

CMO/CDMOs and GDUFA GDUFA Reauthorization June 15, 2015 Gil Roth, President, PBOA



PHARMA & BIOPHARMA OUTSOURCING ASSOCIATION

The PBOA is a non-profit trade association for **Contract Manufacturing Organizations** (CMOs) and **Contract Development Manufacturing Organizations** (CDMOs), founded in 2014.

We work collaboratively to:

- Advocate for our industry before regulatory and legislative bodies, informing members of relevant developments
- Educate members, customers, the general public and other stakeholders on the value that we bring to the development and manufacture of therapeutics and to patients' well-being
- Advance common industry goals in the public interest



PBOA Members

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CMOs/CDMOs' Role

- CMO/CDMOs were involved with more than 44% of NDAs last year (PharmSource)
- CMO/CDMOs provide cost-effective solutions to capitalintensive manufacturing needs, freeing client funds for R&D
- CMO/CDMOs develop novel formulations and delivery platforms
- CMO/CDMOs are involved in approximately 15% of generic drugs (PharmSource)
- At least 15% of Final Dosage Form facilities on GDUFA FY 2015 list are CMO/CDMOs (same % for Primary Packaging facilities)



PBOA GDUFA Goals

- Timely review of ANDAs
- Effective, risk-based inspection of manufacturing sites
- Enhanced Office of Generic Drugs (OGD) communication with stakeholders, including CMOs/CPOs
- Contribution to regulatory guidances
- A seat at the industry negotiating table

GDUFA Facilitly Fees

Domestic FDF Facility Fees

- 2013 \$175,389
- 2014 \$220,152
- 2015 \$247,717
 - Ex-US: \$15k higher
- Flat fee: same rate for in-house generic manufacturing site as for CMO that has only a single generic client.
- No reduction/waiver for small businesses, creates disproportionate impact on small manufacturers.



Potential Impact

- Some CMOs may have no choice to but to exit generic space/not renew generic contracts
- CMOs may not be able to accept generic clients in new, advanced manufacturing facilities
- Reduced competition and fewer manufacturing options for generic clients
- Facility Fees will grow larger for remaining sites
- Small-scale product and orphan drugs will become scarce and more expensive; potential drug shortages in critical areas, such as generic injectables



GDUFA II Recommendations

ECONOMIC

- Preferred Option Mirror PDUFA: Facility Fees should be folded into drug filer fees, not levied on individual sites
- Establish Facility Fee Tiers: ANDA owners/CMOs (non-ANDA-holding)
 - Create Categories for Contract Facilities on Self-Identified Facilities List: identify CMOs, as well as contract primary & secondary packagers
- Small Business Exemption: empower FDA to issue reductions/waivers for companies under a certain size



GDUFA II Recommendations

GENERAL

- Add CMOs/CDMOs to Target Action Date (TAD) letters, so they can better prepare: with ANDA reviews taking so many years, key contacts between generic clients and CMOs may have moved on
- Transparency: establish a clear pathway to get a site removed from the Self-Identified Facilities List, if it doesn't make generic products



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