



PDUFA Background and Reauthorization Process

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July 15, 2015



Outline for this briefing

- PDUFA Background
- Fee Structure & Financial Issues
- Workload and Performance
- PDUFA V Accomplishments
- Reauthorization Process Overview

Before 1992, timeliness of FDA drug review was a big concern

PDUFA

- User fees added resources for more review staff to eliminate the backlog of overdue applications and improve review timeliness
- FDA agreed to meet specific performance goals

Result

- More predictable, streamlined process
- Average clinical development time has dropped 10% and average time to approval dropped nearly 60% *
- Patients gain earlier access to over 1500 new drugs and biologics approved since 1992

* Source: Tufts Center for the Study of Drug Development

Basic PDUFA construct

- Fee funds are added to appropriated funds and are intended to increase staffing and other resources to speed and enhance review process
- User fees pay for services that directly benefit fee payers*
- Fee discussions with industry focus on desired enhancements in terms of specific aspects of activities in “process for the review of human drugs”.
 - What new or enhanced process will the FDA want or industry seek to include in the next 5 years?
 - What is technically feasible?
 - What resources are required to implement and sustain these enhancements?
 - No discussion of policy.
- Experience: *Devil is in the Details*

* OMB Circular A-25; direct benefit distinguishes user fees from tax

Performance commitments and fee funding have evolved since 1992

- **PDUFA I: 1993-1997**
 - Added funds for pre-market review; reduce backlog and set predictable timelines (goals) for review action
- **PDUFA II (FDAMA): 1998-2002**
 - Shorten review timelines, add review goals; add process and procedure goals; some added funding
- **PDUFA III (BT Preparedness & Response Act): 2003-2007**
 - Significant added funding; increase interaction in first review cycle (GRMPs); allow limited support for post-market safety
- **PDUFA IV (FDAAA): 2008-2012**
 - Increased and stabilized base funding; enhanced pre-market review; modernize post-market safety system
- **PDUFA V (FDASIA): 2013-2017**
 - Small increase to base funding; review enhancements increase communication with sponsors; strengthen regulatory science & post-market safety; electronic data standards

Current Fee Structure

- Established at start of PDUFA in 1993
- Total target revenue is collected via 3 equal components
 - Full-Application-Equivalents (115)*
 - Establishment fees (472)*
 - Product fees (2,434)*
- FY 2015 total target revenue:
 - \$805,924,000
- FY 2015 fee amounts effective October 1, 2014
 - Applications w/ Clinical Data = \$2,335,200
 - Applications w/o Clinical Data & Supplements w/ CD = \$1,167,600
 - Establishments = \$569,200
 - Products = \$110,370

* Estimated number based on previous years' number of fee-paying



PERFORMANCE & WORKLOAD

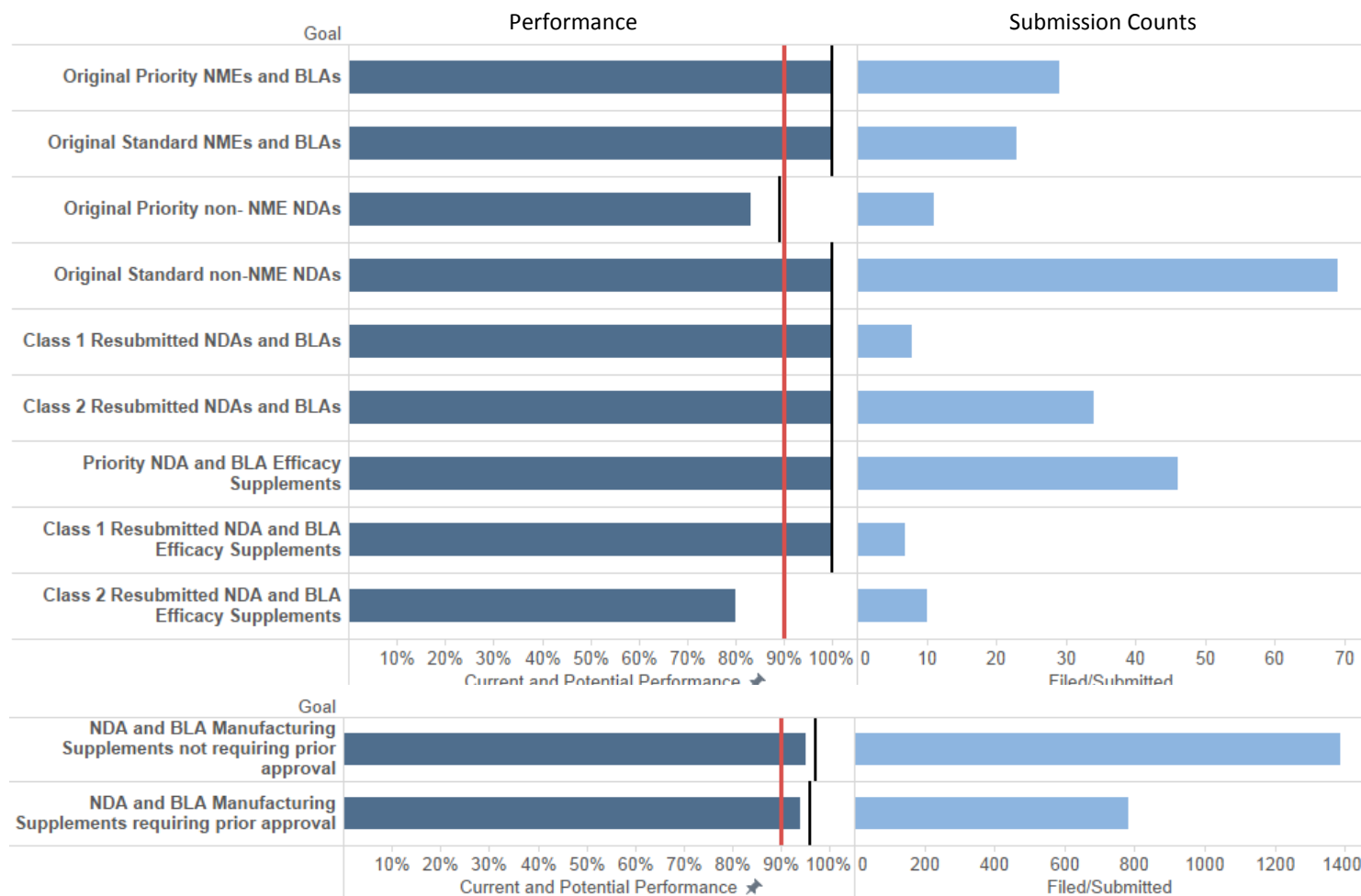
PDUFA fee support FDA staff review work against a growing set of performance commitments

Now **30** specific review & procedural goals most with specific and aggressive timeframes; in addition to other commitments

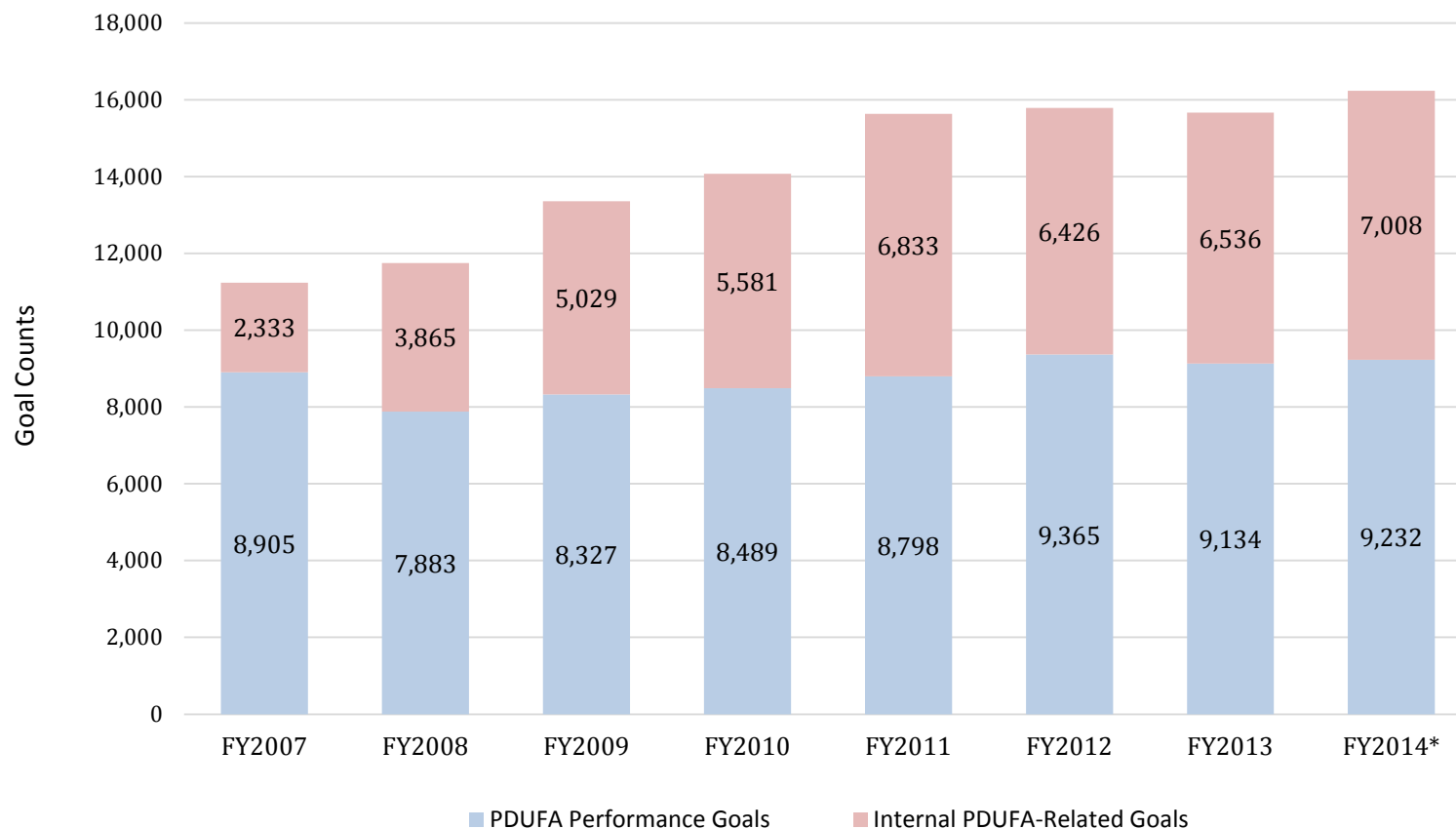
Example:	Goal:
NMEs & Original BLAs	90% of priority applications within 8 months 90% of standard applications within 12 months
Original non-NME NDAs and Original Efficacy Supplements	90% of priority applications within 6 months 90% of standard applications within 10 months
NDA/BLA Original and Efficacy Supplement Resubmissions	90% of Class 1 resubmissions within 2 months 90% of Class 2 resubmissions within 6 months
Manufacturing Supplements	90% of prior approval supplements within 4 months 90% of non-prior approval supplements within 6 months
Special Protocol Assessments (SPA)	90% of SPAs within 45 days of receipt
Clinical Hold Response	90% of clinical hold responses within 30 days of receipt
Meeting Scheduling	90% of Type A/B/C meetings within 30/60/75 days of receiving request

FDA meets or exceeds nearly all review goals

FY 14 Review Performance



Behind the scenes: A growing number of goals tracked under PDUFA



*Data as of 12/31/14

ADDITIONAL PDUFA V ACCOMPLISHMENTS

RECAP: Additional PDUFA V commitments

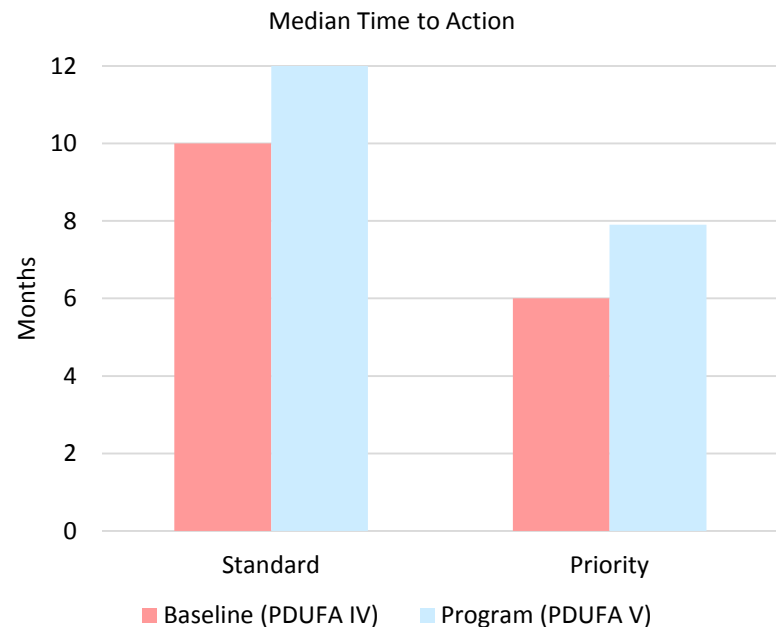
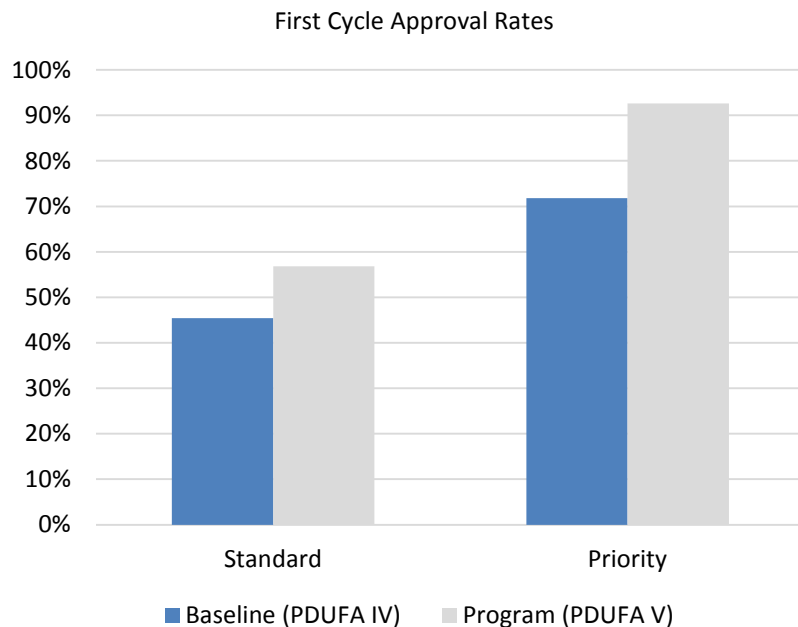
- Review program for NME NDAs and Original BLAs
- Enhancing Regulatory Science and Expediting Drug Development
 - Enhanced Communication
 - Meta-analysis
 - Biomarkers and pharmacogenomics
 - Patient-reported outcomes (PROs)
 - Rare diseases
- Enhancing Benefit-Risk Assessment
 - B-R Framework and Plan
 - Patient-focused drug development
- Enhancement and Modernization of the FDA Drug Safety System
 - Standardizing REMS
 - Sentinel
- Required Electronic Submissions and Standardization of Electronic Application Data

Performance to Date

NME/BLA program interim assessment

Interim Findings:

- Program has enhanced review transparency and communication
- Program has created conditions that enhance ability of applicants and FDA to work toward application approval in the first review cycle
- Program has increased review team workload



* Program data as of Sept 30th, 2014

Enhancing Regulatory Science and Expediting Drug Development

Enhanced Communication

- Team established – has responded to over 350 contacts in FY13 & FY14

Meta-Analysis

- Team established – hosted public meeting on meta-analysis of clinical trials to support regulatory decision making

Biomarkers and Pharmacogenomics

- Public meeting, 2 biomarkers qualified during PDUFA V (5 overall) and 6 Letters of Support issues, staff trainings and learning opportunities organized

Enhancing Regulatory Science and Expediting Drug Development

Patient Reported Outcomes (PROs)

- Public meeting & workshops organized, 1st PRO qualified (EXACT), guidance published

Rare Diseases

- Instituted internal training program, held public workshop, 17 novel orphan products approved in CY 2014

Enhancing Benefit-Risk Assessment in Regulatory Decision-Making

Benefit-Risk Assessment

- B-R framework phased into review template and staff trained

Patient-Focused Drug Development

- FDA has held 14 PFDD meetings to-date during PDUFA V

Enhancement and Modernization of the FDA Drug Safety System

REMS

- Held expert workshop & issued a draft report on standardizing and evaluating REMS

Sentinel

- Hosted an annual Sentinel public workshop, numerous studies have been initiated to evaluate safety and other signals

Electronic Submissions and Standardization of Electronic Application Data

Electronic Submission Requirement

- Published draft guidance to industry on providing regulatory submission in electronic format

Clinical Terminology Standards

- Posted version 2.0 of Therapeutic Area Standards Initiative Project Plan providing an update on the initiative to develop therapeutic area data standards

PDUFA REAUTHORIZATION PROCESS

PDUFA reauthorization involves significant consultation

PDUFA REAUTHORIZATION and REPORTING REQUIREMENTS as of PDUFA V.

(d) REAUTHORIZATION.—

- (1) **CONSULTATION.**—In developing recommendations to present to the Congress with respect to the goals, and plans for meeting the goals, for the process for the review of human drug applications for the first 5 fiscal years after fiscal year 2017 and for the reauthorization of this part for such fiscal years, the Secretary shall consult with— (A) the **Committee** on Energy and Commerce of the House of Representatives; (B) the Committee on Health, Education, Labor, and Pensions of the Senate; (C) **scientific and academic experts**; (D) **health care professionals**; (E) **representatives of patient and consumer advocacy groups**; and (F) the **regulated industry**.
- (2) **PRIOR PUBLIC INPUT.**—Prior to beginning negotiations with the regulated industry on the reauthorization of this part, the Secretary shall— (A) publish a notice in the Federal Register requesting public input on the reauthorization; (B) **hold a public meeting** at which the public may present its views on the reauthorization, including specific suggestions for changes to the goals referred to in subsection (a); (C) **provide a period of 30 days after the public meeting to obtain written comments** from the public suggesting changes to this part; and (D) **publish the comments on the Food and Drug Administration’s Internet Web site**.
- (3) **PERIODIC CONSULTATION.**—Not less frequently than once every month during negotiations with the regulated industry, the Secretary shall **hold discussions with representatives of patient and consumer advocacy groups** to continue discussions of their views on the reauthorization and their suggestions for changes to this part as expressed under paragraph (2).
- (4) **PUBLIC REVIEW OF RECOMMENDATIONS.**—After negotiations with the regulated industry, the Secretary shall— (A) **present the recommendations** developed under paragraph (1) **to the Congressional committees** specified in such paragraph; (B) publish such recommendations in the Federal Register; (C) **provide for a period of 30 days for the public to provide written comments** on such recommendations; (D) **hold a meeting at which the public may present its views** on such recommendations; and (E) after consideration of such public views and comments, **revise such recommendations as necessary**.
- (5) **TRANSMITTAL OF RECOMMENDATIONS.**—Not later than January 15, 2017, the Secretary shall transmit to the Congress the revised recommendations under paragraph (4), a summary of the views and comments received under such paragraph, and any changes made to the recommendations in response to such views and comments.
- (6) **MINUTES OF NEGOTIATION MEETINGS.**—
 - (A) **PUBLIC AVAILABILITY.**—Before presenting the recommendations developed under paragraphs (1) through (5) to the Congress, the Secretary shall **make publicly available, on the public Web site of the Food and Drug Administration, minutes of all negotiation meetings** conducted under this subsection between the Food and Drug Administration and the regulated industry.
 - (B) **CONTENT.**—The minutes described under subparagraph (A) shall **summarize any substantive proposal made by any party to the negotiations as well as significant controversies or differences of opinion during the negotiations and their resolution**.

Reauthorization Requirements

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Priorities for PDUFA VI

- Review program refinements to further increase the quality and predictability of drug development and review
- Enhancing financial soundness through fair and efficient fee structure enhancements – including financial management and reporting system enhancements
- Recruiting and retaining critical staff for new drug review



Thank you!