



NATIONAL HEMOPHILIA FOUNDATION
for all bleeding and clotting disorders

Honorable Henry Waxman
Chairman
Energy and Commerce Committee
United States House of Representatives
2125 Rayburn House Office Building
Washington, DC 20515

August 5, 2009

Re: Legislation to Create a Regulatory Pathway for the Approval of Biosimilars

Dear Mr. Chairman,

I am writing on behalf of the National Hemophilia Foundation and thousands of Americans with bleeding disorders, who utilize biologics called clotting factor therapies. These life-saving therapies, which can be plasma-derived or recombinant products, replace the missing protein to enable a person's blood to clot normally. NHF supports the creation of a regulatory pathway at the FDA to approve biosimilars. At the same time, we believe that there must be several protections for the end users of the products.

When considering a regulatory pathway to approve biosimilars, it is important to bear in mind the history and challenges faced by our community. Any pathway which does not give due consideration to the catastrophic consequences which could result from an inappropriate attempt to short cut the regulatory approval process would be a disservice to the very patients such a pathway is intended to help.

The development of effective clotting factor therapies and the introduction of comprehensive care in the 1960s and 1970s dramatically improved life for persons with hemophilia, thus eliminating the need for frequent and costly hospitalizations. These treatments also ensured that even those with severe hemophilia could attend school, maintain employment, and enjoy a greatly increased life expectancy. Unfortunately, this promise of a better life deteriorated in the early 1980s, when the nation's blood supply became contaminated with HIV. More than half of the 17,000 people with hemophilia and 80% of those with severe hemophilia were infected with HIV, a large percentage of whom subsequently died. Since then, the safety of blood products has been restored and a generation of safe and effective non-plasma derived products are available to patients.

Today, inhibitor development has replaced pathogen risk as the most significant adverse event facing patients with severe hemophilia A. The development of an inhibitor, an immune response to the clotting factor, which means treatment is no longer as effective, places a patient at increased risk of uncontrolled bleeding frequently resulting in increased morbidity and mortality. The most common treatment for an inhibitor is immune tolerance treatment, which involves significantly higher and more expensive doses of clotting factor therapy over an extended period. Once an inhibitor is developed, the overall cost to treat and manage an inhibitor is dramatically more expensive than living with hemophilia alone places increased burdens on the patient, their family and the health care system.

NHF clearly recognizes the significant strains on the health care system today. Therefore, it is incumbent upon us to be open to new scientific developments and approaches that could lead to new and more efficacious treatments that do not sacrifice patient safety. In particular, there are several principles we believe are crucial to ensuring that biosimilars are as safe and effective as the innovative products on which our community relies. These principles, which we ask be incorporated into legislation, relate to: clinical trials and immunogenicity; interchangeability; and resources for FDA.

Clinical trials: Clinical trials are essential to the approval process to ensure that biosimilars are safe, effective and meet an appropriate standard of immunogenicity. The consequences of non-bioequivalence can be severe for clotting factor therapy. NHF recommends that clinical trial data including an assessment of immunogenicity be required for the approval process.

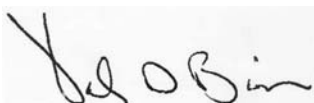
Interchangeability: Interchangeability, whether insurance companies can switch a patient from one therapy to another at its discretion, is another critical issue for the bleeding disorders community. Currently there is little consensus within the scientific community as to the resulting immunogenicity risk when randomly switching patients between products or product classes. People with bleeding disorders respond differently to innovator products, so it is crucial that this treatment decision is left to a physician and patient. NHF recommends that this substitution should not be permitted except with the consent of the patient and treating hematologist.

Resources for FDA: NHF recommends that FDA be given appropriate resources and authority to implement this new regulatory responsibility. The FDA, which is already underfunded given its broad regulatory mandate, must receive increased resources to ensure that the safety, efficacy and potency of all pharmaceutical and biological products are maintained.

Finally, NHF believes there must be an appropriate balance between incentives for companies to innovate and improve products and the benefits individuals with bleeding disorders could see from lower-cost products. Hemophilia and the related bleeding disorders are very rare. Given the total number of patients, living with a bleeding disorder worldwide is small; a global approach to product development is required. The exclusivity period afforded in US regulations should be harmonized with standards in Europe. Therefore, NHF endorses 10 years of exclusivity, following the regulations of the European Medicines Agency (EMA). In addition, consideration should be given to whether an additional two years of exclusivity should be granted to products that treat rare diseases. It is important that incentives are adequate to make the development of a therapy for a rare condition sufficiently appealing, given the risks of developing products for small patient populations.

Thank you for considering these principles as you develop legislation on biosimilars. Please contact me if you have any questions.

Regards,

A handwritten signature in black ink, appearing to read "Val Bias", is placed over a light gray rectangular background.

Val Bias
Chief Executive Officer
National Hemophilia Foundation