GDUFA III Enhancements - DMF Prior Assessments:

Triage Process and Tutorial on How to Submit the Cover Letter

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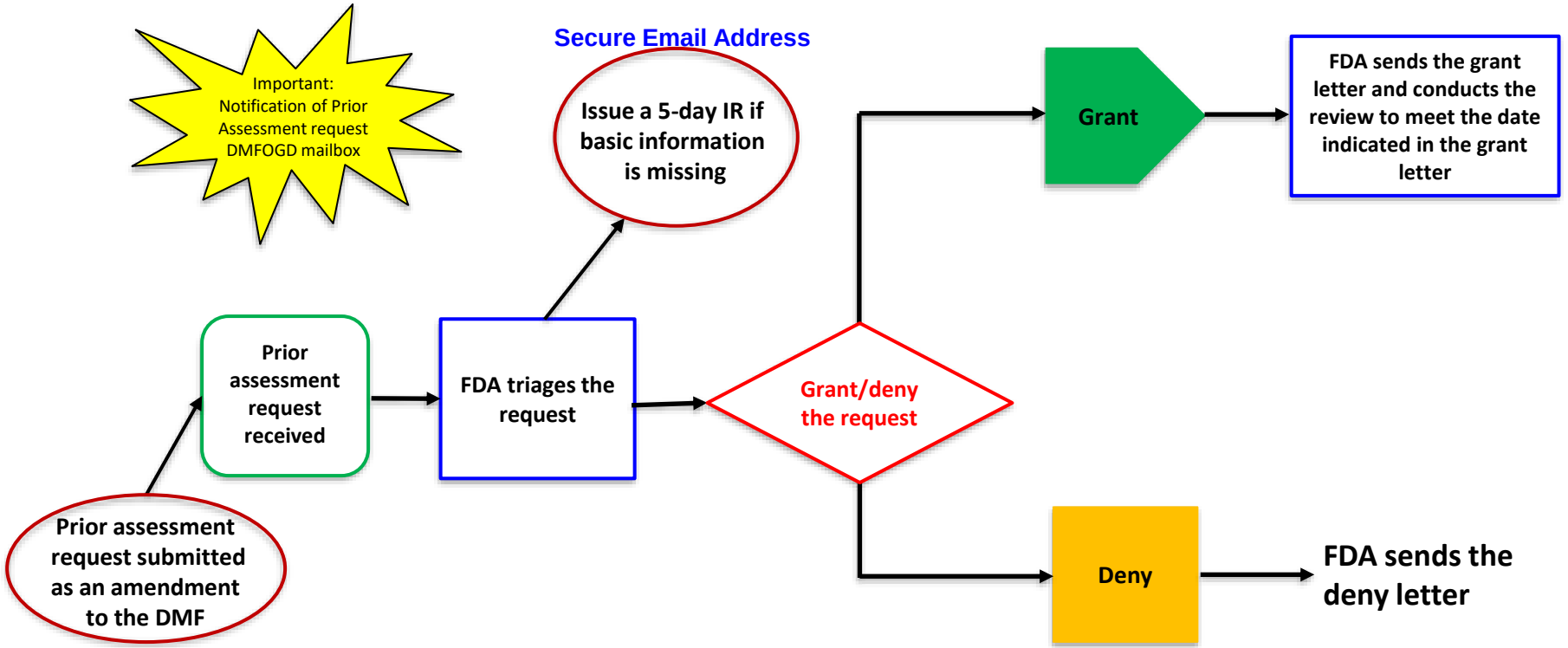
High Level Implementation Process: DMF Prior Assessment



Submitting a Proper Prior Assessment Request

- Cover letter – contains all the key information to evaluate the request
- Form 3938 (optional)
- Letter(s) of Authorization
- Documentation of Fee Payment – form 3794

Form 3938 for a Prior Assessment

- If DMF Form 3938 is included with the submission, select “other” in field 7 and enter “GDUFA DMF Prior Assessment Request”
- Also select Letter of Authorization (LOA) in field 7 if one or more LOAs are included with the submission

Preparing a Proper Cover letter

- See Guidance for Industry (draft): *Review of Drug Master Files in Advance of Certain ANDA Submissions Under GDUFA*
- Appendix contains recommended information to include in your cover letter
- Failure to include all requested information can delay the processing of a Prior Assessment Request

DMF Holder/Applicant Communication

- Many of the key elements in the cover letter will require input from the applicant.
- Communication and planning between the DMF holder and the applicant are paramount for success.

Prior Assessment Request Cover Letter

- Indicate in the cover letter that the DMF amendment is a "**GDUFA DMF Prior Assessment Request**"
- Include a clear statement that the DMF holder is granting FDA permission to perform a substantive scientific review of the DMF
- Include a statement clearly indicating the type of ANDA submission that the DMF will support (Original ANDA, ANDA amendment, or a Prior Approval Supplement).
  - Example: *[DMF HOLDER] authorizes FDA to perform a substantive review of the information in [DMF NUMBER] for [DMF Subject] prior to the planned submission by [APPLICANT] for their [Original ANDA, ANDA Amendment, PAS] as indicated in this cover letter*.

Prior Assessment Request Cover Letter

- Include a statement certifying that the DMF is active and the GDUFA DMF user fee has been paid.

  - Example: *We certify, to the best of our knowledge, that [DMF number] is active and the GDUFA DMF user fee has been paid.*

  or

  - Example: *We certify, to the best of our knowledge, that [DMF number] is available for reference.*

Prior Assessment Request Cover Letter

- Statement that there is at least one valid Letter of Authorization (LOA) in the DMF intended to support the planned application.

  - Example: *The DMF includes a valid Letter of Authorization to [AUTHORIZED PARTY] in support of their planned application submission.*

  or

  - Example: *This amendment includes a valid Letter of Authorization to [AUTHORIZED PARTY] in support of their planned application submission.*

Prior Assessment Request Cover Letter – Application Related Information

- If the Prior Assessment request is to support an original ANDA submission include:
  - A citation to the Reference Listed Drug (RLD), with the NDA number and the drug product(s), including all strength(s), that will be included in the ANDA submission
  - Pre-assigned ANDA number and the authorized party

  Example: *This request is to support pre-assigned ANDA [ANDA number] from [Authorized Party].*

Prior Assessment Request Cover Letter – Application Related Information

Example (Pantoprazole Sodium):

RX	PANTOPRAZOLE SODIUM	PROTONIX IV	N020988	INJECTABLE	INTRAVENOUS	EQ 40MG BASE/VIAL	AP	RLD	RS	WYETH PHARMACEUTICALS LLC

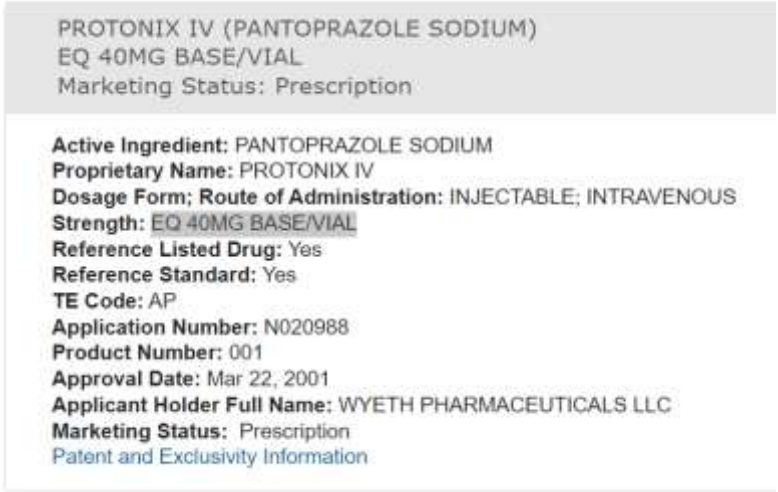
Reference Listed Drug Information:

NDA: 020988

Product: INJECTABLE; INTRAVENOUS

Strengths included in ANDA:

EQ 40MG BASE/VIAL


PROTONIX IV (PANTOPRAZOLE SODIUM)
EQ 40MG BASE/VIAL
Marketing Status: Prescription

Active Ingredient: PANTOPRAZOLE SODIUM
Proprietary Name: PROTONIX IV
Dosage Form; Route of Administration: INJECTABLE; INTRAVENOUS
Strength: EQ 40MG BASE/VIAL
Reference Listed Drug: Yes
Reference Standard: Yes
TE Code: AP
Application Number: N020988
Product Number: 001
Approval Date: Mar 22, 2001
Applicant Holder Full Name: WYETH PHARMACEUTICALS LLC
Marketing Status: Prescription
Patent and Exclusivity Information

Prior Assessment Request Cover Letter – Application Related Information

- If the Prior Assessment request is to support PAS to an approved application or an amendment to a pending application, include the existing ANDA number and the authorized party.

  - Example: *This request is to support [ANDA#] from [Authorized Party].*

Prior Assessment Request Cover Letter – Application Related Information

- The planned submission date of the ANDA, ANDA amendment, or PAS. This date should be at least 6 months prior to the date the request is submitted to the DMF
  - Example: *The planned application submission date is [mm/dd/yyyy].*
- This date will serve as the target completion date for the DMF assessment
- The holder and/or applicant should notify FDA (DMFOGD@FDA.HHS.GOV) of any changes to this date for granted Prior Assessment requests

Prior Assessment Request Cover Letter – Application Related Information

- A request to waive the 6-month condition for drug shortage or public health emergency products

  Example: *The planned application submission date is [mm/dd/yyyy]. We are requesting that FDA waive the 6-month condition because the drug product could help address a [drug shortage][public health emergency].*

- When a waiver is granted, FDA will make every effort to complete the assessment on or before the panned submission date. ***Note that if less than three months notice is given, a later date may be set.***

Prior Assessment Request Cover Letter – Justification Statement

- For an original ANDA, an ANDA amendment containing a response to a Complete Response Letter (CRL), or an amendment seeking approval of an ANDA that previously received a tentative approval, include a statement for each of the applicable justifications listed in ***III.A items 1-5*** in the guidance that qualify the drug product application submission for a Prior Assessment.

- For a PAS to add a new API source, include the applicable justification from ***III.B items 1-2*** in the guidance.

Prior Assessment Request Cover Letter – Justification Statement

- Example (for an original ANDA):

  The following justification(s) apply to the planned application submission: [insert guidance language]

  - Example language from the guidance: *All patents and exclusivities will expire within 12 months of the planned submission date.*

Prior Assessment Request Cover Letter – Signature and Notification

- The prior assessment request should be signed by the responsible official at the DMF holder company (not the DMF agent).
- Upon, submission of the DMF amendment for a GDUFA DMF Prior Assessment Request, please send a notification email to DMFOGD@FDA.HHS.GOV to ensure timely processing.

Example Cover Letter

Date: October 01, 2022

DMF #: 099999

Holder: Good API Maker LTD

DMF Type: Type II

Subject (Title): Greatdrug Sulfate

Submission Type: GDUFA DMF Prior Assessment Request

Dear DMF staff:

This amendment provides for a GDUFA DMF Prior Assessment Request and includes the associated Letter of Authorization.

We, Good API Maker LTD, authorize FDA to perform a substantive review of the information in DMF 099999 for Greatdrug Sulfate prior to the planned submission by SuperGenerics Pharmaceuticals INC for their original ANDA as indicated in this cover letter. We certify, to the best of our knowledge, that DMF 099999 is available for reference. This amendment includes a valid Letter of Authorization to SuperGenerics Pharmaceuticals INC in support of their planned application submission for pre-assigned ANDA 888888.

Example Cover Letter Cont.

The Reference Listed Drug information is:
NDA: 777777
Product: Tablet, Oral
Strengths to be included in ANDA: 10 mg, 20 mg

The planned submission date for the ANDA is April 01, 2023.

We believe the following justification from III.A items 1-5 in the *Guidance for Industry (draft): Review of Drug Master Files in Advance of Certain ANDA Submissions Under GDUFA* is applicable.

"The submission is for a drug product that could help mitigate or resolve a drug shortage and prevent future shortages, including submissions related to products that are listed on FDA's Drug Shortage List at the time of the submission of the DMF assessment request."

Sincerely,

Joe Regman

Director, Regulatory Affairs
Good API Maker LTD

Summary

- Contents of a Proper Prior Assessment Request
- The specific application related things that should be included in the cover letter
- In the prior assessment request process, **the communication between the DMF holder and the applicant is the key** to submit a proper request
- If you have any questions, you can reach us at DMFOGD@FDA.HHS.GOV

Resources

- GDUFA III Commitment Letter: https://www.fda.gov/media/153631/download
- Review of Drug Master Files in Advance of Certain ANDA Submissions Under GDUFA, Guidance for Industry, Draft Guidance: https://www.fda.gov/media/162019/download
- GDUFA II Drug Master Files (DMFs): https://www.fda.gov/drugs/forms-submission-requirements/gdufa-ii-drug-master-files-dmfs
- GDUFA III Drug Master File (DMF) Review Enhancements: https://www.fda.gov/industry/generic-drug-user-fee-amendments/gdufa-iii-drug-master-file-dmf-review-enhancements

U.S. FOOD & DRUG ADMINISTRATION

Thank you!

Questions?