

UNITED STATES OF AMERICA

FOOD AND DRUG ADMINISTRATION

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Center for Drug Evaluation and Research / Office of Communications

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PUBLIC MEETING ON BIOSIMILAR USER FEE ACT (BSUFA) REAUTHORIZATION

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Social Scientist, FDA	Thamar Bailey
Regulated Industry Representative	Juliana Reed
Regulated Industry Representative	Scott Kuzner
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Welcome and Introduction

2 00:00:01 **Mr. Collins:** Good morning, everyone, and welcome to this public meeting on the
3 reauthorization of the Biosimilar User Fee Act or BsUFA. My name is Jonathan Collins and
4 I'm with the Program Evaluation and Implementation staff in the Center for Drug Evaluation
5 and Research, and I will be your moderator today.

6 00:00:20 BsUFA is the legislation that authorizes FDA to collect user fees to support the process for the
7 review of biosimilar biological products. The current legislative authority for the program
8 expires in September of 2027. Preparations are, therefore, underway to begin the process to
9 reauthorize the program for fiscal years 2028 through 2032. The purpose of today's public
10 meeting is to hear the public's views on BsUFA as we consider elements to propose, update or
11 discontinue in the next BsUFA. Today's meeting is an important step in engaging with public
12 stakeholders on features of the BsUFA program. We will continue to engage stakeholders
13 throughout the reauthorization process. In the coming days, we plan to post the Federal
14 Register Notice with details on how to notify the FDA if you would like to participate in
15 reoccurring stakeholder meetings during the reauthorization process. We will email all
16 meeting registrants with the link to the FRN when it posts.

17 00:01:24 We have a full agenda for today. We will begin with Dr. Mike Davis, Deputy Director of the
18 Center for Drug Evaluation and Research, who will provide opening remarks. Andy Kish,
19 Director of CDER's Office of Program and Strategic Analysis, will provide background on
20 BsUFA and the reauthorization process. We will then hear remarks from the biological
21 product industry. Following remarks from the biological product industry, we will take a short
22 break. After the break, we will hear the public comments. I will then close the meeting around
23 11:30 a.m.

24 00:01:57 In the Federal Notice announcing this meeting, FDA provided four questions to help the
25 speakers frame their comments. One: What is your assessment of the overall performance of
26 the current reauthorization of BsUFA FY 2023 through FY 2027 to date? What current
27 elements of BsUFA should be retained, changed, or discontinued to further strengthen and
28 improve the program? What new elements, if any, should FDA consider adding to the program
29 to enhance the efficiency and effectiveness of the biosimilar biological product review
30 process? What changes, if any, could be made to the current fee structures and amounts to
31 better advance the goals of the agreement, including facilitating product development and
32 timely access for consumers? Policy issues are beyond the scope of the BsUFA reauthorization
33 process. Therefore, comments should focus on process enhancements and funding issues and
34 not on issues of policy.

35 00:02:59 This meeting is an opportunity for FDA to listen to public perspectives. FDA will not ask
36 questions nor answer questions raised at this meeting. My colleagues, who will be leading and
37 participating in the reauthorization process, are here in person and online. We are listening and
38 we very much value your perspectives. Please keep in mind that you can submit comments to
39 the public docket open until January 2nd, 2026. We encourage everyone to submit their
40 perspectives to the public docket for FDA review. We will post a link to the public docket in
41 the Q&A for this meeting.

42 00:03:34 A few housekeeping items. This is a hybrid meeting and we have many folks participating
43 virtually today. If your audio or visual connection diminishes, we recommend trying to
44 reconnect through the system. If you experience other technical issues during the webcast,
45 please type your issue into the Q&A or email BsUFAreauthorization@fda.hhs.gov. We will
46 have a 15-minute break at about 10:00 a.m. If scheduled modifications are needed, we will
47 communicate those verbally and post them in the Q&A. For those of you attending the
48 meeting in person, restroom facilities are located down the hall to the right of the conference

49 room. A video recording and transcription of today's meeting, as well as slides presented, will
50 be published on the FDA website after this meeting. I'll now turn it over to Dr. Mike Davis for
51 opening remarks.

52 **Opening Remarks**

53 00:04:33 **Dr. Davis:** Hello. Hi. Welcome, and thank you so much for inviting me to give the opening
54 remarks for this meeting. So, thank you for joining us as we open the Biosimilar User Fee Act
55 or BsUFA for public meeting. Today marks an important milestone as we begin the
56 reauthorization process for a program that is central to expanding access to safe, effective, and
57 affordable biosimilar biological products. Ensuring that Americans have access to biological
58 medicines remains a significant public health priority. Biosimilar products help address this
59 need by expanding treatment options for patients who rely on biologic therapies for serious
60 and complex conditions, including cancer and autoimmune diseases. According to information
61 referenced by the Department of Health and Human Services, biosimilars have generated an
62 estimated 56 billion dollars in healthcare savings since 2015, including roughly 20 billion
63 dollars in 2024 alone. These impacts demonstrate how biosimilars can reduce the financial
64 burden on patients and the healthcare system while maintaining FDA's high standards for
65 safety, effectiveness and quality.

66 00:05:42 BsUFA is now in its 13th year. Since its creation, the program has facilitated the approval of
67 78 biosimilar biological products for the American public. The program has established an
68 important framework for supporting timely and predictable assessment of biosimilar and
69 interchangeable product applications. Under BsUFA III, we achieved meaningful progress in
70 advancing biosimilar development and review. We introduced new supplement categories,
71 timelines and performance goals to support more efficient review of supplemental biosimilar
72 biological product applications. We established new procedures and performance goals for the

73 review of use-related risk analysis and human factors protocol submissions for biosimilar
74 biological product-device combination products. We launched a regulatory science pilot
75 program with two demonstration projects focused on advancing interchangeable biosimilar
76 development and improving the overall efficiency of biosimilar product development. We also
77 enhanced our meeting management system, which now includes new meeting types and
78 follow-up clarification opportunities to better support sponsors throughout development.
79 These actions help increase access to high-quality biosimilar products and strengthen the
80 development pathway while maintaining FDA's rigorous approval standards.

81 00:07:05 As we look towards BsUFA IV, we're building on a strong foundation. At the same time, we
82 must address emerging challenges related to biosimilar development, manufacturing
83 complexity, and the evolving landscape of biological products. The success of BsUFA
84 depends on the active participation of our stakeholders. This includes patients, consumer
85 advocacy groups, industry, healthcare professionals, and scientific experts. We'll continue to
86 engage with stakeholders throughout the reauthorization process. Today's meeting is the first
87 step in the process. We're here to listen, learn, and begin shaping a path forward together.
88 Thank you to our speakers for sharing their expertise and thank you to everyone joining us and
89 for your commitment to this important work. Let us continue working together to ensure that
90 BsUFA IV advances our shared goal of safe, effective and affordable biosimilar medications
91 for all Americans. Thank you.

92 BsUFA Background and Reauthorization Process

93 00:08:11 **Mr. Collins:** Thank you, Dr. Davis. I would now like to introduce Andy Kish, the Director of
94 the Office of Program and Strategic Analysis, to provide background on BsUFA and the
95 reauthorization process.

96 00:08:32 **Mr. Kish:** Hey, good morning, everyone. Welcome to BsUFA IV. Thank you for the
97 opening remarks from Dr. Davis. I'm glad to see some familiar faces that have been in the
98 BsUFA program since its inception, so it's great to see everyone again. So, this morning, I'm
99 just going to give some background. Some of this will be familiar for a lot of you. For others, I
100 hope it's helpful in understanding where we are in the BsUFA program and some overview of
101 all aspects of it. So, I'll cover some background, touch on our performance and workload in
102 BsUFA III, touch on the financial background and fee structure, and then an overview of what
103 this reauthorization process is.

104 00:09:15 So, BsUFA-- We can't call it a new program anymore; we can't call it an old program, but it's
105 in between. It's now over 10 years old. And it came about as part of the BPCIA in 2009, and it
106 is interesting that it was passed. It created the pathway and we were also told, "Hey, create a
107 user fee program." So, in many ways, in BsUFA I, we were building the plane as it was flying,
108 which was interesting, but we got it done. So, after consultation with industry and public
109 stakeholders, we did transmit recommendations for the first BsUFA, and that happened in
110 2012. And just as a kind of-- What we mean by "flying the plane while we were building it",
111 we didn't have any marketing applications or products on the market, or an established drug
112 development process or history with biosimilars at the time of BsUFA I. So, we're now in its
113 13th year, and since its creation, it's facilitated the approval of 79 biosimilars—potentially
114 more, because that number might be dated from a few weeks ago.

115 00:10:29 All right. So, quick, really quick, history on the previous BsUFAs. What did they cover?
116 BsUFA I, we figured it out. It was interesting to set up a new user fee program in many ways.
117 We had the reference to the PDUFA program because we didn't have any experience with
118 biosimilars. We were building it as we were negotiating. So, much of BsUFA I, and
119 particularly the fee amounts, referenced the PDUFA fees, except it included a development
120 phase fee, and that was really to generate revenue for getting the staff necessary to do the

121 reviews. And that is called the BPD fee, which we can get into a little bit more. It did
122 introduce some predictable timelines and review processes, and it was also primarily modeled
123 on PDUFA at that time.

124 00:11:19 So, moving into BsUFA II, we had some more experience with the program and we were able,
125 at that point in time, to create an independent and efficient user fee structure that was no
126 longer tied to PDUFA but was based on the program costs. We also implemented the review
127 program—that's something we brought over from the PDUFA program—to promote the
128 efficiency and effectiveness of first cycle review. The idea was to really try to minimize the
129 number of review cycles that a biosimilar might need to go through. And we also added
130 commitments to assess this new program, clarify with the regulatory pathway, and enhance
131 staff capacity. So, jumping into BsUFA III, we, as Mike mentioned already, introduced new
132 supplement types and expedited review timelines associated with them, and new timelines for
133 use-related risk analysis and human factor studies. We introduced a new pilot regulatory
134 science program and a focused effort to advance the development of interchangeable products.

135 00:12:20 Okay. Just a primer on what user fees are, what the construct here at FDA is for our various—
136 particularly medical product—user fees. So, the thought here is that user fees pay for services
137 that directly benefit fee payers. So, that's what distinguishes it from a tax. And these fees are
138 added on top of non-fee appropriated funds, which we call budget authority, and it's really
139 intended to increase the staffing and other resources needed to speed and enhance the process.
140 So, what do we cover in these negotiations? When we're talking with our counterparts, we talk
141 about what new or enhanced process the FDA or industry might seek in the next five years and
142 spend a lot of time on what is technically feasible to do, what other resources are required to
143 do any of those enhancements. And, to be very clear here, there's no discussion of policy that
144 is out of scope of a user fee negotiation. Fee discussions also get into the mechanics of the
145 user-fee programs, deep into the weeds of how fees are collected, the different types of fee

146 types, what products are covered. And, as previously mentioned, this agreement has to be
147 reauthorized every five years.

148 00:13:42 Okay. A little bit on finance. So, user fee revenue is really critical to this program. This graph
149 shows the history of funding for the program, particularly what we use for spending to support
150 the staff and the review process. Non-user fee appropriated funds are the gray at the bottom,
151 and then the bluish color is the BsUFA user fee revenue. As of 2024, the user fee revenue
152 funds about 61% of the program. So, it's very critical to maintain the staffing to run this
153 program.

154 00:14:23 Okay. Fee structure. This is from the FY 26 User Fee Notice, which is on our website if folks
155 want to dive into the details there. But things to call out here is it's a three-tiered fee structure.
156 There's a BPD fee, a biosimilar project development fee. It's a pretty nominal fee and it's been
157 decreasing over the course of multiple BsUFAs. There is an application fee that distinguishes
158 between if you have clinical data or clinical data is not in the package. And then there's a
159 program fee for marketed products. The fees have been relatively stable in this program and
160 haven't been increasing very much.

161 00:15:08 Okay. Program and performance. Let's get a little bit into the workload. So, in these slides, we
162 are going to have some FY 25 numbers here. Just take those as preliminary. The official
163 numbers will come out in our performance report next year. So, overall, the program continues
164 to have steady growth, which is good for public health. And we're happy to see that both in the
165 BPD program, those folks coming in in the IND phase, and then also marketing applications.
166 And the blue on the bottom is products in the BPD program, and the lighter blue on the top is
167 the original and resubmitted BLA biosimilar applications per year.

168 00:15:59 Okay. In BsUFA III, we did introduce new supplement types. We've received 65 efficacy
169 supplements under BsUFA III so far. I do want to call out we haven't received any applications
170 in the original category C and E yet, but we have seen a lot of activity in A and D.

171 00:16:30 Manufacturing supplement workload continues to grow, and notably really in the past two
172 years, FY 24 and 25. Again, 25 numbers are preliminary, so that might be revised when it
173 comes out next year. But those requiring prior approval and not requiring prior approval are
174 both increasing.

175 00:16:56 Okay. Meeting management is growing. For those of you who are familiar with the PDUFA
176 world, this is a very small number compared to the 4,000 or so we get in PDUFA, but
177 nonetheless, it's still growing and it has, I think might say, manageable or steady growth. So,
178 over a hundred meeting requests annually at this point, particularly per year, that we have to
179 manage across the multiple meeting types. In particular, a lot of requests in the type 2a and b
180 area.

181 00:17:33 So, our work, our performance goes against-- It is measured in our performance reports that
182 come out every year. We'll cover some of the key core review ones here and just show you the
183 performance.

184 00:17:52 So, historically, we have met most review goals in this program. It's a high-performing
185 program against some of the key metrics that were measured on, particularly our application
186 review and our supplement review, and manufacturing. So, you can see, historically, for the
187 most part, pretty high-performance. A few years, particularly FY 20, were challenging, but
188 that's, I think, for obvious reasons, overall achieving our goals every year. And we don't have
189 25 here yet, just because most of those applications are still pending, so there's not much to
190 measure.

191 00:18:22 Meeting management has improved in this program in particular. Again, FY 25 numbers are
192 preliminary, but we've seen, over the course of the past several years, a marked improvement,
193 and the meeting management and performance goals there.

194 00:18:58 So there's a number of enhancements also in this program that aren't process or procedural
195 goals, and we are on track at this point to make the vast majority of those. There's nearly a
196 hundred actions required to fulfill the BsUFA III performance enhancement commitments.
197 That includes data or list postings to the public website, updated pilots, programs, processes,
198 guidances, internal operating documents, public meetings, public reports, and third-party
199 assessments. So, a lot of activity is in these commitments, in addition to just our core review
200 goals and meeting management goals.

201 00:19:46 So, just a quick highlight of what some of those performance enhancement commitments are.
202 And this is all quite detailed in the commitment letter. I'm sure most of you have read it, but if
203 you haven't, it's available on our website for folks to peruse. There's a bunch of commitments
204 around establishing a regulatory science pilot program, commitments around enhancing the
205 review process and sponsor communication, continuing to clarify the pathway, enhancing
206 management of our user fee resources in the financial space, and then improving FDA hiring
207 and retention.

208 00:20:29 You can find performance data and completed deliverables on our website. The links are here
209 for folks. You can also just type it into a search and find it pretty quickly. Completed
210 deliverables are posted on our website so you can find them in one consolidated place. Also,
211 we released BsUFA performance dashboards, and on these dashboards, you are able to
212 actually pull down the data if you want or go ahead and manipulate it on the website.

213 00:21:00 Okay, shifting gears to the reauthorization process overview. Okay. So, where are we and
214 what's this overall timeline? We're a little bit more to the left of this graphic where we are in

215 the approaching end of this calendar year. And this meeting is really important because it
216 kicks off the process, and technically after this meeting, we're allowed to start negotiating and
217 it starts the reauthorization process. So, while having our initial public meeting today, we
218 expect technical negotiations to begin in the spring of 2026, and then also conclude in the
219 early summer of 2026. This is typical to what we've done in all previous rounds of this
220 negotiation. It's a short timeframe, but very productive and fruitful discussions that always
221 result in an agreement. And we're confident that, of course, it will happen again this time. We
222 then have a clearance process. We have to get through FDA and HHS and the various layers of
223 the federal government. We have that process, and then we need to have a final public
224 meeting. We need to do that by the end of 2026 as soon as we can. And then by law, we have
225 to transmit a package that makes recommendations on BsUFA IV to Congress by January
226 15th, 2027. Then, Congress has about nine months to reauthorize before this program expires.
227 So, it seems very far off, but when you back it all out, we don't have a lot of white space in
228 getting this done.

229 00:22:46 All right. Really tiny text here. This is the statute. I'm pretty sure that this was impossible to
230 read, particularly for folks in the room. So, I'll just call out a few things, in particular on the
231 next slide. But this is the statute that lays out the reauthorization process. You can also find
232 this online if you're interested or if you haven't seen it before. And this process does require
233 quite a bit of consultation with stakeholders. In particular, there's today, which is very
234 important. There's the public docket that is open now and it closes on January 2nd. Please, we
235 ask you to-- If you have thoughts on the current program and the future of the program, we ask
236 you to please submit your comments to the docket. Every single comment is read and
237 reviewed, so we take that into consideration when we enter into technical negotiations.

238 00:23:38 Also, for the first time in this program, we are going to have a periodic consultation. This is a
239 new aspect of BsUFA that was brought into the program in the last reauthorization, where not

less than once every month during technical negotiations, FDA will be meeting with patient and consumer groups to get their input on BsUFA IV. That's a parallel process that happens during negotiations. This also happens in the PDUFA and GDUFA program. Please, we ask folks-- There's a docket. I believe that's out for that right now too, or it might not be. Sorry, there are a little bit of delays due to the government lapse of appropriations, but it will be out soon enough, and we'll let folks know if it's not out already. We ask that you please, if you want to participate in that process and you are eligible based on the criteria, sign up by January 30th. There are also going to be public minutes from each one of our negotiations with industry that will be available on our website within 30 days after each meeting. That's a requirement now by law and there will be detailed information there where folks can see what we're discussing. Okay, that's it. Thank you.

251 00:25:07 **Ms. Bailey:** Thank you, Andy. Hi all. My name is Thamar Bailey. I am a Social Scientist
252 here. I'm actually going to prompt you all to have a 15-minute break. We are going to
253 reconfigure the Teams meeting so that public attendees can attend as well. Right now, we have
254 run into an unfortunate accident. So, we'll take a 15-minute pause here, and then we'll continue
255 with the industry perspective. I thank you for your time and patience as we resolve this. Thank
256 you.

257 00:26:08 **Mr. Collins:** We will just restart the meeting at 9:40.

Regulated Industry Perspectives

259 00:44:59 **Mr. Collins:** Thank you, everyone, for your patience. We appreciate that. We're having a few
260 technical issues, but I think we're ready to go. We will now have remarks from the biological
261 product industry. We will first hear from Juliana Reed, Executive Director, The Biosimilars
262 Forum.

263 00:45:43 **Ms. Reed:** All right. I have a very long slide deck. So, all right. Just kidding. Going
264 backwards.

265 00:45:56 You all know, I think, who the Forum is, but I want to talk about, you know, one of the key
266 things that I think we don't recognize here in this room enough is the companies as industry,
267 but also the FDA and our partnership in bringing biosimilars to the U.S., and really, frankly,
268 around the world. And the companies that I have the honor of representing, and the other
269 trades will tell you this as well-- All the companies involved in this are pioneers, and so are the
270 people in this room at the FDA. And we want you to know incredibly how much we always
271 appreciate everything you guys do. It's so important to us. You're wonderful partners on this
272 and very important to us as industry, launching something brand new from the beginning.
273 And, Andy, we did BsUFA I. So, as you said, we were like, "Oh, gosh. We need a user fee
274 program. What do we want it to look like?" And here we are going into BsUFA IV, and that's
275 an incredible achievement that I'm honored to be part of. I'm honored to know all of you, and I
276 think every day we have to remind ourselves how incredibly important this program is. And
277 now we're going into year 20, you know, with BsUFA IV, it'll be 20 years. I do feel old.
278 Thanks a lot, Andy. But this Administration-- We're grateful for what they are trying to do
279 with biosimilars and how important biosimilars are.

280 00:47:53 One of the things that is really important to us though is also the stabilization of the FDA, of
281 the resources, of the quality, of the safety. And those are key things, too. But we do want to
282 call out when something good is happening, which is important for everyone in this room,
283 again, that biosimilars are a priority for this Administration. We just want to make sure we do
284 it right, keep our quality, and keep our expertise moving forward. 10 years is a long time. It's
285 actually 15 years, and even longer than that, when we started and somebody asked me at a
286 company that was bought by Pfizer, Hospira-- The Board asked me to create a biogeneric
287 pathway at the FDA. And I'm like, "Okay." And we started marching around Washington

288 trying—and also in all the other countries that you have biosimilars going around—a lot of
289 airplanes.

290 00:48:55 Biosimilars actually work. And we talk as far as the free market competition. And we remind
291 industry that the savings are real. The access-- We need better access, but also competition in
292 the U.S. and in any other country is better than most-favored-nation pricing. It's better than
293 having negotiations and price controls. And I think, again, when we're in the everyday of this,
294 we have to step out and remind ourselves how important what we are doing is.

295 00:49:29 They lower cost. If it wasn't for the competition of a biosimilar, the cost would continue to go
296 up. And we know that. And I'm telling you all things that you already know, but I think it's
297 really important to remind ourselves, as we go into negotiations, how important this industry
298 is. If this industry does not succeed and it doesn't become sustainable, the question can be: in
299 the U.S., will there be new generic industries? Will there be a third generation of a generic
300 type model in this country?

301 00:50:09 So, one of the key things, and I think as you've seen in the void report, is not just the ability to
302 compete and have market access, but the ability now to recognize 10 years or over 10 years of
303 development expertise here at the Agency and with the industry. And that's why BsUFA IV
304 negotiations are critical as an opportunity to improve the development, to improve the process,
305 to make it more efficient and less costly over the next five years. So, that should be a big
306 picture goal for us as we go into these negotiations.

307 00:50:54 As I've mentioned earlier how much we appreciate all of you and we support you on the
308 outside and we'll do whatever we need to continue to support you, we need and we are
309 advocates for a well-resourced and high-quality scientific BsUFA program and FDA. So,
310 we're out here, and we're going to continue to educate on that and work with policy makers to
311 get some stability over here as much as we can.

312 00:51:28 So, as we go into these negotiations with all of you, we want to build on our 10 years of
313 biosimilar development and review in the U.S. and also around the world, as I mentioned. It's
314 our opportunity to take a step back, take a look at the BsUFA program, look at what we can
315 change and should change to make it more efficient, look at what is necessary or unnecessary
316 after 10 years. What can we change? What can we also change across the board from an
317 industry perspective? What do you need from us to do? What would we like FDA to do? And
318 take a look stepping back from our current paradigm to step back and maybe create a new one.
319 And so that's how The Biosimilars Forum is approaching this, both as advocates for this
320 program and for the FDA overall. I'm sure I'm very redundant, but I think it's important, you
321 guys, know how much we are grateful for what you do. But we also believe now, as we go
322 into negotiations, we can streamline the process, take away some of the things that are not
323 necessary and not of value, like the suffix, which Dr. Cohen will talk about in the coming
324 years or months. Get it done. But there are things that we don't need any longer, and we have
325 to review those and improve upon them. So, I just look forward to this and just thank you all
326 again and thanks for the opportunity to talk.

327 00:53:35 **Mr. Collins:** Thank you, Juliana. We will now hear from Scott Kuzner, Senior Director for
328 Sciences and Regulatory Affairs, Biosimilars Council.

329 00:53:53 **Mr. Kuzner:** Hello, everyone. I'm Scott Kuzner and I serve as the Senior Director of
330 Sciences and Regulatory Affairs at the Association for Accessible Medicines and its
331 Biosimilars Council. Our members include some of the largest biosimilar manufacturers in the
332 U.S. and we thank you for the opportunity to speak today.

333 00:54:11 The Biosimilar User Fee Amendments, known as BsUFA, have played an essential role in
334 strengthening the biosimilar review process and helping ensure that patients have timely
335 access to safe, effective, and affordable medicines. This impact can be felt throughout the
336 healthcare system. For example, AAM's 2025 Savings Report found that biosimilar medicines

337 saved the U.S. healthcare system 20.2 billion dollars in 2024. The total savings since the first
338 biosimilar entry in 2015 has reached 56.2 billion dollars. The current Administration has
339 repeatedly emphasized that lowering drug costs is a national priority. A well-functioning
340 BsUFA program is one of the most effective tools we have to deliver on that commitment.

341 00:54:59 Since the enactment of BsUFA I in 2012, the resources from user fees have been invested in
342 building out FDA staff, infrastructure and procedures, increasing predictability and clarity in
343 the development review and approval of biosimilars. The result has been substantial progress
344 in improving the efficiency and effectiveness of the BsUFA program. This means more
345 biosimilar approvals, which helps to not only ensure patient access, but also encourages
346 market competition that helps keep medicines affordable to the American public.

347 00:55:35 Through BsUFA II and III, FDA and industry built on the foundation established in BsUFA I,
348 adding further enhancements to the program. These include establishing the program for
349 enhanced review, transparency and communication in BsUFA II, and in BsUFA III,
350 establishing the biosimilar specific supplement categories and implementing improvements to
351 make FDA more efficient, targeted, informative, and clear. Additionally, in order to help
352 facilitate the development of biosimilars, FDA committed to issue guidance documents on
353 critical topics, like differences in delivery devices, and also launched the regulatory science
354 pilot program.

355 00:56:18 The impact of BsUFA is clear. Since BsUFA I kicked off in 2012, the FDA has approved 79
356 biosimilars. Forty of these approvals occurred during BsUFA III alone. The FDA approved 16
357 of these biosimilars in 2025. These approvals represent critical opportunities to lower costs for
358 patients and strengthen the resilience of our supply chain.

359 00:56:42 FDA's partnership with industry continues to advance biosimilars at an impressive pace. This
360 has been driven by a strong commitment to science and evidence-based regulation. We have

361 seen meaningful evolution in FDA's approach to biosimilar development review and approval.
362 Today, FDA recognizes that comparative efficacy studies are often unnecessary, as robust
363 analytical pharmacokinetic data already demonstrate biosimilarity. This shift represents a deep
364 trust in science and a willingness to modernize the regulatory framework in ways that maintain
365 FDA's gold standard of quality, safety, and efficacy while reducing unnecessary duplication
366 and cost.

367 00:57:27 Equally important, FDA's recent statements and approvals demonstrate a modern and
368 pragmatic view of interchangeability. As the Administration has recognized, the two-tiered
369 system unique to the U.S. has been rigged from the start and, as explained by FDA, the
370 scientific reality is that all biosimilars, whether licensed as interchangeable or not, meet the
371 same stringent standards of quality, safety, purity, and potency as the reference products. It is
372 therefore unsurprising that switching studies are no longer the general expectation and the
373 Agency's language increasingly makes clear that, once a biosimilar is approved, it is
374 considered interchangeable from a scientific perspective, even though the legal designation
375 still exists. These actions constitute a positive step toward ensuring that patients benefit from
376 timely, affordable access to biologic medicines.

377 00:58:23 By aligning regulatory expectations with advancing analytical techniques and scientific
378 consensus, FDA is making the biosimilar pathway more efficient without compromising safety
379 or effectiveness. These scientific and regulatory advancements are helping to unlock greater
380 competition, accelerate patient access, and solidify the U.S. as a leader in biosimilar
381 innovation. Even with this progress, there remains room for improvement. More needs to be
382 done to tackle the biosimilar void. For example, according to a recent study by IQVIA and the
383 Biosimilars Council, only 10% of the 118 originator biologics losing patent exclusivity over
384 the next 10 years currently have a biosimilar in development.

385 00:59:12 As we look ahead to BsUFA IV, we are eager to continue our strong partnership with FDA to
386 ensure the biosimilar program delivers measurable efficient results for public health. Today,
387 we wanted to mention a few areas in particular. First, application review times are too long,
388 particularly given that submissions will generally no longer have comparative efficacy studies.
389 Second, as FDA has recognized, substantive and nimble dialogue is key, and we look forward
390 to working with the Agency to improve communication practices between FDA and industry,
391 as well as enhancing efficiencies and transparency with respect to the inspections process.
392 Third, we are excited to build on FDA's great strides to increase reliance on analytical data, to
393 streamline development, breaking down unnecessary barriers to U.S. patient access. Fourth,
394 biologic device combination products provide important options for patients, but 351(k) BLA
395 sponsors can be hampered from making device differences that can benefit patient usability
396 and design around patients. BsUFA IV provides an opportunity to evolve the Agency's current
397 approaches to assessing user interface differences and human factor studies. In addition, we
398 wish to optimize device bridging approaches and ask that the FDA provide product-specific
399 guidance for ADCs and bispecific mAbs. And lastly, we look forward to exploring the use of a
400 single global comparator to expedite U.S. patient access to biosimilars.

401 01:00:49 We value the FDA's commitment to ensuring that the BsUFA program remains agile in a
402 rapidly evolving scientific and policy environment. We also appreciate the opportunity to
403 comment on potential updates to the current BsUFA fee structure to better advance the goals
404 of BsUFA, including facilitating efficient product development and ensuring timely access to
405 biosimilars for patients. A stable and predictable financial foundation to support a well-staffed
406 FDA is essential for the success of the BsUFA program. Earlier this year, reports raised
407 concerns about whether the biosimilars program would meet its statutory requirements for the
408 spending trigger to release user fee funding. These reports underscore the need for a

409 reauthorization framework that safeguards BsUFA-related resources and prevents disruptions
410 that could slow biosimilar development and limit patient access.

411 01:01:47 In closing, while the story is still being written, BsUFA has been a success story and one we
412 are proud to continue building together. The agreements' increased efficiencies have brought
413 both tremendous savings and expedited access to the affordable medicines the American
414 public needs. We thank the FDA for its commitment to the BsUFA program, and we look
415 forward to working with you to make BsUFA IV the most effective version yet for patients,
416 public health, and the future of affordable medicines. Thank you.

417 01:02:30 **Mr. Collins:** Thank you, Scott. We will now hear from Sean Hilsher, Senior Director for
418 Science and Regulatory Advocacy, PhRMA.

419 01:02:48 **Mr. Hilsher:** Thank you and good morning, everyone. My name is Sean Hilsher. I'm
420 Senior Director of Science and Regulatory Advocacy at the Pharmaceutical Research and
421 Manufacturers of America or PhRMA. PhRMA represents the country's leading innovative
422 biopharmaceutical research companies, which are focused on developing innovative medicines
423 that transform lives and create a healthier world. Together, we are fighting for solutions to
424 ensure patients can access and afford medicines that prevent, treat and cure disease. PhRMA
425 member companies have invested more than 850 billion dollars in the search for new
426 treatments and cures over the last decade, supporting nearly 5 million jobs in the United
427 States. PhRMA has been a strong supporter of and participant in the initial authorization and
428 subsequent reauthorizations of the Biosimilar User Fee Act or BsUFA since 2012. We
429 appreciate the opportunity to participate in today's public stakeholder meeting.

430 01:03:47 Biosimilars are important in helping provide new options to American patients and in
431 increasing competition in the marketplace. PhRMA supports an ecosystem that preserves
432 incentives for innovation and ensures a level playing field for novel biologics and biosimilars.

433 01:04:03 To help ensure access to safe and effective biosimilars, we need a modern regulatory system
434 that enables FDA to serve public health and patients by providing timely science-based
435 regulatory decisions. That is why PhRMA and our member companies have been a strong
436 supporter of and participant in BsUFA since 2012. Since its inception, user fees provided
437 through BsUFA have helped enhance greater consistency and predictability in the review of
438 biosimilar products by establishing review timelines and continuously enhancing review
439 processes, enabling timely and consistent communication, allowing for meaningful
440 engagement between FDA and sponsors during regulatory review, and providing and
441 strengthening opportunities for scientific dialogue between sponsors and the Agency.

442 01:04:56 It is important that all stakeholders work together to build on the successes of previous
443 BsUFAs and continue to help ensure patients in the United States have timely access to
444 biosimilars and ultimately benefit from increased competition in the marketplace. This
445 includes ensuring that the biosimilar biological review program continues to do the following:
446 adhere to clear, transparent, established review timelines that meet or exceed BsUFA goals
447 while prioritizing essential review activities; fostering predictability and consistency for
448 sponsors to understand regulatory expectations; facilitating timely science-based, effective and
449 efficient regulatory review, driven by and assessed against metrics-based outcomes, including
450 key performance indicators and the public reporting of relevant review timelines and
451 accountability measures; and engaging directly and continually with the public and relevant
452 stakeholders to provide proactive, timely, and accessible information on regulatory processes
453 and approvals, as well as emerging safety information to maintain the public's trust.

454 01:06:04 BsUFA IV provides the opportunity for FDA to focus on enhancing core review functions to
455 continue to ensure safe, pure, and potent biosimilars for the American patient. BsUFA has
456 well-established performance goals, and FDA should continue to prioritize meeting and
457 improving upon the goals of the program set out in the agreement. Further, BsUFA IV

458 provides industry and FDA the opportunity to ensure that review process enhancements
459 introduced in the previous BsUFAs are being utilized effectively and resources are being used
460 optimally. Lastly, under BsUFA IV, FDA should continue to provide opportunities for
461 engagement and communication between FDA and biosimilar applicants for the entirety of the
462 regulatory review process.

463 01:06:50 In the interest of ensuring the long-term financial stability and sustainability of the BsUFA
464 program, BsUFA IV should focus on streamlining the financial structure of the program to be
465 consistent with the current resource needs of the Agency. Simplifying the user fee revenue
466 process would result in greater predictability for FDA and industry and ultimately support the
467 long-term stability of the program.

468 01:07:11 In conclusion, BsUFA IV is essential to helping ensure that FDA has the resources to support
469 the science-based review of biosimilars, which will help increase competition in the
470 marketplace, ultimately to the benefit of the American patient. A timely and efficient
471 reauthorization process is essential to fully realize the potential of improvements included in
472 the agreement. PhRMA looks forward to working with FDA, patient groups, and other
473 stakeholders to advance a BsUFA IV agreement that will help support the development of the
474 next generation of safe, pure, and potent biosimilar products. Thank you for your time.

475 **Public Comment**

476 01:08:03 **Mr. Collins:** Thank you, Sean. Our next session is dedicated to the public comment. Before
477 this meeting, FDA invited everyone who registered for this meeting before November 21st to
478 indicate whether they would like to provide public comment at the meeting. Since we did not
479 receive any requests, we would like to set aside some time now for anyone in the room who
480 wants to make a public comment. If you do, you'll be given a five-minute time limit. We ask

481 that you start by introducing yourself with your name and affiliation. That said, if anyone
482 wants to make a comment, please head to one of the mics in the audience.

483 01:08:54: **Mr. Josephson:** All right. I feel kind of left out. I thought I would maybe get to come to
484 the podium. Yeah, because then I'm not--

485 01:09:14 Hi. I'm Aaron Josephson. I'm the Lead for U.S. Regulatory Policy at Teva Pharmaceuticals.
486 Thanks for the time to speak today. For more than 20 years, Teva has taken steps to cultivate a
487 diverse biosimilars portfolio, focusing on medicines targeting areas including oncology,
488 immunology, chronic diseases, and others. We view biosimilars as a key element to achieving
489 our mission to improve public health owing to the dual impact biosimilars have on the
490 healthcare ecosystem: first, the expansion of patient access to treatments, while second,
491 reducing costs and supporting the sustainability of healthcare systems.

492 01:10:02 As AAM has reported and we heard about today, biosimilars have saved the U.S. healthcare
493 system tens of billions of dollars, and as more biologic medicines become available to develop
494 as biosimilars, savings to the U.S. healthcare system will undoubtedly grow. This is important
495 not just as a mechanism for reducing ever-rising healthcare costs, but because healthy
496 Americans are productive Americans. The positive effect of biosimilars, therefore, can be
497 understood in a broader context of improving the country's economic and societal health. In
498 this way, what we're doing here today are small pieces of the pie as part of a much bigger
499 objective related to improvements in the healthcare ecosystem.

500 01:10:52 Through strategic partnerships and continued investment in biosimilars development, Teva is
501 committed to expanding patient options and supporting a more sustainable U.S. healthcare
502 system with those positive downstream economic and social benefits. We appreciate FDA's
503 role in fostering a robust and competitive biosimilars market. FDA's recent announcements
504 related to streamlining biosimilars development were welcome shifts in policy that will lower

505 development costs and, therefore, make biosimilars development more attractive. Initiatives
506 that reduce unnecessary clinical testing and promote the development of biosimilars are vital
507 steps forward. And the FDA's commitment to science-based regulation and its openness to
508 innovation have positioned the United States as a leader in biosimilars development, ensuring
509 patients have access to safe, effective, and affordable medicines. But make no mistake, the
510 cost to develop biosimilars is still high to support investments in their development and to
511 support delivering these medicines to patients as quickly as possible. The regulatory approval
512 process must, therefore, be efficient, and the BsUFA reauthorization, of course, is the best
513 time to make suggestions for that.

514 01:12:10 Acknowledging progress made in BsUFA III, several review process issues warrant attention
515 from our perspective. These include supplement review times, information requests, and
516 deficiency response timelines, and the occurrence of late information requests and labeling
517 comments. We look forward to discussing with FDA what changes may be possible to address
518 these challenges to improve transparency, predictability, and efficiency of review. Committing
519 to earlier identification of deficiencies, for example, can significantly improve review
520 efficiency by providing more time for applicants to address the deficiencies. Scheduling and
521 conducting inspections, similarly, enable more time to address any observations that might
522 otherwise inhibit timely approval of a biosimilar application.

523 01:13:03 The biosimilars regulatory science program created in BsUFA III and funded by industry user
524 fees has enabled FDA to explore ways to produce scientific evidence in support of biosimilars
525 development. It has advanced biosimilars development by increasing reliance on analytical
526 data, reducing the need for large human trials and fostering stakeholder engagement. These
527 efforts have streamlined regulatory pathways, improved efficiency and strengthened scientific
528 evidence, and overall, it has accelerated patient access to safe and effective biosimilars, while
529 maintaining FDA's rigorous standards. Enhanced oversight of where BsUFA research funds

530 are dedicated can help maintain the integrity of this program and ensure that the funds are used
531 to continue to support timely American patient access to biosimilars.

532 00:13:54 Lastly, with the shift away from phase III-style confirmatory efficacy studies, the assessment
533 of today's biosimilars continues to rely heavily on analytical techniques. Both the BsUFA fee
534 structure and FDA's organizational structure should reflect this. With respect to fees, we look
535 forward to discussing with FDA how to ensure the fee structure provides the Agency with the
536 resources it needs in the right places. With respect to organization, we encourage the Agency
537 to ensure final sign off of biosimilars applications rests with the office closest to the
538 applications review, and consistent with the Agency's stated policy shift away from large
539 confirmatory clinical trials. Giving OTBB signatory authority is a process improvement that
540 will enable OND clinicians to focus on reviewing innovative medicines, while removing
541 unnecessary administrative complexity from the biosimilars review process. Addressing these
542 and other topics throughout the BsUFA reauthorization process will help, we believe, maintain
543 FDA's position as a leading regulator and the U.S. as a desired market for biosimilars,
544 supporting our shared goal of bringing biosimilars to American patients faster. Thank you for
545 the chance to speak today.

546 **Closing Remarks**

547 01:15:27 **Mr. Collins:** Thank you. Are there any additional public comments? Okay. Hearing none, that
548 concludes our public comment session and our meeting today. Thank you to all the speakers
549 who took time to share their comments with us. Thank you all for attending, both in person
550 and virtually. Please be advised that the public docket to provide written comments is open
551 until January 2nd, 2026. We encourage everyone to submit their perspectives to the public
552 docket for FDA review. As a reminder, the meeting slides and recording will be posted
553 following today's meeting. We hope that you enjoy the rest of your day. Thank you.