FDA Furlough Freezes New Filings; ‘Emergency’ Tasks Take Precedence

With Congress unable to agree on a fiscal 2014 government-funding plan, the FDA has largely limited its operations to “emergency work” and enforcement activities — strictures that have forced the agency to freeze regulatory submissions for fiscal 2014 supported by new user fees.

Regulatory submissions for which a user fee was paid before Oct. 1 will still be accepted and/or reviewed during the government shutdown, however, including those assessed a FY 2014 user fee.

In a notice to industry, the FDA said the government shutdown has restricted non-essential activities to those that are funded by “carryover user fee balances” under PDUFA and GDUFA.

The FDA also does not expect to receive any user fee money under the Biosimilar User Fee Act of 2012 (BsUFA) and therefore will only be accepting BsUFA applications for emergency INDs.

House Approves Track-and-Trace, Compounding Pharmacy Reform Bill

A nationwide pharmaceutical track-and-trace program inched closer to reality Sept. 28 on House approval of legislation introduced by leaders in both houses of Congress.

The bill, known as the Drug Quality and Security Act (H.R. 3204), would also give the FDA new authority over large compounding pharmacies — albeit with certain key caveats (WDL, Sept. 30).

The House version of the bill, which passed on a voice vote, mirrors a Senate version of the bill that will move to the floor of that body as soon as Congress concludes its battle over how to fund the government into the new fiscal year, which began Oct. 1.

That fight notwithstanding, sources close to the legislation say the Senate is expected to act quickly and there appears to be no significant opposition in the upper chamber blocking its path.
FDA Approves New Treatments For Psoriatic Arthritis, Depression

The FDA Sept. 30 approved two new treatments for adults with psoriatic arthritis and major depressive disorder (MDD), saying “it is important to have a variety of treatment options.”

The agency approved UCB’s Cimzia (certolizumab) for the treatment of active psoriatic arthritis, a chronic, inflammatory condition affecting the joints and tendons. The nod falls on the heels of last week’s approval of Janssen’s Stelara (ustekinumab) for the same indication.

The approval of Cimzia was supported by data from a Phase III trial showing the drug rapidly improved symptoms of enrolled active psoriatic arthritis patients, UCB’s chief medical officer and executive vice president Iris Loew-Friedrich said.

The new indication is Cimzia’s third in the U.S. The drug is also approved for the treatment of certain adults with rheumatoid arthritis and Crohn’s disease.

Along with Stelara, Cimzia also faces market competition from AbbVie’s Humira (adalimumab) and Janssen’s Remicade (infliximab) and Simponi (golimumab).

UCB is also seeking a fourth U.S. indication for the drug, but the FDA asked its advisors to weigh in on the proposal. A conflicted advisory panel in July voted 7-6 in favor of recommending approval of Cimzia to treat axial spondyloarthritis, including ankylosing spondylitis, with one abstention (WDL, July 29). Many of the panel’s yes voters voiced concerns about the drug’s broadly proposed indication and hoped the FDA and UCB would narrow it.

The FDA is still reviewing that filing.

Brintellix Approved in MDD

The agency also approved Takeda and Lundbeck’s new antidepressant Brintellix (vortioxetine) for the treatment of adults with MDD. The mental health illness affects about 14 million adult Americans a year, according to the companies.

The drug’s approval was supported by a large global clinical program, including six positive short-term studies, as well as one long-term maintenance study in which Brintellix showed patients taking the drug experienced significantly longer times between recurrences of depressive episodes than those on placebo.

Takeda and Lundbeck said Brintellix will be available in 5 mg, 10 mg, 15 mg and 20 mg tablets by the end of 2013.

Additional treatments for MDD include anticonvulsants such as carbamazepine and valproate, lithium and other antidepressants.

— Melissa Winn

FDA CALENDAR

Upcoming meetings through Nov. 14:

- Oct. 16: The Endocrinologic and Metabolic Drugs Advisory Committee will meet to discuss Amarin’s sNDA for Vascepa (icosapent ethyl) capsules. Silver Spring, Md.
- Oct. 17: The Anti-Infective Drugs Advisory Committee will meet to discuss susceptibility interpretive criteria for systemic antibacterial drugs and for dosing recommendations in product labeling. Silver Spring, Md.
- Oct. 18: The Anti-Infective Drugs Advisory Committee will meet to discuss Paladin’s NDA for miltefosine capsules. Silver Spring, Md.
- Oct. 21-22: The FDA will hold a public workshop on Gastroenterology Regulatory Endpoints and the Advancement of Therapeutics (GREAT II). Bethesda, Md.
- Nov. 12-14: The FDA will hold a training course for clinical investigators. College Park, Md.

Comment deadlines through Oct. 28:

Perjeta First to Gain Accelerated Approval via New FDA Pathway

Genentech’s Perjeta Sept. 30 became the first drug to win approval under the FDA’s new accelerated approval pathway carved out for early-stage breast cancer before surgery.

The pathway makes the treatment available “several years earlier than previously possible,” Hal Barron, Genentech’s chief medical officer, said. The FDA in 2012 issued a draft guidance on using pathologic complete response (pCR) as an endpoint to support accelerated approval of a drug for neoadjuvant treatment (before surgery use) of high-risk, early-stage breast cancer (WDL, June 4, 2012).

The agency said at the time that drugmakers using randomized neoadjuvant trials assessing a pCR endpoint could predict clinical benefit within months of initiating treatment, instead of years.

Perjeta’s (pertuzumab) approval is based on data from a Phase II study that showed about 39 percent of patients that received Perjeta in combination with trastuzumab and docetaxel chemotherapy achieved pCR, compared to about 21 percent who received the drugs without it.

Additional safety data from a second Phase II study, as well as longer-term safety data from a Phase III study supporting a previous indication for the drug, were also submitted to win approval.

A full review of data from an ongoing Phase III study will be required for the accelerated approval to be converted to a full approval, the FDA and Genentech said. Results from that trial are expected in 2016.

The FDA’s Oncologic Drugs Advisory Committee last month voted 13-0, with one abstention, to urge approval of Perjeta as a preoperative treatment in combination with trastuzumab and docetaxel for patients with HER2-positive, locally advanced, inflammatory or early stage breast cancer (WDL, Sept. 16). — Melissa Winn

PhRMA Sues HHS in Bid to Repeal 340B Orphan Drug Rule

PhRMA has launched a lawsuit to shoot down a requirement that drugmakers provide orphan drugs to hospitals and healthcare providers at drastically reduced prices under the federal 340B discount drug program. Orphan drugs were previously exempt from the program.

PhRMA argues, and it is asking the United States District Court for the District of Columbia to invalidate the final rule and bar the federal government from enforcing it.

The purpose of issuing this rule was to provide clarity in the marketplace and maintain the 340B savings and interests of newly-eligible covered entities while ensuring the financial incentives of the manufacturers of orphan drugs are protected,” HRSA spokesman David Bowman told WDL when the rule was issued in July.

PhRMA “strongly supports the 340B program” and is committed to working with all

(See PhRMA, Page 8)
BI Shutters Ben Venue in the Face of Remediation Price Tag

Boehringer Ingelheim (BI) has decided to close Ben Venue Laboratories, its beleaguered generic injectable drugmaking unit, by the end of the year, saying the subsidiary’s remediation efforts will total about $1 billion and are not worth the cost of keeping it open.

The decision will also affect Bedford Laboratories, which markets injectable drugs. Bedford will continue to market Ben Venue’s portfolio of available products. BI spokeswoman Marjorie Moeling told WDL Oct. 4. Meanwhile, Bedford is “exploring strategic options to try to continue the supply of its portfolio of products to patients long-term,” she added.

“The effort, magnitude of investment, and additional years required to remediate the facility before Ben Venue could return to sustainable production is not feasible,” BI said. The German-owned drugmaker projects it will be hit with approximately $700 million in cumulative operating losses over the next five years — an estimate that comes on top of more than $350 million already invested to address remediation projects tied to long-standing quality issues at its older and aging facilities (WDL, Sept. 2).

The company recently tried to ramp down production at two older Ben Venue facilities in an effort to reorganize. Now BI will lay off about 1,100 Ben Venue employees and cease production at all of its facilities.

Ben Venue said Oct. 3 it notified the FDA of the shutdown. Agency spokesman Stephen King told WDL that its drug shortages team is working during the government shutdown to prevent a situation that could result in a shortage.

It is unclear how the Ben Venue shutdown will affect the supply of necessary drugs, although one expert called it “huge” and likely to have a profound impact.

Ben Venue was operating under a consent decree that hampered production but that had allowed it to continue making 108 medically necessary drugs (WDL, Jan. 28).

Among those pharmaceuticals is Janssen’s ovarian cancer drug Doxil (doxorubicin HCl liposome injection). Last month, manufacturing “difficulties” with Ben Venue resulted in another potential Doxil shortage. — Robert King

Comings & Goings

K-V Pharmaceutical has appointed Joseph Mahady chairman of its board of directors. Mahady previously served as senior vice president of Wyeth and president of Wyeth Pharmaceuticals.

INC Research has named former Pfizer executive James Taylor to be its new vice president of clinical development.

Olivier Brandicourt has been appointed chairman of the board of management of Bayer HealthCare and member of the Bayer AG Executive Council effective Nov. 1. Since March 2013, Wolfgang Plischke has led Bayer HealthCare on an interim basis in addition to his existing duties as a Bayer AG Board Member.

### FDA FOIA LOG

The FDA received 198 FOIA requests the week of Aug. 26 including the following.


<table>
<thead>
<tr>
<th>Date</th>
<th>Requester</th>
<th>Requested Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/26/2013</td>
<td>Aerie Pharmaceuticals</td>
<td>Establishment inspection reports for the last five years for Cayman Chemical Company’s Ann Arbor, Mich., facility; Bio-Concept Laboratories’ Salem, N.H., facility; and Catalent Pharma Solutions’ Philadelphia, Pa., facility.</td>
</tr>
<tr>
<td>8/26/2013</td>
<td>Fresenius Medical Care</td>
<td>Safety reports on the NDA for Abbott Labs’ inpersol/delflex safe lock.</td>
</tr>
<tr>
<td>8/28/2013</td>
<td>Cempra Pharmaceuticals</td>
<td>Form 483 for Wockhardt’s India plant.</td>
</tr>
</tbody>
</table>
CMS Decision on Diagnostic Drug Highlights New Study Challenges

The Centers for Medicare & Medicaid Services (CMS) decision to limit coverage of a diagnostic imaging drug for Alzheimer’s disease not only threatens the development of such drugs, but illustrates how industry must rethink clinical trial design, stakeholders say.

CMS last week said it would consider coverage for beta-amyloid imaging drugs such as Eli Lilly’s Amyvid (florbetapir F 18 injection) only in limited circumstances: for clinical trials that must be approved in advance by CMS.

In its final decision, CMS said there is insufficient evidence that the use of such drugs is “reasonable and necessary” for the diagnosis or treatment of Alzheimer’s.

CMS will reconsider its decision only if a new clinical study is conducted that meets certain criteria and proves the drug warrants coverage. The agency wants the trials to be comparative, longitudinal and involve patients “from appropriate populations.” Where appropriate, trials should be “prospective, randomized, and use postmortem diagnosis as the endpoint,” it added.

Amyvid was approved by the FDA in April 2012 and is the only such product currently available in the U.S. (WDL, April 16, 2012). The drug is used with positron emission tomography imaging to detect levels in the brain of beta amyloid, a protein that creates brain plaques believed to be the leading cause of Alzheimer’s.

Bioequivalence, Chemistry Gaps Top Out FDA ANDA Refusals

Most ANDAs rejected by the FDA have deficiencies with either submitted chemistry or bioequivalence data, new draft guidance on the agency’s “refuse-to-receive” standard states.

The Office of Generic Drugs (OGD) refused to receive 100 ANDAs in 2012. Of those, 40 were returned due to bioequivalence deficiencies, 36 had serious chemistry shortfalls, four were returned for inadequate sterility data and one was sent back for referencing the wrong listed drug.

These critical deficiencies not only slow approval, but also can result in forfeited GDUFA fees. The draft guidance, posted Sept. 30, clarifies what should be included in an ANDA and how to avoid an initial rejection.

Much of the information should be well-known to sponsors, including requirements that generic drugmakers have no outstanding user fee obligations and ensure that a product’s proposed labeling is consistent with a patent statement.

In clarifying the agency’s expectations around bioequivalence and chemistry data, the draft guidance recommends “ANDA filers consult the bioequivalence recommendations (BE) webpage” for product-specific guidance on conducting recommended in vivo and/or in vitro studies. Agency regulations also require applicants to submit information on failed in vivo BE studies. Questions about such studies can be directed to the Division of Bioequivalence, the FDA says.
Other companies such as GE Healthcare, Navidea and Piramal Imaging are developing similar imaging drugs. GE and Navidea joined Lilly in expressing disappointment with CMS. Piramal, seeking clarification about how to demonstrate outcomes in the requested trials, issued a three-page response to CMS' draft decision in July asking the agency to establish a clear standard of the level of evidence required to expand coverage. The response also questions whether coverage will be extended to the drugs upon meeting the trial endpoints, or whether companies will additionally be required to navigate the “national coverage determination” process, again delaying access to the drug for patients.

Piramal sees many hurdles ahead in light of the CMS final decision. Drugmakers are increasingly being made to design clinical trials not only to meet regulatory standards, but also those imposed by payers, Andrew Stephens, vice president of clinical research and development for Piramal Imaging, told WDL Oct. 2.

Research techniques and trial endpoints must now include “health economics” measurements such as changes in treatment management that translate into improvement in patient outcomes and quality of life, he said.

George Vradenburg, chairman of UsAgainstAlzheimer’s, called the move “anti-patient and anti-innovation.”

Stephens agreed, saying the decision risks reductions in new investments in novel molecular imaging agents. “In the end, it is the patients who will suffer the most from CMS’ decision as they will not be able to benefit from future innovations in molecular imaging,” he added.

Piramal’s florbetaben F18 product is currently being reviewed by the FDA and the European Medicines Agency. — Melissa Winn

---

**CMS, from Page 5**

Other companies such as GE Healthcare, Navidea and Piramal Imaging are developing similar imaging drugs. GE and Navidea joined Lilly in expressing disappointment with CMS.

Piramal, seeking clarification about how to demonstrate outcomes in the requested trials, issued a three-page response to CMS’ draft decision in July asking the agency to establish a clear standard of the level of evidence required to expand coverage. The response also questions whether coverage will be extended to the drugs upon meeting the trial endpoints, or whether companies will additionally be required to navigate the “national coverage determination” process, again delaying access to the drug for patients.

Piramal sees many hurdles ahead in light of the CMS final decision. Drugmakers are increasingly being made to design clinical trials not only to meet regulatory standards, but also those imposed by payers, Andrew Stephens, vice president of clinical research and development for Piramal Imaging, told WDL Oct. 2.

Research techniques and trial endpoints must now include “health economics” measurements such as changes in treatment management that translate into improvement in patient outcomes and quality of life, he said.

George Vradenburg, chairman of UsAgainstAlzheimer’s, called the move “anti-patient and anti-innovation.”

Stephens agreed, saying the decision risks reductions in new investments in novel molecular imaging agents. “In the end, it is the patients who will suffer the most from CMS’ decision as they will not be able to benefit from future innovations in molecular imaging,” he added.

Piramal’s florbetaben F18 product is currently being reviewed by the FDA and the European Medicines Agency. — Melissa Winn
Drugmakers Question FDA Thinking On ‘Subjective’ New Inspection Powers

The FDA’s interpretation of what constitutes delaying or denying an inspection is far too subjective, and highlights the need for an appeals process for pharma companies flagged as obstructionist, drugmakers say in comments.

Violations outlined in recently published draft guidance on the issue could be interpreted differently from investigator to investigator, they said. Such violations include situations where a facility’s contact ignores the agency, postpones a scheduled inspection start time or fails to produce requested records, according to the July guidance, Circumstances that Constitute Delaying, Denying, Limiting or Refusing a Drug Inspection (WDL, July 15).

“The level of subjectiveness has the potential to lead to a disharmonized approach to inspection expectations and management,” Celgene wrote. “Is it possible to provide clarity or definitive times for examples of reasonable justifications so that both inspectors and companies are aware of what is expected?”

In cases where definitions in the draft guidance are disputed, Celgene asked for a “mechanism to resolve the dispute” prior to a determination and any associated consequences, which could include criminal penalties.

Merck also asked for an appeals process, referencing a provision that an investigator must not be left in a conference room without access to necessary documentation for “an unreasonable period of time.”

There is no definition for what constitutes “unreasonable,” Merck said. Sometimes a requested document could be stored off site and “it may take time to locate and retrieve records (in some cases over 24 hours),” the drugmaker added.

Other commenters took aim at a provision surrounding the taking of photographs by an FDA investigator. The guidance states that not allowing photography may be considered a limitation if “such photographs are determined by the investigator(s) to be necessary to effectively conduct that particular inspection” (WDL, July 29).

The Biotechnology Industry Organization commented that companies and the FDA often negotiate to allow photographs of certain areas. This helps protect intellectual property and trade secrets. The group asked the agency to amend the draft guidance to loosen its provision on photos by inserting language regarding “prior discussions” about photos. Celgene asked the FDA to provide a list of situations or scenarios where a company can expect an investigator to take a photograph.

The comment period on the draft guidance, docket no. FDA-2013-D-0710, is now closed. — Robert King

More Restructuring for Merck As Key Product Patents Expire

Facing significant patent cliff pain, Merck said Oct. 1 it plans to refocus its research around new therapies that present the “best opportunities:” vaccines, oncology, diabetes and acute care.

The planned restructuring, which also includes job cuts and a new home base address, is intended to adjust to rapidly declining sales in asthma and allergy drug Singulair (montelukast sodium) and other Merck products beset by a sudden surge of generic competition this year.

Recent regulatory disappointments have also compounded those patent problems, said Kenneth Frazier, the pharma giant’s chairman, president and CEO, on a conference call with analysts. FDA rejections of suvorexant and sugammadex occurred back to back this year.

With an eye to recovering ground by the end of 2015, Merck plans to let go an additional 8,500 employees on top of previous layoffs, as well as move its headquarters to Kenilworth, N.J. Merck hopes to regain $2.5 billion in annual net cost savings under the plan.

To advance MK-3475, an anti-PD-1 antibody that has shown initial success in treating melanoma, Merck plans to establish an integrated oncology unit, he added. — Lena Freund
Drugmakers Warned: 340B Program Rules Not Excused By Ignorance

Sen. Charles Grassley (R-Iowa) last week reprimanded two drugmakers for failing to provide price discounts or rebates on certain drugs as required under the federal 340B discount drug program.

In letters to Pacira Pharmaceuticals and CSL Behring, Grassley asks the drugmakers to explain conflicting comments they made to healthcare providers in Iowa and the Health Resources Services Administration (HRSA), the HHS agency tasked with regulating the 340B program.

If drugmakers participate in state Medicaid programs, they must provide the discounts under 340B. Grassley made clear that ignorance of the oft-misunderstood program’s requirements would not excuse the drugmakers from reimbursing any 340B providers they failed to provide discount pricing to.

If they have not already made the reimbursements, then they should explain “why not” and when the reimbursements will be processed, Grassley said.

Manufacturers are required to provide discounted 340B pricing even if the pharmaceutical pricing agreement (PPA) mandating the discount has been acquired through an acquisition or a merger, Grassley explained in his Sept. 25 letter to Pacira.

The 340B PPA conveys with any transfer of ownership, he wrote in the letter, which was prompted by the complaints of an Iowa hospital that informed Grassley the drugmaker was not offering Exparel (bupivacaine liposome) at the 340B price.

Pacira told the hospital it “does not participate” in the 340B program, even though it does, according to the letter. Pacira does not participate in Medicaid.

The hospital also complained CSL Behring claimed its Kcentra (prothrombin complex concentrate) was not available at 340B pricing “because it is an in-patient biotherapy.”

The drug, however, is used by hospitals in emergency settings to stop acute bleeding when the patient first arrives and prior to being admitted as an inpatient, thus qualifying as an outpatient drug covered under the 340B program, Grassley explains.

The misunderstandings identified by Grassley “underscore the need for HRSA to issue clearer guidance and to begin auditing manufacturers to ensure they are being compliant,” Ted Slafsky, president and CEO of Safety Net Hospitals for Pharmaceutical Access told WDL Sept. 27.

“I can’t imagine anybody abusing the program,” David Ivill, a partner at McDermott Will & Emery told WDL. Still, since its creation, “the 340B program has expanded” and involves more hospitals and providers and thus more monies and suspicions.

“The lack of transparency in both manufacturers’ pricing of 340B drugs and hospitals’ use of 340B savings causes each group to suspect that the other is not playing by the rules,” a recent report on the program states (WDL, July 22).

Grassley has given both companies until Oct. 9 to respond to the letters.

Pacira is reviewing the letter and “will provide further updates, as appropriate, in the future,” a spokesperson told WDL.

A spokesman for CSL told WDL Kcentra is available at the Iowa facility for purchase at the mandated 340B drug discount price. “We recognize the importance of this program and collaborate with qualified covered entities to ensure that product is made available,” he said.


PhRMA, from Page 3

stakeholders to improve the program, Mit Spears, PhRMA’s executive vice president and general counsel, said Oct. 2.

“To achieve this important objective, it is critical that the [340B] program operates in a manner consistent with the clear and unambiguous direction of Congress,” he added.

HHS Tuesday moved to stay the proceedings in the case until the ongoing government shutdown is resolved. PhRMA said it would agree to a stay if HHS would also suspend implementation of the final rule while the shutdown is underway. The government agency has so far declined to do so, prompting PhRMA to oppose the stay due to the “significant and irreparable harm” to its members that “mounts on a daily basis.”

To view PhRMA’s lawsuit, go to www.fdanews.com/ext/files/10-02-13-PhRMA.pdf. — Melissa Winn
PhRMA Asks FDA to Let Industry Self-Regulate Trial Transparency

The drug industry itself is in the best position to decide how to make preclinical and clinical trial data more widely available, according to PhRMA.

In comments to the FDA, the trade group points to limited agency resources as one important reason for leaving transparency initiatives in the hands of industry, as well as industry’s experience with de-identifying data to protect the privacy of study subjects.

The FDA in June issued a request for comment on the topic, generating almost three dozen responses from various stakeholders (WDL, June 10). Responding to the rush of replies, the agency said Oct. 1 the comment deadline has been extended out to Oct. 31.

Around the time of the solicitation, FDA Commissioner Margaret Hamburg said the agency was watching efforts by the European Medicines Agency (EMA) to oversee publication of trial data “with great interest,” but stopped short of expressing support for a similar initiative in the U.S.

Feeling Patent Pain, Eli Lilly Places Hopes on Pipeline Prosperity in 2014

Eli Lilly is hoping to win several drug approvals next year to weather expiring patents, but for now it plans to cut back on operating expenses to stay competitive. Sluggish growth in certain emerging markets has put a damper on sales, the pharma giant noted Oct. 3.

The new cost-cutting plan comes despite the drugmaker having the strongest pipeline in the company’s 137-year history, with 13 candidates in Phase III or in regulatory review. But patents for two Lilly blockbusters are expected to expire before the pipeline produces drugs ready to market: the anxiety drug Cymbalta (duloxetine HCl) and osteoporosis drug Evista (raloxifene).

Lilly told investors it plans to reduce operating expenses and incrementally repurchase $5 billion in company stock.

PhRMA reiterated those principles in its response to the FDA, saying they justify industry self-regulation of clinical trial transparency.

While PhRMA outlined the potential roadblocks to increased trial transparency, the Biotechnology Industry Organization offered a potential roadmap for instituting an EMA-style initiative. The three-step plan involves FDA evaluation of existing data-sharing initiatives, to learn what does and doesn’t work; development of a pilot program based on what it learned, preferably focused on a disease area troubled by past trial failures; and the publication of another request for comment on its trial transparency plan before making any final decisions.

Meanwhile, the company is crossing its fingers that its long-term innovation strategy will begin bearing fruit by at least mid-2014 — hopes shared by some Wall Street analysts, who appear particularly bullish about Lilly’s ramucirumab as a therapy for gastric cancer.

The company pointed to U.S. and European regulatory submissions for two Type 2 diabetes drugs empagliflozin, which it is developing with Boehringer Ingelheim, and dulaglutide. It also touted positive results for necitumumab for patients with metastatic squamous non-small cell lung cancer, and expects a regulatory submission next year.

Phase III outcomes from Eli Lilly’s ramucirumab showed the drug was effective in treating gastric cancer, but failed to show the same for breast cancer.

Lilly is also committed to advancing its Alzheimer’s drug, solanezumab. Fresh Phase III trials are just now getting underway. — Robert King
Glass Issues Continue to Plague Hospira

Hospira late last month recalled one lot of metoclopramide injection, USP and two lots of ondansetron injection, USP due to glass issues. This time a supplier is to blame, Hospira said.

The market correction was made due to a confirmed vial defect where glass strands were observed affixed to the inside of the vial walls, the generic injectable drugmaker said Oct. 1.

The problem lots were distributed nationwide between June and September 2013.

The recall is the latest in a string of market corrections related to glass particulates and overfills for the company. The recalls come amid efforts to fix manufacturing shortfalls at Hospira's Rocky Mount, N.C., plant and elsewhere (WDL, Aug. 27, 2012).

Mass. Lawmakers Pass Compounding Bill

The Massachusetts House Oct. 2 unanimously approved a bill that would mandate tougher state regulations on drug compounding pharmacies. The state's New England Compounding Center was at the heart of last year's deadly meningitis outbreak that sparked a national debate over regulating compounders (WDL, Oct. 29, 2012).

The legislation, approved by state lawmakers in a 155-0 vote, incorporates several recommendations made by Gov. Deval Patrick (D) in the aftermath of the outbreak, including a requirement that compounders report their drug production by type and volume.

The bill, which now goes to the Senate, would require special licenses for compounding pharmacies and require by law that they be subject to unannounced inspections.

The bill also includes whistleblower protection for pharmacy workers; a requirement that the state track all sterile compounded drugs made by state-licensed pharmacies and; a requirement that compounding pharmacies report adverse events, such as illnesses or unintended drug reactions.

Upsher-Smith, Lundbeck Research PKAs

Upsher-Smith Laboratories said Oct. 1 its UK subsidiary Proximagen has entered into a preclinical development agreement with Denmark-based Lundbeck to expand its protein kinase (PKA) inhibitors research program. The transaction is part of Upsher-Smith's strategy to expand its current product portfolio of branded drugs, the company said. Specific terms related to the deal have not been disclosed.

Erbitux Shows New Promise

Merck KGaA said Sept. 28 that new data from a Phase III trial of its colon cancer drug Erbitux (cetuximab) extended the lives of a sub-group of patients with advanced colon cancer on average seven and a half months longer than those taking competitor Roche's Avastin (bevacizumab).

The findings showed new promise for Erbitux in a sub-group of patients with a certain type of "wild-type" tumors. Merck announced earlier this year its drug had failed to shrink tumors more than Avastin.

---

**COURT ACTIONS**

Recent federal court actions involving the FDA and drug industry:

<table>
<thead>
<tr>
<th>Party Name</th>
<th>Court</th>
<th>Case Number</th>
<th>Date Filed</th>
<th>Most Recent Action Date</th>
<th>Most Recent Action</th>
<th>Case Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>PhRMA v. HHS, HRSA et. al.</td>
<td>United States District Court for the District of Columbia</td>
<td>13-01501</td>
<td>9/27/13</td>
<td>10/1/13</td>
<td>PhRMA opposed HHS motion for stay of proceedings during government shutdown</td>
<td>340B orphan drug exclusion rule</td>
</tr>
<tr>
<td>Eisai v. DEA</td>
<td>U.S. Court of Appeals for the District of Columbia Circuit</td>
<td>13-1243</td>
<td>8/19/13</td>
<td>9/4/13</td>
<td>Eisai filed reply to memorandum of law and fact</td>
<td>Scheduling of controlled substance</td>
</tr>
</tbody>
</table>
Lynne Yao is associate director, Pediatric and Maternal Health Staff (PMHS), in CDER’s Office of New Drugs. PMHS oversees initiatives that promote and necessitate the study of drugs and biological products in the pediatric population and improve pregnancy and lactation-related information in product labeling.

**WDL:** How has the FDA tried to incentivize more pediatric drug development?

Pharmaceutical labels for approximately 80 percent of drugs prior to 1997 had no information for children at all in any pediatric age group. Laws were passed to address that gap — the Food and Drug Modernization Act of 1997 (FDAMA), which ultimately led to the Best Pharmaceuticals for Children Act (BPCA) and the Pediatric Research Equity Act (PREA). These two pieces of legislation have changed the landscape of pediatric drug development and provided both incentives and requirements for companies that were developing drugs to consider for children.

BPCA provides an incentive for drug companies to conduct FDA-requested pediatric studies by granting an additional six months of marketing exclusivity.

PREA requires drug companies to study their products in children under certain circumstances. When pediatric studies are required, they must be conducted with the same drug and for the same use for which they were approved in adults.

**WDL:** What are some key issues drugmakers should take into consideration in pediatric drug development?

As with any development program, in order to be successful, it requires careful planning. The other piece which I think is true is early and consistent communication with the FDA, so that when a problem arises it’s something the FDA can hear about, consider and help the sponsors work through.

Other issues unique to drug development for children include formulation and metabolism of the drug. For example, a young child who can’t swallow a pill and the formulation that is currently being evaluated for approval is a pill form. You’re going to have to develop a formulation, if necessary, that would be appropriate to use in a younger child.

Also, children are not just little adults and they may metabolize or absorb a drug in a different way than an adult does. So it is important that we know those characteristics, the pharmacokinetic and pharmacodynamics considerations that may be different in children. That will lead to the ability to identify the appropriate dose for a child.

**WDL:** What are some ways sponsors can improve their ability to get more drugs for children on the market?

One of the things we have the ability to do, which is different than adults and I think helps to speed the development of drugs for children, is this concept of extrapolation. We can extrapolate the efficacy if we know that the pathogenesis of the disease is similar in adults and children, and the mechanism of action of the drug would be similar in adults in children. So, there’s an ability to not have to do full-blown double-blind, placebo-controlled efficacy trials in children if there’s an ability to extrapolate from adult efficacy.

Importantly, you can’t extrapolate dosing or safety. You still have to have that data collected in children and evaluated. But the ability to extrapolate really decreases the time, money and effort required for pediatric trials.

Under PREA, the FDA can waive studies in children if the studies are not necessary. In some cases, the agency has also allowed sponsors to defer pediatric studies, depending on the circumstances.
In the wake of the House’s approval of the bill, various industry stakeholders have voiced support for the proposal’s track-and-trace provisions, including PhRMA, GPhA and the Healthcare Distribution Management Association, which represents large drug wholesalers.

Michael Rose, vice president of supply chain visibility for Johnson & Johnson, praised House and Senate lawmakers Sept. 30 for keeping the issue alive, telling WDL congressional leaders played a key part in helping stakeholders reach “alignment” on a once-elusive federal solution.

The legislation would immediately preempt state laws and require all stakeholders along the supply chain to develop an interim pedigree system that keeps track of product transactions within one year of enactment. Within a decade after its enactment, pharmaceutical companies would be required to develop an electronic and interoperable unit-level traceability system.

Reaction from pharmacies to the bill’s compounding component was less uniform, ranging from hostile to “neutral” — a position the Professional Compounding Centers of America settled on. The group lauded the bill’s centerpiece provision, making it voluntary for compounders to become an “outsourcing facility” governed by the FDA. However, the group said the legislation needs “additional improvements” to provide exemptions for certain kinds of pharmacy practice.

The FDA says it supports efforts to give agency inspectors the power to review pharmacy documents and to require compounding pharmacies of high-risk drugs to register with the agency and report adverse events.


ANDAs, from Page 5

The agency warns that ANDAs backed by a single failed study will be stamped “refuse to receive,” as will applications submitted with a non-recommended in vivo study that lacks adequate justification.

If an application contains fewer than ten minor deficiencies, or those the agency considers to be easily remedied, the FDA will notify the applicant by phone, fax or e-mail. Those ANDAs with 10 or more minor deficiencies or one or more major deficiencies will be considered unfinished by the FDA and will receive “refuse-to-receive” designation.

“The sponsor may decide to submit additional materials to correct the deficiencies, but the resulting amended ANDA will be considered a new ANDA submission … and requiring a new GDUFA fee,” the draft guidance states. It also spells out the appeals process for “refuse-to-receive” letters.

A Summit on FDA Inspections Policies ... Practices ... and Plans for the Future
Presented by FDAnews

FDA Inspections Skyrocket ... All to Feel the Impact: Drugs, Devices, Biologics ... Global Push for Drug and Device Safety ... How Will Industry Cope? ... The Eighth Annual FDA Inspections Summit

Oct. 23–25, 2013 • Bethesda North Marriott Hotel & Conference Center • Bethesda, MD

EIGHTH ANNUAL
FDA INSPECTIONS
SUMMIT

10 DISTINGUISHED FDA REPRESENTATIVES

JOHN TAYLOR III
Counselor to the Commissioner and Acting Deputy Commissioner for Global Regulatory Operations and Policy, OC, FDA (invited)

DR. LESLIE BALL
Assistant Commissioner for International Programs, Deputy Director, Office of International Programs, Office of Global Regulatory Operations and Policy, FDA

ELIZABETH DICKINSON
Chief Counsel, OC, FDA (invited)

RICK FRIEDMAN
Associate Director, Office of Manufacturing & Product Quality, CDER, FDA (invited)

DAVID GLASGOW
Director, Division of Domestic Field Investigations, ORA, FDA (invited)

RACHEL HARRINGTON
CSO, Drug Specialist, ORA, FDA, Baltimore District

BRIAN HASSELBALCH
Acting Associate Director, Policy and Communication, OMPQ, CDER, FDA (invited)

LORI LAWLESS
SCSO, Medical Device Specialist, ORA, FDA, Baltimore District

ERIN MCFIREN
Consumer Safety Officer, ORA, FDA, Baltimore District

GRACE MCNALLY
Senior Policy Advisor, OC, CDER, FDA (invited)

DIANE AMADOR TORO
District Director, ORA, FDA, Parsippany District

KIMBERLY TRAUTMAN
Associate Director, International Affairs, Medical Device International Quality Systems Expert, Office of the Center Director, CDRH, FDA (invited)

BARBARA K. IMMEL
Chair, President, Immel Resources LLC
A leading consultant in quality systems, regulatory compliance and training for more than 27 years, Barbara K. Immel is one of the most listened-to voices in FDA-regulated industry. She chaired last year’s Summit.

“Barbara was simply fantastic,” said attendee Nicole Landreville, Xltek.

Visit www.FDAInspectionsSummit.com or call (888) 838-5578
Attendees will learn inspections and importing standards. under FDASIA and how it will impact companies’ strategy for implementing the new authorities increase in foreign inspections since 2008. In this impacted international inspections, with a 168% million shipments annually. This has dramatically has quadrupled, and there are now more than 24 regulated shipments at more than 300 US ports standards. In the past 10 years, the number of FDA—many with less sophisticated and strict stan—

You’ll also take away:
■ Developing inspection procedures
■ Tips for handling a difficult inspector
■ Following up after an FDA inspection
■ Responding to inspectional observations
■ The closeout meeting with management

Frederick Branding, Principal, Olsson Frank & Weeda

SUMMIT AGENDA

DAY ONE: THURSDAY, OCT. 24

8:00 a.m. – 8:45 a.m. Registration and Continental Breakfast
8:45 a.m. – 9:00 a.m.
Opening Comments by Chairperson Barbara Immel, President, Immel Resources LLC (Chairperson)
9:00 a.m. – 10:00 a.m.
FDA KEYNOTE — FDA’s Strategy for Protecting the Global Supply Chain
Today, nearly 40 percent of finished drugs are imported, and nearly 80 percent of active ingredients come from overseas sources. The US imports from more than 150 different countries, many with less sophisticated and strict standards. In the past 10 years, the number of FDA-regulated shipments at more than 300 US ports has quadrupled, and there are now more than 24 million shipments annually. This has dramatically impacted international inspections, with a 168% increase in foreign inspections since 2008. In this talk, John Taylor III dissects the FDA’s globalization strategy for implementing the new authorities under FDASIA and how it will impact companies’ inspections and importing standards.

Attendees will learn:
■ How the FDA plans to implement FDASIA on a global scale
■ Challenges of globalization of FDASIA for imports into the US and how the FDA will respond to these issues
■ Threats throughout the drug supply chain and global supply chain risks
■ Why the FDA is transforming from a domestic safety agency to an agency fully prepared for a rapidly changing global environment

John Taylor III, Counselor to the Commissioner and Acting Deputy Commissioner for Global Regulatory Operations and Policy, OC, FDA (invited)

10:00 a.m. – 11:00 a.m.
The 10 Best — and 10 Worst — Things to Do When FDA Staff Are on Site to Conduct an Inspection: Panel Discussion
The behavior of drug or device company staff during an inspection can run the gamut from supremely professional to downright comical. There are the stories of crack teams of QA/RA professionals who have every document and every answer an investigator needs, and then there are stories of firms that refuse to let the investigator into the plant. This panel takes the best and worst of the industry’s performance and combines it into one great lesson for you and your staff. This year’s panelists have seen it all and are here to give you the skinny on how to pass your upcoming inspection with flying colors.

Special Focus: On July 12 the FDA issued a draft guidance entitled, “Circumstances that Constitute Delaying, Denying, Limiting, or Refusing a Drug Inspection.” Attendees will be provided a copy of the guidance and panelists will go through the guidance and its examples and offer their insights into how industry can best comply.

Moderator: John Avellanet, Managing Director & Principal, Cerulean Associates LLC

Panelists:
David Glasgow, Director, Division of Domestic Field Investigations, ORA, FDA (invited)
Elaine Messa, Executive Vice President of the Medical Device Practice, Becker & Associates Consulting; former Director of the Los Angeles District, FDA

11:00 a.m. – 12:15 p.m.
FDA’s Clinical Trial Inspections in China — Lessons Learned From the First 5 Years
FDA established its China office in 2008, with the goal of strengthening cooperation with Chinese regulatory officials, providing relevant Chinese entities information about FDA requirements, and increasing FDA inspections in China. Since then,
FDA has made great strides in deepening its relationship with Chinese counterparts and increasing its understanding of the Chinese regulatory system for medical products in China. In this presentation, Dr. Leslie Ball will dissect the findings of her recent trip to China and what lessons have been learned from the first five years of the China FDA office.

**Attendees will learn:**
- Which trial sites are directly regulated and inspected by the FDA
- Challenges in ensuring the integrity of clinical trials conducted in China
- Lessons learned from a three-part training program with CFDA
- Common mistakes and risk factors for noncompliance

**Dr. Leslie Ball**, Assistant Commissioner for International Programs, Deputy Director, Office of International Programs, Office of Global Regulatory Operations and Policy, FDA (invited)

**12:15 p.m. – 1:00 p.m.**
Kiss & Tell: How to Prove to the FDA Investigator that Your Outsourcing Oversight Works
With the enforcement of FDASIA in full swing and new warning letters citing firms and executives under the Park Doctrine for poor supplier oversight, learn what you need to prove to an FDA investigator that you are in control of your outsourced, regulated activities.

**Attendees will learn:**
- Key questions FDA investigators ask to uncover weak or missing supplier oversight
- Specific supplier oversight elements to clearly document in your annual quality system management review or annual product review
- Documents to obtain and retain from your suppliers every year
- Components of a supplier dossier that will show every FDA investigator that you are in control
- How to document accountabilities in your contracts to please the FDA and frustrate product liability lawyers

**John Avellanet**, Managing Director & Principal, Cerulean Associates, LLC

**1:00 p.m. – 2:00 p.m. Lunch**

**2:00 p.m. – 2:45 p.m.**
EU and US Joint Inspections: Data as the Cornerstone for the Future
It’s never been more important for pharmaceutical companies to comply with both Annex 11 and Part 11. Today, computerized automation is a key element of any manufacturing and distribution area of pharmaceutical manufacturing; therefore, the requirements for data integrity are now considered a fundamental expectation for all types of systems, including laboratory and process control systems.

**Attendees will learn:**
- Differences between European and US regulations addressing the use of computerized systems in regulated activities
- Part 11 and Annex 11: a common approach to computerized systems validation compliance
- Understanding data integrity as the cornerstone for future inspections

**Gilda D’Incorti**, CEO, Pharma Quality Europe

**2:45 p.m. – 3:30 p.m.**
Warning Letter Recovery Strategies — What to Do When You’ve Been Hit with Repeat Violations
Recently, the FDA has been cracking down on repeat offenders and offering up tough talk within 483s and warning letters. Firms dinged for multiple and repeat violations at the same facilities are deemed high risk and will face years of FDA scrutiny. If you’ve been cited for multiple or repeated violations it’s time to employ a warning letter recovery strategy. But where to begin? Drawing on decades of experience, this presentation will provide a roadmap to recovery.

**Attendees will learn:**
- How to convert your root cause analysis investigations into actionable operational compliance strategies
- Best practices for interacting with the FDA after the agency has placed you in a high-risk status
- Tips for managing staff that must work under consent decrees and third-party auditors

**Marie McDonald**, Senior Director, Quality & Compliance Consulting, Quintiles

**3:30 p.m. – 4:15 p.m. Networking Break**

**4:15 p.m. – 5:00 p.m.**
**Medical Device Track**

**11:20 a.m. – 11:30 a.m.**
**Moderator Comments**

**Moderator:**

**Dan’O’Leary**, President, Ombu Enterprises LLC

**11:30 a.m. – 12:15 p.m.**
Case Study: Domestic Importer Hit with Warning Letter Thanks to Overseas Supplier
A US-based company received a warning letter for problems identified in a facility inspection. The company is registered with the FDA and acts only as an importer. All the complaint investigation and MDR filings occur at its parent company outside the US. The US company received a very strong 483, and responded with corrective action. In addition, it applied for an MDR exemption and it was granted (meaning it does not have to file MDRs because it would be duplicative). In spite of this, it received a warning letter. Could the company have done anything differently to avoid the warning letter? What can it do going forward to prevent this from happening in the future? This interactive presentation will assess this nuts-and-bolts case study.

**Attendees will learn:**
- When to push back during the FDA inspection
- How to respond to the 483

**Gilda D’Incorti**, CEO, Pharma Quality Europe

**1:00 p.m. – 2:00 p.m. Lunch**

**2:00 p.m. – 2:45 p.m.**
An FDA Investigator’s Viewpoint: How to Assure Your Seven Subsystems are in Compliance and Linked Together
In 15 years, FDA medical device specialist Lori Lawless has seen every violation of the medical device QSR that you can think of. This top-rated speaker will create a lively and informative discussion about the Quality Systems Inspection Technique (QST) approach to inspections. Lawless will describe how she asks for information, analyzes that information and writes EIR and Form 483 reports using the QST and QSR framework.

**Attendees will learn:**
- Things that go wrong in the future? This interactive presentation will provide a roadmap to recovery.
- When should you weigh in to make certain your company is in the know? How do you convert your root cause analysis investigations into actionable operational compliance strategies?
- What does the FDA do when it receives a complaint investigation and MDR filings occur at its parent company outside the US? The US company received a very strong 483, and responded with corrective action. In addition, it applied for an MDR exemption and it was granted (meaning it does not have to file MDRs because it would be duplicative). In spite of this, it received a warning letter. Could the company have done anything differently to avoid the warning letter? What can it do going forward to prevent this from happening in the future? This interactive presentation will assess this nuts-and-bolts case study.

**Dr. Leslie Ball**, Assistant Commissioner for International Programs, Deputy Director, Office of Global Regulatory Operations and Policy, FDA (invited)

**Visit www.FDAInspectionsSummit.com or call (888) 838-5578**
Attendees will learn:
- How to assure the EU’s holistic approach to risk management and QMS assessment are covered in your risk management strategy
- What auditors are looking for and ways to assure that your documentation meets EN ISO 14971:2012 and hence the MDDs
- Pointers to how firms can properly plan for and document their QMS assessments to ensure compliance with the MDDs

Dr. Ibim Tariah, Technical Director, BSI Healthcare Solutions

3:30 p.m. – 4:15 p.m. Networking Break

PLENARY SESSION PANEL DISCUSSION

4:15 p.m. – 5:30 p.m.
A Day in the Life of FDA’s Field Investigators – Current and Former Field Investigators Explain What They Look for and Why and What’s on the Horizon: Plenary Panel Discussion

Ever wonder what an investigator is thinking when they receive their next inspection assignment? Investigators typically review their assignments, research the company or plant they are about to inspect and call on colleagues to help them with any questions. Then their training kicks in and they follow a framework for inspections. This presentation will give you a glimpse into the inner workings of an investigator’s mindset before, during and after their inspections:

Attendees will learn:
- What does an investigator’s prep package contain?
- What research – both internal and external – do they use to prepare themselves for your company, plant and products?
- What do they look for once inside your plant?
- How they apply QSIIT and other inspectional techniques to the QSR
- Why they include items in the EIR and Form 483 and how they take into account your comments

Moderator:
Lori Lawless, SCSEO, Medical Device Specialist, ORA, FDA, Baltimore District

Panelists:
Tim Wells, President, QualityHub; former Team Leader for the QSIIT Project, CDRH, FDA
Diane Amador Toro, District Director, ORA, FDA, Parsippany District
Larry Spears, Director, Deloitte & Touche LLP, former Deputy Director for Regulatory Affairs at CDRH, FDA

5:30 p.m. – 6:30 p.m. Networking Reception

DAY TWO – FRIDAY, OCT. 25, 2013

8:00 a.m. – 8:45 a.m. Continental Breakfast

8:45 a.m. – 9:00 a.m.
Opening Comments by Chairperson
Barbara Immel, President, Immel Resources LLC (Chairperson)

9:00 a.m. – 10:00 a.m.
FDA KEYNOTE — Top Inspection-Related Legal Issues to Watch
The FDA expects industry to comply with regulations. But sometimes the agency and industry just can’t agree, and the courts have to take over to settle disputes. For example, there’s a brewing controversy on whether the FDA has the legal right to take photographs within your facility. The FDA is confident it can. Industry and outside counsel say no. Might this come to a head in a legal battle? Only time will tell. This and many other disputes are handled by the FDA’s chief counsel’s office. This presentation, by the FDA’s top legal officer, will highlight the agency’s current legal thinking on the industry’s most pressing topics.

Attendees will learn:
- What should firms be doing now to comply with the new legal requirements?
- What are investigators being told to look for during inspections, and what sorts of gaps might lead to a 483 observation today that would not have previously?
- How far down the supply chain must companies now audit? API companies, excipient suppliers, container manufacturers and precursor chemicals?

Moderator:
David Chesney, Vice President and Practice Lead, Strategic Compliance Services, PAREXEL Consulting; former FDA District Director for the San Francisco office

Panelists:
Rick Friedman, Associate Director, Office of Manufacturing & Product Quality, CDER, FDA (invited)
Brian Hasselbalch, Acting Associate Director, Policy and Communication, OMPP CDER, FDA (invited)
Grace McNally, Senior Policy Advisor, OC, CDER, FDA (invited)

10:00 a.m. – 10:45 a.m.
Writing (And Ensuring) Good Failure Investigations and CAPA Reports
A good CAPA starts with a solid investigation and a well-written report. Barbara Immel, with 31 years of industry experience in quality assurance, regulatory compliance and training, will provide a roadmap on how to successfully write and ensure a good investigation to prevent future citations.

Attendees will learn:
- How to use the “CAPA starburst” approach to quality data trending
- Examples of recent FDA inspection findings
- 22 great investigation tools for a successful investigation
- Roadmap to inverted pyramid writing style
- How to determine root cause
- The three key sections of a good investigation

Barbara Immel, President, Immel Resources LLC (Chairperson)

10:45 a.m. – 11:00 a.m. Refreshment Break

11:00 a.m. – 12:00 p.m.
FDASIA Year 2: Where Are We and What’s Ahead for Supply Chain Regulation? Panel Discussion
It’s been a year since FDASIA required formal control over the pharma supply chain. But the agency still hasn’t modified the regulations to reflect the change in the law. This panel discussion, moderated by an ex-FDAer and consisting of current FDA officials, will provide answers.

Attendees will learn:
- What SDAXA has done to comply with the new legal requirements?
- What are investigators being told to look for during inspections, and what sorts of gaps might lead to a 483 observation today that would not have previously?
- How far down the supply chain must companies now audit? API companies, excipient suppliers, container manufacturers and precursor chemicals?
Summit Highlights & Special Offers

The FDA Inspections Summit — now in its eighth year — has fast become the “go-to” event for regulatory, compliance and quality assurance professionals and the one place to discover the tools and techniques to improve your inspectional readiness.

Can’t make it to the Eighth Annual FDA Inspections Summit?

LIVE STREAM IT!

We know that not everyone can travel to the Eighth Annual FDA Inspections Summit, so we have decided to stream it live! It’s a great way to see sessions as they happen. Registration is quick, and accessing the live sessions is as simple as clicking your mouse.

Benefits include:
- The live stream is available from your computer or mobile device.
- Watch the live-streaming video of the presenter and view the presentation materials in real-time.
- Easily download presentation materials and any other supporting documents provided.
- Ask questions of the speakers during the live conference from your home, office or on the go with your mobile device.
- BONUS: A streaming video registration includes six-month access to archived session recordings after the conference.

Testimonials

“Excellent conference. Thank you for putting it together!”
— Stephanie Hendrickson, Life Sciences Quality and Compliance, Accenture

“The summit was very informative. There were powerful insights about FDA that I took away from the summit. It will be helpful in setting strategy for my organization.”
— Raghu Jainapur, Director of Quality Assurance, Roche

“I liked the breadth and knowledge of the speakers.”
— Daniel Bolle, Manager, Supplier Quality, Baxter Healthcare

“Very well rounded; included most recent FDA developments; interesting as always.”
— Johanna Stamates, Executive Director, Regulatory Support and Quality Assurance, University of Miami

Who Should Attend

- Executive Management
- Regulatory Affairs
- Quality Assurance/Quality Control
- Legal and Compliance Officers
- Clinical Research Directors
- Consultants/Service Providers

Team Discounts

Significant tuition discounts are available for teams of two or more from the same company. You must register at the same time and provide a single payment to take advantage of the discount.
Call (888) 838-5578 for details.

About the Conference Chair

Barbara K. Immel is president of Immel Resources LLC, a management consulting firm specializing in quality systems, regulatory compliance and training. For more than 30 years, Ms. Immel has been one of the most listened-to voices in FDA-regulated industry. She has taught at the Universities of California-Berkeley, Wisconsin, Georgia and Stanford; authored more than 50 articles in industry journals; and written the Quality Assurance chapter in Dekker’s Encyclopedia of Pharmaceutical Technology. She is a former compliance columnist for BioPharm Magazine and is currently the editor of the Immel Report™ newsletter.

Sponsors

Silver:

Bronze:

© Copyright 2013 by FDAnews
Registration and Hotel Details
Bethesda North Marriott Hotel & Conference Center
5701 Marinelli Rd.
Bethesda, MD 20852
Toll free (800) 859-8003
Tel: +1 (301) 822-9200
http://www.bethesdanorthmarriott.com
Room Rate: $209 single or double (plus 13% tax)
Hotel reservation cutoff date: Oct. 1, 2013

Exhibit and Sponsorship Opportunities
For exhibit and sponsorship opportunities at this event, please contact:
Jim Desborough, Business Development Director
Phone: +1 (703) 538-7647
Email: jdesborough@fdanews.com

Complete Summit
Tuition includes preconference workshop, all conference sessions, conference and workshop materials, two breakfasts, one luncheon, one reception and refreshments.

Conference Only
Tuition includes all conference presentations, conference materials, two breakfasts, one luncheon, one reception and refreshments.

PreConference Workshop Only
Tuition includes preconference workshop, workshop materials and refreshments.

Cancellations & Substitutions
Written cancellations received at least 21 calendar days prior to the start date of the event will receive a refund — less a $200 administration fee. No cancellations will be accepted — nor refunds issued — within 21 calendar days of the start date of the event. A credit for the amount paid may be transferred to any future FDAnews event. Substitutions may be made at any time. No-shows will be charged the full amount. In the event that FDAnews cancels the event, FDAnews is not responsible for any airfare, hotel, other costs or losses incurred by registrants. Some topics and speakers may be subject to change without notice.

FOUR EASY WAYS TO REGISTER
Online: www.FDAInspectionsSummit.com
Fax: +1 (703) 538-7676
Phone: Toll free (888) 838-5578 (inside the U.S.) or +1 (703) 538-7600
Mail: FDAnews, 300 N. Washington St., Suite 200
Falls Church, VA 22046-3431 U.S.A.

Yes! I want to attend the EIGHTH ANNUAL FDA INSPECTIONS SUMMIT.
Sign me up for the option(s) I’ve selected below:

<table>
<thead>
<tr>
<th></th>
<th>Early Bird Fee through Sept. 23, 2013</th>
<th>No. of Attendees</th>
<th>Regular Fee Sept. 23 – Oct. 25, 2013</th>
<th>No. of Attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete Summit</td>
<td>$1,797</td>
<td></td>
<td>$1,997</td>
<td></td>
</tr>
<tr>
<td>Conference Only</td>
<td>$1,597</td>
<td></td>
<td>$1,797</td>
<td></td>
</tr>
<tr>
<td>Preconference Workshop Only</td>
<td>$597</td>
<td></td>
<td>$697</td>
<td></td>
</tr>
<tr>
<td>Livestreaming Full Conference (including 24/7 access to the content for six months after the event)</td>
<td>$1,297</td>
<td></td>
<td>$1,497</td>
<td></td>
</tr>
<tr>
<td>TOTAL PAYMENT</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

Attendee 1: Name ____________________________________ Title ____________________________ Email ____________________________________

Attendee 2: Name ____________________________________ Title ____________________________ Email ____________________________________

Email address (so you can receive order acknowledgements, updated news, product information and special offers)

Company Information
Organization__________________________________________________________
Address________________________________________________________________
City __________________________ State _______ Zip ________________________
Country ______________________________________________________________
Phone __________________________ Fax ________________________________

Payment Options
☐ Check enclosed, payable in U.S. funds to FDAnews
☐ Charge to: ☐ Visa ☐ MasterCard ☐ American Express

Credit card no. _______________________________________________________
Expiration date ______________________________________________________
Total amount $________________________________________________________
Signature ____________________________
(Signature required on credit card and bill-me orders)

Print name __________________________________________________________
☐ Bill me/my company $________________________________________________
Purchase order # ____________________________________________________
(Payment is required by the date of the conference.)

© Copyright 2013 by FDAnews
Managing Contract Manufacturers and Testing Labs

Problems with a contract manufacturer or lab can emerge in dozens of unexpected places, from changes in personnel or equipment to faulty SOPs and training, the list can seem impossible to tame. Until now. This comprehensive, step-by-step guide is written by the foremost authorities in the pharmaceutical manufacturing field. It will walk you through an exhaustive, 45-topic analysis of managing contractors. Plus it’s loaded with tools and samples that will make your contract manufacturing headaches disappear.

Managing Contract Manufacturers and Testing Labs walks through the all the steps necessary for managing contract manufacturers, from selection of a company to auditing of ongoing operations, it addresses all the topics you’ll need to consider when contracting, including:

- Manufacture of development or pilot batches;
- Procurement of primary and secondary packaging materials;
- Procurement of raw materials, excipients and active pharmaceutical ingredients;
- Approval of the starting materials;
- And much more!

In addition to step-by-step guidance, this report includes tools you can put to use today, including:

- Model Contract Frameworks
- Model SOPs
- Sample Audit Checklists
- And more

Plus a troubleshooting guide to the most common mistakes made in contracting services.

☐ Yes! Please send me _____ copy(ies) of Managing Contract Manufacturers and Testing Labs at the price of $377 each for the format I’ve selected:
  ☐ Print  ☐ PDF

Name _________________________________________________________
Title __________________________________________________________
Company ______________________________________________________
Address _________________________________________________________
City________________________ State __________ Zip code _________
Country _______________________________________________________
Telephone _______________________________________________________
Fax ___________________________________________________________
Email __________________________________________________________

METHOD OF PAYMENT
☐ Check enclosed (payable to FDAnews)
☐ Bill me/my company. Our P.O.# _______________________
☐ Charge my credit card:
  ☐ Visa  ☐ MasterCard  ☐ American Express
Credit card no. _______________________________________
Expiration date _______________________________________
Signature ___________________________________________
(Signature required on credit card and bill-me orders)

FOUR EASY WAYS TO ORDER
1. PHONE: Toll free (888) 838-5578 or +1 (703) 538-7600
2. WEB: www.fdanews.com/40430
3. FAX: +1 (703) 538-7676
4. MAIL: FDAnews
   300 N. Washington St., Suite 200
   Falls Church, VA 22046-3431

Add $10 shipping and handling per book for printed books shipped to the U.S. and Canada, or $35 per book for books shipped elsewhere. Virginia customers add 5% sales tax.