIP-**
4 **TION DRUGS**

5 **SEC. 201. EXPEDITED APPROVAL OF CERTAIN NON-**
6 **PRESCRIPTION DRUGS.**

7 Chapter V of the Federal Food, Drug, and Cosmetic
8 Act is amended by inserting after section 505G (21 U.S.C.
9 355h) the following:

1 **“SEC. 505H. EXPEDITED APPROVAL OF CERTAIN NON-**
2 **PRESCRIPTION DRUGS.**

3 “(a) IN GENERAL.—The Secretary shall, at the re-
4 quest of the sponsor of an application submitted under
5 section 505 for nonprescription drug or an application for
6 an Rx-to-nonprescription switch, expedite the development
7 and review of such application if the nonprescription drug
8 or prescription drug, as applicable—

9 “(1) is intended, alone or in combination with
10 1 or more other drugs, to treat a chronic disease or
11 condition that is undertreated;

12 “(2) is a drug no active moiety (as defined by
13 the Secretary in section 314.3 of title 21, Code of
14 Federal Regulations (or any successor regulations))
15 of which has been approved in any other application
16 under section 505(b); or

17 “(3) is included on the most recent list pub-
18 lished pursuant to subsection (d).

19 “(b) REQUEST FOR DESIGNATION.—The sponsor of
20 an application described in subsection (a) may request the
21 Secretary to designate the drug as meeting 1 or more of
22 the criteria described in such subsection. A request for the
23 designation may be made concurrently with, or at any time
24 after, the submission of an application for the investiga-
25 tion of the drug under section 505(i).

26 “(c) DESIGNATION.—

1 “(1) IN GENERAL.—Not later than 90 calendar
2 days after the receipt of a request under subsection
3 (b), the Secretary shall determine whether the drug
4 that is the subject of the request meets 1 or more
5 of the criteria described in subsection (a). If the Sec-
6 retary finds that the drug meets such criteria, the
7 Secretary shall designate the drug as meeting such
8 criteria and shall take such actions as are appro-
9 priate to expedite the development and review of the
10 application for approval of such drug.

11 “(2) ACTIONS.—The actions to expedite the de-
12 velopment and review of an application under para-
13 graph (1) may include, as appropriate—

14 “(A) holding meetings with the sponsor
15 and the review team throughout the develop-
16 ment of the drug;

17 “(B) providing timely advice to, and inter-
18 active communication with, the sponsor regard-
19 ing the development of the drug to ensure that
20 the development program to gather the nonclin-
21 ical and clinical data necessary for approval is
22 as efficient as practicable;

23 “(C) involving senior managers and experi-
24 enced review staff, as appropriate, in a collabo-
25 rative, cross-disciplinary review;

1 “(B) how long a particular prescription
2 drug has been available in the United States;

3 “(C) whether a particular prescription
4 drug is available without a prescription in other
5 countries with comparable regulatory schemes;
6 and

7 “(D) the public health need for a par-
8 ticular prescription drug.

9 “(3) REQUIREMENT.—In publishing a list
10 under paragraph (1), the Secretary may not exclude
11 a prescription drug based solely on the fact that the
12 disease or condition a particular prescription drug is
13 intended to treat was not previously considered
14 under paragraph (2)(A).

15 “(e) DEFINITIONS.—In this section:

16 “(1) NONPRESCRIPTION DRUG APPLICATION.—
17 The term ‘nonprescription drug’ means a drug that
18 is not subject to section 503(b)(1).

19 “(2) RX-TO-NONPRESCRIPTION SWITCH.—The
20 term ‘Rx-to-nonprescription switch’ has the meaning
21 given such term in section 505(b)(7)(E).”.

1 **SEC. 202. PILOT PROGRAM FOR INFORMAL ENGAGEMENT**
2 **ON APPLICATIONS FOR AN RX-TO-NON-**
3 **PRESCRIPTION SWITCH.**

4 Not later than 180 days after the date of enactment
5 of this Act, the Secretary of Health and Human Services,
6 acting through the Commissioner of Food and Drugs,
7 shall establish a pilot program under which a sponsor
8 planning to submit an application for an Rx-to-non-
9 prescription switch (as defined in subparagraph (E) of
10 section 505(b)(7)) of the Federal Food, Drug, and Cos-
11 metic Act (21 U.S.C. 355(b)(7)) may engage informally
12 with review staff of the Food and Drug Administration
13 for streamlined, general, non-written feedback based on a
14 generalized description of the issues and without an expecta-
15 tion of submission of a meeting package or specific
16 agreements on meeting topics.

17 **SEC. 203. CONSIDERATION OF SAFETY AND EFFECTIVE-**
18 **NESS FOR APPLICATIONS FOR AN RX-TO-NON-**
19 **PRESCRIPTION SWITCH.**

20 Section 505(b)(7) of the Federal Food, Drug, and
21 Cosmetic Act (21 U.S.C. 355(b)(7)) is amended—

22 (1) in subparagraph (B)(ii)(II), by striking
23 “subparagraph (A)” and inserting “subparagraph
24 (B)”;

1 (2) by redesignating subparagraphs (A) through
2 (E) as subparagraphs (B) through (F), respectively;
3 and

4 (3) by inserting before subparagraph (B) (as so
5 redesignated) the following:

6 “(A) IN GENERAL.—In determining the
7 safety and effectiveness of a drug that is the
8 subject of an application for an Rx-to-non-
9 prescription switch, the Secretary shall consider
10 the benefit-risk profile of such drug, taking into
11 account a comprehensive consideration of the
12 full scope of benefits of making such drug avail-
13 able without a prescription, including public
14 and population health considerations, such as—

15 “(i) reduction of disease burden;

16 “(ii) downstream clinical preventive
17 outcomes;

18 “(iii) the health benefits of potential
19 avoidance of disease progression and asso-
20 ciated more advanced medical interventions
21 and care;

22 “(iv) improvement of quality of life;
23 and

24 “(v) rational use of health system re-
25 sources.”.