

# [Mark Your Calendars: This Halloween, Don't Miss FDA's LDT Webinar](#)



The U.S. Food and Drug Administration (FDA) has announced an upcoming [webinar](#) on its [proposed rule](#) on the regulation of laboratory developed tests (LDTs).

The webinar is scheduled for **October 31, 2023 from 1:00 - 2:00 PM ET** and will include an overview of the proposed rule, a description of the proposed phaseout of FDA's general enforcement discretion approach to LDTs, and a question and answer session. Stakeholders must submit questions by **October 23, 2023** to be considered for the discussion.

For our detailed analysis of the 83-page proposed rule, please see our two-part Insight series: [Part I: Underpinnings of FDA's Proposed Rule](#) and [Part II: FDA's Proposed Phaseout Policy - Key Considerations & Open Questions](#).

If you have questions on the proposed rule or its potential impact, contact the authors or a member of the [Goodwin Life Sciences Regulatory & Compliance](#) team.

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## [FDA's Proposed Rule for Oversight of Laboratory Developed Tests: Part II: FDA's Proposed Phaseout Policy - Key Considerations & Open Questions](#)



After an over decade-long discourse amongst interested stakeholders, on October 3, 2023, FDA unveiled its [proposed rule and policy](#) to increase oversight over LDTs.

If finalized as proposed, FDA would implement a new "phaseout policy" that would, across five

stages and within four years, apply the same regulatory requirements applicable to in vitro diagnostics (IVDs) on the majority of clinical laboratories offering tests as LDTs. Once implemented, tests offered as LDTs that do not meet the applicable regulatory requirements, including premarket review and the quality system regulation, may be expected to come off the market.

In our [first post](#) in this Insight series, we recapped the underpinnings of the proposed rule and policy, including the significant discussions contained in the proposed rule on (1) the rationale for the agency's proposed phaseout policy and (2) FDA's legal authority for issuing the rule.

In this Insight, we provide our full analysis of FDA's proposed five-stage phaseout policy and the open questions that remain. Read the full Insight [here](#).

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## [Federal Court Strikes Down Copay Accumulator Programs](#)



### Summary:

On September 29, 2023, the U.S. District Court for the District of Columbia [vacated](#) a Trump-era rule from 2021 that allowed insurers to exclude drug manufacturer co-pay support coupons and assistance from a patient's annual cost-sharing caps. This practice, commonly referred to as a copay accumulator program, is typically used by insurance companies and pharmacy benefit managers to control drug spending, especially for high-cost specialty drugs, like those required by HIV patients.

Under typical prescription drug insurance programs, patients are obligated to pay a deductible and cost-sharing (i.e. a copay) throughout the plan year, up to an out-of-pocket spend cap. Once the patient hits that spend cap, the insurance company is responsible for the patient's prescription drug costs.

Under an accumulator program, on the other hand, an insurance company does not count a manufacturer's copay support (for example, a copay card that a patient presents at a pharmacy to cover the cost of the copay) towards a patient's annual deductible or out-of-pocket maximum. By excluding manufacturer copay support and coupons from patients' cost-sharing cap, this means that, even after a manufacturer's copay support is exhausted for the year, patients remain on the hook for all cost sharing obligations up to the insurance plan's out of pocket maximums. Many states have implemented laws to ban copay accumulator programs, asserting that such programs actually increase the financial burden on patients, especially with respect to specialty or more expensive drugs. As of June 2023, 19 states have implemented copay accumulator program bans.

[\*HIV and Hepatitis Policy Institute et al v. HHS\*](#) was brought by patient advocacy groups

including the HIV and Hepatitis Policy Institute and the Diabetes Patient Advocacy Coalition, among others, who challenged a May 2020 rule from HHS, the “Notice of Benefit and Payment Parameters for 2021” (85 Fed. Reg. 29164, 29230-35, 29261 (May 14, 2020)) (the “2021 NBPP”) that permitted insurers to impose accumulator policies. Plaintiffs opposed the accumulator program, asserting that manufacturer copay support should count *towards* calculating patients’ cost sharing obligations and should not be excluded from such calculations.

In ruling in favor of the plaintiffs on their motion for summary judgment, the U.S. District Court set aside the 2021 NBPP, largely supporting plaintiffs’ challenges that the 2021 NBPP rule’s language is internally contradictory, that it runs counter to the statutory definition of “cost sharing” found in the Affordable Care Act, and that it runs counter to the agencies’ pre-existing regulatory definition of “cost sharing.” HHS had previously defined “cost sharing” in a 2012 regulation as “any expenditure required by or on behalf of an enrollee with respect to essential health benefits,” which by its terms includes “deductibles, coinsurance, copayments, or similar charges, but excludes premiums, balance billing amounts for non-network providers, and spending for non-covered services.” *See* 45 C.F.R. 155.20. In other words, the regulation treats cost sharing as an “expenditure” by or on behalf of a plan enrollee. According to plaintiffs, and as affirmed by the court, this includes manufacturer copay assistance support.

The court disagreed with the government’s technical arguments regarding the language of the 2021 NBPP (i.e. that manufacturer copay support is actually a “reduction” in the amount the patient owes towards cost sharing or a reduction in the “actual economic impact” on the drug manufacturer and not an “expenditure”), concluding that the 2012 regulation was likely intended to define “cost sharing” as costs that are (1) required of an insurance plan enrollee and (2) paid by or on behalf of that enrollee – including manufacturer copay coupons and assistance.

It is unclear if the ruling will be appealed; however, as a result of the District Court’s ruling, the government will use an earlier 2020 version of the rule which allowed insurers to exclude from cost-sharing caps only copay support coupons for branded drugs that have available generic equivalents; if there is no generic equivalent, under the 2020 version of the rule, manufacturer copay support must be counted toward cost sharing.

**Conclusions:** The U.S. District Court ruling is a significant development for drug manufacturers who offer copay support as a means of providing relief to patients with respect to cost-sharing requirements under their insurance coverage as opposed to offering significant rebates, discounts, or other contracting strategies. However, manufacturers of branded drugs with a generic equivalent will still need to consider how copay accumulator programs could affect access in those states that have not yet banned the practice. Notably, in the wake of this ruling, patient advocacy organizations have indicated that they will continue to advocate for a comprehensive state and federal level ban on copay accumulator programs (*e.g.* [Immune Deficiency Foundation](#)).

Goodwin will continue to monitor any further developments in this case and the impact of copay accumulator programs on the market.

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## [FDA’s Proposed Rule for Oversight of](#)

# Laboratory Developed Tests: Part I: Underpinnings of FDA's Proposed Rule



On October 3, 2023, the U.S. Food and Drug Administration (FDA) published its widely anticipated [proposed rule](#) on the regulation of laboratory developed tests (LDTs). The proposed rule and policy are the latest in an over decade-long discourse amongst interested stakeholders - laboratories, IVD manufacturers, regulatory agencies, Congress, providers, and patients - as FDA has sought to enhance oversight over LDTs.

In this Insight, we recap the underpinnings of the proposed rule and policy, including the two lengthy discussions contained in the proposed rule on (1) the rationale for the agency's proposed phaseout policy and (2) FDA's legal authority for issuing the rule. Stay tuned next week for our additional analysis of the details of FDA's proposed five-stage "phaseout" policy and the open questions that remain.

Contact the authors or a member of the Goodwin [Life Sciences Regulatory & Compliance](#) team for any questions. Read the full Insight [here](#).

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## A Look Ahead in Life Sciences: What We Are Tracking in Q4 2023 and Beyond



As the life sciences, medtech, and diagnostic industries continue to expand and grow increasingly complex, so do the legal, regulatory, and compliance landscape. To help companies and investors navigate the many evolving and emerging laws and regulations across pharmaceuticals, biologics, medical devices, diagnostics, and laboratory testing, our Life Sciences Regulatory & Compliance team has provided an overview of key developments. We update and publish a quarterly tracker detailing these developments. You can read about the Q4 2023 updates [here](#).

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## [FDA Proposes Phased Approach to Regulating Laboratory Developed Tests](#)



On September 29, 2023, the U.S. Food and Drug Administration (FDA) posted and scheduled for publication its long-awaited [proposed rule](#) concerning FDA regulation of laboratory developed tests (LDTs). If enacted, the proposed rule would amend the Agency's regulations to make explicit that in vitro diagnostic products (IVDs) are devices under the Federal Food, Drug, and Cosmetic Act; and this includes when the manufacturer of the IVD is a laboratory.

Upon finalization of the rule, FDA proposes to phase out its general "enforcement discretion" approach for LDTs so that tests manufactured by a laboratory would generally fall under the same enforcement approach as other IVDs.

Comments to the proposed rule are due 60 days after the date of publication of the proposed rule in the Federal Register. We will provide our full analysis of the proposed rule in the coming days. Contact the authors or a member of the Goodwin [Life Sciences Regulatory & Compliance](#) team for any questions.

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## [Is it Biosimilar or Interchangeable? It Won't Be Easy to Tell Under FDA's Latest Draft Labeling Guidance](#)



Last week, [FDA released](#) a draft guidance, “[Labeling for Biosimilar and Interchangeable Biosimilar Products](#)” that—when finalized—will revise and replace its July 2018 final guidance, “[Labeling for Biosimilar Products](#).” FDA noted that this 2023 Draft Guidance reflects recommendations based on the “valuable experience about labeling considerations” that FDA has gained through its approval of 42 biosimilar products, including four interchangeable biosimilar products.

Notably, the 2023 Draft Guidance provides further recommendations regarding when to use a biosimilar or interchangeable biosimilar product name, and when to use the reference product name in labeling:

- The biosimilar or interchangeable biosimilar product’s proprietary name<sup>[11]</sup> (or if the product does not have a proprietary name, its proper name<sup>[21]</sup>) should be used when –
  - Information in the labeling is *specific to the biosimilar (or interchangeable biosimilar) product*, including such references to the product in the INDICATIONS AND USAGE, DOSAGE AND ADMINISTRATION, DESCRIPTION, and HOW SUPPLIED/STORAGE AND HANDLING sections, and/or
  - For “directive statements and recommendations for preventing, monitoring, managing, or mitigating risk,” including such references to the product in the BOXED WARNING, CONTRAINDICATIONS, WARNINGS AND PRECAUTIONS, and DRUG INTERACTIONS sections.
- When referring to the *drug substance* in the labeling, the biosimilar or interchangeable biosimilar product’s proper name should be used.
- When information *specific to the reference product* is described in the biosimilar or interchangeable biosimilar product’s labeling (for example, data from clinical trials of the reference product in the ADVERSE REACTIONS and CLINICAL STUDIES sections), the reference product’s proper name should be used.
- In sections of the labeling containing *information that applies to both the biosimilar (or interchangeable biosimilar) product and the reference product*—such as BOXED WARNING, CONTRAINDICATIONS, WARNINGS AND PRECAUTIONS, ADVERSE REACTIONS—the labeling should use the core name of the reference product followed by the word “products.”<sup>[31]</sup>

FDA acknowledges that the application of these recommendations is highly context-dependent and may not always be clear, but recommends that biosimilar and interchangeable biosimilar product sponsors evaluate all statements in product labeling carefully to determine the most appropriate product identification approach in each instance.

Another noteworthy aspect of the 2023 Draft Guidance is the Agency’s recommendation regarding the biosimilarity statement and footnote in the HIGHLIGHTS section of a biosimilar or interchangeable biosimilar product’s labeling.<sup>[41]</sup> Previously, FDA recommended a biosimilarity

statement for a biosimilar product and an interchangeability statement for an interchangeable biosimilar product. The 2023 Draft Guidance now recommends a statement and footnote in the HIGHLIGHTS section that the product is biosimilar to the reference product, *regardless of* whether the product is a biosimilar or an interchangeable biosimilar to the reference product. In the [Federal Register notice](#) announcing the 2023 Draft Guidance, FDA acknowledges that this marks an “evolution in our thinking” and explains that “a labeling statement noting that certain products within a 351(k) [Biologics License Application] have been approved as interchangeable, and explaining the interchangeability standard, is not likely to be useful to prescribers, who can prescribe both biosimilar and interchangeable biosimilar products in place of the reference product with equal confidence that they are as safe and effective as their reference products.” FDA further states that “information about interchangeability is more appropriately located in the Purple Book rather than labeling.”

Other notable elements of the 2023 Draft Guidance include recommendations regarding how to describe pediatric use data in a range of scenarios and how to incorporate immunogenicity data. With respect to immunogenicity data, the 2023 Draft Guidance suggests that a contextual paragraph<sup>[5]</sup> generally be included in the relevant CLINICAL PHARMACOLOGY subsection before describing the available immunogenicity data for the reference product and the biosimilar or interchangeable biosimilar product. The 2023 Draft Guidance also outlines the Agency’s expectations for patient labeling—such as a Medication Guide, Patient Information, or Instructions for Use—for a biosimilar or interchangeable biosimilar product, if the reference product has such patient labeling.

Information on how to submit comments on the 2023 Draft Guidance can be found at <https://www.regulations.gov/docket/FDA-2016-D-0643>.

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[1] The proprietary name of a biosimilar product is a brand name determined by the sponsor. The fictitious example provided in the 2023 Draft Guidance is “NEXSYMEO.”

[2] The proper name of a biosimilar product is the nonproprietary name designated by FDA that consists of a biological product’s core name plus a unique four-letter suffix. The fictitious example provided in the 2023 Draft Guidance is “replicamab-cznm.”

[3] The fictitious example provided by FDA in the 2023 Draft Guidance is “replicamab products”.

[4] The fictitious example provided by FDA in the 2023 Draft Guidance is “NEXSYMEO (replicamab-cznm) is biosimilar\* to JUNEXANT (replicamab-hjxf)” and the accompanying footnote is “Biosimilar means that the biological product is approved based on data demonstrating that it is highly similar to an FDA-approved biological product, known as a reference product, and that there are no clinically meaningful differences between the biosimilar product and the reference product. Biosimilarity of [BIOSIMILAR OR INTERCHANGEABLE BIOSIMILAR PRODUCT’S PROPRIETARY NAME] has been demonstrated for the condition(s) of use (e.g., indication(s), dosing regimen(s), strength(s), dosage form(s), and route(s) of administration) described in its Full Prescribing Information.”

[5] The Agency’s suggested paragraph is, “The observed incidence of anti-drug antibodies is highly dependent on the sensitivity and specificity of the assay. Differences in assay methods preclude meaningful comparisons of the incidence of anti-drug antibodies in the studies described below with the incidence of anti-drug antibodies in other studies, including those of [proper name of reference product] or of other [core name] products.”

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## [Modernizing the FDA’s 510\(k\) Program for](#)

# [Medical Devices: Selection of Predicate Devices and Use of Clinical Data in 510\(k\) Submissions](#)



On September 6, 2023, the US Food and Drug Administration (FDA) released a trio of draft guidances in its efforts to “strengthen and modernize” the 510(k) Program and provide for more “predictability, consistency, and transparency” for the 510(k) premarket review process. In this post, we discuss the two new draft guidances with broad applicability to the 510(k) Program:

- [“Best Practices for Selecting a Predicate Device to Support a Premarket Notification \[510\(k\)\] Submission”](#)
- [“Recommendations for the Use of Clinical Data in Premarket Notification \[510\(k\)\] Submissions”](#)

The two draft guidances address a number of fundamental issues of concern with the 510(k) process.

Read the full client alert [here](#).

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## [LDT Proposed Rule Remains Under OIRA Review](#)



Throughout August 2023, the Office of Information and Regulatory Affairs, Office of Management and Budget, Executive Office of the President (“OIRA”) has [held stakeholder meetings](#) regarding a proposed rule which, if enacted, would amend the U.S. Food and Drug Administration’s (“FDA’s”) regulations to make explicit that laboratory developed tests (“LDTs”) are devices under the Federal Food, Drug, and Cosmetic Act. The next stakeholder meeting on the proposed rule is scheduled for September 6, 2023.

Per its [website](#), OIRA received the proposed rule from FDA on July 26, 2023. The proposed rule was initially [published](#) this past spring on the Biden Administration’s Unified Agenda of Regulatory and Deregulatory Actions with a target publication date of August 2023. The forthcoming stakeholder meeting on September 6th suggests that OIRA may continue its review process well into September, if not later.

The publication of the proposed rule would mark the first significant FDA action on LDTs since its two 2014 draft guidances (available [here](#) and [here](#)) and 2017 [discussion paper](#). The proposed rule is also expected to be controversial after prior U.S. Department of Health & Human Services statements concerning regulation of LDTs and legislative attempts to further define the LDT regulatory framework. Once cleared by OIRA, the proposed rule will be published in the Federal Register and subject to public comment.

We will continue to monitor for updates on the LDT proposed rule. Contact Goodwin Life Sciences Regulatory & Compliance team members for any questions.