



October 27, 2015

By Electronic Submission to <http://www.regulations.gov>

The Honorable Stephen Ostroff, M.D.
Acting Commissioner
Food and Drug Administration
Division of Dockets Management (HFA-305)
5630 Fishers Lane, Rm. 1061
Rockville, MD 20852

Re: Docket No. FDA–2013–D–1543 — Nonproprietary Naming of Biological Products; Draft Guidance for Industry

Dear Acting Commissioner Ostroff:

The American Autoimmune Related Diseases Association (AARDA) appreciates the opportunity to comment on the “Nonproprietary Naming of Biological Products; Draft Guidance for Industry” (Draft Guidance) issued by the Food and Drug Administration (FDA) on August 28, 2015.¹ AARDA is the only national nonprofit organization dedicated to raising awareness and addressing the problem of autoimmunity, which affects more than 50 million Americans and is the second-leading cause of chronic disease in the U.S.

AARDA is also the founder and facilitator of the National Coalition of Autoimmune Patient Groups (NCAPG), a coalition of more than 40 patient advocate organizations representing numerous autoimmune diseases. The mission of the NCAPG is to consolidate the voice of autoimmune disease patients and to promote increased education, awareness, and research into all aspects of autoimmune diseases through a collaborative approach.

Individuals with autoimmune diseases face significant health challenges, often requiring lengthy evaluation and referral processes involving many specialists as well as therapeutic trial-and-error in order to diagnose, treat, and manage their symptoms. We have witnessed firsthand the impact that biologics have made in improving and extending the lives of autoimmune patients with diseases such as rheumatoid arthritis, lupus, Crohn’s, multiple sclerosis, Sjögren’s syndrome, relapsing polychondritis, and others. We are excited about the potential benefits that biosimilars can bring to patients in terms of increasing access to therapies. On behalf of these individuals and their families, and in light of AARDA’s deep commitment to ensuring adequate access to appropriate care for patients with autoimmune diseases, we offer the following comments to the Draft Guidance.

I. We Support Distinguishable Names for All Biologics, Including Biosimilars.

Overview. We strongly support and greatly appreciate FDA’s use of distinct names for all biologics, including biosimilars. We agree with FDA that “[t]here is a need to clearly identify biological products to improve pharmacovigilance, and, for the purposes of safe use, to clearly differentiate among biological

¹ See 80 Fed. Reg. 52,296 (Aug. 28, 2015).

products.”² Distinct names between biosimilars and their reference products are crucial to support the critical goals of patient safety and positive clinical outcomes. Biological products—even if determined to be “similar”—are not identical to one another. They also treat complex conditions and may produce different responses in different people, in light of these complexities. As such, it is necessary that all individuals in the distribution chain are speaking consistently with respect to the specific product.

For example, distinguishable nonproprietary naming enables clear communication between the physician, pharmacist, and patient. Shared nonproprietary names would create unacceptable risks of ambiguity and confusion, which could lead to inappropriate substitutions due to a lack of clear communications among health care professionals as to which product is being prescribed. The result would be detrimental to patients, particularly for patients with autoimmune diseases, as discussed in more detail below. We appreciate FDA’s recognition of the harms that can occur through inadvertent or inappropriate substitution.³

Additionally, with respect to patient safety, we agree with FDA’s statement in the Draft Guidance that a biosimilar must be distinguishable both from its reference product and from other approved biosimilars in order to differentiate products for purposes of monitoring and reporting adverse events. Tracking and tracing of biologics, and other important pharmacovigilance initiatives, can be more difficult than with chemical drugs because adverse events may go unrecognized for a significant period of time. As a result, long-term recordkeeping is essential in order to accurately identify product problems. Some problems that may be particular to a specific biological product may even be entirely untraceable without distinguishable names or other distinct identifiers. Finally, distinguishable names help facilitate global pharmacovigilance and ensure that patient responses are traceable to the correct company and product. This, in turn, helps in maintaining accurate records, facilitating appropriate clinician responses, and promoting manufacturer accountability.

We do caution, however, that it is important to ensure that any changes to the names of existing products do not result in disruptions to patient access. We mention this critical point in light of the fact that a number of existing therapies are, of course, already established in payors’ systems and coverage policies. For patients who rely on these medicines, we want to ensure that any changes to current product names, to the extent FDA pursues changes in names or suffixes for existing products, does not result in claim denials, delays in approvals, or renewed requirements for prior authorization. Accordingly, we urge FDA to move forward with changes to the names of existing and established products only after analyzing these issues and surveying the payor landscape to ensure that access delays or disruptions will not result.

Autoimmune Patients’ Challenges and Perspective. We share the FDA’s goals to ensure the safety, effectiveness, and accessibility of medicines approved for use by U.S. patients. The Biologics Price Competition and Innovation Act of 2009 (BPCIA) holds promise for patients with autoimmune diseases in terms of encouraging the development of additional therapies for a number of diseases that, currently, have very limited treatment options. We believe that a policy requiring distinguishable names strikes an appropriate and important balance in helping facilitate a pathway for additional biologic treatment options while preserving patient safety and transparent tracking of how medicines are being used and the resulting outcomes for patients. Accordingly, we applaud FDA for acknowledging in the Draft Guidance concerns relating to “[i]nadvertent substitution” and other patient safety issues in connection with the naming of biological medicines, including biosimilars.

Indeed, our members who rely on biologic products know all too well that different treatments—even if “similar”—can cause varied reactions for different patients, particularly those with complex diseases. What works for one patient with a complex condition often will not work for another patient with the same

² *Id.*

³ *Id.* at 52,297.

disease.⁴ We believe that our collective perspective as patient advocates is important for FDA to consider, consistent with our shared goal to advance patient-centered care that both promotes innovation and protects the public health.⁵

“Similar” products, by definition, are not *identical*, and any dissimilarity can result in significant differences for patients in terms of efficacy and safety. Given the complex, chronic, and often life-threatening nature of autoimmune disorders, cancers, primary immune deficiencies, and a number of other rare diseases, as well as how they interact with other conditions that a patient might have or other medications that a patient may need, a transparent naming system is essential. Patients and prescribers must be able to understand readily which product is being prescribed and to track cleanly patients’ reactions and responses to that particular therapy. Shared nonproprietary names would result in “pooled” data that clouds clinical outcomes assessments and can be dangerous to patients.

For similar reasons, we believe that, should FDA at some point approve a product as an “interchangeable” biological product, the products still should have distinguishable names. We believe distinguishable names would be important even if FDA has approved an interchangeable product because, in any such case, it will be critically important to ensure that data monitoring and clinical outcomes assessments are accurate.

Additional Support for Distinct Names. A recent survey of 1002 physicians in Europe, carried out by the Alliance for Safe Biologic Medicines and published in 2014, reflects many of our concerns about the naming of biosimilar biologic products.⁶ Notably, of the physicians who responded (all of whom were “prescribers with clinical experience of biologics”), “53% mistakenly felt that an identical non-proprietary name implies identical structures; 61% said that identical non-proprietary names imply that the medicines are approved for the same indications, which they may not be[;] and 24% said that they recorded only the non-proprietary name of the biological product in the patient record.”⁷ Further, 15% percent of physicians surveyed did not know whether two products sharing a nonproprietary name would imply identical structure, and 9% did not know whether identical nonproprietary names imply that the medicines are approved for the same indications.⁸

⁴ See, e.g., National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), “Handout on Health: Systemic Lupus Erythematosus,” http://www.niams.nih.gov/HEALTH_INFO/LUPUS/DEFAULT.ASP#Lupus_6 (May 2013) (noting that “lupus is different in different people and is characterized by autoimmunity in various systems of the body,” and that “[m]any symptoms can come and go overtime,” such that a treatment plan must be based on the patient’s specific symptoms and characteristics, and “tailored to the individual’s needs”); NIAMS, “Handout on Health: Rheumatoid Arthritis,” http://www.niams.nih.gov/health_info/Rheumatic_Disease/default.asp#ra_10 (April 2013) (describing various treatments for rheumatoid arthritis and how they may vary from person to person); Am. College of Rheumatology, “Sjögren’s Syndrome,” http://www.rheumatology.org/Practice/Clinical/Patients/Diseases_And_Conditions/Sj%C3%B6gren_s_Syndrome/ (noting that “[s]ymptoms vary in type and intensity” and describing several types of treatments that may work in “some” patients but not others, depending on the patient’s specific characteristics and symptoms).

⁵ See, e.g., Remarks of FDA Commissioner Margaret A. Hamburg, M.D. (July 26, 2010), *available at* <http://www.fda.gov/NewsEvents/Speeches/ucm220447.htm> (“At the FDA, for example, we view every issue through the lens of public health, because, as many of you know, the fundamental mission of our agency is to promote and protect the public health. And we are dedicated to fulfilling both parts of that mission ... promotion through discovery and innovation and protection through the delivery of safe and effective products for consumers. Our ultimate goal is ... an approach that meets the unique challenges of the 21st century while prioritizing health and well-being above all else.”)

⁶ Dolinar and Reilly, *Biosimilars Naming, Label Transparency and Authority of Choice—Survey Findings Among European Physicians*, *GaBi Journal*, 3(2): 2014.

⁷ *Id.*

⁸ *Id.* Although these survey results involve European physicians rather than U.S. physicians, we believe they are relevant and instructive, particularly because biosimilars have been available in the European Union for a number of years, unlike the United States.

In addition, when prescribing biologic medicines, more than half of the surveyed physicians who responded used exclusively the brand name (30%) or exclusively the nonproprietary name (24%)—but not both. Only about one-third (32%) used both brand and international nonproprietary name (INN). Therefore, prescribing by INN may lead to patients receiving a medicine not intended for them by their physician. This could result in problems with safety as well as efficacy, particularly for patients with complex or multiple conditions. Similarly, when reporting adverse events, nearly half (46%) of the physicians said that they either report only the brand name (29%) or report only the INN (17%)—but do not report both. Here again, these results show that using the same INN for two “biosimilar” medicines can be confusing or misleading, and may lead to false attribution of adverse events. These survey results underscore the importance of distinguishable names for all biologics, including biosimilars.

These findings also help demonstrate why we, and the millions of patients across the U.S. whom we represent, are very concerned about biosimilars naming. These findings also are consistent with what we are hearing from physicians here in the United States. For example, a national survey from the Coalition of State Rheumatology Organizations (CSRO), a nationwide group of state and regional professional rheumatology societies, found that over 75% of rheumatologists stated that the FDA should require that biosimilars have a different nonproprietary name than the innovator biologic drug.⁹ Additionally, we know that FDA recently received a letter from eleven specialty societies and nearly two dozen individual physicians in the areas of rheumatology, neurology, and other specialties where biologics are frequently prescribed. These physicians, who included nineteen members of the National Physicians Biologics Working Group, likewise urged that biologic products “must have distinguishable nonproprietary names” for several reasons, including: the need to ensure that physicians and pharmacists know the exact product being prescribed; the need for physicians and patients to understand the distinctions between products’ characteristics and approved indications; and the importance of tracking adverse events and clinical outcomes on a product-specific basis. Put simply, physicians and patients alike recognize that it is imperative to ensure that each biologic product has a distinct and distinguishable name. Accordingly, we applaud FDA for emphasizing the importance of distinguishable nonproprietary names for all biologics, including biosimilars, in the Draft Guidance.

II. We Urge FDA To Use Meaningful Suffixes.

Although we support FDA’s proposal to use four-letter suffixes as part of the distinguishable names assigned to biologic products, we believe that the four-letter suffixes should *not* be meaningless (as FDA has proposed). Rather, we note that “FDA is also considering an alternative nonproprietary naming format for biological products in which the suffix attached to the core name would be derived from the name of the license holder listed on the license.”¹⁰ We urge FDA to adopt this alternative position in the final guidance.

More specifically, we urge FDA to designate a meaningful suffix that can be applied consistently to all products. For example, we support the suffix used by FDA (to date) for the first FDA-approved biosimilar, Zarxio (filgrastim-sndz). Specifically, the suffix “sndz” creates a clear, identifiable, intuitive suffix that can be easily used by healthcare providers to identify with accuracy the relevant therapy.

We fear that a suffix “devoid of meaning” would be difficult to remember and could cause confusion among providers or lead to inadvertent errors. We believe that a uniform, intuitive suffix that is applied consistently to all products by a single manufacturer would be more user-friendly for providers, less prone to confusion, and, therefore, in the best interest of patients. Given the importance of distinguishing between products as

⁹ CSRO, CSRO Releases Physician Biosimilars Survey Results (July 1, 2015) *available at* <http://www.csro.info/app/document/8382846;jsessionid=-nLzDk8hnb4rWkJzJGRyEW1q.undefined>.

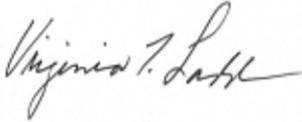
¹⁰ See FDA Proposed Rule, *Designation of Official Names and Proper Names for Certain Biological Products*, 80 Fed. Reg. 52224, 52228 (Aug. 28, 2015).

discussed above and the significant harms that can result when switching (inadvertent or otherwise) occurs, we believe that meaningful suffixes should be used to help promote patient safety and positive outcomes.

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Thank you again for your consideration of our comments, and we look forward to continuing to work with you on these important issues.

Sincerely,

A handwritten signature in cursive script that reads "Virginia T. Ladd". The signature is written in black ink on a white background.

Virginia T. Ladd
President/Executive Director
American Autoimmune Related Diseases Association