



March 9, 2020

[Submitted electronically via <https://www.regulations.gov>]

Stephen M. Hahn, MD
Commissioner
Food and Drug Administration
Department of Health and Human Services
5630 Fishers Lane, Room 1061
Rockville, MD 20852

RE: Importation of Prescription Drugs Proposed Rule, Docket No. FDA-2019-N-5711

Dear Commissioner Hahn:

Thank you for the opportunity to provide comments on the Food and Drug Administration's proposed rule on importation of prescription drugs. I am writing on behalf of the pharmacist members of the Missouri Pharmacy Association. Our pharmacists have an obligation to ensure that they provide safe, effective, high quality, and authentic drugs to patients. The FDA drug approval process and the secure, closed drug distribution system in the United States provide assurances that enable pharmacists to fulfill this obligation to their patients. FDA's proposed drug importation program introduces unnecessary risks to patient safety and threatens the ability to optimize medication outcomes working with patients, as these products are not distributed with the same safeguards as those products distributed in the US. The proposed program is also unlikely to result in a significant reduction in the cost of prescription drugs to the American consumer. The pharmacist members of the Missouri Pharmacy Association request that this proposed rule not be finalized.

The proposed importation program jeopardizes patient safety.

The proposed program bypasses important drug supply chain protections that were created to ensure that the drugs we provide to patients are safe. It creates drug supply chain gaps and vulnerabilities where counterfeits and other unsafe drugs could be introduced. This program would undermine the Drug Supply Chain Security Act (DSCSA), which ensures a closed supply chain to track and trace prescription drugs as they move from manufacturer to distributor to me, the pharmacist. These same safeguards do not exist in Canada. FDA's proposed rule creates a patchwork of interim supply chain measures that introduce gaps and loopholes in the supply chain as drugs are distributed from Canada into the U.S. Pharmacies have invested time and money to put DSCSA systems in place, and

the proposed rule creates a disincentive for further investment and compliance, especially for those pharmacies who are already financially constrained. I want our members to be able to reassure patients that the drugs they are taking are safe, effective, high quality, and authentic. They cannot do that if there are drugs that are able to bypass DSCSA protective measures.

The proposed importation program is unlikely to produce significant cost savings to American consumers.

High drug costs are a significant problem for American consumers and pharmacists I see the negative outcomes of that problem every day. We are committed to finding solutions for patients to ensure they have access to the medications they need, and we will continue to advocate for changes that we believe will have a real impact on lowering drug prices. FDA's proposed importation program is not a workable solution to lowering drug costs. Most of the highest-cost drugs for American consumers are carved out of the program, such as insulin and other biologics. For the drugs that are included in the proposed program, the additional costs associated with relabeling, testing, complying with the DSCSA workaround, and developing recall and adverse event reporting systems for the imported drugs would outweigh any cost savings realized from purchasing the drugs from Canadian rather than U.S.-based sellers or distributors.

In conclusion, I urge you not to finalize the proposed rule on importation of prescription drugs. The risk to patient safety, combined with the lack of cost savings, makes this proposal an unworkable solution for my patients and for American consumers in general.

Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron L. Fitzwater". The signature is fluid and cursive, with a long horizontal stroke at the beginning and a vertical stroke at the end.

Ron L. Fitzwater, MBA, CAE
Chief Executive Officer