Briefing

Subject: M- Presentation at WHO INN Open Session with Stakeholders

Date: 18 Oct 2016, Geneva, Switzerland

Medicines for Europe speech on the WHO Biological Qualifier developments by Suzette Kox, Senior Director International, Biosimilar Medicines Group

Thank you very much for providing us once again with the opportunity to engage directly with the WHO INN secretariat and the INN Expert Committee Members. Our talk today is to be put in the framework of partnership, an important pillar of the vision of Medicines for Europe and its Biosimilar Medicines Sector Group.

We all agree that identification of active substances and medicinal products is very important. I would therefore like to take the opportunity today to touch upon first very briefly EU and International developments which are relevant for the INN Expert Committee identification debate, and then share a selection of important Biosimilar Medicines Group questions in relation to the proposed provisional Biological Qualifier (BQ) implementation scheme as outlined in the Executive Summary[1] of the 62nd Consultation on International Nonproprietary Names for Pharmaceutical Substances of April 2016.

EU and International developments

1. Let's start with the new EMA EU-Good Vigilance Practice Module for Biologicals[2] which came into effect in August this year.

- The guidance recommends that the medicinal **product name and batch number** of an administered biological should be recorded by the healthcare professional and be provided to the patient to ensure traceability in case of Adverse Drug Reactions (ADRs). This is particularly important since different versions of the same active substance are available concomitantly on the market, either after manufacturing changes, which are common for biologicals, or when exclusivities have come to an end and biosimilar medicines become available and are used during the course of a treatment in concertation with a clinical decision maker.
- The variability following manufacturing process changes is the object of a detailed section of the guidance and so is the potential for serious new safety and efficacy risks which can emerge at any point in time in the product life-cycle of all biologicals, due to changes in product quality or characteristics. This underlines the importance of biologic medicines batch number recording and reporting, which does not appear to be factored into the current proposed BQ approach.

2. Another important ongoing implementation concerns the EU Falsified Medicines Directive (FMD) which provides a powerful unique identifier per product. The batch number constitutes one of the key elements of the product code. Any additional identifier, like the BQ, should therefore be avoided to prevent confusion.

[1] http://www.who.int/medicines/services/inn/62nd_Executive_Summary.pdf

[2] http://www.ema.europa.eu/docs/en_GB/document_library/Regulatory_and_procedural_guideline/2015/12/WC500198757.pdf

3. The third development I would like to mention is the ongoing implementation of the ISO IDMP (Identification of Medicinal Products) standards, which is extremely complex and will take a few years. I invite you to watch the related webinar on the EMA website. ISO IDMP is a concept which is now brought to life in Europe and in other regions. These standards have the huge advantage of having been elaborated in conjunction with leading regulatory agencies through ICH. It is worth noting that **abbreviated regional testing was performed by the ICH Parties to guarantee interoperability across regulatory and healthcare communities.**

Biological Qualifier (BQ)-an INN Proposal

4. Regarding the WHO identification BQ proposal, we have selected a limited number of questions in relation to the now proposed provisional BQ implementation scheme, combined with a prospective impact study, and trust that these will be taken on board for the design of the Terms of Reference in the future.
    - How can a limited number of prospective approvals provide sufficient data to evaluate the usefulness of the BQ for the intended purposes?
    - When will the retrospective application be addressed in order to provide a level playing field for biosimilar medicines so that competitive neutrality is achieved, as required by good regulatory practices?
    - How will the features of the pharmacovigilance system of the participating countries be taken into account in the ToR?
    - Given that the BQ is not a validated ISO standard, how will the pilot scheme ensure interoperability amongst international agencies and healthcare communities?
    - How can the US be part of the pilot since the FDA suffix (product level) is NOT equivalent to the WHO BQ (substance level)?
    - We welcome the foreseen evaluation of the scheme's impact on access to medicines, but what are the criteria/key performance indicators?
    - How does WHO coordinate the convergence of national frameworks to accommodate the BQ?
    - How will the added value of the BQ be evaluated over existing validated systems?

Summary and Conclusions

Given the many questions and uncertainties, we conclude and recommend that:

- **the ISO IDMP standards be implemented first by those countries involved in their development** with the aim to establish a lasting international framework which allows the exchange of medicinal product information in a robust and reliable manner and which supports interoperability across regulatory and healthcare communities;
- **the implementation of the BQ scheme and impact study are decoupled;**
- **the development of any additional identifier is preceded in every "BQ volunteering country " by a rigorous assessment of the need for such an identifier, its legal basis, and an evaluation of potential alternatives and impacts, such as benefits, burdens and cost-effectiveness** in line with the excellent October 2016 WHO Draft: Good Regulatory practices: guidelines for national regulatory authorities for medicinal products (QAS/16.686)
- **In particular, in the interest of patients, it must be ensured that the BQ does not lead to any confusion or medical errors in the global health care arena.**

Given that no single WHO Member Country has undertaken a formal and public regulatory impact analysis (RIA) regarding the WHO BQ scheme, we urgently call for a MORATORIUM of the provisional implementation of the BQ scheme and for further international exchange and dialogue.

Implementing even provisionally, without a prior regulatory impact analysis will contribute to the proliferation of different national identifiers, particularly in case the scheme is dropped. This would undoubtedly create multiple national identifiers and would go against the primary purpose of the BQ proposal.

- **Thank you!**

.