Prescription Drug User Fee Act (PDUFA) Reauthorization

Stakeholder Meeting with FDA

December 5, 2025 | 9:00 am - 12:00 pm

FDA White Oak Campus, Silver Spring, MD and Virtual Format

MEETING PURPOSE

To discuss six PDUFA VII regulatory science pilots and programs and gather feedback from patient and consumer groups to inform ongoing negotiations.

MEETING SUMMARY

In this stakeholder meeting, FDA provided background information and status updates for six regulatory science PDUFA VII pilots and programs and heard questions and feedback from meeting participants. The meeting aimed to gather perspectives that will directly inform ongoing PDUFA VIII negotiations. Stakeholders generally supported the programs discussed. Across the pilots and programs discussed, key priorities expressed by participants include maintaining rigorous scientific standards, ensuring diverse patient representation, preserving FDA independence, providing adequate transparency, increasing patient community engagement, and addressing capacity limitations across programs.

Model-Informed Drug Development (MIDD) Paired Meeting Program

FDA shared that the MIDD Paired Meeting Program builds on the success of the PDUFA VI MIDD Paired Meeting Pilot by continuing to advance and integrate the development and application of exposure-based, biological, and statistical models derived from preclinical and clinical data sources to inform drug development and regulatory review. The Program addresses all phases of drug development and has been particularly valuable in oncology, neuroscience, and infectious diseases.

Overall, Stakeholders expressed support for the MIDD Paired Meeting Program. Some participants emphasized the importance of ensuring adequate representation of diverse patient populations and maintaining rigorous scientific standards. Positive feedback included appreciation for the structured, iterative FDA-sponsor engagement process. There was strong support for program continuation particularly for integrating New Approach Methods (NAMs) for more human-relevant drug development, and recognition that the program will likely continue expanding given technological advances. Multiple participants highlighted the benefit and opportunity of using these approaches in pediatric subpopulations, neurological diseases, and infectious diseases. Stakeholders requested expanded resources to allow non-sponsor

organizations to engage with the Agency on MIDD tools outside of specific application programs. Some participants emphasized the importance of ensuring adequate representation of diverse patient populations and maintaining rigorous scientific standards, with FDA clarifying that MIDD serves to reduce uncertainty rather than replace traditional trial requirements.

Advancing Real World Evidence (RWE) Pilot

FDA shared that the Advancing RWE Pilot, which launched in March 2023, aims to improve the quality and acceptability of real-world evidence used to inform regulatory decisions. The Pilot focuses on helping sponsors develop studies that can successfully inform regulatory decision-making rather than methodological details.

FDA emphasized that RWE is not intended to replace randomized controlled trials but rather to supplement them when traditional trials are not feasible, and shared that the program includes guardrails to ensure study quality and requires rigorous evaluation of all submissions.

Questions were raised about whether clinicians know when drugs are evaluated using RWE instead of clinical trials, and stakeholders requested more information about proposed program changes mentioned in the Industry negotiation minutes.

Stakeholders expressed mixed feedback on the RWE Pilot. While there was support for the program's goals, concerns were raised about the reliability of real-world evidence studies and the potential for widespread use without adequate safeguards. Some stakeholders requested that real-world evidence not replace requirements for randomized controlled clinical data in PDUFA VIII reauthorization. Positive suggestions included having sponsors engage the patient community in RWE use via cooperative patient consortia, similar to those implemented by some federal agencies. Stakeholders emphasized the need for increased transparency around methodological assumptions and FDA rationales for acceptance or rejection into the pilot, and suggested that the reasons for denial could justify program expansion in PDUFA VIII.

Rare Disease Endpoint Advancement (RDEA) Pilot

This pilot focuses on developing meaningful endpoints for rare diseases and addressing the unique challenges of conducting clinical trials in small patient populations. The program provides up to four meetings for accepted participants and maintains capacity limitations to ensure quality input.

Stakeholders expressed strong support for the RDEA pilot, with overall advocacy for continuation and expansion of the program in PDUFA VIII. Positive feedback included emphasis on the importance of shifting from historically validated endpoints to clinically meaningful ones, particularly for neuromuscular diseases, and support for including patients, patient advocates, and clinicians in endpoint development processes. There was interest in expanding successful processes beyond specific IND holders to validate endpoints more longitudinally. Participants advocated for increased advisory committee involvement, FDA staffing to accelerate reviews, and

greater transparency around common denial reasons. However, one group requested that FDA refrain from using novel surrogate endpoints in place of traditional clinical endpoints and asked for warning labels when therapeutics have not provided firm confirmation of safety and efficacy.

Biomarker Qualification Program (BQP)

The Biomarker Qualification Program works to establish validated biomarkers that can serve as surrogate endpoints in clinical trials. The program has shown success in accelerating drug development while maintaining scientific rigor through collaboration with subject matter experts and review divisions.

During the question-and-answer session, FDA representatives shared that the program faces delays when subject matter experts from various divisions are unavailable due to staff shortages. The program does not routinely use independent advisory committees but does consult with individual independent experts on an ad hoc basis. A process exists for rescinding biomarker qualifications if they prove ineffective, though this has not yet been necessary. The program has been particularly valuable for conditions like Amyotrophic lateral sclerosis (ALS) and Alzheimer's disease where traditional clinical observations are insufficient.

Multiple stakeholders expressed strong support for the program and stated the need to resource it with PDUFA resources. Stakeholders praised the program's ability to provide critical diagnostic tools that help clinicians in making more accurate prognoses and treatment decisions, particularly for neurodegenerative diseases where early and precise diagnosis is essential. The program was recognized for its potential to significantly improve patient enrollment in clinical trials by enabling earlier identification of appropriate patient populations. There was appreciation for the program's collaborative approach in working with review divisions to ensure qualified biomarkers are effectively integrated into the broader regulatory framework. Participants also expressed strong support for the qualification of New Approach Methods (NAMs) as Drug Development Tools and for expanding staff and resources toward the Innovative Science and Technology Approaches for New Drugs (ISTAND) Program to accelerate NAM qualification. Stakeholders emphasized that creating validated tools for broader use rather than developing them per individual application would provide the most benefit.

In addition to support for the Program, stakeholders also expressed concerns about evidence requirements for accelerated approval pathways, biomarker qualification processes, potential industry influence, and post-qualification monitoring to ensure biomarkers are predictive of patient outcomes. Other requests included using independent advisory committees free from industry influence, establishing safeguards to ensure advisory committee determinations are followed, requiring confirmatory trials for therapeutics approved using qualified biomarkers, and alerting patients through warning labels when therapeutics have not provided firm confirmation of safety and efficacy.

Complex Innovative Trial Design (CID) Meeting Program

The CID program supports the goal of facilitating and advancing the use of complex adaptive, Bayesian, and other novel clinical trial designs. This paired meeting program offers sponsors whose meeting requests are granted the opportunity for increased interaction with FDA staff to discuss their proposed CID approach. The goals of the CID Paired Meeting Program are (1) to facilitate the use of CID approaches with emphasis in late-stage drug development, and (2) to promote innovation by allowing FDA to publicly discuss the trial designs accepted by the paired meeting program, including trial designs for medical products that have not yet been approved by FDA.

A stakeholder inquired about the program's role in supporting diversity in clinical trials while maintaining scientific integrity and requested greater transparency regarding proposed program changes.

Overall, stakeholders provided positive but succinct feedback regarding the CID pilot. Positive feedback included appreciation for the program's educational component, noting that training sessions and case studies help build FDA staff knowledge in areas where expertise may be lacking. There was recognition that the program supports innovation in clinical trial design while maintaining scientific rigor, which is particularly valuable for addressing unique challenges in drug development. The program was viewed as beneficial for advancing diversity in clinical trials by allowing initial protocols to incorporate diversity considerations from the design phase. However, concerns were raised about trial design approval processes, potential industry influence, and post-qualification monitoring, with requests for independent advisory committees, safeguards to ensure advisory committee determinations are followed, confirmatory trials for therapeutics approved using innovative designs, and patient warning labels when therapeutics lack firm safety and efficacy confirmation. A general concern was also raised about maintaining independence between FDA staff who provide pre-market technical assistance and those who review applications.

Split Real-Time Application Review (STAR) Pilot Program

STAR aims to shorten the time from the date of complete submission to the action date, to allow earlier patient access to therapies that address an unmet medical need. The STAR pilot program is available for efficacy supplements across all therapeutic areas that meet specific criteria.

FDA acknowledged that there has been low uptake and limited industry interest in the program despite efforts to promote it through presentations and webinars, though actionable insights about the causes remain limited. Stakeholders expressed disappointment about the program's low utilization despite previous stakeholder advocacy for its expansion. Stakeholders also requested additional information about the specific causes for the lack of industry interest in the program.

Next Steps

FDA will share the feedback from this meeting with FDA and Industry negotiators to inform ongoing negotiations on PDUFA regulatory science pilots and programs. The next stakeholder meeting is scheduled for January 9 and will focus on balancing speed and post-market safety monitoring, as well as patient focused drug development.

PARTICIPANTS

STAKEHOLDERS	(* = in person attendee, ** = online attendee)
Alexander Naum*	Generation Patient
Andrea Ferris**	LUNGevity Foundation
Annie Kennedy**	EveryLife Foundation for Rare Diseases
Ashleigh Tharp**	National Multiple Sclerosis Society
Brian Koffman**	CLL Society
Brianna Greeno**	Breakthrough T1D
Brittany Avin McKelvey*	LUNGevity Foundation
Chanel Press**	Breakthrough T1D
Courtney Wallin**	LEAD Coalition
Cynthia Bens*	Personalized Medicine Coalition
Diana Zuckerman**	National Center for Health Research
Emily Anderson**	Physicians Committee for Responsible Medicine
Erin O'Quinn**	Parkinson's Foundation
Gavin Clingham**	Alliance for Patient Access
Hoang Nguyen**	Lupus ABC
Ian Kremer**	LEAD Coalition
Irene Ulrich**	Center for Science in the Public Interest
Isabella Xu**	Center for Science in the Public Interest
Janet Krommes**	Doctors for America
Jeanne Ireland**	The diaTribe Foundation
Jeff Allen**	Friends of Cancer Research
Jordan Daniels**	Faegre Drinker
Kara Berasi**	Haystack Project
Kathryn "Taylor" Livelli*	1Day Sooner
Kaylin Bower**	On a Mission for Multiple Sclerosis LLC
Mark Fleury**	American Cancer Society, Cancer Action Network
Michael Jones**	n/a
Michael T. Abrams**	Public Citizen
Michelle Adams*	Leavitt Partners
Natalie Torentinos**	Children's Hospital
Nicole Boschi**	National Multiple Sclerosis Society
Nishith Pandya**	American Cancer Society, Cancer Action Network

Pamela Gavin**	National Organization for Rare Disorders
Patricia Kelmar**	U.S. PIRG
Patrick Wildman**	Lupus Foundation of America
Paul Melmeyer*	Muscular Dystrophy Association
Reshma Ramachandran**	Yale Collaboration for Regulatory Rigor, Integrity, and Transparency (CRRIT)
Rohini Ghosh**	Yale Collaboration for Regulatory Rigor, Integrity, and Transparency (CRRIT)
Shion Chang**	National Health Council
Sophia Phillips**	Doctors of America
Stephen Karpen**	Breakthrough T1D
Sudhir Sivakumaran**	Lewy Body Dementia Association, Inc.
Teodora Staeva**	Lupus Research Alliance
Tess Robertson-Neel**	National Center for Health Research
Therese Ziaks**	Yale School of Medicine

FDA

Amy Ramanadham	CDER
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Janet Maynard	CDER
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