



INTERNATIONAL GENERIC AND
BIOSIMILAR MEDICINES ASSOCIATION

May 7, 2019

Division of Dockets Management (HFA-305)
Food and Drug Administration
Department of Health and Human Services
5630 Fishers Lane
Room 1061

Re: Docket No. FDA-2013-D-1543-0212; IGBA Comments on FDA's Nonproprietary Naming of Biological Products: Update

The International Generic and Biosimilar medicines Association (IGBA) representing member associations from the USA (AAM), Canada (CGPA), South Africa (GBMSA), India (IPA), Jordan (JAPM), Japan (JGA), Europe (Medicines for Europe) and Taiwan (TGPA), as well as associate member associations from Australia (GBMA), Brazil (ProGenericos), Mexico (AMEGI) and Saudi Arabia (NCPI), appreciates the ongoing efforts of the U.S. Food and Drug Administration (FDA) to improve the efficiency of the biosimilar and interchangeable product development and approval process through the development of new policies to improve the availability and adoption of biosimilars as competitive alternatives to originator (reference) biological products. IGBA shares the FDA's goal of achieving a naming convention for biologic medicines that facilitates pharmacovigilance, facilitates accurate product identification and minimizes inadvertent substitution and stakeholder confusion. We thank you for providing us with the opportunity to comment on the draft guidance "Nonproprietary Naming of Biological Products: Update."¹

Product-Specific Suffixes are Not Necessary for Robust Pharmacovigilance and Product Identification

IGBA strongly supports the need for robust pharmacovigilance systems for all biologic medicines, including biosimilars, directed towards advancing biosimilars to increase patient access while helping make these medications more affordable, but disagrees with the FDA that a suffix-based naming approach is the appropriate mechanism to achieve this shared goal. Through the international scope of its membership, IGBA has observed first-hand a growing global consensus against the use of a product-specific suffix. Long-standing experience in Europe and recent decisions by the Australian and Canadian governments to reject a product-specific suffix, along with the World Health Organization (WHO) decision to put on hold any further discussions regarding a biological qualifier, draws attention to the United States as a notable outlier diverging from this global consensus. While respecting the authority and autonomy of the FDA to make decisions that diverge from global norms based on needs dictated by the specific context of the U.S. healthcare system, **IGBA strongly urges the FDA to re-evaluate the use of a product-specific suffix for biologics naming given the growing evidence base that suffixes are not necessary for robust pharmacovigilance and product identification.** Furthermore, IGBA is concerned that FDA divergence from a global consensus on biologic product identification may undermine cross-border pharmacovigilance activities, including the implementation of the ISO IDMP (Identification of Medicinal Products) standards. The latter have been developed to ensure wide interoperability across global regulatory and healthcare communities, which is critical in ensuring accurate analysis and unambiguous communication across jurisdictions.

¹ FDA. "Guidance for Industry: Nonproprietary Naming of Biological Products (Update)." March 2019. FDA-2013-D-1543-0212.



In the two years since the FDA issued its guidance on Nonproprietary Naming of Biological Products in January 2017, new evidence has shown that FDA's consideration of product-specific suffixes as the optimal approach to facilitate pharmacovigilance of biologic medicines may not be appropriate. A recent European Academic and Regulators study on pharmacovigilance systems in Europe found 96.7% overall product identification was achieved across ten classes of biologic products, including biosimilar medicines, sharing the same International Non-proprietary Name (INN), without product-specific suffixes.² Inasmuch as the European Medicines Agency (EMA) owns the EudraVigilance database and the EMA and FDA have a very strong, longstanding and close regulatory working relationship, we urge the FDA to contact the EMA directly to obtain complete details of this analysis and conclusion. Furthermore, there are over 700 million patient days of safe clinical experience over the past decade with EU-approved biosimilar medicines alone based on shared INNs with their respective reference products. In the U.S., data from FDA's Adverse Drug Report System Public Dashboard shows that biosimilar medicines could be identified by their proprietary (brand) name in 99.1% of reported cases.³ **The identification of biologic products by shared INN and proprietary name, or market authorization holder name in the absence of a proprietary name, is a proven solution that allows for robust pharmacovigilance without the confusion and implementation burden associated with use of meaningless, product-specific suffixes.**

Proposed Two-Tier Naming System Undermines FDA's Rationale and Creates Confusion and Risk

The FDA's 2017 thinking that product-specific suffixes will "facilitate pharmacovigilance...[and] accurate identification of these biological products by health care practitioners and patients" appears to remain the underlying rationale for maintaining a product-specific suffix approach in the 2019 Naming guidance update.⁴ In addition to the aforementioned considerations regarding a growing global evidence base that suggests this rationale may not be appropriate, IGBA is concerned that the FDA is selectively choosing to apply this approach to some, but not all, biologic medicines, and questions the logical consistency of this decision. By proposing to not apply the product-specific suffix retrospectively or to products currently regulated under the FDCA that will be deemed to be licensed under the PHSa in March 2020, **the FDA has confirmed that there is no inherent safety concern with licensed biologics sharing non-proprietary names.** Indeed, a 2013 review found 77 FDA-licensed biologic products (including products approved under the PHSa and those that will be deemed to be licensed under the PHSa as of March 2020) shared 25 non-proprietary names, with no resulting safety issues.⁵ IGBA would concur that shared non-proprietary names, when scientifically appropriate, pose no concern for pharmacovigilance or product safety but given the FDA's stated rationale that the use of product-specific suffixes is to improve pharmacovigilance, the decision that retrospective application of this same suffix-based system is not needed seems to differentiate arbitrarily between biologic medicines approved before and after the finalization of FDA's guidance. In the absence of a need to apply a product-specific suffix approach to existing biologic products that share a non-proprietary name, **the decision to apply a product-specific suffix approach to future biologic products, including biosimilar medicines, seems illogical, inconsistent and unfounded.**

By proposing to cement a two-tier system of biologics naming – no product-specific suffixes for previously approved biologics and those that will be deemed to be licensed biologics as of March 2020, including for some biologics sharing non-proprietary names, versus product-specific suffixes for biologics approved after the issuance of FDA's guidance – the FDA has created an unnecessarily complex system that increases the risk of confusion and inaccurate product identification. Despite

² Vermeer, et al. "Identifiability of Biologicals in Adverse Event Reaction Reports Received from European Clinical Practice." Clinical Pharmacology. Available online at: <https://bit.ly/2NwhBhf>

³ Pink Sheet. "Biosimilar Suffixes Appear Superfluous In Adverse Event Reporting." Available: <https://tinyurl.com/y5sf9vz7>

⁴ FDA. "Guidance for Industry: Nonproprietary Naming of Biological Products." January 2017. FDA-2013-D-1543-0187.

⁵ McCamish, et al. "Biosimilar by Name and Biosimilar by Nature." The RPM Report. July/August 2013.



the FDA's 2017 thinking that the product-specific suffix "naming convention will facilitate pharmacovigilance...when other means to track a specific dispensed product are not readily accessible or available,"⁶ IGBA is concerned that a two-tier system in which biosimilars have product-specific suffixes and the reference biologic does not have a suffix creates a greater risk of pharmacovigilance errors. For example, if an adverse event related to the use of a biosimilar is recorded without the suffix, absent other identifying information this adverse event could easily be misattributed to the reference biologic. This risk of misattribution would not exist without a two-tier system approach towards product-specific suffixes. Retrospective application of the current naming policy to all originator biologic products is imperative for the suffix-based system to function. **If retrospective application is too complicated and costly to implement, as the 2019 Naming guidance update suggests, the suffix-based system must be removed for all biologics, including biosimilar medicines.**

If, however, FDA retains its latest position, FDA must at least apply retroactively a suffix to the reference products which served as comparator for biosimilar medicines, to avoid inconsistency, confusion, uncertainty, and safety issues with a two-tier system.

In its 2017 guidance, FDA clearly articulates its thinking that:

Applying this naming convention only for products licensed under section 351(k) of the PHS Act—but not for the reference product licensed under 351(a) of the PHS Act—could adversely affect health care provider and patient perceptions of these new products. Specifically, such an approach could be misinterpreted as indicating that biosimilar products differ from their reference products in a clinically meaningful way or are inferior to their reference products for their approved conditions of use.⁷

The 2019 guidance update upends this thinking and proposes to not apply the product-specific suffix naming system retrospectively to reference biologics. The FDA rationalizes this shift in thinking by stating that the potential adverse effect on perceptions will be mitigated by the forward-looking application of product-specific suffixes to all biological products, including both originator and biosimilar medicines. This rational overlooks the reality that **for at least the next ten years** (the current duration of market exclusivity enjoyed by originator biologic medicines in the U.S.), **healthcare practitioners and patients will consistently be faced with the two-tier system of reference biologics with no suffix and biosimilars with product-specific suffixes.** As FDA's 2017 guidance recognizes, this approach could easily be misinterpreted as reflecting on the relative quality, safety or effectiveness of the biosimilar medicine compared to the reference biologic. Whether newly approved originator biologics have suffixes seems irrelevant to the adverse effect of observing this difference in suffix between a biosimilar and its reference product.

Unclear Impact of Proposed Naming of Interchangeable Biologics on Inadvertent Substitution

In the FDA's 2017 Naming guidance, the agency notes its thinking that "distinguishing suffixes should help minimize inadvertent substitution of...products that have not been determined to be interchangeable."⁸ The 2019 draft updating this guidance proposes that the product-specific suffix approach apply to interchangeable biologics, specifically noting that this suffix would be the same

⁶ FDA 2017 Naming Guidance

⁷ FDA 2017 Naming Guidance

⁸ FDA 2017 Naming Guidance



as that applied to the product if it is “first licensed as a biosimilar product and later determined to be an interchangeable product.”⁹ Given that one of the major original intentions of FDA was to use product-specific suffixes as a way to prevent inadvertent substitution of products not deemed interchangeable, **the 2019 proposal to use the same suffix for a given product licensed as a biosimilar and subsequently as an interchangeable biologic seems inconsistent.** IGBA would appreciate clarification on how the FDA intends this system to prevent inadvertent substitution of biosimilar medicines, as the suffix will give no indication as to the status of a product as biosimilar or interchangeable biologic and the updated guidance is silent on this subject.

IGBA is also concerned that the use of product-specific suffixes for interchangeable biologics, while not used for reference biologics, will add to the confusion resulting from this two-tier system. While FDA’s 2019 guidance update addresses the use of product-specific suffixes for interchangeable biologics as mitigating the risk of inaccurate perceptions of differences in safety or effectiveness of biosimilars versus interchangeable biologics, the guidance does not address the risk of this perception arising between the reference product and both biosimilars and interchangeable biologics.

Thank you for your time and consideration of these comments.

Sincerely,

Jim Keon, IGBA Chair

Erika Satterwhite, IGBA Biosimilars Committee Chair

About IGBA

The International Generic and Biosimilar medicines Association (IGBA) was founded to strengthen cooperation between associations representing manufacturers of generic and biosimilar medicines from around the world. The IGBA is at the forefront of preserving sustainable competition within our industry, by stimulating competitiveness and innovation in the pharmaceutical sector; thereby, ensuring millions of patients around the world have access to high quality, pro-competitive medicines. For more details, regarding IGBA and its member associations, see the IGBA website at: www.igbamedicines.org.

⁹ FDA 2019 Naming Guidance Update