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RE: Considerations in Demonstrating Interchangeability With a Reference Product; Draft Guidance for Industry [Docket Number: FDA-2017-D-0154-0007]

Dear Ms. Benton and Mr. Ripley:

On behalf of the Alliance for Patient Access (AfPA) I would like to thank you and your agency for the deliberate and inclusive approach taken in developing regulations for all biological therapies. AfPA is pleased to contribute once again to the evolving discourse on biological products to ensure that the physician voice is heard and considered in FDA's final guidance on interchangeability.

In 2011 AfPA established the National Physicians Biologics Working Group (NPBWG) through which more than 60 specialists who prescribe biologic therapies convene to consider policy matters related to biologic therapies including biosimilars. NPBWG members, which include oncologists, rheumatologists, dermatologists, gastroenterologists, neurologists and endocrinologists, have joined together to establish policy principles regarding the safe use and access to biologic and biosimilar medicines.

FDA's January 2017 draft guidance entitled "Considerations in Demonstrating Interchangeability with a Reference Product" outlines important requirements of sponsors to ensure a high bar for interchangeable biosimilars. As such, FDA requires "data and information to support a showing that the proposed interchangeable product can be expected to produce the same clinical result as the reference product in all of the reference product's licensed conditions of use." Such a requirement is critical since interchangeable biosimilars can be substituted for the reference product without the intervention of the prescriber. AfPA supports FDA's requirement of a robust data package to demonstrate interchangeability.

Further, AfPA supports FDA's call for sponsors to conduct one or more switching studies to prove that "the risk in terms of safety or diminished efficacy of alternating or switching between use of the biological product and the reference product is not greater than the risk of using the reference product without such alternation or switch." AfPA member physicians believe that the required switching studies will more accurately represent the real-world utilization of interchangeable biosimilars. Patients will likely experience switching among interchangeable biosimilars via pharmacy level substitution, changing health plan formularies, and shifting preferences in health plan choices by patients. Robust post-market data will remain critical for tracking and tracing purposes (and should be required by FDA), but physicians cannot depend solely on this data to determine the safety and efficacy of a back-and-forth switch between or among biological products.

Related, since patients will be prescribed US-licensed products, it follows that clinical trials should utilize US-licensed reference products in these switching studies. AfPA member physicians indicate that proving the safety and efficacy of a product through pre-market switching studies with US-licensed reference products will increase their confidence in prescribing interchangeable biosimilars.

FDA's draft guidance also addresses indication extrapolation saying, "The sponsor would need to provide sufficient scientific justification for extrapolating data to support a determination of interchangeability for each condition of use for which the reference product is licensed and for which licensure as an interchangeable product is sought." AfPA supports the use of indication extrapolation on a case-by-case basis but urges FDA to utilize caution, recognizing its limitations in certain disease states. For instance, when disease indications differ in their pathophysiological pathways or medicines differ in their mechanisms of action, FDA should require unique clinical testing to support a product's designation as interchangeable. Additionally, AfPA believes FDA should encourage applicants to seek interchangeability for all indications of the reference product. This policy will help prevent possible confusion among providers and patients regarding the appropriate use of the product should a biosimilar be only approved for some of the reference product's indications.

Finally, AfPA supports a clear and specific product label that indicates biosimilar interchangeability. The product label should include information for which indications the biosimilar is and is not interchangeable (in the event not all indications are deemed as such) to promote appropriate prescribing decisions. In all cases, physicians need transparent information on the product's label about which disease states have undergone clinical trials, and which indications are extrapolated.

AfPA thanks FDA for the opportunity to provide comment on its recent draft guidance on interchangeability. The safeguards discussed above will help ensure prescriber confidence in, and appropriate use of, interchangeable biosimilars. Such measures will also promote robust pharmacovigilance, supporting accurate tracking and tracing efforts to maintain patient safety. Once interchangeable biosimilars are approved, patients and physicians will be provided with more treatment options and potential cost savings, increasing access to new and innovative therapies. Thank you for your time and attention to this important matter.

Sincerely,

Brian Kennedy
Executive Director
Alliance for Patient Access