

July 31, 2009
Reference: FDAA09010

VIA WEB & USPS

Division of Dockets Management
Food and Drug Administration
5630 Fishers Lane, RM 1061
Rockville, MD 20857

**SUBJECT: Docket No. FDA-2009-N-0166, Economically Motivated Adulteration;
Public Meeting**

Dear Sir or Madame:

The Plasma Protein Therapeutics Association (PPTA) is pleased to provide comments on the Food and Drug Administration's (FDA) Economically Motivated Adulteration Public Meeting [hereinafter, "Public Meeting"] that occurred on May 1st. PPTA is the international trade association and standards-setting organization for the world's major producers of plasma-derived and recombinant analog therapies. Our members provide 60 percent of the world's needs for Source Plasma and protein therapies. These include clotting therapies for individuals with bleeding disorders, immunoglobulins to treat complex diseases in persons with immune deficiencies, therapies for individuals who have alpha-1 anti-trypsin deficiency which typically manifests as adult onset emphysema and substantially limits life expectancy, and albumin which is used in emergency room settings to treat individuals with shock, trauma, burns, and other conditions. PPTA members are committed to assuring the safety and availability of these medically needed life-sustaining therapies.

Introduction

PPTA applauds the FDA for holding this Public Meeting. PPTA supports efforts by the Agency that would better predict and prevent economically motivated adulteration (EMA). PPTA believes that this is an important issue and that all members of the pharmaceutical supply chain need to be engaged to identify solutions. To assist the Agency in identifying solutions to prevent EMA, PPTA has provided answers to the applicable questions that were delineated in the Federal Register notice of April 6, 2009 (Vol. 74, No.64).

Federal Register Questions

1 (a) What information should U.S. regulators seek and from what sources to help predict and prevent EMA? What further steps can U.S. regulators take to predict and prevent EMA?

FDA should seek information on import data and shifts in imported volumes. This can be accomplished through FDA's own inspection program. However, EMA is a global problem. To better leverage resources on a global front, PPTA suggests that FDA utilize its confidentiality agreements to share its information with global regulators and obtain information from other inspectorates. PPTA strongly encourages FDA to initiate mutual recognition agreements for inspections with other regulators in the developed world, such as the European Medicines Evaluation Agency (EMA), Japan, Canada and Australia. Additionally, FDA may consider use of third party auditing companies to gather information from the industry regarding suppliers. This information in aggregate could help identify members of the supply chain that are not maintaining ethical standards. Further steps the Agency can take would be to increase quality requirements, regulations, and penalties for violation. PPTA notes that there has been legislation circulated in the US, "The Drug and Device Accountability Act of 2009" and the "Food and Drug Administration Globalization Act of 2009", which provide a number of provisions to enhance FDA's ability to respond to unsafe drugs and address EMA from a global perspective.

(b) What are members of industry doing to prevent EMA? What further steps can industry take to prevent EMA?

PPTA members recognize the importance of establishing and maintaining strong supply quality programs that effectively use quality risk management plans to identify, evaluate, and mitigate risks associated with their suppliers and raw materials. For example, some have established identification processes for material/ingredients that are high risk for adulteration and then initiated mitigation programs to minimize the risk.

(c) What recent examples of known or suspected EMA domestically and internationally should U.S. regulators study and learn from?

PPTA does not have any additional examples to share other than those that were discussed in the Federal Register notice and at the Public Meeting.

(d) What information do other organizations (including, but not limited to, trade organizations, and security service providers) have that would be useful in predicting and preventing EMA?

PPTA does not have information to provide on this question.

(e) What are other government regulators within and outside of the United States doing to predict and address EMA?

PPTA has limited information but is aware that Annex 8 of the EU Guidelines to Good Manufacturing Practice Medicinal Products for Human and Veterinary Use contains provisions for sampling of starting and packaging materials. The European Commission

has recommended legislation to allow the legal framework to require certain steps to secure the supply chain in Europe as well. As stated previously, EMA is a global problem and needs a global solution. This requires FDA to be aware of activities by other regulators and seek harmonization of requirements and international cooperation when possible.

(f) What indicators (economic-based, chemistry-based, etc.) might be used to detect potential EMA?

Traceability of the supply chain would be helpful in detecting potential EMA. If the supply chain is not transparent there is a higher risk of adulteration that may occur. As mentioned in 1(a), import data, including evaluation of volume shifts, may be helpful.

2(a) What are attributes of products or components/ingredients of products that may cause them to be more vulnerable to EMA?

Attributes of products or components/ingredients of products that may cause them to be more vulnerable to EMA are: the price of the material (the more expensive materials will generate a higher profit and a greater incentive), the difficulty of detection, the ease and low cost of adulteration, and the size of the lot.

2(b) What food products are marketed based on measured controls of certain constituents, such as content of certain proteins, certain fats, or certain sugars?

PPTA does not have information to provide on this question.

(3) What changes relevant to the risk for EMA have occurred recently in (a) marketing environment of products or components/ingredients (b) the sourcing and/or distribution of products (c) the prices, output, imports, or exports of products or components/ingredients (d) the supply of components/ingredients or source materials for products?

PPTA does not have information to provide on this question.

(4) (a) What analytical methods currently used by industry and regulators to establish the identity or quality of a product or its conformity to specifications may be inadequate to detect evidence of EMA or adulterated products or ingredients? (b) Are there appropriate analytical methods/equipment that could be used instead of, or in addition to? (c) What rapid methods can be used to detect adulteration?

The current systems in place such as supplier qualification, auditing, GMP requirements, authority regulations, USP testing, etc. are good. However, they have their limits. Regulations/material specifications and requirements must be enhanced.

Additionally, testing methods for some material should be expanded. On the other hand, it is not possible to detect and test for everything and this should be recognized in any policy put forth by the Agency on this issue. Lastly, supply and supply chain management need to be an important part of any policy developed by the Agency to prevent EMA.

(5) What systems are currently being used to track and verify components/ingredients from their sources?

The systems in place discussed above provide some tracking and verification of components/ingredients but it is insufficient for the materials at highest risk of adulteration. It is important that manufacturers continue to adapt and improve upon their systems in order to be prepared to stop further adulteration.

(6) Are there particular types of industry structures or supply chains that are especially vulnerable to or secure from potential EMA?

Industry structures where there are multiple distributors and suppliers that are part of the supply chain and where sourcing is not done directly from the manufacturer may increase the vulnerability of the supply chain. As stated previously, it is important that manufacturers establish and maintain strong supplier quality programs.

Conclusion

PPTA looks forward to working with FDA on this important issue and appreciates the opportunity to comment. FDA should look for global solutions by leveraging resources with global regulators and utilize harmonized approaches when possible. Should you have questions regarding these comments or would like to discuss these issues further, please contact me at the Association. Thank you for your consideration.

Sincerely,



Mary Gustafson
Vice President, Global Regulatory Policy
Plasma Protein Therapeutics Association