NATIONAL TUBERCULOSIS CONTROLLERS ASSOCIATION

May 22, 2019

Re: FDA-2019-N-1317

Dear Members of the Food and Drug Administration (FDA) Antimicrobial Drugs Advisory Committee:

The National Tuberculosis (TB) Controllers Association (NTCA), the national organization that represents local and state public health TB control programs in the United States and territories, is writing to inform you of our position on the new drug application for pretomanid (new drug application 212862) which will be reviewed on June 6, 2019.

Public Health TB programs have the responsibility to ensure successful treatment of TB disease in their jurisdictions. For patients with multidrug-resistant (MDR-TB) and extensively drug-resistant TB (XDR-TB), the programs either provide the highly specialized TB care required by these patients or support community clinicians outside public health programs so patients have access to expert medical consultation, diagnostics, and drugs. To date, MDR/XDR- TB care in the United States has been highly successful, achieving treatment completion rates of 78% and limiting mortality to 9% (Marks et al 2014).

The clinical specialists who routinely manage the care of patients with MDR/XDR-TB in the United States are members of our organization's section representing clinicians, the National Society of TB Clinicians (NSTC). The NSTC works in partnership with the TB control officials of federal, state, local, and territorial governments, and with other public and private sectors to represent the TB clinician's perspective to support effective strategies for TB control and elimination. Additional information about the NTCA, and the NSTC, can be found on NTCA's website at, http://www.tbcontrollers.org

The NTCA Board and NSTC leadership acknowledge that there is an unmet need for new drugs to be approved by the FDA for the treatment of TB, especially for the treatment of MDR/XDR-TB, which currently can take up to two years to cure with medications that have significant and often serious and permanent adverse effects. The NTCA welcomes the recommendations for new all-oral and shorter regimens for MDR/XDR-TB. In the United States, access to two drugs recommended by the World Health Organization for treatment of MDR-TB, clofazimine and delamanid, is extremely limited because of lack of FDA authorization. NTCA strongly supports the review of new anti-TB drugs by the FDA especially when new drugs have the potential to make MDR-TB treatment shorter and safer in the United States and around the world.

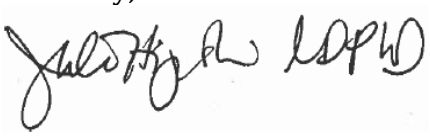
In the case of pretomanid, scarce information has been made available for public review or in peer-reviewed literature. In part because of this lack of available data, other commenters to this committee (Jennifer Furin, TB CAB) have raised questions about the safety of pretomanid. Similar to our colleagues, as treating providers we are concerned about safety and will be heavily relying on the FDA's role and responsibility to provide rigorous review of pretomanid's safety profile to ensure that we would benefit our patients by using pretomanid. If the safety profile is found acceptable, because of the limited experience and available information we would encourage conditional approval with need for additional, more rigorous clinical trial data and post-marketing surveillance for toxicity and outcomes. Clinical decision-making and patient experience will be profoundly impacted by understanding the safety profile of pretomanid.

In addition, if pretomanid is approved, NTCA supports the global community's call for reasonable pricing and expanded access to the drug for underinsured and uninsured patients who make up a substantial proportion of patients with TB in the United States. Public health TB control programs already are operating under significant budget restrictions and limited resources and are charged with the responsibility to assure all patients, even those without health insurance, receive effective care.

In summary, the NTCA supports the FDA approval of safe new drugs for MDR/XDR-TB. Safety concerns are paramount with any drug application, and as the primary users and influencers of the use of pretomanid in the United States and territories, we take our commitment to provide the very best care to our patients seriously. We look forward to the outcome of your review with great interest.

Thank you for your consideration in this matter.

Sincerely,



Julie Higashi, MD, PhD
NTCA President-elect
on behalf of NTCA Board and NSTC Leadership

Marks SM, Flood J, Seaworth B, Hirsch-Moverman Y, Armstrong L, Mase S, et al. Treatment Practices, Outcomes, and Costs of Multidrug-Resistant and Extensively Drug-Resistant Tuberculosis, United States, 2005–2007. Emerg Infect Dis. 2014;20(5):812-821. https://dx.doi.org/10.3201/eid2005.131037