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Dockets Management
Food and Drug Administration
5630 Fishers Lane, Rm 1061
Rockville MD 20852

Re: Guidance for Industry: Planning for the Effects of High Absenteeism to Ensure Availability of Medically Necessary Drug Products

Dear Madam or Sir:

PDA appreciates the opportunity to comment again on *Guidance for Industry: Planning for the Effects of High Absenteeism to Ensure Availability of Medically Necessary Drug Products* [MNPs] (Docket No. FDA-2009-D-0568). We appreciate your thoughtful review of our prior comments on the draft guidance. We hope that these comments on the revised version of the guidance, informed by recent experience, are helpful.

The guidance provides useful information, and lessons from the current coronavirus emergency may provide pathways for making this guidance even more useful. PDA believes that broader application of the principles in this guidance could help companies better prepare for future emergencies. Similarly, PDA's Technical Report 68 *Risk-Based Approach for Prevention and Management of Drug Shortages* provides guidance and information that can assist in the proactive prevention of drug shortages. FDA may wish to consider referencing this Technical Report in this guidance and in other materials.

First, in the coronavirus pandemic, manufacturing sites have had daily challenges in personnel status, supplier status, transportation options, mitigation protocols, and other factors that impact manufacturing capabilities. As a result, manufacturers are frequently updating emergency plans ("Plans"). In practice, manufacturers have not had a single "detailed Plan designed to maintain adequate supply of MNPs" that "remain[s] active continuously," but an evolving Plan that may look very different week to week and month to month. Returning to normal operations likewise probably will not be a binary yes/no decision, but a fluid and gradual process.

In light of this evolution, PDA suggests that FDA revise section III.F *Notifying CDER* to allow manufacturers to provide the most relevant information to CDER in a manner that is most useful to and accessible by the Agency. To guide CDER in revising section III.F, we suggest the following:

- Please consider allowing manufacturers to use risk assessment principles to determine the most relevant and impactful information to be submitted to CDER. We would welcome general parameters for the information that CDER seeks, but we believe that CDER would obtain more precise and actionable data if this guidance expressly allowed manufacturers greater flexibility to respond with the information they

determine to be appropriate. CDER might also include its own learnings from the pandemic in indicating the information CDER finds most helpful, and the information that CDER does not immediately need.

- Please consider applying the same flexibility to the reporting timeframes, particularly the one-business-day reporting timeframe. A one-day reporting timeframe is neither possible nor practical when implementing an ever-evolving Plan, or in the subsequent phased return to normal operations. The use of risk assessment principles could help manufacturers prioritize communication of the most critical information to CDER. It also would allow manufacturers to balance ongoing Plan implementation with communication of less-critical information to the Agency.
- Consider the format in which CDER would like to receive this information. Is an email the most efficient means of communicating critical information? Could fillable online forms be linked to a sortable spreadsheet within CDER? Are there circumstances in which a manufacturer should provide information by telephone first, with email follow-up? Emails are time-intensive for manufacturers to write and for Agency staff to review and triage, so we welcome alternative solutions.
- Consider whether any changes to this section are necessary to align with *Notifying FDA of a Permanent Discontinuance or Interruption in Manufacturing Under Section 506C of the FD&C Act: Guidance for Industry.* Since the emails described in section III.F "are intended to help CDER maintain awareness of any potential shortage situations and act accordingly to avoid or mitigate them," emails sent to CDERStaffingNotice@fda.hhs.gov under this guidance have a similar, though not identical, purpose as emails sent to DrugShortages@fda.hhs.gov. Is this system providing FDA the information it needs in an actionable manner in the current pandemic? In light of the other pressures on manufacturers and their employees in a crisis situation, can CDER simplify any of these steps without losing access to information the Agency needs?

Second, while this guidance appropriately focuses on production of MNPs, we suggest that FDA further discuss in sections II and III the impacts on the manufacture of products that are not currently considered "medically necessary." In prioritizing products that are medically necessary, what consideration should be given to other products? What changes might be acceptable in their manufacture? These other products might be more robust, with more historical manufacturing data. Applying mitigation strategies to those products might free capacity for the manufacture of MNPs, while minimizing the risk to quality. Further, as we have seen in the current pandemic, products may become medically necessary as treatment data evolves or as alternative treatments enter shortage.

Third, for clarity, PDA asks that CDER add the following examples to the list that begins at the bottom of page 5 of activities that may be reduced provided that the change will not unacceptably reduce assurance of product quality. We believe that these examples reflect FDA's intent:

- Release batches conditionally without full testing being completed for attributes that are at very low risk based on the executed risk assessments and stability data.
- Allowing extension of the timeline for investigation of complaints resulting from shipment delays on returned samples.

Fourth, because the tips in section IV, *Optimization and Demonstration of Preparedness,* are useful, PDA recommends that FDA move that text to the FDA website. If it were on the website rather than in a guidance, that information may be more widely accessible, could be referenced by other FDA Centers, and could be more easily revised for application to a variety of different scenarios.

Fifth, in section III.A on page 3, CDER mentions that firms may have "plans in place to maintain business continuity in an emergency." Because the guidance otherwise refers to "emergency plans," it is not clear whether CDER is trying to distinguish emergency plans from business continuity plans. If CDER is merely trying to indicate that the emergency plans discussed in this guidance may take different forms and have different names, consider revising this sentence to state that explicitly, e.g., "Firms may already have Plans in place, which might operate under a different name, such as 'business continuity plan.'"

PDA is a non-profit international professional association of more than 10,000 individual member scientists having an interest in the fields of pharmaceutical, biological, and device manufacturing and quality. Our comments have been prepared by members of PDA's Regulatory Affairs and Quality Advisory Board on behalf of PDA's Board of Directors.

If you have any questions, please do not hesitate to contact me via email at johnson@pda.org.

Sincerely,

Richard Johnson
President and CEO

cc: Glenn Wright, PDA; Ruth Miller, PDA