



RxHealthValue

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STATEMENT

Before

THE FOOD AND DRUG ADMINISTRATION

on

RISK MANAGEMENT OF PRESCRIPTION DRUGS

Docket No. 02N -0115

Presented by:

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On behalf of:

RXHEALTHVALUE COALITION

May 22, 2002

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Introduction

I am Dr. Allan Korn, Chief Medical Officer of the Blue Cross and Blue Shield Association (BCBSA). I am speaking here today on behalf of RxHealthValue, a coalition of more than 20 national organizations representing consumers, employers, unions, health plans and providers. Our membership is broad and diverse, and includes numerous prominent consumers and purchasers of pharmaceuticals, such as AARP, Families USA, the Midwest Business Group on Health, Ford, Daimler-Chrysler, the United Auto Workers, the AFL-CIO, Kaiser Permanente, the Alliance of Community Health Plans, and BCBSA. I appreciate the opportunity to speak before the FDA on the critical issue of risk management for prescription drugs.

RxHealthValue believes that an integral part of delivering new drug therapies to physicians and consumers is assuring consumer safety after the drug has penetrated the market. In addition, our coalition believes that the rapid flow of new drugs to market must be accompanied by health outcomes information that allows consumers to make value-driven decisions. We also support continued increases in federal appropriations for FDA to provide resources for agency programs that impact public health.

In my statement today, I will address the following four areas:

- Background on safety issues;
- Risk identification;
- Risk communication; and
- Risk management.

I. BACKGROUND

Driven by the performance goals set forth in the Prescription Drug User Fee Act (PDUFA), FDA now acts on new drug applications with great speed under considerable pressure. This can result in inadequate clinical experience with new drugs before they are marketed. At the same time, massive promotional efforts to physicians and consumers — in particular the direct-to-consumer television advertising that has become ubiquitous since the loosening of regulatory restrictions in 1997 — result in accelerated market penetration of new drugs.

This one-two combination – faster approvals with less clinical information and more rapid market uptake – means that risk management functions are critical to maintain the same level of public safety with respect to drug utilization as in years past.

Unfortunately, many serious adverse drug reactions can emerge after FDA approval.¹ According to recent research, “only half of newly discovered serious adverse drug reactions are detected and documented in the Physician’s Desk Reference within seven years after drug approval.”²

¹ Lasser, K, Allen P, Woolhander S, Himmelstein D, Wolfe S, Bor D. Timing of New Black Box Warnings and Withdrawals for Prescription Medications. *JAMA*. 2002;287: 2218.

² *Ibid*.

FDA clearly acknowledges that pre-marketing trials in a few thousand uncomplicated patients do not detect all of a new drug's adverse effects.³ For example, 12 drugs have been withdrawn from the market since 1997 due to safety concerns, including the irritable bowel syndrome treatment Lotronex in 2001, and the cholesterol-lowering drug Baycol in 2001.

In calendar year 2001, the FDA received 286,755 reports of drug-related adverse events. This is more than twice the volume received in 1992 prior to implementation of PDUFA.⁴ Despite the substantial increase in volume of reports, the GAO estimates that FDA receives reports for only 1-10% of serious adverse events from the voluntary reporting mechanisms now in operation.⁵ At the current reporting level, FDA has acknowledged that it does not have sufficient resources to adequately monitor reports of adverse events and conduct timely safety interventions.⁶

Nevertheless, pharmaceutical companies continue to market new drugs heavily, though the full range of potential adverse drug reactions is not known at the time of approval. In 2000, the pharmaceutical industry spent \$2.5 billion on direct-to-consumer advertising.⁷ This investment translates to explosive sales of newly approved drugs and steep market penetration. According to the National Institute of Health Care Management, increased

³ Temple R, Himmel M. Safety of Newly Approved Drugs. *JAMA*. 2002;287: 2273.

⁴ Food and Drug Administration, Center for Drug Research and Evaluation, *CDER 2001 Report to the Nation: Improving Public Health Through Human Drugs*. Accessed May 20, 2002 from <http://www.fda.gov>.

⁵ Lasser K, et. al. *JAMA*. 2002;287: 2215.

⁶ 66 *Federal Register* 57967, November 19, 2001.

⁷ National Institute for Health Care Management, *Prescription Drugs and Mass Media Advertising*, 2000, (November 2001).

sales of the 50 most heavily promoted drugs in 2000 accounted for almost half of the \$20.8 billion increase in retail spending on prescription drugs that year.

DTC advertising can promote the public health by encouraging patients with undiagnosed and untreated conditions to see their doctor. However, use-inducing advertising raises issues with respect to consumer safety in the absence of complete information about product benefits and risks.

FDA resources for critical safety monitoring activities for new drugs have not kept pace with market developments. Although RxHealthValue believes that the recent PDUFA implementation agreement takes a step in the right direction by authorizing user fees for monitoring drug safety after market introduction, the public interest in a high standard of safety for approved drugs and effective post-market safety programs requires a commitment to long-term funding for FDA activities in this area.

Because the introduction of new pharmaceutical therapies brings both benefits and safety concerns, RxHealthValue believes that risk management should occur at multiple points in the life cycle of a new drug. For example, identification of significant risks is critical prior to drug approval and later during post-market surveillance. Risk communication is important in labeling and advertising of approved drugs. We support the use of criteria, processes, and ratings the FDA can make available to manage the risks of approved drugs and improve communication of those risks to the public.

II. RISK IDENTIFICATION

The recent article by Lasser et al. in the *Journal of the American Medical Association* clearly demonstrates that the safety of new agents cannot be known with certainty until the drugs have been on the market for a number of years. We believe it is important for manufacturers to provide information that allows the FDA, consumers, prescribers, and purchasers to compare drugs for the same condition on the basis of benefits, risks, and costs.

RxHealthValue recommends that FDA promote initiatives that require manufacturers to provide information comparing the relative safety and value of new agents that will substitute for existing effective agents.

Moreover, consumers should be provided this information in a format that permits a quick evaluation of the relative risk, benefits, and cost of comparable drugs. For example, FDA could devise a “safety index” that compares safety data on new and existing drugs for the same indications. Such information should appear in labeling and advertising.

Another option the FDA should consider is re-instituting its new drug approvals classification system eliminated in 1992. Under this system, the agency designated each

new drug approved according to its significance for human health, providing objective information to consumers and health care professionals about the therapeutic value of new drugs.

III. RISK COMMUNICATION

RxHealthValue believes that labeling of new drugs and advertising should be clear and simple, and convey information on relative risk and value. Description of critical information such as adverse events should be in layperson's terms so that patients can understand potential side effects.

Further, we believe that FDA should consider whether labeling should include information on the underlying clinical trials reviewed by the agency during the approval process, including:

- The number of trial subjects;
- The duration of trials; and
- The age and gender distribution of trial populations (e.g., whether seniors or women have participated in the trials).

In addition, RxHealthValue recommends that drug labeling and advertising include a toll-free phone number for reporting of adverse events by clinicians and patients to the FDA. When the FDA identifies serious adverse drug reactions, it should review all drugs in the

same class to determine if a class effect is likely. Changes in labeling and black box warnings for adverse drug events should be implemented rapidly, highlighted and dated.

Direct-to-Consumer Advertising

The FDA should establish criteria for the level and type of information consumers need to make informed choices about advertised new drugs, especially given the uncertainty of long term safety. As noted above, RxHealthValue recommends that the FDA require as part of the text of drug advertisements: (1) a toll-free FDA number that patients can call to report adverse events; and (2) information that informs patients that their doctors may prefer to prescribe alternate therapies for their condition.

IV. RISK MANAGEMENT TOOLS

RxHealthValue applauds the FDA for maintaining an excellent Web site that tracks adverse drug event reports. We believe that the Web site should be promoted to prescribers and health plans; learned medical societies also could help increase awareness of this resource.

Beyond the Web site, the FDA needs to be able to reach prescribers quickly when a significant adverse drug event is identified and a drug needs to be withdrawn or severely limited in use. To accomplish this, RxHealthValue recommends that the FDA develop the capacity to communicate directly with the nation's prescribers. For example, the

FDA should be able to contact all practicing physicians by e-mail and a national list should be developed.

Health plans and professional organizations are eager to work with the agency on this effort and support the creation of a national drug safety communication infrastructure. For example, health plans and Pharmaceutical Benefit Management firms (PBMs) can assist the FDA in monitoring potential adverse drug reactions among the Plan members. The health plans and PBMs can track alerts from the FDA and identify patients receiving the drugs in question. Alert letters can then be generated to the physicians treating the patients and health plans and PBMs can reinforce these alerts within their pharmacy networks.

Only a very small percentage of adverse drug events are currently reported by clinicians under voluntary reporting policies. PBMs and health plans may be able to play a role in identifying adverse drug reactions. RxHealthValue recommends that FDA consider developing incentives for clinicians to report known adverse drug events as part of the overall development of an active safety surveillance system.

V. CONCLUSION

RxHealthValue believes that the public interest in a high standard of safety for approved drugs requires a commitment to long-term funding for post-marketing regulatory

activities including tracking and responding to reports of adverse drug reactions, and monitoring direct-to-consumer advertising.

We recommend promotion of policies to better identify risks, benefits, and value of new drugs, better communicate these risks and value, and better track adverse events. Health plans and PBMs may play an important role here. The FDA also should explore methods to increase clinician reporting of adverse drug events to the agency.

Thank you again for the opportunity to speak today. We look forward to working with you on this important public health/public safety issue.