GPhA
Generic Pharmaceutical Association

January 13, 2014

The Honorable Margaret Hamburg, M.D.
Commissioner
Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993

The Honorable Sylvia Mathews Burwell
Director
Office of Management and Budget
725 17th Street, NW
Washington, DC 20503

RE: *Electronic Distribution of Prescribing Information for Human Prescription Drugs Including Biological Products*

Dear Commissioner Hamburg and Director Burwell:

The Generic Pharmaceutical Association (GPhA) and its member companies strongly support efforts to allow for the electronic distribution of prescription information, known as electronic labeling. It is our understanding that the proposed rule, *Electronic Distribution of Prescribing Information for Human Prescription Drugs Including Biological Products*, is presently under review by the Office of Management and Budget. We share the FDA's commitment to ensuring that prescribers have the most up-to-date, FDA-approved prescribing information. I am writing to (1) request a meeting for representatives from GPhA and its member companies with FDA and OMB to discuss the public health benefits of electronic labeling and (2) encourage the FDA to finalize the rule allowing electronic labeling as expeditiously as possible.

Electronic labeling would increase patient safety and provide quality improvements to prescribers, dispensers, and manufacturers of prescription drugs. Under the current paper labeling system, outdated prescribing information can remain in the supply chain for months, since paper labeling remains with the packages until dispensed. Paper labeling delays the timely communication of revised safety or efficacy information for prescription drugs due to the time needed for the printing and packaging of paper inserts. The current system also creates significant waste, as routine labeling changes result in millions of pounds of unused, outdated paper labels being disposed of each year.

Under an electronic labeling system, prescribers would have immediate access to the most current, FDA-approved prescribing information in an easily available electronic format. Quick incorporation of new information into existing labeling electronically removes obsolete drug information in circulation and can reduce prescribing errors based on outdated paper labeling. Providing this information in a more timely manner would strengthen patient safety and improve quality of care. In 2013, FDA representatives confirmed to a U.S. House Committee the agency's support for the e-labeling policy and that the systems are in place to enable this policy to be implemented.

GPhA appreciates the commitment of the agency to develop the proposed electronic labeling rule as an important step forward in addressing this public health issue. We respectfully urge the FDA to act expeditiously to issue, proceed to the rule-making process, and finalize the rule so that the benefits of electronic labeling can be realized. If your staff has any questions, please have them contact Melissa Schulman, Senior Vice President of Government Affairs for GPhA, at (202) 249-7124. Thank you for your consideration.

Sincerely,

Ralph G. Neas
President and CEO

GPhA
Generic Pharmaceutical Association

Electronic Labeling

GPhA strongly supports an e-labeling requirement that would increase patient safety and provide quality improvements and cost reductions to prescribers, dispensers, and manufacturers of prescription drugs by providing a more accurate, cost-effective, and sustainable alternative to existing paper inserts.

What is electronic labeling?

- Electronic labeling, or e-labeling, would replace paper Prescribing Information package inserts on prescription drugs received by physicians, pharmacies, and other dispensers. This labeling is the professional labeling intended for a health care provider, not the information received by a patient.
- E-labeling for Prescribing Information does not affect the delivery of patient-directed labeling such as Medication Guides, Patient Package Inserts, etc.

Why is electronic labeling needed?

- Under the current paper labeling system, outdated prescribing information can remain in the supply chain for months, because outdated paper labeling remains with the packages until dispensed.
- Paper labeling delays the timely communication of revised safety or efficacy information for prescription drugs, as the necessary printing and packaging of paper inserts can take months to complete.
- Late hour labeling changes can delay patient access to life-saving generic products, if late hour labeling changes force generic manufacturers to re-label or repackage already produced products.
- Paper labeling creates significant waste, as routine labeling changes result in millions of pounds of unused, outdated labels being disposed of each year.

What are the benefits of electronic labeling?

- E-labeling provides immediate access to the most current, FDA-approved drug prescribing information for prescribers and dispensers in an easily available electronic format – manufacturers can provide electronic updates to labels in weeks, rather than the months required for paper labels.
- Quick incorporation of new drug information into existing labeling removes obsolete drug information in circulation and can reduce prescribing errors based on outdated paper labeling.
- E-labeling provides systemic cost savings in the drug supply chain, and reduces unnecessary storage, shipping, and printing costs.

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How will patients be affected by electronic labeling?

- The information received by patients **will not be affected**. This labeling is the professional labeling intended for health care professionals, not the information received by a patient.
- Patient safety will be strengthened, because prescribers and dispensers will have ready access to the most current drug information.

What has the Food and Drug Administration said about electronic labeling?

- "FDA agrees that electronic distribution of professional prescribing information will allow for more rapid distribution to health care professionals of the most up-to-date information about a prescription drug, including new warnings, contraindications, and directions for use, which would contribute to better care for patients, reduction in medication errors, and improved public health."[1]
- Dr. Janet Woodcock, Director, FDA Center for Drug Evaluation and Research (CDER): "I have long supported this [e-labeling policy]." "For drugs, all the pieces of this are in place so there is a labeling repository…we do all our reviews electronically at the agency at CDER, and so everything is in place to enable access – electronic access – from anywhere to the real-time drug label."[2]

What needs to be done to implement electronic labeling?

- A proposed rule, *Electronic Distribution of Prescribing Information for Human Prescription Drugs Including Biological Products*, is presently under review by the Office of Management and Budget. FDA should finalize the rule allowing electronic labeling as expeditiously as possible.
- Paper copies of the package inserts should be provided to requesting prescribers and dispensers by the manufacturer, at no cost to the requestor.

[1] April 24, 2013, Letter from Michele Mital, Acting Associate Commissioner for Legislation at FDA, to Chairman Pitts in response to Ranking Member Pallone's request for information at an Energy and Commerce Health Subcommittee Hearing
[2] April 25, 2013, Energy and Commerce Health Subcommittee Hearing "Securing Our Nation's Prescription Drug Supply Chain"

PDSA
Pharmaceutical Distribution Security Alliance

February 3, 2014

The Honorable Margaret Hamburg, M.D.
Commissioner
Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993

The Honorable Sylvia Mathews Burwell
Director
Office of Management and Budget
725 17th Street, NW
Washington, DC 20503

RE: *Electronic Distribution of Prescribing Information for Human Prescription Drugs Including Biological Products*

Dear Commissioner Hamburg and Director Burwell:

The Pharmaceutical Distribution Security Alliance (PDSA) – a coalition of more than 25 stakeholders spanning the pharmaceutical distribution supply chain – writes to encourage prompt publication of the proposed rule allowing for the electronic dissemination of the full prescribing information (sometimes referred to as the "FPI," "package insert" or "PI") (hereinafter "electronic labeling" as soon as possible. PDSA has long supported an electronic labeling policy and our members look forward to reviewing the proposed rule.

FDA's Fall 2013 Unified Agenda includes a notice of a proposed rule, *Electronic Distribution of Prescribing Information for Human Prescription Drug and Biological Products*. According to the Agenda, "This rule would require electronic package inserts for human drug and biological prescription products with limited exceptions, in lieu of paper . . . This would ensure that the information accompanying the product is the most up-to-date information regarding important safety and efficacy issues about these products."[i] Further, FDA representatives have acknowledged in House Committee hearings that FDA supports electronic labeling and has the ability to implement such labeling through current systems.[ii] The proposed rule-making process was commenced on July 23, 2013, and while the proposed rule was accepted for OMB review on August 3, 2013, this review period has been extended, delaying the issuance of the proposed rule further.

PDSA respectfully urges that you act expeditiously to issue the proposed rule on *Electronic Distribution of Prescribing Information for Human Drugs Including Biological Products*.

Electronic labeling is intended to increase patient safety and provide efficiencies for prescription drug manufacturers, prescribers, and dispensers. Given electronic labeling's purpose in updating prescribing information in a more timely manner than a paper system, such a reform would help ensure that prescribers and other health care providers have access to a prescription drug's most currently available safety and efficacy information. Electronic labeling has the potential to allow for the immediate dissemination of up-to-date safety and efficacy information, and thereby strengthening patient safety.

In sum, electronic labeling is anticipated to allow prescribers and health care providers immediate access to the most up-to-date safety and efficacy information, improve patient safety and care, and provide cost savings to both health systems and the drug supply chain by quickly updating new drug information.

PDSA appreciates FDA's and OMB's work on this issue and your commitment to developing a proposed electronic labeling rule. We respectfully urge an expeditious review and publication of the proposed rule. Thank you for your consideration.

Sincerely,

The Pharmaceutical Distribution Security Alliance (PDSA)

Attached: PDSA "About Us"

[i] http://www.reginfo.gov/public/do/eAgendaViewRule?pubId=201310&RIN=0910-AG18

[ii] http://democrats.energycommerce.house.gov/sites/default/files/documents/Transcript-Health-Rx-Drug-Supply-Chain-2013-4-25.pdf

DEPARTMENT OF HEALTH & HUMAN SERVICES

Food and Drug Administration
Silver Spring, MD 20993

APR 24 2013

The Honorable Joseph R. Pitts
Chairman
Subcommittee on Health
Committee on Energy and Commerce
House of Representatives
Washington, D.C. 20515-6115

Dear Mr. Chairman:

Thank you for providing the Food and Drug Administration (FDA or the Agency) with the opportunity to testify at the April 9, 2013, hearing entitled "Reauthorization of Animal Drug User Fees: ADUFA and AGDUFA." This letter provides the response to Representative Frank Pallone's request at the hearing for information about when a proposed rule entitled "Electronic Distribution of Prescribing Information for Human Drugs Including Biological Products" will be issued. The current Unified Agenda notes that the Food and Drug Administration's (FDA or the Agency) target date for issuing the proposed rule is June 2013. Mr. Pallone also asked for an update on the process moving forward.

While we can not provide a specific timeline or details of the proposed rule's contents prior to the issuance of the proposed rule, this is an issue of importance, and FDA continues to move forward on this proposed rule. Once the proposed rule is published, there will be a public comment period, during which time all interested stakeholders and the public will have the opportunity to provide FDA with their views on the substance of the proposed rule. Public comments are carefully reviewed by FDA and taken into account when drafting a final rule.

FDA agrees that electronic distribution of professional prescribing information will allow for more rapid distribution to health care professionals of the most up-to-date information about a prescription drug, including new warnings, contraindications, and directions for use, which would contribute to better care for patients, reduction in medication errors, and improved public health. Currently, the professional prescribing information containing the information for the safe and effective use of the product is distributed in the form of paper leaflets. Although the information in the professional prescribing information is a valuable resource, it may not contain the most current information because the paper leaflets accompanying a drug during distribution may have been printed and distributed prior to more recent labeling changes. The most common reasons for the printed professional prescribing information that is in the package on pharmacy shelves to be out of date are changes related to new approved uses for a drug already on

the market and new safety information detected from post-market use of the drug or from ongoing clinical trials.

FDA seeks to establish a modern and efficient process to distribute professional prescribing information to health care professionals. Because it takes time to prepare revised paper professional prescribing information, include it in the drug packages, and get those packages into distribution, the electronic distribution of professional prescribing information would help ensure that health care professionals have more rapid access to the most up-to-date information about the safety of marketed drugs.

Please let us know if you have any further questions.

Sincerely,

Michele Mital

Michele Mital
Acting Associate Commissioner
for Legislation

cc: The Honorable Frank Pallone, Jr.
Ranking Member
Subcommittee on Health
Committee on Energy and Commerce

PhRMA
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December 3, 2013

Megan Velez
Policy Analyst
Department of Health and Human Services
Food and Drug Administration
Office of Policy, WO 32, Room 4249
10903 New Hampshire Avenue,
Silver Spring, MD 20993-0002

RE: ***Electronic Distribution of Prescribing Information for Human Prescription Drugs Including Biologics – FDA Rulemaking***

Dear Ms. Velez:

Like the FDA, the Pharmaceutical Researchers and Manufacturer's Association (PhRMA) member companies remain committed to ensuring prescribers can properly inform their patients with accurate, up-to-date, FDA-approved prescribing information. "Paperless Labeling," which is the electronic distribution of the US Prescribing Information (USPI), represents a key opportunity to further this commitment, and we write to encourage the FDA to implement this improvement as soon as possible.

Paperless Labeling offers the FDA continued opportunities to improve patient safety and care, to advance the use of health information technology, and to promote environmental responsibility. Since electronic versions can be updated much faster than paper copies, electronic versions of the USPI would help ensure prescribers have the most current versions of FDA-approved product safety and efficacy information. Leveraging existing processes, such as the SPL renditions of labeling on the National Library of Medicine "DailyMed" website, updated "e-USPI's" could be available in a few days, accessed via bar code scanning, key-word searched, enlarged for ease of readability, and even printed on-demand. Further, Paperless Labeling has a positive impact on the environment and can reduce the nation's carbon footprint. No longer would it be necessary to use vast amount of resources, such as paper, electricity, and waste disposal services, to produce and discard millions of printed paper inserts.

The FDA's Unified Agenda currently contains notice of a proposed rule, *Electronic Distribution of Content of Labeling for Human Prescription Drug and Biological Products*[1]. As described in the Agenda, "This rule would require electronic package inserts for human drug and biological prescription products, in lieu of paper. This would ensure that the information accompanying the product is the most up-to-date information regarding important safety and efficacy issues about these products." In 2013, FDA representatives have gone on the record at House

[1] http://www.reginfo.gov/public/do/eAgendaViewRule?pubId=201304&RIN=0910-AG18

commerce.[2] While sometimes multiple prescriptions can be filled from a single container dispatched from the manufacturer, to understand the volume of road-map sized USPI's printed annually, there were approximately 4 billion prescriptions written each year, from 2010 to 2012.[3] In this modern era of ubiquitous information technology and real-time communication, this paper-based approach to the dissemination of important new medical information is wasteful, uneconomical, and inefficient. As such, BIO fully supports replacing the paper USPI with electronic distribution, with paper copies available upon request.

The FDA's proposed rule concerns only the dissemination of the USPI to healthcare professionals, and this is the subject of our letter. Other patient-oriented documents intended to help individual consumers understand a drug or biologic's benefits and risks, but that are not within the scope of the proposed rule, may include a Medication Guide (MedGuide), Patient Package Insert (PPI), Consumer Medication Information (CMI), FDA's new Patient Medication Information (PMI) Initiative, and any other documents or instructions created by the dispenser (*e.g.* the prescriber or pharmacy). In addition to electronic dissemination of the USPI, BIO also supports digital distribution and posting of the PMI in a centralized online repository so that patients and providers can access both professional and patient-oriented labeling in a more efficient manner.

In light of the evolution on information technology over the last thirty years, 21st century health care professionals have a growing expectation to access digital healthcare information. E-labeling is a proven solution that will have meaningful advantages for the public health and will reduce waste to benefit the environment.

A. Public Health Benefits of Paperless Labeling:

Paperless labeling will improve patient safety as health care providers (HCPs) will have access to the most recent FDA-approved US Prescribing Information (USPI), detailing a medicine's safety, efficacy, and conditions of use, in a format that can be updated in a matter of days rather than weeks or months. Currently, with paperless labeling, when the USPI is revised to include new safety information, there may be substantial lag time before the HCP has access to the new information because of the existing inventory of product with the old labeling in the supply chain.

With the integration of Electronic Medical Records (EMRs) in the health care system, HCPs, including pharmacists, are accessing information on prescription drugs via electronic means, whether in urban or rural settings and are relying primarily on electronic media for their information. It is important that they have the most updated information when making prescribing decisions.

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[2] 21 CFR 201.100.

[3] IMS Institute for Healthcare Informatics, *Declining Medicine Use and Costs: For Better or Worse?*, May 9, 2013. Available at: www.IMSheath.com.

The availability of paperless labeling in a standardized format, such as the National Library of Medicine's (NLM) DailyMed website's Structured Product Labeling (SPL) standard, enables incorporation of the most recent up-to-date labeling into EMRs. Manufacturers currently provide revised labeling in SPL format to the NLM within 14 days after obtaining approval. Additionally, pharmaceutical companies are committed to providing hard copies to HCPs on a timely basis when requested by the HCP.

B. Environmental Advantages of e-Labeling:

E-labeling provides a 'green' solution protecting limited natural resources. As noted above, with the integration of EMRs most HCPs and local pharmacies access up-to-date labeling electronically, and paper versions are usually discarded. Use of e-labeling not only saves natural resources, but also eliminates additional waste in limited landfills and reduces paper mill waste streams.

C. Positive Economic Impact:

Additionally, there are significant cost savings associated with e-labeling that will generate a positive economic impact. For example, BIO members report that each midsize pharmaceutical or biotechnology company could potentially save over 4-5 million dollars per year through electronic dissemination of the USPI. This estimate is based on the actual printing and paper costs, as the expenditure on paper alone is approximately 30% of the entire cost. This represents significant financial resources that would be better applied towards the research and development of new therapies for unmet medical needs.

D. Misconceptions around Paperless Labeling:

In discussions around paperless labeling, a number of misconceptions have been voiced publically. BIO feels it is important to address these concerns so that both sides of these issues are carefully evaluated as part of the rulemaking process.

1. *"Patient safety could be compromised if paper drug labeling information is not available."*

The USPI is intended for healthcare professionals that prescribe, administer, and dispense drugs. The USPI is not intended for *any* constituency except those who directly handle drugs in the original packaging, such as pharmacists, physicians, and nurses, for example. HCPs are even more likely to have access through e-labeling as the USPI may be limited to the original packaging. This argument also ignores the potential harm to patient safety that can be posed by product administration based an out-of-date paper USPI that does not reflect the most updated FDA-approved safety labeling.

2. *"The Internet is not always available, particularly in underserved populations in rural and low-income areas as well as foreign territories where the military is deployed."*

HCPs, including pharmacies across the United States, including low-income areas and in the military, have internet access. Out of a total of 407 pharmacists recently surveyed, only 6% reported using paper resources exclusively to retrieve prescribing and drug information. Most other pharmacies (93%) reported using either an electronic resource or both electronic and paper resources (1% of pharmacists did not know what kind of resource they use)."[4] Additionally, in a separate study, seventy-seven and a half percent (77.5%), or 31 out of 40 surveyed, thought that dissemination of the prescribing information should change from a paper form to an electronic form.[5]

Electronic labeling will also help to accommodate new technologies and formats that many stakeholders may feel more comfortable with, such as smart-phones, tablets, and links embedded within electronic medical records. Furthermore, electronic labeling will allow HCPs to search for and find needed information quickly, rather than time-consuming search through the 'road-map' sized paper copy. As stakeholders note in the Government Accountability Office (GAO) report, "relying on electronic drug labeling as a complete substitute for paper labeling could help ensure that physicians, pharmacists, and patients have the most current labeling in a more-user friendly form...."[6]

3. *"There is no data to suggest the elimination of paper drug labeling would be beneficial to public health."*

To be clear, the USPI labeling is not proposed for elimination, only its dissemination in paper form unless specifically requested. It is indisputable that patient safety would be at risk if an HCP treated a patient on the basis of an outdated paper USPI, which would not list a major safety change that has been updated prior. For example, if new information contraindicates use of a drug in a certain patient population and that information is delayed in getting to HCPs, then those HCPs can make uninformed prescribing decisions and patients may be put at risk.

4. *"FDA lacks the authority to require the complete replacement of paper labeling for prescription drugs."*

As of 1962, Congress gave the FDA authority to determine what constitutes "Labeling" and gave FDA latitude to determine how prescription products should bear adequate directions for use (*i.e.*, Labeling).[7] In recent testimony to the House Energy and

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[4] Ho Y-X, Chen Q, Nian H, et al. (2013) An assessment of pharmacists' readiness for paperless labeling: a national survey. J Am Med Inform Assoc, doi:10.1136/amiajnl-2013-001654.

[5] Drug Information Journal, *Taking the Package Insert into the Electronic Age*, Vol. 36, 2002, p.432.

[6] Government Accountability Office, *Electronic Drug Labeling: No Consensus on the Advantages and Disadvantages of Its Exclusive Use*, July 2013, p. 13, http://www.gao.gov/assets/660/655760.pdf.

[7] "[W]here any requirement of [labeling bearing adequate directions for use], as applied to any drug or device, is not necessary for the protection of the public health, the Secretary shall promulgate regulations exempting such drug or device from such requirement..." 21 USC §352(f)(2). See also, 62 Fed. Reg. 64073, 64076 (Dec. 3, 1997) ("[T]he requirement that products bear labeling with adequate directions for use [21 CFR 201.100] is met by inclusion of the products' FDA-approved professional labeling (package insert or product manual) that

Commerce Committee, Dr. Janet Woodcock, FDA's Director for the Center for Drug Evaluation and Research (CDER), testified that "I have long supported this....My understanding is, this requires rulemaking. The fact is that we are planning to issue a rule is on our agenda, and we plan to issue a rule this year, we would hope, a proposed rule."[8]

5. *"The Federal Food, Drug and Cosmetic Act states that drug labels need to be 'written, printed, or graphic matter,' that should also be 'upon the immediate container of any article.'"*

"Labels" have a different statutory definition than "Labeling". Labeling need only "accompany" the article and "accompanying" has an expansive meaning.[9]

6. *Shifting to electronic labeling could increase the cost burden for community pharmacists who would have to print labeling on request.*

It is important to note that the USPI is intended for HCPs and when asked, a pharmacist will provide a copy of the USPI. The USPI is not intended to be used to communicate benefits and risks to patients. As a matter of pharmacy practice, most pharmacies, including almost all chain pharmacies, now print *patient* friendly wording with each prescription filled, the software for which has to be purchased from a vendor.

7. *The GAO did not fully endorse e-Labeling.*

The results of the recent GAO report clearly state the advantages of electronic distribution of prescribing information.[10] However, the report acknowledges that there was no clear consensus amongst diverse stakeholders on the use of e-labeling. This is likely due to the fact that the GAO was not mandated by the recently enacted Food and Drug Administration Safety and Innovation Act (FDASIA) to make formal

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sets forth the uses for which the product has been approved/cleared as safe and effective"); 21 USC §352(f) and 21 USC §321(k) ("Adequate Directions for Use" in labeling must accompany the prescription drug product, unless exempted; there is no statutory requirement for physical attachment of USPI to any container); 21 USC §352(f)(2) (The Act gives the Secretary discretion to promulgate regulatory exemptions to labeling when statutory labeling "is not necessary for the protection of the public health"); 21 USC §352(f) (Prescription devices have statutory e-labeling exemption); 21 CFR 201.100(c)(1) (Current, FDA-approved USPI physically attached or included with primary prescription drug product container fulfills 21 CFR 201 regulations for labeling bearing adequate directions for use when repackaged or dispensed).

[8] Woodcock, Janet. Statement to House, Energy and Commerce Subcommittee. *Securing Our Nation's Prescription Drug Supply Chain*, Hearing, 25 April, 2013 (serial 947 – 1005). Available at: http://democrats.energycommerce.house.gov/sites/default/files/documents/Transcript-Health-Rx-Drug-Supply-Chain-2013-4-25.pdf.

[9] See *Kordel v. US,* 335 U.S. 345 (1948).

[10] United States Government Accountability Office, *Electronic Drug Labeling: No Consensus on the Advantages and Disadvantages of Its Exclusive Use*, July 2013. Available at http://gao.gov/assets/660/655760.pdf.

recommendations.[11] Additionally, the scope of the report which extended beyond the focus of electronic distribution of professional labeling likely contributed to the ambivalent conclusions.

E. Conclusion:

E-Labeling will have clear benefit for the public health by providing timely access to new safety information and can make a positive impact on the environment by reducing unnecessary waste. BIO urges OMB to release the FDA's well-considered rule on *Electronic Distribution of Content of Labeling for Human Prescription Drug and Biological Products.*

BIO appreciates this opportunity to provide our perspectives and we would be pleased to provide further input or clarification of our comments, as needed.

Sincerely,

/S/

Andrew J. Emmett
Managing Director, Science and Regulatory Affairs
Biotechnology Industry Organization (BIO)

[11] Pub. L. No. 112 144, § 1140, 126 Stat. 993, 1126 (2012). FDASIA mandated GAO to examine the benefits and efficiencies of electronic drug labeling as a complete or partial substitute for paper labeling, the barriers to utilizing electronic labeling, and the impact on public health.