April 2, 2014

Janet Woodcock, MD
Director
Center for Drug Evaluation and Research
Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993-0002

RE: Ongoing discussion about flibanserin

Dear Dr. Woodcock,

We, the undersigned organizations, include nonprofit organizations and individuals that represent patients, consumers, women's health advocates, healthcare providers, scientists and researchers. We are writing to support the agency's evidence-based evaluation and decision-making with regard to flibanserin and its continued strong stand that a drug cannot be approved when the minimal benefit does not outweigh the risks. We would also like to convey our concern regarding recent statements questioning the FDA's standards for sexual dysfunction drugs for women versus those for men.

The recent second rejection of flibanserin generated questions and concerns about gender equity at the FDA; specifically, whether the agency is holding drugs for women to a different standard that those for men. We believe these concerns are based on misunderstanding and misrepresent the reasons for the recent rejection of flibanserin and the agency's judicious request for additional safety information.

It is not only reasonable, but vitally important for organizations advocating on behalf of women's health to press on all fronts for women to have both the information and the resources needed to achieve satisfactory sexual lives. However, women also rely on the FDA to ensure that any drugs or devices that we use for this purpose are both safe and effective. The problem with flibanserin is not gender bias at the FDA but the drug itself.

The FDA wisely rejected flibanserin in 2010 because it failed to meet effectiveness standards and because the initial sponsor, Boehringer-Ingelheim, had inappropriately changed clinical trial methods midstream. In 2013, the FDA again did not approve flibanserin – now sponsored by Sprout Pharmaceuticals – because the minimal benefits in increasing women's sexual satisfaction were offset by a worrisome side effects profile and unknown long-term effects. The benefits did not outweigh the risks.

Because several drugs have been approved for male sexual dysfunction, groups have asked whether the FDA is holding women's sexual satisfaction to a different standard. A recent blog titled "The FDA, Sexual Dysfunction and Gender Inequality"[i] inaccurately claimed that there are 24 drugs approved for men, and zero for women. However, this claim perpetuates a miscalculation. It counts each brand name drug and its identical generic counterparts or different formulations as unique treatment options, which artificially inflates the number of drugs available for men. In fact, there are only six different FDA-approved drugs available for male sexual dysfunction, including erectile dysfunction.[ii] Nevertheless, the inflammatory claim of gender bias produced press and political attention.[iii]

More to the point, however, the gender equity argument ignores the real safety difference between flibanserin and the drugs approved for men: a different indication for use, specifically the dosage and administration. All but one of the drugs approved for men are taken on an as-needed basis, whereas flibanserin, a central nervous system serotonergic agent with effects on adrenaline and dopamine in the brain, requires chronic -- daily, long-term -- administration. This raises toxicological concerns that make it appropriate for the FDA to subject flibanserin to elevated safety scrutiny. Substantial adverse events reports and drop-out rates in the trials rightly required serious consideration.

Last but certainly not least is a new problem with flibanserin's application and proposed indication for use that must be considered - recent changes in official sexual dysfunction nosology. Hypoactive sexual desire disorder is no longer listed in the DSM-5 (5th edition approved by the American Psychiatric Association in May 2013).[iv] Flibanserin, as currently tested, would be approved for a nonexistent condition that will no longer be diagnosed.[v] Rigorous DSM-5 processes were unable to support a distinction between sexual desire and arousal disorders for women, and the new terminology, "female sexual interest/arousal disorder," offers revised criteria for making a diagnosis.

As patient, consumer and women's health organizations long engaged with the FDA, we support the agency's concern for drug safety shown in its handling of the flibanserin applications and look forward to its continuing concern and support for women's health and safety.

Sincerely,

American Medical Student Association
American Medical Women's Association
Breast Cancer Action
Connecticut Center for Patient Safety

The Jacobs Institute for Women's Health
National Women's Health Network
New View Campaign
Our Bodies Ourselves
Woody Matters

Cc: Marsha Henderson, MCRP, Assistant Commissioner for Women's Health, Office of Women's Health, Food and Drug Administration

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[i] http://www.huffingtonpost.com/anita-h-clayton-md/the-fda-sexual-dysfunctio_b_4724459.html
[ii] http://www.webmd.com/erectile-dysfunction/guide/cialis-levitra-staxyn-viagra-treat-ed
[iii] http://www.washingtonpost.com/national/health-science/female-viagra-finds-difficult-path-at-fda/2014/02/19/e85d9d3e-9590-11e3-9616-d367fa6ea99b_story.html
[iv] http://www.dsm5.org/about/Pages/Timeline.aspx
[v] http://www.dsm5.org/Documents/changes%20from%20dsm-iv-tr%20to%20dsm-5.pdf