DIGITAL THERAPEUTICS ALLIANCE

Dockets Management
Food and Drug Administration
5630 Fishers Lane, Rm 1061
Rockville, MD 20852

RE: Docket FDA-2023-D-2482 Regulatory Considerations for Prescription Drug Use-Related Software

The Digital Therapeutics Alliance (DTA) would like to express our gratitude for the FDA's unwavering dedication to fostering digital health innovation within the pharmaceutical sector. We appreciate the commitment to ensuring responsible, risk-based oversight of software related to prescription drug use.

The DTA fully supports the development of evidence-based digital therapeutics, with many DTA members actively engaged in creating innovative solutions to complement their drug portfolios. These digital therapeutics aim to provide clinically significant benefits alongside prescription drugs.

We commend the FDA's framework that allows software with clinically meaningful benefits to be featured on drug labels as "FDA-required labeling." However, we have noted some ambiguity in the new guidance, particularly regarding the specific clinical performance data required for such labeling. While the guidance mentions the necessity of "one or more adequate and well-controlled studies per 21 CFR 314.126(b)," additional clarity is needed.

The FDA suggests that sponsors collaborate with the relevant FDA review division early in the development process to discuss data and information supporting the inclusion of Prescription Drug Use-Related Software (PDURS) information on drug labels. While we acknowledge that the requirement for "well-controlled studies" aligns with existing evidentiary standards for drug-led combination products, the ambiguity in evidence requirements may present a significant barrier to innovation in this domain.

In an effort to stimulate innovation in digital therapeutics associated with prescription drugs, the DTA proposes that the FDA adopts a clearer approach to explaining clinical requirements for FDA-required labeling. Specifically, we recommend the inclusion of examples in the guidance, demonstrating various scenarios across the risk continuum. DTA suggests that these examples contemplate alternative evidence sources, such as real-world evidence or a single-arm open-label study, often using treatment-as-usual as a comparator, to supplement evidence from well-controlled studies. This more flexible and risk-based approach could be particularly beneficial when there is a favorable benefit/risk profile for PDURS with claimed clinical benefits.

DTA advocates for increased clarity on clinical performance requirements by the Center for Drug Evaluation and Research (CDER) to support PDURS-based claims in FDA-required labeling. Additionally, we urge the FDA to provide clearer guidelines on how manufacturers should seek FDA feedback and "work with the appropriate FDA review division early in the

development process." We believe that this additional clarity in the final guidance will not only facilitate innovation but also contribute to patient benefit in this rapidly evolving space.

Thank you for considering our feedback, and we look forward to continued collaboration in advancing digital health innovation.

Sincerely,

Andy Molnar
Chief Executive Officer
Digital Therapeutics Alliance