Arthritis Australia submission to the TGA consultation on nomenclature of biologics

Introduction

Arthritis Australia welcomes the opportunity to provide a submission to the TGA's consultation on nomenclature of biological medicines.

Arthritis Australia is the peak national consumer organisation representing people with arthritis. Biologics play an important role in treating a number of inflammatory and auto-immune forms of arthritis such as rheumatoid and juvenile arthritis. We strongly support the introduction of biosimilars to the Australian market as they offer the welcome potential to reduce health system costs and increase patient access to effective biologic medications.

In considering the issue of naming of biological medicines, our central concerns are to are to support patient safety and informed patient choice in relation to the use of biologic and biosimilar medicines. Our position is that these concerns are best addressed by adopting unique identifiers for biological medicines, rather than using only the International non-proprietary name (INN).

Rationale

Adopting distinguishable names for biologics is essential to support timely and effective pharmacovigilance

The inherent variability of biological medicines means that biosimilars, unlike conventional generic medicines, are not identical to their reference products. Biological medications are extremely complex molecules grown using living organisms and it is virtually impossible to replicate them exactly. Different proprietary manufacturing processes can result in structural variations across different brands of the same active substance which may affect safety and efficacy.

While regulatory assessment and oversight minimises the risk, there is the potential for minor changes to the materials, manufacturing process, distribution and route of administration of biologics to affect their safety and efficacy. Immunogenicity is a particular concern and may potentially be introduced or altered at any time during the life cycle of a biological medicine.

In addition, clinical studies to support the authorisation of biological products are rarely powered to identify rare adverse events. This is particularly the case with biosimilars where the regulatory assessment process is less reliant on clinical trials than it is for the originator biologics.

Pharmacovigilance is especially important in this context.

In the event of an adverse event, and in an environment where more than one version of a particular biological medication is available, it is essential to be able to quickly and accurately identify the product that has caused the problem. In addition, substitution at the pharmacy level without prescriber oversight, as can occur with 'a' flagging, can create confusion when reporting

adverse events. Effective safety monitoring needs doctors and consumers to know exactly which medicine is being taken and needs to be responsive so issues can be dealt with promptly.

Adopting distinguishable names for biologic medicines will support accurate identification of a product associated with an adverse event and is crucial to support timely and effective pharmacovigilance. It will also facilitate tracing of products in the event of a recall and support accurate attribution of adverse events to the correct product.

Distinguishable names will support patient and prescriber choice

Uncertainty still exists regarding the clinical impact of switching between a reference biologic and its biosimilar. While evidence suggests that a single switch is safe and effective, less is known about the impact of multiple switches between different brands.

The impact of multiple switching on immunogenicity, including loss of efficacy of therapy over time, is a particular concern. Repeated switching between different brands of a biological medicine may increase or accelerate the risk of immunogenicity because it exposes patients to greater molecular variability. This is a major concern for biologics used to treat chronic conditions like inflammatory arthritis, which may be used for decades. This can lead to a loss of disease control – which may have taken years of trialled therapies to achieve - or failure of therapy, leaving patients with fewer or no treatment options. These outcomes are devastating for patients.

In addition, different brands of a particular biological medicine may use different delivery devices which could create confusion for some patients with the potential to result in medication errors.

In cases where concerns exist about the potential impact of multiple switching it is essential that patient and prescriber choice of therapy is preserved. This is especially important where products are 'a' flagged, allowing brand substitution at the pharmacy level, without prescriber oversight.

In Australia biosimilars of infliximab and etanercept for the treatment of arthritis are available and have been 'a' flagged. In the case of infliximab, three brands are available, all of which may be substituted for each other. This is of particular concern because biosimilarity has only been established between each biosimilar brand and the reference product but not between the two biosimilar brands.

Adopting distinguishable names for biological products would help to avoid inadvertent substitution which may lead to unintended switching of biological products, against patient and prescriber wishes.

Comments on proposed options

1. **Status quo.**

Arthritis Australia does not support the status quo which uses the Approved Biological Name to identify the active ingredient in both the reference product and all subsequent biosimilars.

Current adverse event reporting arrangements do not mandate the collection of AUST R or proprietary trade names, undermining capability to correctly identify a product associated with an adverse event. On the other hand mandating the inclusion of these details is impractical where they are not readily available. For example a doctor may be unaware of which particular brand of medicine has been dispensed to a patient. This could result in the attempt to report an adverse event being abandoned or in the attribution of the adverse event to the wrong product.

2. **Status quo with activities that increase public reporting of adverse events**

Arthritis Australia does not support this option, as it is subject to the same issues that apply to Option 1.

However, increasing educational activities to improve reporting of adverse events would be valuable across all proposed options.

3. **Move towards a barcode system similar to the EU**

This is a promising option as using digital systems to capture information about medication use and adverse events could streamline, simplify and encourage adverse event reporting, while improving accuracy and traceability.

In particular, it may help to address an important issue in adverse event reporting in an environment where many versions of the same biological medicines are available. This issue relates to the fact that adverse events with biologics, such as loss of efficacy, may take some time to become evident. If a patient has used more than one brand of the same biological medicine, it may be difficult to know which product has led to any problems even if the products used can be traced. Digital systems would allow a comprehensive history of medication use to be collected, which would help to identify products which may be associated with an adverse event, as well as allowing safety signals that may be associated with switching between different versions of the same biological medicine to be detected.

Logistically, however, this option is heavily reliant on the availability of barcode scanning equipment and effective IT systems and recording procedures at healthcare facilities and pharmacies, including, ideally, interface with electronic medical records and prescribing software. This is likely to take some time and expense to achieve, while the need to implement an effective naming system for biologics is a matter of some urgency, given the increasing number of biosimilars coming on to the Australian market.

4. **Introduce the use of suffixes to the naming of biological medicines for unique identification.**

Arthritis Australia supports this option as it provides the best chance of enabling timely and effective pharmacovigilance and of supporting patient and provider choice of medication.

We note that progress on the Biologic Qualifier proposed by the World Health Organisation has been delayed and that it is likely that the FDA system of suffixes to uniquely identify biological medicines may take its place.

In this event, it would be preferable for Australia to adopt the FDA system rather than develop its own scheme for adding a suffix, as the international proliferation of different naming system is likely to cause confusion.

8/9/2017