November 15, 2018

From: Pharma & Biopharma Outsourcing Association
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Tel: 201-788-7994

To: Dockets Management Staff (HFA-305)
Food and Drug Administration
5630 Fishers Lane, Rm. 1061
Rockville, MD 20852

RE: Comments from Pharma & Biopharma Outsourcing Association (PBOA) on Docket No. FDA-2018-D-3175 for "*Product Identifiers Under the Drug Supply Chain Security Act Questions and Answers*".

Dear Sir or Madam,

On behalf of the Pharma & Biopharma Outsourcing Association ("PBOA"), a trade association representing Contract Manufacturing Organizations and Contract Development & Manufacturing Organizations ("CDMOs"), I am pleased to offer feedback on the recent draft guidance, "Product Identifiers Under the Drug Supply Chain Security Act Questions and Answers". Our Serialization Working Group, composed of serialization leads from more than a dozen of our member companies, has discussed this draft guidance and outlined concerns on issues that we believe will impact on the industry and do not align with our previous understanding of the requirements of the Drug Supply Chain Security Act (DSCSA).

- For the response to Question 4, we recommend that the FDA consider using the widely accepted standards outlined by the Healthcare Distribution Alliance (HDA) in its guidance on the use of dates, and that the draft guidance be modified to recognize that adhering to the HDA standard is acceptable. There are hundreds of SKUs in the market that are already serialized and have been influenced greatly by the HDA's standards; creating a new US standard independent of HDA's would cause non-value-added rework to formats, both printing and vision, and potentially additional validation work.

- The response to Questions 4 and 5 seems to imply a different expectation from the past industry understanding.
    - The draft guidance states *"The term 'standardized numerical identifier' means a set of numbers or characters used to uniquely identify each package or homogenous case that is composed of the National Drug Code. . . ."* Due to the lack of prior FDA guidance, the industry has already adopted the GS1 standards for Global Trade Identifier Number (GTIN) to consist of the NDC incorporated with the labeler code issued by the FDA. Please refer to "*Implementation*

Guideline: Applying GS1 Standards for DSCSA and Traceability" published by GS1 US. The industry feels this meets the requirements of the law because the GTIN is composed using the NDC number.

- In addition, the purpose of the Human Readable portion of the Product Identifier is to allow the manual entry of the data captured inside the data matrix barcode. This is required if the data matrix barcode is damaged or cannot be scanned. Adding the NDC as a separate line entry for the Human Readable portion would lead to confusion in the industry over how to identify the data within the barcode.
- Lastly, if the FDA requires the use of the NDC in the Unique Identifier, but also requires serialization at unit and case level, packaging systems for serialization may not be able to fulfill this requirement. Most serialization systems currently operating cannot separate a range of serial numbers between two GTIN without manual intervention. If the NDC is used, it is possible for the same serial number to be present on a case that also exists on a unit pack; thus they would appear identically numbered, while being obviously different.

For these reasons, our members have been honoring their clients' requests to retain the GTIN in the human readable portion to clearly show the packaging level and the GTIN/SN association. The guidance states that the GTIN can be optionally printed. Our members' clients are also suggesting that the NDC is left pre-printed on the carton or label artwork, as it is for most of the products our members handle. We agree, however, that moving the NDC adjacent to the serialized license plate makes sense. We would suggest that the guidance be modified accordingly.

- As we move from the current 10-digit NDC to either the 11- or 12-digit proposals to create more labeler codes, it will become even more important to utilize the GTIN as the main data bearer. Particularly with the 12-digit version of the NDC, it is not possible to convert the proposed NDC to a GTIN-14. In this case, the GTIN will need to be separately issued and the NDC will need to become an attribute of it. This will probably use the 7xx-series Application Identifier (AI) (potentially 715) and the NDC would become US's version of a *National Healthcare Reimbursement Number* (NHRN) per the GS1 standards adopted by other countries. We recommend that the FDA be thoughtful in the proposed NDC changes to proactively address these issues to prevent additional changes in the future.

- Additionally, moving to an NHRN scenario, could also free up space on labels and by encoding the NDC in an AI inside the serialized data matrix. This would allow the current UPC NDC barcode or future EAN barcode to be removed from the pack entirely, freeing up space on the carton or label. This would also help the industry to adopt a uniform process for sharing and identifying Product Master Data.

- The responses to Questions 11 & 12 are of great concern to our members. These responses could be interpreted that the FDA is requiring serialization for clinical/investigational drugs, in addition to commercial ones. This guidance draft

references 'Product(s)' as defined in the DSCSA which states: "*The term* '*product' means a prescription drug in a finished dosage form for administration to a patient without substantial further manufacturing (such as capsules, tablets, and lyophilized products before reconstitution), but for purposes of section 582, does not include blood or blood components intended for transfusion, radioactive drugs or radioactive biological products (as defined in section 600.3(ee) of title 21, Code of Federal Regulations) that are regulated by the Nuclear Regulatory Commission or by a State pursuant to an agreement with such Commission under section 274 of the Atomic Energy Act of 1954 (42 U.S.C. 2021), imaging drugs, an intravenous product described in clause (xiv), (xv), or (xvi) of paragraph (24)(B), any medical gas (as defined in section 575), homeopathic drugs marketed in accordance with applicable guidance under this Act, or a drug compounded in compliance with section 503A or 503B.*" and further refined by the definition of Prescription Drugs under the DSCSA which states: *"The term 'prescription drug' means a drug for human use subject to section 503(b)(1)."* The guidance further specifies that these definitions of 'products' and 'prescription drugs' are "***independent of approval status***". Combined, these elements represent a significant change in the understanding of the industry. We discussed the impact of requiring DSCSA compliance for clinical materials in public meetings with the FDA and independently with communications to FDA staff. To repeat that message, the industry is not prepared for clinical drugs to be included in serialization plans, because they are not part of the normal distribution chain or sold via dispensaries. In addition, the NDC is not issued until part of the final approval of a new drug and therefore will not be available for use with clinical supplies. The inclusion of clinical drugs under the requirements for serialization would be a massive disruption to the industry; the increased cost and complexity would significantly hamper clinical trials, while providing no clear benefit. This delay could potentially affect patient health and safety for clinical trials and would certainly slow down the development of new treatments. We ask the FDA to clarify this guidance to indicate what specific Prescription Drugs are required under the law and to explicitly exclude Clinical Drugs from the DSCSA requirement.

PBOA appreciates the opportunity to review and provide comments pertaining to the draft guidance. We look forward to working with FDA on its continued efforts to implement the DSCSA.

Thank you for considering our views.

Respectfully,

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PBOA

PBOA Member Companies

3M Drug Delivery Systems
Ajinomoto Bio•Pharma Services
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Avid Bioservices
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