Introduction & Regulation & the Pharmaceutical <u>Medical Products</u> Industry Methods in Pharmaceutical Policy Analysis Pharm 532 Spring 2009 Hazlet, Garrison, Kadiyala			 Course objectives Grading Policy analysis perspective break Regulatory Process, FD&C Act as example
Usual Suspec	ts – all H3 [.]	75	Logistics
Suspect	E-mail	phone	Reading OWeimer & Vining Policy Analysis (4e05) OBardach A Practical Guide For Policy Analysis The
Hazlet, Tom	thazlet	616-2732	Eightfold Path To More Effective Problem Solving (3e09)
Garrison, Lou	Igarrisn	221-5684	OArticles – class web site <u>http://depts.washington.edu/pharm532</u>
Kadiyala, Srikanth	harukim	543-9694	 Software Stata (student version) <u>www.washington.edu/uware/stata/</u> ³

Course Objectives

- Describe policy development models and use them to characterize health policy development involving pharmaceuticals medical products;
- Discuss the interaction of systematically collected information, scientific inquiry, community values and existing practice in the development of health policy;
- Become quickly conversant in a particular health policy area;
- Identify key interest groups, key policy makers and key information sources relevant to a specific topic area and a specific decision making context;
- Define a set of key policy issues in a given policy development context;

Objectives (3)

e <pass the qualification examination on the first try...>

Objectives (2)

5

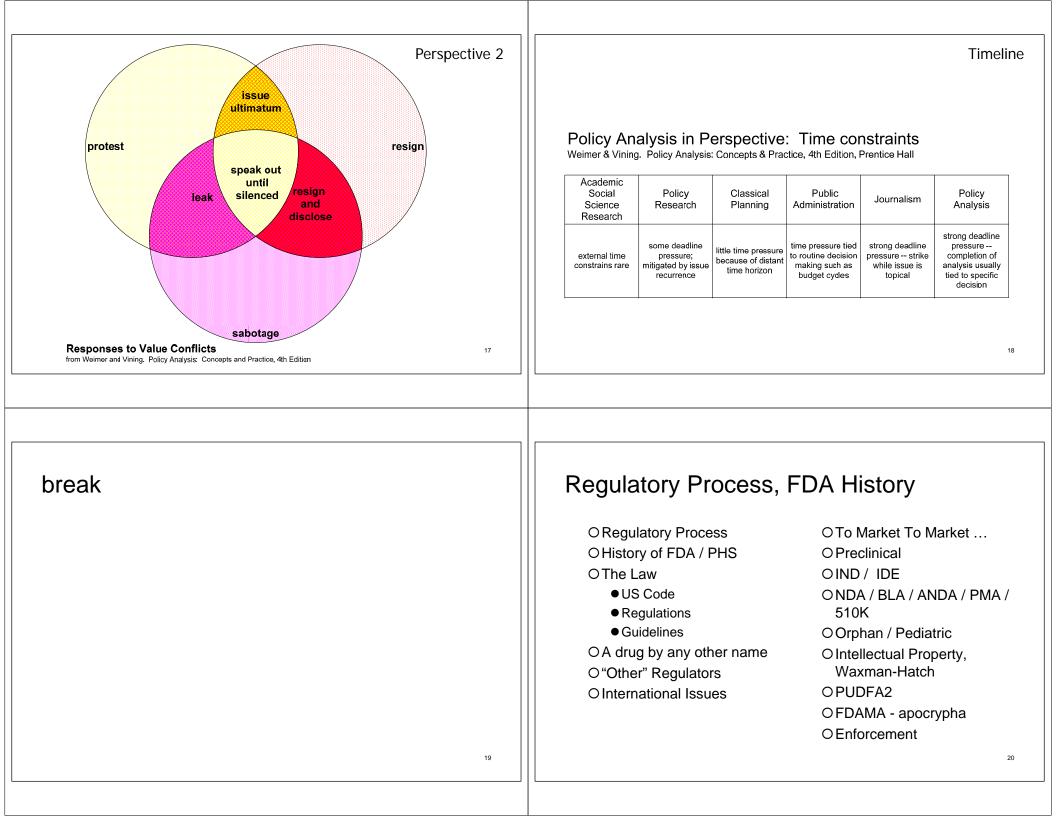
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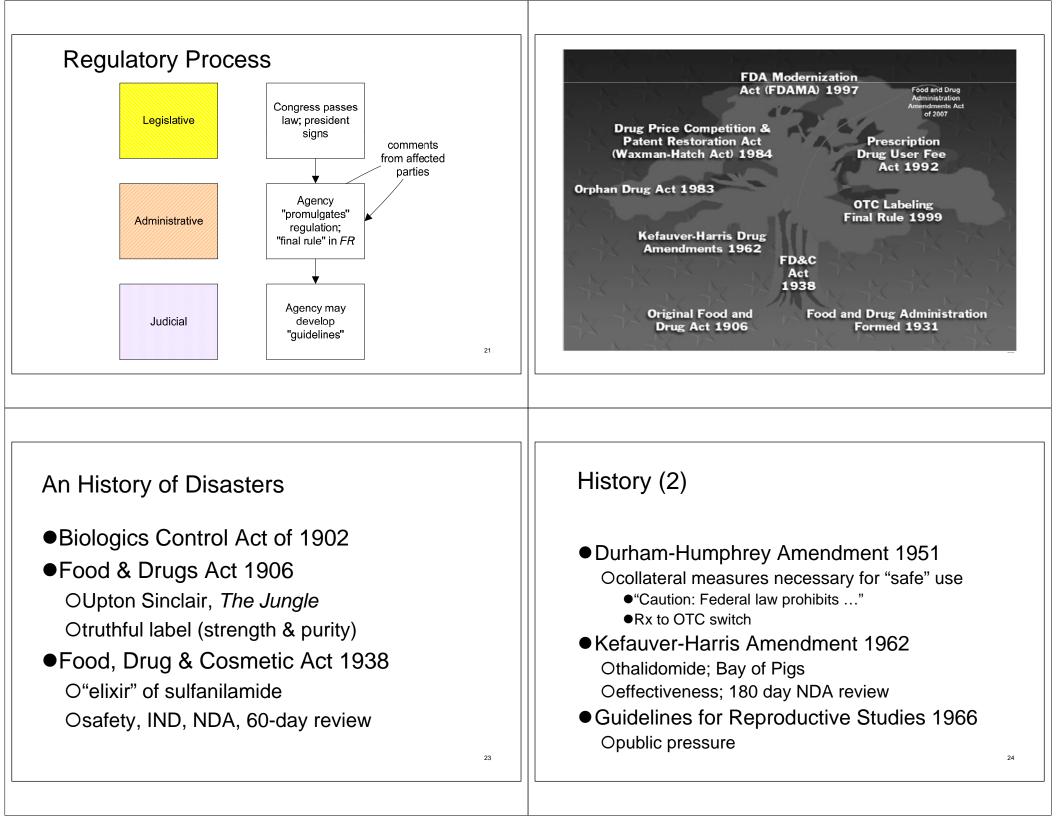
 Collect and summarize relevant information; Describe several analysis techniques used frequently in health policy analysis; State policy options in a form that will allow their assessment or analysis; Describe the most frequently used policy evaluation criteria and O articulate several measures which might be used to apply them to policy options; O articulate the strengths and weaknesses of policy analyses reviewed in class; and O Present results in a succinct, interesting and credible fashion, both orally and in writing Understand basic principles of economics as applied to health care and integrate these principles into policy analysis; Evaluate literature that uses health economic tools to assess impact of medical products policy on appropriate outcomes; Understand the economic context and consequence of medical product policy. interventions. Grading Activity Percent Comments Drojoot F۵ Procentation on accident data

Project	50	document due 1700 10 June, via CollectIt
Midterm	30	Take home, due 1700, 01 May, via <i>CollectIt</i>
Homework	20	Four Causal Inference exercises Due date as assigned
Total	100	Fitted Numerical Equivalent Score

Grade Table: Percent → NES	 Project represents a policy change (or flaw) at a commercial or governmental level
from to you from to you get rom to you get get rom to you get get rom to you get get	 involves medical products (drugs, biologics, medical devices) tools from class, elsewhere select a journal where the evaluation might be published, and write for that journal midterm – to facilitate project and assess comprehension and progress presentation & paper (15-20 pages) group (not crowd) option, but independent demonstrations for midterm, final product
9	10
Academic Conduct	Classroom Safety
See University Policy	● Fire ● Earthquake
http://depts.washington.edu/grading/issue1/conduct.htm	 Evacuate to [see map in classroom entrance] Keeping track buddy system Persons with disabilities

Introduction to policy analysis • How much Weimer & Vining do you "need"	Classroom Decorum • Fragrances • Communication gizmos off • Break between hours		
13	 Class size lends itself to seminar format – lots of questions 		
Policy Perspective	Perspective 1 Three views on the appropriate role of the policy analyst Weimer and Vining, Policy Analysis: Concepts & Practice, 4th Edition, Prentice Hall		
	Fundamental Values Analytical integrity Responsibilities to Clients Adherence to one's conception of good Objective Technician Ist analysis speak for itself, primary focus should be predicting consequences of alternate policies clients are necessary evils; their political fortures should be secondary considerations; select institutional clients relevant values should be identified but trade-offs among them should be left to clients; objective advice promotes		
	Client's Advocate analysis rarely produces definitive conclusions; take advantage of ambiguity to advance clients positions clients provide analysis with legitimacy, loyalty should be privileged information and political processes select clients with compatible solution select clients with compatible value systems; use long-term relationships to change clients conceptions of good		
15	Issue Advocate analysis rarely produces definitive conclusions; emphasize ambiguity and exclude values when analysis clients provide an opportunity for advocacy; select them opportunistically; change clients to further personal policy agenda analysis should be an instrument for progress toward one's conception of the good society 16		





History (3)	History (4)
<list-item><list-item><list-item><list-item><list-item><list-item></list-item></list-item></list-item></list-item></list-item></list-item>	 1992 Prescription Drug User Fee Act 1994 Dietary Supplement Health And Education Act 1997 Food And Drug Administration Modernization Act 2000 Washington Legal Foundation [65 <i>FR</i> 14286] 2002 PDUFA3; phase 4 for new approvals; more streamlining (risk management) Recent legal challenges OShalala v. Western States; commercial vs. free speech O21CFR201.57(b)(9) Pediatric use O"critical path" ODrug Safety Board (FDA, NIH, VA) 2008 PDUFA IV 2008 FDAAA html/opacom/backgrounders/miles.html
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The Law [2]	FDA Centers	
● Guidelines	CDER – Centers for Drug Evaluation &	
• www.fda.gov/cder/guidance	Research	
<u></u>	●CBER – Biologics	
	• CVM – Veterinary	
	 CFSAN – Food Safety & Applied Nutrition 	
	CDRH – Medical Devices and Radiological	
	Health	
	 National Center for Toxicological Research 	
29		
CDER what makes a "drug" a "drug"?	medical device CDRH	
what makes a "drug" a "drug"?	medical device	
	CDRH • Same as "drug", except " does not achieve any of its principal intended purposes through chemical action and is not dependent upon being metabolized"	
 what makes a "drug" a "drug"? 4 things Orecognized in an "official compendium" Ointended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or other 	 Same as "drug", except " does not achieve any of its principal intended purposes through chemical action and is not 	
 what makes a "drug" a "drug"? 4 things Orecognized in an "official compendium" Ointended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or other animals, and Ointended to affect the structure or function of the body 	 Same as "drug", except " does not achieve any of its principal intended purposes through chemical action and is not dependent upon being metabolized" 	

 Cosmetic Intended to be [shake & bake] for cleaning beautifying, promoting attractiveness, alter appearance components 	•	food • used for food or drink for man or othe animals • GRAS • chewing gum	CFSAN
 not soap man or any other beast? 	33	 components cf. dietary supplements OProxmire Amendment ODSHEA 	34
biologic	CBER	Veterinary Medicine	CVM
 Parallel evolution Public Health Service any virus, therapeutic serum, toxin, antitoxin, or analogous product applicable to the prevention treatment or cure of diseases or injuries of man "licensed" at the pleasure of the HHS Secretary "biotechnology derived therapeutic", "well- characterized biologic" → CDER big administrative differences; some similarities Combination products "cats marching …" again, and again 	, ,	 and any other beast beasts for eating as companions (or whatever) "Green Book" 	
 BLA, "follow-on biologic" 	35		36

Other "Regulators"

- FDA's authority is over interstate commerce
- 10th Amendment restrictions on preemption

O The powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved for the States respectively, or to the people.

• Gonzales v. Oregon, 2005

Other Regulators [2]

- ...governing capacity to introduce into commerce
 DOC
 EPA
 FTC
 HCFA → CMS
 CPSC
- ... governing payment
 O diverse federal / state agencies
 O fiscal intermediaries

International Issues

- GATT Paraguay, Doha Rounds; WTO
- Import & export; "parallel trade"
- International Commission on Harmonisation
 OCommon Technical Document
- Standards organizations: UL, CA, CE, ISO, USP
- Drugs of Abuse
- Counterfeit
- Price

To market to market (to buy a fat pig)

intent

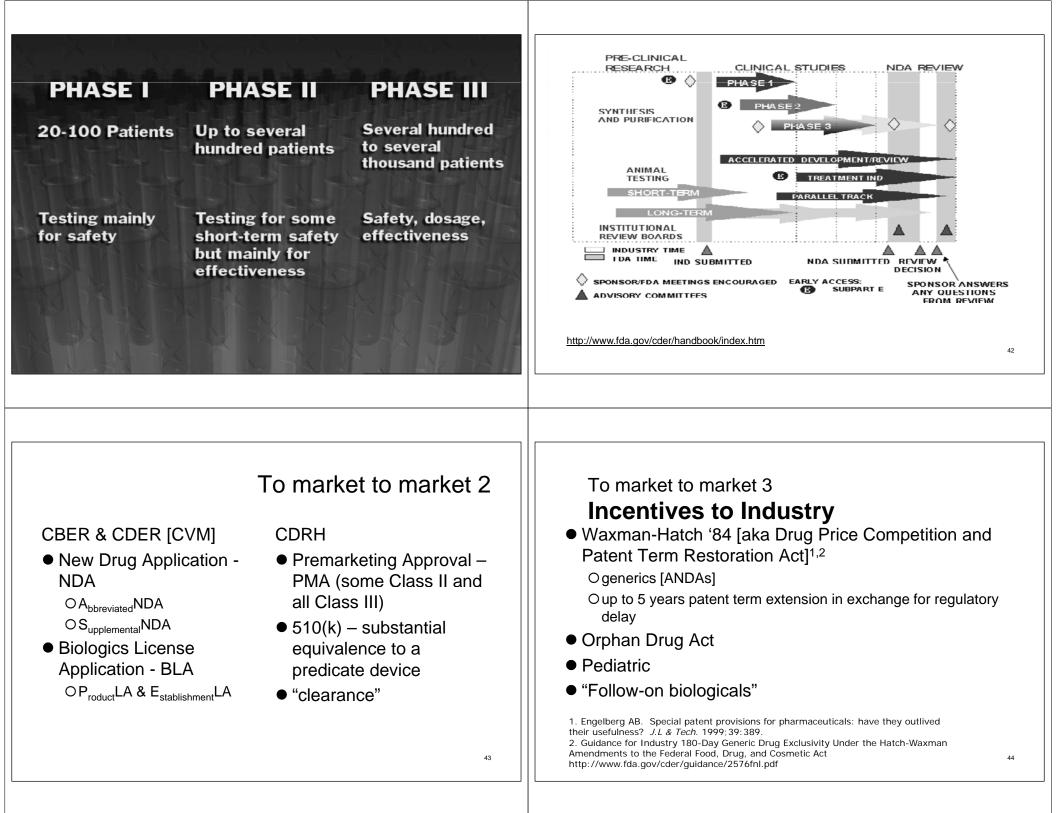
Oexperiment [human subject protection] Otherapy [safe & effective under conditions of intended use ≠ fraud]

Owhat the practitioner does with the stuff ...

- Investigational New Drug [exemption] IND
- Investigational Device Exemption IDE

39

37



To market to market 5 Prescription Drug User Fee Act 1,2,3 & now 4

TABLE 3.-FEE-PAYING FAES-5-YEAR AVERAGE Fiscal Year 2003 2004 2005 2006 2007 5-Year Average 130 Fee-paying FAEs 119.5 145.1 121.5 136.7 127.2 TABLE 4. Fee Category Fee Rates for FY 2008 APPLICATIONS Requiring clinical data \$1,178,000 Not requiring clinical data \$589,000 Supplements requiring clinical data \$589,000 ESTABLISHMENTS \$392,700 PRODUCTS \$65,030 http://www.fda.gov/OHRMS/DOCKETS/98fr/07-5052.pdf

PDUFA Warts

- other parts of FDA's budget
- Generic industry; device industry; others
- faster approval \leftrightarrow public safety
- availability of drug information

Enforcement

- debarment (clinical investigators)
- clinical hold (INDs)
- refuse to file (NDAs, etc.)
- foot dragging
- "disgorgement"
- FDA Form 483 Inspectional Observations; Warning Letters
- Seizures
- Injunctions
- Prosecution
- Administrative, civil, criminal

Home again home again ...

To market, to market, to buy a fat pig, Home again, home again, jiggety jig. To market, to market, to buy a fat hog, Home again, home again, jiggety jog.

51

49

50

Summarize

- Regulatory process
- FDA rules, process

53