February 23, 2007

Division of Documents Management (HFA-305)
Food and Drug Administration
5630 Fishers Lane, Room 1061
Rockville, MD 20852

[Submitted electronically to http://www.fda.gov/dockets/ecomments]

Re: Docket 2007N-0005

Sir/Madam:

The American Pharmacists Association (APhA) appreciates the opportunity to comment on the Food and Drug Administration's (FDA) proposed recommendations for the Prescription Drug User Fee Act (PDUFA) program reauthorization for fiscal years 2008 to 2012, published in the Federal Register on January 16, 2007 (72 FR 1743.) APhA, founded in 1852 as the American Pharmaceutical Association, represents more than 60,000 pharmacist practitioners, pharmaceutical scientists, student pharmacists, pharmacy technicians, and others interested in improving medication use and advancing patient care. APhA members provide care in all practice settings such as community pharmacies, hospitals, long-term care facilities, managed care organizations, hospice settings, and the military.

Pharmacists and other health care providers rely on the Agency to regulate the safety of medications by reviewing evidence of safety and efficacy when evaluating new drug applications. As health professionals who work closely with patients everyday to help manage their medications (including prescription and over-the-counter medications) and dietary supplements, pharmacists rely on a credible drug review and approval process by the Agency.

Therefore, APhA supports the reauthorization of PDUFA and recognizes the need to continue PDUFA fees as one source of the Agency's funding. Furthermore, we support expanding the scope of PDUFA beyond the initial drug approval process to further strengthen and improve the program. Our comments will focus on the following issues posed by the Agency: assessment of the overall performance of the PDUFA program in supporting the Agency's mission to protect the public health, and aspects of the PDUFA program that should be enhanced to further strengthen and improve the program to ensure medications in the American marketplace are safe and effective.

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Support of the FDA Mission
As part of its mission, the Agency is responsible for promoting public health by promptly and efficiently reviewing clinical research to bring safe and effective medications to the market in a timely manner.

Through the new drug approval process, the Agency reviews and approves new beneficial therapies. The Agency and the drug approval process serve as a vital safety component in the development and marketing of new pharmaceuticals. Pharmacists, other health care providers and patients look to the FDA to ensure that new medications are only brought to the market upon completion of a comprehensive, high-quality review. Prescription drugs are a valuable tool in the prevention and management of illness and disease but it must be noted, that even with Agency approval, all medications do carry some potential risk. Drug safety issues must be addressed throughout the lifecycle of the medication.

Since it began in 1992, the PDUFA program has collected user fees from industry and applied those fees toward Agency programs to facilitate the approval process for new drugs and biologics. PDUFA fees have helped the Agency to increase staffing, enhance the resources allocated to the application process for human drug and biologic products, meet more ambitious drug review timelines, and bring new medications to the market more quickly. The increased level of resources generated through the PDUFA program continues to make a positive impact on the ability of the Agency to complete its work through the review process. While the PDUFA program has helped the Agency meet its mission to promptly and efficiently review drug applications and bring new drugs to market more quickly, current levels of funding are no longer adequate for the FDA to sustain these gains and continue to approve drugs efficiently without compromising the quality of reviews. As noted in the Federal Register notice for this proposal, the Agency is faced with an increased workload, inadequate staffing, and an increase in application approval timelines due to the growing number of new drug applications, stringent and shorter review timelines required by PDUFA, and user fee funding levels that have failed to match the rising costs of the program.

The overall funding for the drug application review process—from fees and federal appropriations—must be increased to keep pace with the number of drugs needing review and the costs associated to maintain the program. PDUFA fees should not be the main source of Agency funding, additional appropriations are also necessary to properly fund vital public health programs and drug safety activities. APhA supports the inclusion of additional funds specific to the FDA drug safety initiative and PDUFA IV reauthorization, as suggested in the President's Fiscal Year 2008 budget proposal.

Expansion of PDUFA Funding for Other Activities
The Agency's responsibilities do not end when the drug applications are approved as they are also responsible for monitoring drug performance after approval. APhA supports the enhancement and expansion proposed through PDUFA IV to fund other activities related to post-marketing surveillance and review of direct-to-consumer (DTC) advertising. Both activities are crucial to the Agency's regulatory mission to protect the public health by ensuring that drugs are safe and effective.

Post-Marketing Surveillance
APhA supports the proposed expansion of PDUFA-funded activities to include enhancements in post-marketing surveillance and monitoring by removing the time limitation previously imposed on PDUFA funds to gather and review post-market data. This change would allow for review of any medication at

any time during the medication's life-cycle. Ongoing post-marketing surveillance and early detection of potential problems is particularly important as the number of new drug products increases. Close monitoring of all medications is crucial to the Agency's mission to protect the public health and to identify potential problems before serious, widespread patient harm occurs, regardless of how long a product has been on the market. Increased post-market surveillance activities with a stronger emphasis on adverse event reporting will help address the reality that not all medication problems or benefits will be discovered in pre-approval clinical trials. Post-market medication use and its effect in "real life" can be far different from the controlled environment of clinical trials. Furthermore, how one medication actually works can be impacted if taken concurrently with other medications, over-the-counter products, or herbal and dietary supplements, or based on personal activities and adherence to the product. Increased opportunities for identify the risks and benefits of therapy in "real life" consumer use, increased safety-monitoring activities, and improved communication/coordination between Agency staff reviewing pre/post-market information will make PDUFA IV a stronger and more effective program.

The increased focus on post-marketing surveillance provides an opportunity for the Agency to work with pharmacists and other health care providers to promote swift reporting of all adverse events to the Agency. APhA suggests that the Agency continue to address the need for standard and streamlined systems (both public and private) for reporting adverse events. FDA's current system for identifying unknown adverse effects of prescription drugs suffers from a lack of resources available to analyze and respond to submitted reports. Use of PDUFA funds to improve this activity is vital to maintain the integrity of our drug review system, a system that relies on surveillance to identify, analyze and communicate adverse effects of products in "real life". Pharmacists have demonstrated that their active participation in Phase IV studies produces valuable data about the safety and effectiveness of approved products. APhA would like to work with the Agency to use this promising mechanism more often when products are approved.

The Agency also recommends expanding and modernizing post-marketing activities related to pharmacovigilance by contracting with outside organizations to research the best ways to collect and report adverse events during the life cycle of products. The development of epidemiologic guidance documents would also be funded to support evaluations of drug safety. The proposal recommends that funds be used to expand access to epidemiologic and other types of research data, access and analysis of externally linked databases, and improvements in IT infrastructure. APhA supports these recommendations.

APhA also supports the proposed recommendation to increase the Agency's focus on risk management communications and standardization. A standardized system would help clarify and streamline the application process. APhA recommends that the Agency develop a system-based risk management program that assesses both the risks and the benefits of products brought into the market. The system would involve a standardized process to work with products identified as drugs that demand special attention from providers and patients. The system should include means-testing to determine when a rigorous risk management system is necessary, standard tools to address similar risk management issues, evaluations of performance/effects of risk management interventions, and opportunities for providers to build risk management services into their practices.

Direct-to-Consumer (DTC) Advertising

The PDUFA program does not currently provide funding for the review of direct-to-consumer (DTC) advertising activities. APhA supports the Agency's proposal to create a separate user fee system related

to PDUFA that is specific for reviewing DTC television advertising. APhA recognizes that the prevalence of DTC advertising continues to grow and a separate funding source for review activities must be established. However, APhA requests that the Agency further examine the effects of DTC advertising prescription drugs on both the public and on health care practitioners. An assessment of the impact of DTC advertising on medication use, including prescribing, patient compliance, and patient understanding of risks and benefits is essential—and should be a component of PDUFA-funded activities. Such activity is important to support the Agency's mission to promote and protect public health.

APhA is concerned that the proposed DTC review program is structured to be a voluntary program. We strongly encourage a requirement that all DTC advertisements complete a formal review and approval process conducted by the Agency itself. APhA recommends that all DTC advertising concerning medical or health conditions treatable by prescription or nonprescription drug product conform to rules and regulations that assure complete, comprehensive, and understandable information that informs consumers of potential benefits and risks.

In addition, APhA recommends that the Agency require manufacturers to provide new product information on direct-to-consumer advertising campaigns to pharmacists and other health care providers prior to the information being made available to consumers. This change would provide pharmacists and other health care providers with the opportunity to familiarize themselves with new drug product information prior to consumer inquires. Pharmacists are the most accessible health care provider to many patients and are often called upon to respond to patient questions based on DTC advertising. This change would help avoid situations where consumers have exposure to DTC advertising before health care providers and would better equip those providers to respond to patient questions.

Naming of Drugs

Finally, APhA supports the Agency's proposal to use PDUFA IV funds to collaborate with stakeholders to improve the methods used for reviewing and naming drugs. Efforts to reduce medication errors and improve drug safety are strongly encouraged given the increasing number of products with similar names, labeling and packaging. The proposal recommends funds be used to provide guidance on the application process and submission contents; naming, labeling and product packaging best practices; and product naming best practices. APhA would like to work with the Agency as this initiative and the proposed pilot program for drug naming are implemented. APhA recognizes that improving medication safety requires a comprehensive and collaborative approach between all stakeholders. APhA believes that strong communication strategies and effective dialogue are critically important in order to make significant headway in reducing medication errors.

Conclusion

APhA supports FDA's overall initiative to address drug safety through the Agency's response to the Institute of Medicine's report on the drug safety system[1], these proposed recommendations for Congressional reauthorization of PDUFA, and the specific drug safety proposals within the President's Fiscal Year 2008 budget request. An increased focus on drug safety both pre- and post-market is vital for the Agency's ability to promote and protect public health. Managing the risk of this powerful technology, medications, is not simply a function of the approval process as the risk must be managed

[1] Institute of Medicine. "The Future of Drug Safety: Promoting and Protecting the Health of the Public." September 22, 2006.

when consumers use these products in real life. Pharmacists are essential to this process and we look forward to continuing to work with the Agency, consumers, and other health care professionals.

Thank you for the opportunity to provide comments on this important issue. If you have any questions or require any additional information, please contact Marcie Bough, Director of Federal Regulatory Affairs, at (202) 429-7538 or at Mbough@APhAnet.org.

Sincerely,

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Executive Vice President

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