

January 11, 2019

The Honorable Scott Gottlieb, MD
Commissioner
U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993

Re: Identifying the Root Causes of Drug Shortages and Finding Enduring Solutions; Docket No. FDA-2018-N-3272

Dear Commissioner Gottlieb:

On behalf of the physician and medical student members of the American Medical Association (AMA), I appreciate the opportunity to provide comments in response to *Identifying the Root Causes of Drug Shortages and Finding Enduring Solutions*. We applaud the U.S. Food and Drug Administration's (FDA) establishment of a Drug Shortages Task Force in order to identify the root causes of drug shortages and recommend sustainable and structural policy solutions in a report to Congress. The persistence and pervasiveness of drug shortages have consequences for patient care and require an ongoing comprehensive examination of the systemic causes and drivers.

Drug shortages are an urgent public health crisis. Recent shortages have had a negative impact on the delivery and safety of appropriate health care to patients. Long-term shortages have been persistent and critical shortages of basic products such as saline are driving poor patient health outcomes, increasing the potential for medication errors, re-directing scarce administrative and clinical staff time and resources to the identification of alternative treatment options, or delaying patient treatment (such as surgeries). Several commonly used products required for patient care are in shortage, including sterile infusion solutions and injectable products that are off-patent and have few suppliers.^{1,2}

To address the drug shortage issue, AMA supports policy, legislation, and/or regulation that:

- Encourages stakeholders in the drug supply chain to increase **collaboration**.
- **Increases transparency** along the pharmaceutical supply chain.
- Establishes plans for **continuity of supply** of vital medications, including the establishment of resiliency and redundancy in manufacturing capability.
- Reduces or **removes regulatory hurdles** and barriers while enhancing flexibilities.
- **Incentivizes investment** in expanded manufacturing production capacity for vital products.

¹ U.S. Government Accountability Office (GAO). Drug Shortages: Certain Factors Are Strongly Associated with This Persistent Public Health Challenge. July 2016.

² Mazer-Amirshahi M, Fox ER. Saline Shortages — Many Causes, No Simple Solution. *New England Journal of Medicine*. 2018; 378:1472-1474

Collaboration

The AMA applauds the FDA's efforts thus far in engaging with a broad range of stakeholders in public meetings and listening sessions and remains committed to participating and assisting. The AMA supports recommendations that have been developed by multiple stakeholders to improve manufacturing quality systems, identify efficiencies in regulatory review that can mitigate drug shortages, and explore measures designed to drive greater investment in production capacity for products that are in short supply.³ We urge stakeholders from the entirety of the drug supply chain and the FDA to work in a collaborative fashion to implement these recommendations.

Increase Transparency

The AMA strongly urges the FDA to require manufacturers to provide greater transparency regarding the drug manufacturing process from start to finish. Knowledge of the entire supply chain, including raw material suppliers, active pharmaceutical ingredient manufacturers and suppliers, distributors and distribution sites, as well as production locations of drugs, can provide the necessary metrics for much-needed quality analysis and information regarding supply chain disruptions that contribute to medical product shortages and their causes. More information about the manufacturing process can inform the causes and anticipated duration of drug shortages and assist in shortage mitigation.

Continuity of Drug Supply

The AMA strongly supports conferring the FDA with enforcement authorities to ensure that drug manufacturers establish a plan for continuity of supply of vital medications and vaccines to avoid production shortages whenever possible. The continuity of supply plan should include the establishment of the necessary resiliency and redundancy in manufacturing capability to minimize disruptions of supplies in foreseeable circumstances including the possibility of a disaster affecting a plant.

The AMA strongly supports the designation of drug shortages as a national security priority and the inclusion of vital drug production sites in the critical infrastructure plan. Several manufacturers were impacted by cyber events over the past year and product shortages were worsened by the recent hurricanes impacting Puerto Rico which demonstrate the need to evaluate risk and hazard and disaster response for drug and medical product manufacturing. The AMA urges the application of critical infrastructure policies to the drug shortage challenges clinicians, their patients, and families face each day.

Reduction in Regulatory Burden

The AMA strongly supports the FDA's effort to provide increased flexibilities and engagement when manufacturers have notified the Agency of a potential or actual drug shortage. The AMA continues to specifically support expedited facility inspections and the review of manufacturing changes, drug applications, and supplements that would assist manufacturers in mitigating or preventing a drug shortage. We urge the FDA to consider whether innovative portals, technologies, or collaborations involving big data and augmented intelligence systems (also referred to as artificial intelligence) could be

³ ASHP Drug Shortages Roundtable Report, November 2018. <https://www.ashp.org/drug-shortages/shortage-resources/roundtable-report>

The Honorable Scott Gottlieb, MD

January 11, 2019

Page 3

deployed by the FDA to forecast potential shortages and root causes including, but not limited, to regulatory policies.

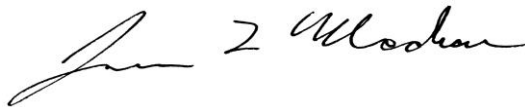
Federal Policies, Market Forces, Investment Incentives

The AMA strongly supports the development of a comprehensive report on the root causes that also analyzes current manufacturing capacity, the number of manufacturers, mergers and consolidations, economic factors including federal reimbursement practices, as well as contracting practices by market participants on competition, access to drugs, and pricing. The AMA also urges careful consideration of federal health care program payment rates for drugs that are vulnerable to shortage. The Government Accountability Office identified low profit margins for drugs in shortage as a relevant contributing factor to persistent shortages. Carefully targeted policies to address potential underinvestment in vital products subject to intractable shortages should be evaluated.

The AMA strongly supports collaboration between the Federal Trade Commission (FTC) and the FDA during the evaluation of potential mergers and acquisitions involving pharmaceutical manufacturers. FTC consultation with the FDA can aid in determining the public health implications of mergers and acquisitions, including the potential impact on drug shortages. Related to the foregoing, the AMA has expressed support for expanded resources and capacity at the FTC to more fully assess and evaluate the impact of mergers and consolidations on competition as well as consumer access as part of the FTC's charge to advance consumer protection. Without oversight and intervention, drug shortages will exist into the foreseeable future if further consolidations occur reducing production capacity.

Our physician members and their patients are negatively impacted by the persistent and ongoing shortages of necessary and often basic medical products. We look forward to working closely with you and other federal agencies to take rapid, direct action where opportunity exists to permanently resolve or mitigate drug shortages. If you have questions, please contact Shannon Curtis, Assistant Director, Division of Federal Affairs at shannon.curtis@ama-assn.org or 202-789-8510.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is fluid and cursive, with a large initial "J" and "M".

James L. Madara, MD