FDA and Industry GDUFA II Implementation Quarterly Meetings – 3Q2017 Meeting
September 21, 2017, 2:00 PM – 4:00 PM
FDA White Oak Campus, Silver Spring, MD
Building 32, Room 1325

Agenda

- Food and Drug Administration Reauthorization Act (FDARA) and provisions that effect the generic drug program
- Facility self-identification process for FY2018
- Abbreviated New Drug Application (ANDA) submission review Generic Drug User Fee Amendments II (GDUFA II) enhancements
- Industry analysis of response time for amendments submitted after a complete response (CR) action

Participants

FDA:		Industry:	
Donald Ashley	CDER	Deborah Autor	AAM (Mylan)
Amy Bertha	CDER	John DiLoreto	BPTF
Mary Beth Clarke	CDER	David Gaugh	AAM
Michael Kopcha	CDER	Kiran Krishnan	AAM (Apotex)
Ellen Morrison	ORA	Judit Masllorens	EFCG (Medichem)
Gisa Perez	CDER (self-id advisor)	Lisa Parks	AAM
Giuseppe Randazzo	CDER (review advisor)	Molly Rapp	AAM (Fresenius Kabi)
Edward Sherwood	CDER (review advisor)	Gil Roth	PBOA
Kathleen Uhl	CDER	Cornell Stamoran	PBOA (Catalent)
		Scott Tomsky	AAM (Teva)
		Elizabeth White	EFCG (Evonik)

FDARA Provisions that Affect the Generic Drug Program

FDARA passed on August 18, 2017 and included the Generic Drug User Fee Amendments of 2017 (aka GDUFA II). Other provisions in FDARA, such as Title VIII *Improving Generic Drug Access* and some sections in Title IX *Additional Provisions*, also apply to the generic drug program. FDA is in the process of conducting legal analyses and operationalizing the provisions that are outside of GDUFA II.

Facility Self-Identification Process for FY2018

Industry pointed out that the contract manufacturing organization (CMO) option for self-identification was not available in May 2017, when the self-id open period for FY2018 began. Since the CMO option was part of GDUFA II, and GDUFA II was authorized on August 18, 2017, FDA did not have the legal authority to include this option. All self-id options are now available. Industry asked if the CMO identification process went smoothly. FDA responded that yes, overall the process went smoothly, and FDA is already receiving payments.

Industry asked how FDA was using the data from self-id in light of the new fee structure under GDUFA II. FDA will be using internal data to identify the facilities that are listed in approved ANDAs, however, FDA would continue to use self-id data, as it is important to understanding the overall generic manufacturers landscape. Additionally, FDA would be using self-id data for CMOs because CMOs are not easily identified in approved applications. From a legal perspective the self-id process is still required, as it is in the GDUFA II statute.

ANDA Submission Review GDUFA II Enhancements

FDA provided an overview of the GDUFA II goals integration into the review process; including the impact to the timeline if a pre-submission facility correspondence is submitted for a priority review and if the product is complex and part of the pre-ANDA program (see post meeting note). Some of the new GDUFA II features that are now part of the review process include Discipline Review Letters (DRLs) issued one-month after the Mid-Cycle date. A DRL is a letter used to convey preliminary thoughts on possible deficiencies found by a discipline reviewer and/or review team for its portion of the pending application at the conclusion of the discipline review. There will be three DRLs one from each of the 3 disciplines: bioavailability, labelling and quality. Facility information is traditionally received later in the review process.

FDA also explained that the filing review will happen concurrently with application triage efforts and early review phase activities, such as identifying internal consults and missing application information. Information Request (IR) letters would, however, not be sent until after the application has been filed.

FDA emphasized that status calls made by industry to a FDA Regulatory Project Manager (RPM) have very limited value prior to the mid-cycle date. Time points FDA cited that were appropriate for industry to contact the RPM for a status update include, when a mid-cycle date is missed without receiving any contact from the RPM, between the mid-cycle and action date, and if a goal date is missed without receiving any contact from the RPM. Industry acknowledged that the additional structure around the review process could increase predictability and may help to decrease the need for industry to reach out to the RPM for status updates.

FDA provided suggestions to industry for what to include on the application cover letter, including clearly indicating if the ANDA applicant is requesting a priority review (include a justification), whether the application is part of the pre-ANDA program, or if the applicant's product has a device component. FDA also described the impact of unsolicited amendments to an application from the applicant and unsolicited amendments to a DMF from a DMF holder submitted late in the review cycle. It is a general practice for the FDA to review all material submitted to an application/DMF prior to taking an action. However, cases exist where amendments submitted may be deferred to the next cycle.

Industry asked how FDA planned to operationalize the bridging provision in GDUFA II. FDA said they would follow-up after the meeting with additional information (see post meeting note).

Industry Analysis of Response Time for Amendments Submitted after a CR Action

In order to help FDA with workload analytics and capacity planning, FDA asked industry for the reasons behind the time it takes industry to submit amendments after a complete response action and an analysis of how many applications will come back to FDA. Industry shared some factors impacting the Industry response time: GMP status, length of deficiencies related to a CMO, active pharmaceutical ingredient (API) availability, applicant workload, and major versus minor deficiencies. FDA asked for an analysis that considered specific predictive factors, the

corresponding time it takes industry to address each factor and how each of the factors interrelates in decision making. Industry said they would work on an analysis.

Industry explained an evolution in business practices in contracts between ANDA applicants and CMOs. For example, the existing contracts with regard to agreed timelines may not allow an ANDA applicant to timely respond to a CR. As industry moves into GDUFA II and as new contracts are negotiated, there will be opportunities to allow for more coordination, communication and sharing between the applicant and CMOs.

Post- Meeting Notes:

- An educational video entitled "Goals Integration" showing GDUFA II goals integration into an original ANDA review timeline is available on fda.gov: https://www.fda.gov/ForIndustry/UserFees/GenericDrugUserFees/ucm580458.htm

- Information on bridging goal dates may be found on FDA's GDUFA II implementation page: https://www.fda.gov/ForIndustry/UserFees/GenericDrugUserFees/ucm559568.htm