

Taking a Deeper Dive: Regulatory Issues You Should Really Understand – Federal Regulation of Biomedical Research

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Taking a Deeper Dive: Regulatory Issues You Should Really Understand

- **Carol Pratt: – Federal Regulation of Biomedical Research**
- **Joan Macaulay: Exchange of Scientific Information and Off-label Promotion**
- **Joseph Metro: Reimbursement and Payment Update**

Taking a Deeper Dive: Regulatory Issues You Should Really Understand – Federal Regulation of Biomedical Research

Phase IV Clinical Trials of Off-label Drug Uses: A Regulatory Minefield

The Regulatory Problem

- Physicians may *prescribe* an approved drug for off-label uses if medically reasonable and necessary
 - Common practice in oncology
 - FDA does not regulate the practice of medicine
- But FDA allows only limited *promotion* by manufacturers of off-label uses of approved drugs
 - General rule: Advertising for an approved prescription drug is limited to uses approved for product labeling. 21 CFR § 202.1(e)(4).
 - Very limited dissemination of information regarding off-label uses. FDCA § 551-2.

Phase IV Studies of Off-label Drug Uses

- The OIG* has identified Phase IV studies as a potential vehicle for impermissible off-label promotion of approved drugs
 - “Post-marketing research activities should be especially scrutinized to ensure that they are legitimate and not simply a pretext to generate prescriptions of a drug.”
 - “Indicia of questionable research include . . . Post-marketing research used as pretense to promote product.

*OIG Compliance Guidance for Pharmaceutical Manufacturers,
April 2003

Phase IV Studies of Off-label Drug Uses: Regulatory Issues

- **Suspect Phase IV clinical trials**
 - **Sponsors do not intend to use the data to seek FDA approval for new use. Why not?**
 - **Many research sites with relatively few subjects at each site**
 - ❖ **Phase III: 30 sites x 100 subjects/site =**
 - ◆ **3000 subjects**
 - ◆ **30 physician/investigators**
 - ❖ **Phase IV: 500 sites x 6 subjects/site =**
 - ◆ **3000 subjects**
 - ◆ **500 physician/investigators**

Phase IV Clinical Trials of Off-label Drug Uses: Regulatory Issues

- Is this “research” or “promotion” of off-label uses?
 - Administratively more costly to enroll 3000 subjects at 500 sites than 30 sites. Why choose this model?
 - Is study designed to influence prescription of study drug by physicians in many markets?
- Limited FDA enforcement tools
- Reimbursement issues
 - If federal government (Medicaid or Medicare) is billed for study related costs (drug or health care)
 - Reimbursement violations may trigger liability under Federal fraud & abuse laws
 - ❖ False Claims Act
 - ❖ Anti-kickback Statute
 - Big enforcement punch!

Clinical Trials of Off-label Drug Uses: Fraud & Abuse Issues

- **If Medicaid or Medicare will be billed for study drug, need to scrutinize clinical trial for health care fraud and abuse issues**
 - **More common in Phase IV studies (approved drugs)**
- **Federal False Claims Act**
 - **Potential “false claims”**
 - ❖ **Study drug not eligible for reimbursement**
 - ❖ **Reimbursement of free/discounted drugs**
 - ◆ **May be represented as a “cost savings” to research site**
- **Federal Anti-kickback Statute**
 - **If an intended purpose of the clinical trial is to induce prescriptions for off-label uses**

Fraud and Abuse Issues: False Claims Act*

- Any person who *knowingly*
 - Actual knowledge, or
 - Reckless disregard or deliberate ignorance of the truth or falsity of claim)
- *Presents or causes to be presented*
- A false or fraudulent claim
 - Seeking reimbursement for a claim one “knows” is not eligible for reimbursement = “false” claim
- To the federal government (e.g., Medicare or Medicaid)
- For payment or approval

* 31 U.S.C. § 1329-33

Fraud and Abuse Issues: False Claims Act

- **Penalties**
 - **Civil penalty: \$5,000 - \$10,000/claim**
 - **Treble the damages sustained by the U.S. Government**
 - **Attorneys' fees**
- **Whistleblower (qui tam) suits**
 - **Brought by private citizen (relator)**
 - ❖ **Relators: former collaborators, grad students/post-docs, sales/marketing reps – the danger is from *within*!**
 - ❖ **Recent increase in research-related suits**
 - **US DOJ may choose to intervene**
 - ❖ **If so, government litigates the case**
 - ❖ **Relator gets 15 – 25 % of judgment or settlement**

Phase IV Clinical Trials of Off-label Drug Uses: Fraud & Abuse Issues

- **False Claim Act violations**
 - **Submitting claims to federal payer for study drug that is not eligible for reimbursement**
- **Coverage of investigational drugs**
 - **FDA**
 - ❖ **May not charge for an investigational drug tested in a clinical trial *under an IND* without prior FDA approval. 21 CFR § 312.7(d).**
 - ❖ **No ban on seeking reimbursement if study qualifies for an IND exception**

Clinical Trials of Off-label Drug Uses: Is an IND Required?

An IND is *not* required if all of the following apply:

- 1. There is no intent to submit the results to the FDA for approval of a new use or other significant change in labeling;**
- 2. If the drug is an approved prescription drug, there is no intent to use the results to support a significant change in advertising;**
- 3. The study does not involve a route of administration, dosage level, subject population or other factor that significantly increases the risks (or decreases the acceptability of the risks) associated with use of the drug [common with cancer drugs];**
- 4. The study is conducted in compliance with 21 CFR Parts 50 and 56 (human subject protections, IRB function); *and***
- 5. The study is conducted in compliance with FDA requirements concerning promotion and charging for investigational drugs (21 CFR § 312.7)**

Clinical Trials of Off-label Drug Uses: Reimbursement of Investigational Drugs

- **Medicare**
 - **Part A (institutional health care)**
 - ❖ **Covers reasonable and necessary drugs provided to inpatients**
 - **Part B (outpatient)**
 - ❖ **Covers reasonable and necessary drugs administered by physician (or under physician's supervision) in physician's office/facility**
 - ❖ **Does *not* cover *self-administered* drugs**
 - ◆ **Typical clinical trial**

Clinical Trials of Off-label Drug Uses: Reimbursement Issues

- **Medicare, cont'd.**
 - **National Coverage Decision for Clinical Trials (September 2000)**
 - **Covers “routine costs” for qualifying clinical trials**
 - ❖ **Standard care**
 - ❖ **Items/services required solely for the provision of the investigational item**
 - ❖ **Items/services necessary to diagnose/treat study-related complications**
 - **Routine costs do NOT include:**
 - ❖ **Cost of the investigational drug itself, or**
 - ❖ **Items/services provided free by study sponsor**

Clinical Trials of Off-label Drug Uses: Reimbursement Issues

- **Medicaid**
 - Coverage varies by state
 - General rule: covers reimbursement of
 - ❖ “Covered outpatient drugs”
 - ❖ For a “medically accepted indication,” defined as:
 - ◆ Approved under FDCA, or
 - ◆ Included in specified drug compendia
 - Prescription for *off-label* uses in clinical trials
 - ❖ Reimbursable *only* if listed in drug compendia

Clinical Trials of Off-label Drug Uses: Reimbursement Issues

Coverage of off-label uses of study drug in clinical trials:

- **With an IND**
 - **Not reimbursable (FDA)**
- **Without an IND**
 - **Inpatient or administered**
 - ❖ **Medicare: Yes, if reasonable & necessary**
 - ❖ **Medicaid: No, unless listed in drug compendia**
 - **Outpatient, self-administered**
 - ❖ **Medicare: No**
 - ❖ **Medicaid: No, unless listed in drug compendia**

Clinical Trials of Off-Label Uses: False Claim Act Issues

- Billing federal government for ineligible off-label uses in Phase IV clinical trial may be a false claim
- *U.S. ex rel. Franklin v. Pfizer Inc. and Parke-Davis, Div. of Warner Lambert Company* (D. Mass., Civil Action No. 96-11651)
 - *Qui tam* (whistleblower) case
 - ❖ Relator was an MD who was a “medical liaison” for Parke-Davis
 - US DOJ alleged that manufacturer (Parke-Davis) used Phase IV clinical trial to promote off-label uses of Neurontin (anti-seizure drug)
 - Defendants were the *manufacturers*
 - ❖ Research site, which submitted claims to Medicaid for reimbursement of Neurontin, were *not* defendants
- Case settled in May 2004 for ~ \$427 Million

Clinical Trials of Off-Label Uses: False Claim Act Issues

Pfizer, continued:

- Phase IV (“STEPS”) clinical trial of Neurontin
- Higher doses than approved by FDA
- 1200 sites; 2-3 subjects/site
 - ❖ *“Although STEPS took the form of a research clinical trial, it was, in fact, a marketing ploy * **
**.” (First Amended Complaint, 2003)*
- Study sites submitted claims to Medicaid for Neurontin
 - ❖ *“. . .an off label prescription submitted for reimbursement by Medicaid is a false claim within the meaning of the FCA.” Pfizer/Parke-Davis, 147 F. Supp.2d 39 (D. Mass. 2001).*

Phase IV Clinical Trials of Off-label Drug Uses: False Claims Act

- Who may be liable?
 - Investigator and site: for knowingly *presenting* a false claim
 - Manufacturer/sponsor: for knowingly *causing* a false claim to be presented (*Pfizer/Parke-Davis*)
 - ❖ Liability under the FCA is not limited to the party that submitted the false claim
 - ❖ Liability under the FCA reaches “all fraudulent attempts to cause the Government to pay out sums of money.”
 - ❖ “Relator has adequately alleged that [defendants] knowingly caused the submission of these false claims through a fraudulent course of conduct in violation of [the FCA].

Clinical Trials of Off-label Drug Uses: False Claims Act

- **False Claim Act violations**
 - **Billing Medicaid/Medicare for study drug that was provided *free or discounted* by sponsor**
- ***U.S. ex rel. Hamel v. Fresenius Medical Care*, Civil Action No. 99-12455-NG (D. Mass)**
 - **Sponsor (Amgen) provided Epogen (dialysis drug) free to Fresenius' dialysis center for clinical trial**
 - **Fresenius submitted claims to Medicare and Medicaid for reimbursement of Epogen with the “study” designation intentionally removed**
 - **Defendant = research site (not sponsor)**
 - ***Qui Tam* lawsuit; US DOJ/Boston intervened**
 - **Case settled for \$1.6M+ in January 2000**

Fraud and Abuse Issues: Anti-kickback Statute

- **Fraud & abuse issues arise even if claims are not false or fraudulent**
- **Anti-Kickback Statute, 42 U.S.C. § 1320a-7b**
 - **Prohibits knowingly and willfully (intent)**
 - **offering, paying, soliciting or accepting**
 - **any remuneration (payments, honoraria, gifts, anything of value etc.) that**
 - **directly or indirectly induces the**
 - **purchase of, or referrals for, healthcare**
 - **paid in whole or in part by federal programs.**

Fraud and Abuse Issues: Anti-kickback Statute

- **Penalties:**
 - **Criminal**
 - ❖ **≤ \$25,000 per offense**
 - ❖ **≤ 5 years in prison**
 - **Civil monetary penalties**
 - ❖ **Treble damages**
 - ❖ **Fines**
 - ❖ **Attorneys fees**
 - **Exclusion from Medicare/Medicaid**

Clinical Trials of Off-label Drug Uses: Anti-kickback Issues

- Will Medicare or Medicaid be billed for study drug,?
- Remuneration? Yes, payments to research site = *remuneration*
- Referral? Yes, prescriptions for sponsor's drug = *referral* of patients by investigator/physician to sponsor's drug
- Intent to induce referrals or payment for healthcare? Fact-specific answer.
 - There only needs to be *one* intended purpose
 - ❖ “a person who offers or pays remuneration to another person violates the [anti-kickback statute] so long as *one purpose* of the offer or payment is to induce Medicare or Medicaid patient referrals.” (emphasis added) *U.S. v. McClatchey* (121 S.Ct. 574 (2000)).
 - Large number of research sites; few subjects/site
 - ❖ *Pfizer/Parke-Davis* — 1200 sites in Phase IV study of Neurontin

Clinical Trials of Off-label Drug Uses: Anti-kickback Issues

- Who is liable?
 - Investigator and research site
 - ❖ For *accepting* kickback
 - Sponsor/manufacturer
 - ❖ For *offering* or *paying* remuneration
- Anti-kickback violation can be basis for FCA liability
 - Paying or accepting an inducement for referrals is a false express or implied certification of compliance to participate in Medicare or Medicaid programs
 - Reimbursement under a false certification = “false claim”

Clinical Trials of Off-label Drug Uses: Summary

- **Clinical trials of off-label uses are important and can provide useful scientific information**
- **Regulatory minefield**
- **Require careful design and review of:**
 - **Experimental design (# of site and subjects)**
 - **Budgets**
 - **Payment for study drug**

Clinical Trials of Off-label Drug Uses: A Regulatory Minefield

Questions?

