July 13, 2015

Leslie Kux
Assistant Commissioner for Policy
U.S. Food and Drug Administration
Division of Dockets Management (HFA-305)
5630 Fishers Lane, Rm. 1061
Rockville, MD 20852

RE: Docket No. FDA-2012-N-0882; Generic Drug User Fees; Public Meeting; Request for Comments

Via Electronic Submission

Dear Ms. Kux:

The Coalition for PET Drugs (the Coalition) was organized in November 2010 to help manufacturers of drugs for positron emission tomography (PET) understand requirements related to the implementation of 21 CFR part 212, and to communicate with the Food and Drug Administration (FDA) on behalf of this community. Since that time, the Coalition has played an instrumental role in numerous policy issues on the behalf of PET drug manufacturers. We appreciate the opportunity to provide comments on the reauthorization of the FDA Generic Drug User Fee Act (GDUFA).

**Background on Positron Emission Tomography (PET)**

PET is an imaging technique that is used to assess the biochemical processes that define the physiology of living organisms. Since diseases first manifest themselves as changes in “normal” physiology, and then later by changes in “normal” anatomy, PET imaging provides earlier detection than traditional anatomical imaging techniques such as x-ray, CT, and MRI. PET imaging is also a very sensitive technique, which can often detect diseased tissue before it is apparent anatomically. For these reasons, PET imaging is frequently referred to as “molecular imaging,” and offers the promise of individualized treatment based on the specific disease state of the individual patient. From a practical standpoint, PET imaging studies are performed in combination with CT scans to provide more precise information about various diseases in neurology, oncology, and cardiology. PET imaging is a relatively simple procedure that employs small doses of radioactive tracers (i.e., PET drugs). PET scans are commonly performed in hospitals and routine outpatient settings.

**Background on PET Drug Manufacturers**

PET drugs are necessary in order to perform a PET scan. Due to their unique physical properties, PET drugs are inherently a different class of drugs compared to traditional drug products. The inherent differences of PET drugs impact all aspects of the PET drug manufacturing environment. For example, instead of one or two production facilities that may be required for the nationwide supply of a traditional drug product, the Coalition estimates that approximately 150 manufacturing facilities are required to provide nationwide coverage of currently approved PET drugs. This is due to the short radioactive half-lives of PET products with a range from 10 - 110 minutes. Each PET drug facility is a very small operation staffed by two to eight employees. Many PET drug manufacturing facilities are part of
academic medical centers that produce PET drugs solely for internal use. In addition, some PET drug manufacturers are not-for-profit organizations associated with government agencies such as the National Institute of Health and state university hospitals.

The inherent differences of PET drugs were recognized by Congress through the passage of the 1997 FDA Modernization Act1 and later by the FDA through the development of good manufacturing practice standards (GMPs) for PET drugs, 21 CFR Part 212.2 The FDA has recognized these differences in other areas as well, most notably with regard to inspectional practices for PET drug manufacturers,3 reductions in uses fees associated with the implementation of the original PDUFA legislation, and user fee exemptions associated with GDUFA.4

**Comments Related to GDUFA**

In general, the Coalition supports GDUFA and believes that user fees have successfully provided the FDA with the resources necessary for the timely review of applications for typical generic drug products.

The Coalition also supports the continued exclusion of all user fees for PET drug manufacturers. The basis for this request lies in the relative size of the market for PET drugs compared to that for traditional generic drugs. The Coalition calculates that, if the 2015 GDUFA facility fee rate of $248,000 (rounded to the nearest $1000) were applied to all 150 PET drug manufacturing facilities, the total GDUFA fee would be $37,200,000. The Coalition estimates that sales of PET drugs in the US will total approximately $200 to $250 million in 2015. Thus, the GDUFA facility fee would be between 15 and 19% of the entire US market for PET drugs. Facility fee rates of this magnitude would likely cause numerous PET drug facilities to close and significantly reduce the availability of PET drugs nationwide. In contrast, based on an analysis of FDA data by the Coalition, the number of generic finished dosage form facilities in 2013 in the US was approximately 280.5 Although sales estimates of the generic drug market are difficult for the Coalition to obtain, it is clear that the total GDUFA fee for traditional generic drugs is a small fraction of the US sales for generic drugs. The establishment of GDUFA facility fees would place a disproportionate economic burden on PET drug manufacturers relative to traditional generic manufacturers. Therefore, the Coalition believes that the continued exclusion of all GDUFA user fees for PET drug manufacturers is essential for the financial viability of the PET community and the sustainability of PET imaging studies in the US.

The Coalition supports the continuation of the self-identification process for PET drug manufacturers. However, through information obtained from individual PET drug manufacturing facilities, the Coalition has learned that the process for electronic access to the FDA’s self-identification portal is cumbersome to small users. PET drug manufacturers must self-identify in one step, and then in a second step, the same manufacturers must submit a payment form for each manufacturing facility in the amount of $0. In addition, the data in the portal is sometimes revised by third parties (e.g., Dun and Bradstreet) without the knowledge of PET drug manufacturers. These revisions create further difficulties in the data submission process. Therefore, the Coalition requests the FDA to explore ways to strengthen the self-identification process by adopting a method that requires one-time access to the electronic portal.

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1 Public Law 105-115, Title I, Subtitle B, Section 121, Positron emission tomography (1997).
4 Public Law 112-144, Title III, Section 302, Generic Drug User Fee Amendments (2012).
Summary

In summary, the Coalition supports:

1. The reauthorization of GDUFA
2. Continued exclusion of all user fees for PET drug manufacturers

Thank you again for the opportunity to comment on this important matter. Please contact Caitlin Kubler, Manager of Health Policy and Regulatory Affairs, if you need additional information. Caitlin can be reached at (703) 326-1190 or ckubler@snmmi.org.

Sincerely,

Henry VanBrocklin, Ph.D.          Sally Schwarz, R.Ph.
Co-Chair                        Co-Chair
Coalition for PET Drug Approval   Coalition for PET Drug Approval