

**HRPP POLICY APPROVAL & IMPLEMENTATION**  
**OFFICE OF HUMAN SUBJECTS RESEARCH PROTECTIONS**

**Policy Number:** 502

**SOP Title:** Expanded Access, Including Emergency Use of Investigational Drugs, Biological, and Medical Devices (Test Article)

**Distribution:** Scientific Directors; Clinical Directors; Clinical Investigators, IRB Chairs, IRB Administrators, Protocol Navigators

**Revision Approval:**

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**Implementation date:** 10-26-2020

<b>NIH Intramural Research Program</b>		
<b>Office of Human Subjects Research Protections</b>	<b>Effective Date: 10/26/2020</b>	
<b>Expanded Access, Including Emergency Use of Investigational Drugs, Biologics, and Medical Devices (Test Articles)</b>	<b>Policy 502</b>	<b>Version: 1.0</b>

## POLICY

### A. PURPOSE

1. Describe the responsibilities of NIH investigators, NIH sponsors and the NIH Institutional Review Board (IRB) when conducting or reviewing expanded access use protocols of a drug, biologic or medical device.

### B. SCOPE

1. This policy applies to NIH investigators when providing treatment to NIH subjects involving expanded access use of drugs, biologics or medical devices (test articles) subject to Food and Drug Administration (FDA) requirements at 21 CFR parts [50](#), [56](#), [312](#) and [812](#).
2. This policy applies to the NIH IRB as the Reviewing IRB.

### C. POLICY

1. NIH investigators must comply with the requirements set forth in FDA regulations at 21 CFR parts [50](#), [56](#), [312](#) and [812](#), as applicable, when treating patients under an expanded access protocol using a drug, biologic or medical device.
  - a. Only persons enrolled in an NIH research protocol may be treated using an expanded access protocol.
2. Expanded access use of a drug, biologic or medical device is not research. NIH Investigators may not perform research interventions or collect or analyze data for research purposes under an expanded access protocol.
3. When reviewing protocols of expanded access use of drugs, biologics or medical devices (test articles), the NIH IRB must apply the applicable HHS and FDA regulations including, but not limited to, 21 CFR parts [50](#), [56](#), [312](#), and [812](#).

### D. DEFINITIONS

1. *Clinical Investigation (for FDA regulated research)* – Any experiment that involves a test article and one or more human subjects and that either is subject to requirements for prior submission to the Food and Drug Administration under section 505(i) or 520(g) of the act, or is not subject to requirements for prior submission to the Food and Drug Administration under these sections of the act, but the results of which are intended to be submitted later to, or held for inspection by, the Food and Drug Administration as part of an application for a research or marketing permit. The term does not include experiments that are subject to the provisions of part 58 of this chapter, regarding nonclinical laboratory studies. ([21 CFR 50.3\(c\)](#))

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2. *Emergency Use* – The use of a test article on a human subject in a life-threatening situation in which no standard acceptable treatment is available, and in which there is not sufficient time to obtain IRB approval. ([21 CFR 56.102\(d\)](#))
3. *Expanded access* – Sometimes referred to as “compassionate use,” means a potential pathway for a patient with an immediately life-threatening condition or serious disease or condition to gain access to an investigational medical product (drug, biologic, or medical device) for treatment outside of clinical trials when no comparable or satisfactory alternative therapy options are available. ([See Expanded Access Keywords, Definitions and Resources.](#))
4. *Immediately life-threatening disease or condition* – A stage of disease in which there is reasonable likelihood that death will occur within a matter of months or in which premature death is likely without early treatment. ([21 CFR 312.300\(b\)](#))
5. *Investigational New Drug (IND)* – A new drug or biological drug that is used in a clinical investigation. The term also includes a biological product that is used in vitro for diagnostic purposes. The terms "investigational drug" and "investigational new drug" are deemed to be synonymous for purposes of this part. ([21 CFR 312.3\(b\)](#))
6. *Legally Authorized Representative* – An individual or judicial or other body authorized under applicable law to consent on behalf of a prospective subject to the subject's participation in the procedure(s) involved in the research. If there is no applicable law addressing this issue, *legally authorized representative* means an individual recognized by institutional policy as acceptable for providing consent in the nonresearch context on behalf of the prospective subject to the subject's participation in the procedure(s) involved in the research. ([45 CFR 46.102\(i\)](#))
7. *Letter of Authorization (LOA)* – A letter permitting FDA to refer to the company’s IND or IDE file to provide certain necessary information about the investigational medical product (e.g., chemistry, manufacturing, controls) for the individual patient expanded access IND or IDE submitted by the applying licensed physician. The company should include the IND or IDE number for its investigational medical product in the LOA. ([See Expanded Access Keywords, Definitions and Resources.](#))
8. *Serious disease or condition* – A disease or condition associated with morbidity that has substantial impact on day-to-day functioning. Short-lived and self-limiting morbidity will usually not be sufficient, but the morbidity need not be irreversible, provided it is persistent or recurrent. Whether a disease or condition is serious is a matter of clinical judgment, based on its impact on such factors as survival, day-to-day functioning, or the likelihood that the disease, if left untreated, will progress from a less severe condition to a more serious one. ([21 CFR 312.300\(b\)](#))

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9. *Sponsor (for FDA regulated research)* – A person who initiates a clinical investigation, but who does not actually conduct the investigation, i.e., the test article is administered or dispensed to or used involving, a subject under the immediate direction of another individual. A person other than an individual (e.g., corporation or agency) that uses one or more of its own employees to conduct a clinical investigation it has initiated is considered to be a sponsor (not a sponsor-investigator), and the employees are considered to be investigators. ([21 CFR 50.3\(e\)](#))
10. *Sponsor-Investigator (for FDA regulated research)* – An individual who both initiates and actually conducts, alone or with others, a clinical investigation, i.e., under whose immediate direction the test article is administered or dispensed to, or used involving, a subject. The term does not include any person other than an individual, e.g., corporation or agency. ([21 CFR 50.3\(f\)](#))
11. *Test article (for FDA regulated research)* – Any drug (including a biological product for human use), medical device for human use, human food additive, color additive, electronic product, or any other article subject to regulation under the act or under sections 351 and 354-360F of the Public Health Service Act (42 U.S.C. 262 and 263b-263n). ([21 CFR 50.3\(j\)](#))

## **E. RESPONSIBILITIES AND REQUIREMENTS**

### **1. General Requirements for Expanded Access for NIH Principal Investigators/NIH Sponsors**

Expanded access refers to the use of an investigational drug, biologic, or device product (test article) when the primary purpose is to diagnose, monitor, or treat a patient’s disease or condition rather than to obtain the kind of information about the drug that is generally derived from clinical trials. The regulations are intended to facilitate access to investigational drugs for treatment use for patients with serious or immediately life-threatening diseases or conditions who lack therapeutic alternatives.

- a. Expanded access use of a test article must be conducted in accordance with applicable federal regulations, including, but not limited to:
  - I. 21 CFR parts 50 and 56 for all test articles;
  - II. 21 CFR 312 subpart I for investigational drugs; and
  - III. 21 CFR 812.36 for treatment use of investigational devices.
- b. In order for a patient to be eligible for expanded use, the NIH Principal Investigator (PI) must determine and document (e.g. in the medical record, submission to the FDA, etc.) that the following criteria are met:

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- I. Patient(s) must have a serious or immediately life-threatening disease or condition, and there is no comparable or satisfactory alternative therapy to diagnose, monitor, or treat the disease or condition;
  - II. The potential patient benefit justifies the potential risks of the treatment and the potential risks are not unreasonable in the context of the disease or condition to be treated; and
  - III. The expanded use of the investigational test article for the requested treatment will not interfere with the initiation, conduct, or completion of clinical investigations that could support marketing approval of the product.
  - IV. The patient must be a subject enrolled on an NIH research study.
- c. The NIH PI must ensure the following, before administration of the test article under expanded access use:
- I. A Letter of Authorization<sup>1</sup> (LoA) has been obtained from the Sponsor to cross reference the IND. The NIH PI must include the LoA in the expanded access submission to the FDA.
  - II. FDA approval has been obtained as required. (See FDA guidance document, [Individual Patient Expanded Access Applications: Form FDA 3926](#) (October 2017) and [Expanded Access for Medical Devices](#).)
    - i. For non-emergency expanded access applications of a drug, the IND will take effect at the end of the 30-day waiting period (after the FDA has received the request), unless notified by the FDA earlier.
    - ii. For emergency expanded access requests for drugs and biologics, the authorization may be received by telephone. See E.2.B.II.i. below for additional requirements.
    - iii. For emergency expanded access use of a medical device (treatment IDE), if an IDE exists, the treating physician must notify the sponsor who must notify the FDA.

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<sup>1</sup> The manufacturer or sponsor must be willing to provide the test article and either 1) sponsor will submit the expanded access application, 2) provide a LOA for the FDA to cross-reference to the existing IND/IDE application, or 3) provide the sponsor-investigator the necessary test article product information to submit to the FDA as part of the expanded access application. However, the sponsor or manufacturer of the test article can decline to be the sponsor of the expanded access application. They can also decline the use of the test article or may charge for use of test article. The sponsor of the test article may prefer that the PI submit to the FDA a separate individual application, or submit an application against an existing IND/IDE submission.



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- III. For expanded access use involving devices, establishing an appropriate schedule for monitoring the patient(s), taking into consideration nature of the test article and specific needs of the patient. The patient(s) should be monitored to detect any possible problems arising from the use of the test article.
- IV. Ensuring ongoing IRB review and approval for expanded access protocols that will exceed a 12-month period (i.e. Continuing Review), except in cases of emergency use, and notifying the IRB when treatment is complete.
- V. The NIH PI is responsible for maintaining:
  - i. Drug disposition records;
  - ii. Accurate case history; and
  - iii. Records consistent with 21 CFR [312.62](#). (21 CFR [312.305\(c\)\(4\)](#) and [812.36](#))

**2. General Requirements for Individual-Patient Emergency Use of a Test Article under Expanded Access for NIH Principal Investigators/NIH Sponsors**

The treating physician may request emergency use of the test article (e.g. from the Sponsor and FDA) when, in their judgment, the use is needed to prevent death or serious morbidity and there is not sufficient time to obtain prospective IRB approval. (See [Emergency Use of an Investigational Drug or Biologic](#) or [Expanded Access for Medical Devices](#).) The following are required for emergency use of a test article:

- a. In order for a patient to be eligible for emergency use of a test article, the NIH PI must determine and document that the following criteria are met:
  - I. The patient has a serious or immediately life-threatening disease or condition; There are no comparable or satisfactory alternative treatment options to treat the patient’s condition;
  - II. The potential benefit justifies the potential risks of the treatment use and those potential risks are not unreasonable in the context of the disease or condition to be treated;
  - III. The patient’s condition requires immediate intervention before review at a convened IRB meeting is possible, or to avoid major irreversible morbidity. (21 CFR [56.102\(d\)](#) and [56.104\(c\)](#));
  - IV. For drugs and biologics the criteria of [312.305\(a\)](#) have been met, and for devices the criteria at [812.36\(a\)](#) have been satisfied.
  - V. The patient must be a subject enrolled on an NIH research study.

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- b. The NIH PI must ensure the following, before administration of the test article under expanded access use:
- I. Sponsor authorization has been obtained.
    - i. For drugs or biologics: The NIH PI must secure a LoA to cross reference the IND and include the LoA it in the expanded access submission). ([21 CFR 312.310\(d\)](#))
    - ii. For devices: Sponsor authorization has been obtained consistent with the requirements at [21 CFR 812.36\(b\)\(4\)](#).
  - II. FDA approval has been obtained.
    - i. For drugs or biologics: The NIH PI may choose to use the [FDA Form 3926](#) (April 30, 2019). (See FDA guidance document [Individual Patient Expanded Access Applications: Form FDA 3926](#) (June 2016 updated October 2017), [Expanded Access – How to submit a Request \(Forms\)](#) and to download [FDA Form 3926 Instructional Supplement](#).)
      - Emergency use for individual patient under an existing IND can be requested and authorized by a rapid means of communication (e.g. telephone, etc.) and may start immediately upon FDA authorization.
        1. In this case, the NH PI or sponsor must submit an IND amendment within 15 working days of the initial authorization ([21 CFR 312.310\(d\)\(2\)](#)).
    - ii. For devices: FDA approval has been obtained consistent with the application requirements outlined in [21 CFR 812.36\(c\)](#).
  - III. IRB Chair concurrence should be obtained prior to use unless the immediate use is required to preserve the life of the patient or to prevent serious morbidity.
    - i. If IRB Chair concurrence was not obtained prior to the administration of the test article, the PI must notify the NIH IRB within 5 working days of the emergency use; and
      - Any subsequent use of the test article at the institution is subject to IRB review. ([21 CFR 56.104\(c\)](#))
  - IV. Informed consent must be obtained from the subject or LAR, unless the following requirements have been met:

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- i. Both the NIH PI and a physician who is not otherwise participating in the clinical investigation certify in writing (within 5 working days after the use of the article) all of the following:
  - The patient is confronted by a life-threatening situation necessitating the use of the test article;
  - Informed consent cannot be obtained from the patient because of an inability to communicate with, or legally effective consent cannot be obtained, from the patient;
  - Time is not sufficient to obtain consent from the subject's LAR; and
  - There is available no alternative method of approved or generally recognized therapy that provides an equal or greater likelihood of saving the life of the subject. ([21 CFR 50.23\(a\)](#))

- c. The NIH PI or the sponsor responsible for submitting an emergency use application has the same “Investigator Responsibilities” as a sponsor of clinical investigations. (For drugs, *see* 21 CFR 312 subparts [D](#), [E](#), and [F](#) and [312.305\(c\)\(4\)](#), and for devices, *see* 21 CFR parts [812.36\(f\)](#) and [812.150](#).)

### 3. NIH IRB responsibilities

- a. The NIH IRB will evaluate the submission to determine whether the use complies with regulatory requirements described in *E.1.* and *E.2.* above.
- b. The NIH IRB will review the expanded access use request at a convened IRB meeting, unless a waiver for full IRB review has been granted by the FDA. ([21 CFR 56.104](#))
  - I. Under emergency conditions, the NIH IRB Chair can review and concur with the request, if appropriate, and consistent with [E.2.b.II.ii.](#) above. Concurrence of the IRB Chair is not IRB approval.
  - II. For individual patient non-emergency use of a test article, IRB Chair concurrence may be provided in lieu of IRB approval if requested by the investigator on FDA form 3926 or a waiver of IRB review is otherwise granted by the FDA.

## F. REFERENCES

### 1. Federal Regulations

FDA: 21 CFR parts [50](#), [56](#), [312](#), [812](#)

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**2. NIH Policy**

[Policy 801 Reporting Research Events](#)

**3. Guidance and Tools**

[FDA Form 3926](#) (April 30, 2019)

[FDA Form 3926 Instructional Supplement](#)

**4. FDA Guidance:**

[Individual Patient Expanded Access Applications: Form FDA 3926 \(June 2016, updated October 2017\)](#)

[Expanded Access to Investigational Drugs for Treatment use – Questions and Answers \(June 2016, updated October 2017\)](#)

[Emergency Use of an Investigational Drug or Biologic \(January 1998, Content current as of 07/12/2018\)](#)

[Expanded Access Categories for Drugs \(Including Biologics\) \(Content current as of 01/04/2018\)](#)

[Expanded Access for Medical Devices \(Content current as of 6/21/2019\)](#)

[Expanded Access to Experimental Biologics \(Content current as of 09/16/2019\)](#)

[IND Applications for Clinical Treatment: Treatment of a Group of Patients in Non-emergency Setting” \(Content current as of 10/08/2015\)](#)

[IDE Reports \(Content current as of 09/05/2018\)](#)

**G. APPENDICES: NA**

**H. REVISION HISTORY: NA**

**I. SUPERSEDES DATE: 10/26/2020**

SOP 15A - Research Regulated by the Food and Drug Administration (FDA): Information and Policies Specific to Research Involving Investigational New Drugs (Including Biological Products)

SOP 15B - Research Regulated by the Food and Drug Administration (FDA): Information and Policies for Investigational Device Exemption (IDE) Applications