American College of Rheumatology Comments for FDA Arthritis Advisory Committee
Open Public Hearing

February 9, 2016

My name is Dr. Angus Worthing. I am grateful to speak on behalf of the American College of Rheumatology which represents over 8,000 rheumatologists who see the benefits of biologics in our patients every day, and who eagerly anticipate increased access to treatments with more affordable biosimilars.

The ACR strongly believes that safe and effective treatments should be available to patients at the lowest possible cost. In the absence of other large-scale levers to control U.S. biologic drug prices, FDA approvals of biosimilars may be the only tool to keep costs within reason.

As we have seen today and in published data, CT-P13 has performed effectively in multiple diseases, and it could be the first biosimilar approved for rheumatologic diseases in the U.S.

Decisions regarding the approval of biosimilars must be driven by sound science and take into account several observations and guiding principles, including:

1. In addition to adequate pharmacokinetic and pharmacodynamics studies, clinical data are necessary to ensure the safety and efficacy of biosimilars, and to provide the necessary level of confidence for their use by patients and providers. Furthermore, the collection of long-term post-marketing data for each individual biosimilar is necessary to monitor for less common but nevertheless important adverse events.

2. Biosimilars must have distinct names allowing them to be distinguished from each other and their reference products. This will ensure correct prescribing and dispensing, and aid post-marketing pharmacovigilance, prescriber confidence, and ultimately enhance market uptake.

   a. Safety. The ACR agrees with the FDA that biosimilars must have distinguishable nonproprietary names. These drugs will not be identical to the original product and should not have the same International Nonproprietary Name (INN). Distinguishable names will be required to adequately track uncommon side effects. Pooling of safety data among biosimilars is not appropriate as these molecules may have distinct risks separate from each other and the reference biologic. The complexity of these drugs requires individual monitoring of each biosimilar. Distinct and unambiguous (and preferably meaningful) names are essential to allow pharmacovigilance for rare events.
b. Prescribing and Dispensing. Clearly defined and unequivocal naming is required to safeguard accurate prescribing of biosimilars for specific diseases. Non-distinguishable naming could lead to confusion in prescribing these drugs for non-approved indications as many biologics have separate FDA approval for different conditions, which are non-overlapping. Additionally, the ACR is concerned that a pharmacist may substitute one biopharmaceutical for another with an identical name. This would violate FDA guidance if the two products were not interchangeable.

3. Extrapolation of indications for biosimilars may be pursued with caution, but should not be granted routinely by the FDA based solely on FDA-approved indications of the reference product and in the absence of safety data specific to the biosimilar agent and the patient population in question.

   a. The demonstration of safety of a biologic in one population of patients does not guarantee the safety of that biologic in another population of patients. Furthermore, efficacy of one biologic for a particular indication does not suggest that a related biologic will be efficacious for the same disease state. Nevertheless, the FDA has indicated that clinical data could be extrapolated in select cases and approval for a biosimilar could be granted, without specific testing in relevant patients, to additional indications already approved for the reference biologic.

   b. Because some populations of patients with rheumatic diseases may be more susceptible to adverse drug reactions, and because disease states in some organ systems respond differently to one biologic compared to another, extrapolation should be pursued with caution and only when deemed by the prescribing provider to be appropriate and in the best interests of the patient. Extrapolation should not be allowed in response to policies conceived by payers to substitute a biosimilar for a reference drug in a stable patient for the sole purpose of cost savings. Finally, if extrapolation is allowed by the FDA, then regulatory agencies and manufacturers should identify a minimum slate of disease states in which biosimilars should be tested before extrapolation to additional indications is granted.

4. FDA labels (package inserts) should clearly indicate whether a biosimilar is interchangeable with the reference biologic. FDA labels should also clearly delineate all indications for which a biosimilar is approved, and specify whether the supporting clinical data for the indication are derived from studies of the biosimilar or the reference biopharmaceutical.
a. Given the tremendous number of factors that influence the potential safety and efficacy of biosimilars, FDA labels must be unambiguous and delineate differences between biosimilars and reference products. FDA labels should clearly delineate all indications for which the biosimilar is approved, for which indications it is interchangeable with the reference biologic (if any), and provide adequate attribution about all clinical data referenced. This will ensure that FDA labels remain a trusted source of information for US prescribers. This will also advance access to biosimilars by increasing transparency of biosimilar data, and improving prescriber understanding and confidence regarding biopharmaceuticals.

5. Post-marketing surveillance studies are needed in children as well as adults, as toxicities and long-term sequelae may be different in these disparate populations. The Best Pharmaceuticals for Children Act (BPCA), which reauthorizes the pediatric studies provision of FDA Modernization and Accountability Act to improve safety and efficacy of pharmaceuticals for children, should apply to biosimilars.

Thank you again for the opportunity to share the views of the American College of Rheumatology. The ACR stands ready to discuss biosimilars further with FDA officials, other scientists, providers, and patient groups in order to help create the most effective health care for American patients.