

June 11, 2019

The Honorable Lamar Alexander, Chair, and the Honorable Patty Murray, Ranking Member
Senate Committee on Health, Education, Labor and Pensions (HELP)
455 Senate Dirksen Office Building
Washington, DC 20510

Dear Chairman Alexander and Ranking Member Murray:

As CEO and Chair of the Board of Trustees, respectively, of the United States Pharmacopeia (USP), we write regarding the discussion draft of the HELP Committee's Lower Health Care Costs Act of 2019, and to voice our strong opposition to **Section 207, Biological Product Innovation**, which would remove the requirement that a biologic medicine adhere to public quality standards.^{1, 2}

We commend the Committee for its work on drug pricing and support the bill's objective of advancing innovation and cost savings, however, we are concerned that Section 207 conflicts with the Committee's intended goal of increasing patient access to needed therapies and would jeopardize patient safety (**see attached comment of USP**). We believe that public quality standards protect patient safety and adherence to them should remain required. Public quality standards also foster a multi-manufacturer market for biologic medicines. This increases competition, which generally lowers price.

Adherence to quality standards that are public and transparent gives healthcare practitioners, patients and others confidence in biologic medicines. USP's public quality standards are developed by over one thousand scientific experts from the practitioner, industry, academic, public health and regulatory communities and are well-established and broadly-trusted. Importantly, Section 207 would represent a shift from providing the public with access to the expectations for a quality biologic (allowing presently a manufacturer, regulator, or other interested party to test quality at any point in the supply chain), to keeping specifications private between only the biologic manufacturer and regulator that grants market approval. We believe that the public should have transparency on the quality of biologic medicines.

A similar provision generated substantial controversy during consideration of the 21st Century Cures Act and was rejected once the significance of the provision, in undoing important precedent and patient safety protections, became broadly understood. At that time, stakeholders including patient groups, pharmacy organizations, managed care, biologics manufacturers, and others came together in opposition to the proposal. **Today, an even greater number of organizations join USP in expressing concerns about Section 207's potential to harm patient care and impair access to safe, quality biologic medicines. (See attachment which includes stakeholder letter to the Committee).**

Quality should not be an option: our families' health is too important

Essential to the framework that safeguards the quality and safety of medicines in the United States is the principle that public quality standards, required under the law, establish and articulate quality expectations for medicines, including biologics. Since the enactment of the Federal Food, Drug, and Cosmetic Act nearly 100 years ago, we have been deeply committed to this responsibility and have worked together with stakeholders to transparently establish these public quality expectations. USP public quality standards have been widely effective in helping to protect patient safety for millions of Americans.

If Section 207 is adopted, public quality standards would not be required for a broad range of lifesaving biologic products, including insulin, jeopardizing medicine uniformity and quality, and threatening the health of patients who have conditions as diverse as diabetes, hepatitis, and hemophilia.

Chief Executive Officer

Ronald T. Piervincenzi, Ph.D.

Board of Trustees

Susan C. Winckler, B.S.Pharm., J.D., F.A.Ph.A.
Chair

Todd K. Abraham, Ph.D., M.B.A.

Gregory E. Amidon, Ph.D.

Satyanarayana Chava, Ph.D.

Paul H. Chew, M.D.

John E. Courtney, Ph.D.

Timothy R. Franson, B.S.Pharm., M.D.

Jesse L. Goodman, M.D.

Laura S.L. Herman, M.B.A., M.S.

Robert J. Meyer, M.D.

Marilyn K. Speedie, Ph.D.

Thomas R. Temple, B.S.Pharm., M.S., F.A.Ph.A.

Gail Wilensky, Ph.D.

Public quality benchmarks for biologics include:

- unit potency specifications to help ensure that a dose of a biologic medicine like insulin is consistent from manufacturer to manufacturer
- critical storage and distribution requirements to help prevent medicine degradation³; and
- standards intended to control impurities that, if present beyond acceptable thresholds, can render a medicine ineffective or subject a patient to bacterial infection, septic shock, toxicity⁴, and with cumulative exposure, possible illnesses such as cancer.

As an example of the crucial need for public quality standards for biologic medicines, USP first began developing public standards for insulin in 1955, adding monographs and evolving quality specifications to reflect emerging scientific and manufacturing advances. Today, USP has eighteen monographs and two General Chapters related to insulin—providing purity and potency specifications for most insulins currently marketed in the US and allowing for quality insulin and careful titration of each dose to promote good long-term disease management and patient safety. These significant quality measures can mean the difference between life or death for an American living with diabetes.

The strength of our supply chain for biologic medicines should not be compromised

Biologics and their ingredients come from all around the globe, including regions with a history of quality concerns and regions lacking a robust framework to ensure biologic quality and patient safety. Before a biologic medicine even reaches the patient, multiple ingredient manufacturers, suppliers, and distributors may have participated in making, storing, and handling the product from locations across the globe.

Public quality standards provide key quality expectations and assurances needed to test the quality of a biologic at any point along the supply chain. Adherence to these must be required. Agencies as diverse as Customs and Border Protection, the National Institutes of Health, and the New York State Department of Health use USP public quality standards to sample and test selected drugs including biologics to ensure that quality safe and effective medicines are sold in the United States. For the sake of patient health and maintaining the strong supply chain safety net, these standards should be adhered to for all medicines, including biologics.

Public quality standards advance reliability and predictability

Public standards are frequently used by biologic medicine manufacturers to support product development, manufacturing, and distribution. Without recourse to consistent public standards, manufacturers would have less clarity on the regulatory pathway, and approvals could be slower—limiting patient access to needed new therapies, and adversely impacting the affordability of crucial medicines.

In addition to the value of USP public quality standards in manufacturing, we know that biologics companies also leverage them broadly in research and development efforts.

Public quality standards create an environment of transparency and accountability, fostering practitioner and patient trust in the quality of biologics

Adherence to transparent public quality standards is essential for ensuring the quality of biologics. They facilitate trust in biologic medicines among patients and healthcare providers, underpinning the confidence essential for physician prescribing, pharmacist dispensing, and patient adoption of new therapies. These transparent expectations ensure clear quality attributes for which manufacturers can hold themselves accountable. At a time when we need to build the public's trust in biologics, we need more transparency, not less.

In summary, Section 207 raises urgent concerns among patients, healthcare providers, and others about patient safety and access to quality, safe biologic medicines. We request that the provision not be included in the bill or any other legislation.



Thank you for considering our comments. We appreciate the Committee's attention to this issue and the accessibility of your staff as USP and stakeholders articulate our views.

Please let us know if you have any questions or seek clarification of any issue. We would welcome the opportunity to further discuss our concerns.



Ronald T. Piervincenzi
Chief Executive Officer



Susan C. Winckler
Chair, USP Board of Trustees

Cc: Members of the HELP Committee

¹ A public quality standard is a benchmark that consists of tests and other measures to determine a medicine's identity, purity, quality, potency, and consistency. Public standards establish the parameters by which it can be determined that a medicine meets quality attributes regardless of the manufacturer or manufacturing process. They are utilized by manufacturers and provide protection to patients throughout a product's lifecycle from development to use by the patient.

² Under the Federal Food, Drug, and Cosmetic Act (FDCA), the *United States Pharmacopia-National Formulary (USP-NF)* is an "official compendium" (FDCA § 201(j) [21 U.S.C. § 321(j)]) for medicines, and these public quality standards are enforceable by the U.S. Food and Drug Administration (FDA). Under the FDCA, a drug is adulterated (FDCA § 501(b) [21 USC § 351(b)]) if it is recognized in the *USP-NF* and fails to meet the strength, quality, or purity set forth by compendial standards; and it is misbranded (FDCA § 502(g) [21 U.S.C. § 352(g)]) if it fails to adhere to USP-NF standards for packaging and labeling. Those requirements are made applicable to biologic medicines through subdivision (j) of the Public Health Service Act (PHSA). Section 207 of the discussion draft would exempt biologic medicines from these lifesaving patient protection requirements that help ensure the safety and purity of medicines.

³ USP standards help pharmacists establish correct temperatures for biologics like insulin and other medicines which can degrade and become ineffective if not stored appropriately.

⁴ USP General Chapters include those for microbial enumeration and bacterial endotoxins. Such tests help prevent medicine contaminants that can present risks including bacterial infection and septic shock.