FDA-Industry PDUFA VI Reauthorization Meeting
September 29, 2015, 11:15am-2:15pm
FDA White Oak Campus, Silver Spring, MD
Building 71, Room 1208/1210

Purpose: To discuss FDA and Industry pre-market review process enhancement proposals.

Participants

FDA	
Joseph Franklin	OCC
Patrick Frey	CDER
John Jenkins	CDER
Christopher Joneckis	CBER
Lisa LaVange	CDER
Sarah Pope Miksinski	CDER
Michael Pacanowski	CDER
Mary Parks	CDER
Vada Perkins	CBER
Grail Sipes	CDER
James Smith	CDER
Sara Stradley	CDER
Kellie Taylor	CDER
Kimberly Taylor	CDER
Issam Zineh	CDER

Industry	
Beatrice Biebuyck	BIO (Alexion)
Cartier Esham	BIO
Jeffrey Francer	PhRMA
Laurie Keating	Alnylam
Robert Kowalski	PhRMA (Novartis)
Sandra Milligan	PhRMA (Merck)
Michelle Rohrer	BIO (Roche Genentech)
Mark Taisey	PhRMA (Amgen)

At the first meeting of the PDUFA VI premarket subgroup, FDA and Industry discussed several proposals to enhance the review process. FDA began by discussing proposals to ensure the sustained success of the breakthrough therapy program and enhance both the new molecular entity (NME) review program and PDUFA meeting management. Industry then discussed proposals regarding FDA's review of labeling supplements, proposed pediatric study requests (PPSRs) and amendments to pediatric written requests (WRs), protocols and protocol amendments for postmarketing requirements (PMRs) and postmarketing commitments (PMCs), and the agency's coordination of combination product reviews.

1. Breakthrough Therapies. FDA noted that the agency's workload for the breakthrough therapy program has been higher than anticipated when the program was conceived. Since the program began, FDA has received about 100 designation requests annually with about one-third of these requests receiving a breakthrough therapy designation. FDA discussed a workload comparison of a breakthrough-designated product with a non-breakthrough priority product, citing publicly available agency documents that outline expectations for how breakthrough products will be managed. This comparison showed that breakthrough products represent a higher degree of effort over a shorter period of time for FDA staff. FDA stated that because the program was not funded with new resources at its inception, the demand is currently met through either uncompensated staff overtime or by rebalancing existing priorities. FDA proposed the resourcing of additional staff to ensure continued success of the breakthrough therapy program. FDA and Industry agreed to continue discussing this proposal.

2. NME Program. FDA stated that while the NME Program has been successful overall, it has placed additional burden on the review process, particularly late in the review cycle. FDA proposed to improve the Program in PDUFA VI by reducing administrative burden and complexity, codifying best practices observed during the Program's implementation, introducing flexibility for applications where FDA plans to act early, allowing for other communication opportunities should the applicant and FDA review team agree that they are the best path forward, and strengthening FDA's ability to receive high quality applications on original submission. FDA and Industry agreed to continue discussing this proposal.

3. PDUFA Meeting Management. FDA observed that the addition of a written response only (WRO) option for pre-IND and Type C meetings during PDUFA V provided the agency with flexibility in managing its large volume of meeting requests. The agency also noted that the WRO option allows sponsors to get written agency advice faster than the traditional meeting process which concludes 30 days after the meeting with FDA's issuance of formal meeting minutes to the sponsor. FDA proposed to extend the WRO option to End-of-Phase 2 and pre-submission meetings for non-NME applications. Industry stated that clarification from FDA is sometimes needed after receiving a WRO response, and that the current WRO process may not allow sufficient opportunity for such clarification. Industry suggested that the agency consider a mechanism by which sponsors can seek clarification from the agency after receiving FDA's written response.

In PDUFA V, FDA and Industry also agreed that background packages for Type A meetings should be submitted with the meeting request to allow for adequate time to review the package in advance of the meeting. Under current procedures, background packages for Type B and C meetings should be submitted 30 days before the meeting. FDA observed that this is no longer sufficient time to review these packages for Type B and C meetings which are often broader in scope than Type A meetings. The agency noted that these packages are often lengthy (approaching 1000 pages) and the agency's review of the material often requires extensive internal discussion and, in some cases, consultation with other parts of FDA to adequately prepare for the meeting. FDA proposed that background packages for Type B and C meetings also be submitted with the meeting request. Industry noted that meetings are often taking longer to schedule and had concern over the submission of background packages with meeting requests. FDA and Industry agreed to continue discussing this proposal.

4. Labeling supplement review. Industry stated that unlike efficacy or manufacturing supplements, labeling supplements are not subject to review performance goals under PDUFA V. Consequently, industry expressed the view that these supplements don't receive timely review and action by the agency. Industry proposed that labeling supplements requiring prior approval receive a 4-month review clock and CBE-0 supplements receive a 1-month review clock. FDA noted that the agency assigns an internal goal of reviewing labeling supplements within 6 months. FDA observed that with current review capacity, the agency is often not able to meet this internal goal. FDA stated that the agency would require significant new resources to meet the aggressive timeframes proposed by Industry. FDA also stated CBE-0 labeling supplements are generally no less time-consuming to review and thus should not, on that basis, have shorter timelines. FDA and Industry agreed to continue discussing this proposal.

5. Proposed pediatric study request and written request amendment review. Industry stated that pediatric exclusivity is an important incentive for furthering pediatric drug development that involves the completion and submission of pediatric studies that meet the terms of a WR issued by FDA. . Industry stated that the timeliness of agency review and response to PPSRs and amendments to WRs impacts the efficiency of the pediatric drug development process. Industry proposed to establish performance goals for PPSR and WR amendment responses. FDA commented that the agency's pediatric responsibilities are much broader than the mechanism that provides sponsors with pediatric exclusivity, and the agency will need to carefully consider this proposal in that context. FDA and Industry agreed to continue discussing this proposal.

6. Responses to PMRs/PMCs protocols and PMR/PMC amendments. Industry stated a desire for increased efficiency and predictability in the agency's review and response to submissions related to PMRs and PMCs. Industry proposed a set of performance goals and procedures regarding FDA's review and response to PMR/PMC draft protocols and proposed amendments to PMRs/PMCs. Industry also proposed increased opportunities for sponsor/FDA interactions regarding PMRs/PMCs during the review process and following product approval. FDA expressed concern that some of the proposed timelines around sponsor/FDA interactions were too early in the review process and senior review management will not have had a chance to fully review the application by that time. FDA also indicated that the agency would need to consider how this proposal fits in the context of current requirements, including those in the Food and Drug Administration Amendments Act (FDAAA). FDA and Industry agreed to continue discussing this proposal.

7. Coordination of combination product review. Industry stated that differences in the regulatory frameworks and user fee programs across various product types create redundancies and inefficiencies that make combination product review processes more complex, resulting in increased development times. Industry proposed that the agency improve its inter-center and intra-center review coordination among CDER, CBER and CDRH by aligning timelines for review activities across relevant offices, centers, and divisions, and issuing guidances, Manuals of Policies and Procedures (MaPPs) and Standard Operating Policy and Procedures (SOPPs) to institute procedural changes that increase efficiency and clarify roles and responsibilities. FDA stated that given the multiple offices and centers that would be involved in the proposed changes, the agency will need to give careful thought to the feasibility of the proposal. FDA and Industry agreed to continue discussing this proposal.

There were no other substantive proposals, significant controversies, or differences of opinion discussed at this meeting.