Hemophilia Federation of America
Written Testimony
FDA Arthritis Advisory Committee Meeting, July 12, 2016

The Hemophilia Federation of America (HFA) appreciates the opportunity to engage the FDA on the issues of biosimilars and implementation of the BPCIA. As a non-profit organization representing patients with bleeding disorders nation-wide, we'd like to share comments and suggestions from the patient perspective on several important issues related to the two pending biosimilar applications and on broader biosimilar policy and regulation.

HFA supports an approval process that meets or exceeds the progress already made in developing and producing safe therapies. HFA strongly urges the FDA to support policies that allow for accountability and oversight in the following areas before any biosimilar for clotting factor is approved: Clear Naming and Labeling, Robust Clinical Trials and Post-Marketing Surveillance, Assessment of Immunogenicity, and Appropriate Regulations Surrounding Substitution.

NAMING AND LABELING

It is extremely important that biosimilars have unique nonproprietary names that are distinct from their reference products. A biosimilar is not a generic version of a biologic. Generic drugs are exact chemical copies of the branded products and can be interchanged without causing harm to patients. Biologics are so complex and sensitive to their environment that identical copies are impossible to produce[1]. The use of distinct names will eliminate confusion among prescribers and patients and allow prescribers to track product usage and quickly report adverse events. In August of 2015, the FDA released draft guidance requiring biosimilars to have unique nonproprietary names. HFA expects the final guidance to be approved in 2016.

In conjunction with nonproprietary names, biosimilars should include clear and transparent labeling information that identifies the product as a biosimilar for both physicians and patients. Labeling should identify the product as a biosimilar and whether or not it has been approved as interchangeable, identify indications of approved use and which were approved on the basis of extrapolation, and list any adverse event information. HFA expects the FDA to release final guidance on labeling in as soon as possible.

CLINICAL TRIALS AND POST MARKETING SURVEILLANCE

The U. S. Food and Drug Administration (FDA) must conduct robust human clinical trials before approving any biosimilar. The approval process of biosimilars must have the same standards of safety and efficacy as that of other FDA approved products. There is the potential for adverse reactions whenever an individual uses a new factor product for the first time or is switched to a new treatment. The inclusion of additional post-marketing surveillance is essential to monitor potential risks.

ASSESSMENT OF IMMUNOGENICITY

Patients using biologics may face risk of an inhibitor, an immune response to a biologic that can have critical adverse health impacts and limit the effectiveness of the product. Research must prove that patients will not suffer from adverse effects of immunogenicity from biosimilars products. Treating an individual who has an inhibitor is extremely complex, demanding, and is very costly – often millions of dollars per year – and the negative health consequences, including disability, are significantly greater.

[1] "Biosimilars." Amgen Inc., 1 Jan 2014. Web. 3 November 2014. http://www.amgen.com/pdfs/misc/Biologics_and_Biosimilars_Overview.pdf

The FDA should require high standards to determine whether a biosimilar is "interchangeable"[2] and can be expected to produce the same clinical results as the reference product in any given patient. HFA expects the FDA to release draft guidance on interchangeability standards as soon as possible to provide patients and physicians with the critical information.

SUBSTITUTION

The regulatory framework must prohibit automatic substitution by providers and pharmacies of the original biologic with a biosimilar. Because biosimilars cannot be exact copies of biologics, they should not be automatically substituted without the fully informed permission of both patients and their providers. Each patient's immune response and associated health risks are unique – substitution cannot be made safely without input from both groups. If the practice of automatic substitution of interchangeable biosimilars is adopted through either legislative or regulatory pathways, both physician and patients should be notified of the intent to switch products. Providers must be able to observe how the medicines interact with and affect their patients.

HFA is concerned by the potential for stable patients to be switched from their biologic therapy for non-medically related reasons to a biosimilar that has not been designated as interchangeable. FDA officials have previously made statements regarding their expectations around switching of stable patients. At the most recent advisory committee meeting in February 2015, Dr. Christl stated, "…there's no expectation that the biosimilar products would be limited in labeling to treatment of naïve patients only." The power of insurers and pharmacy benefit managers to influence the therapies of patients was also discussed at this meeting. While HFA understands the FDA cannot control what third parties do, they can release clearer statements on this issue to promote patient safety as priority.

Recently CVS published "Basics about Biosimilars: The Savings Potential and the Challenges." The article indicates their intention to switch patients to biosimilars. For example: "Because biosimilars are therapeutically equivalent to reference biologics, we expect minimal 'grandfathering of patients.'" CVS goes on to state: "Currently there is no pathway for biosimilars to have the legal definition of interchangeability – meaning a pharmacist cannot automatically dispense a biosimilar at the pharmacy without a change in prescription, even though biosimilars are therapeutically equivalent to biologics. **This means a formulary or step therapy approach to drive new prescriptions to the preferred agents. Our data clearly shows that exclusion formularies generate the lowest net cost by helping to maximize discounts from manufacturers, and increasing market share for the preferred product.**" Without the institution of patient protections from the FDA and other regulators, insurance companies will be able to follow through with their intentions to switch stable patients based only on costs.

Thank you for the opportunity to provide the perspective of patients, the most critical voice in the biosimilars approval process. We are happy to work with the FDA on this important issue, and if you have any questions, please contact our Advocacy/Policy Manager, **Katie Verb**, at (202) 675-6984 or k.verb@hemophiliafed.org.

[2] Biologics also are offered referred to as "reference products" or "innovator drugs."