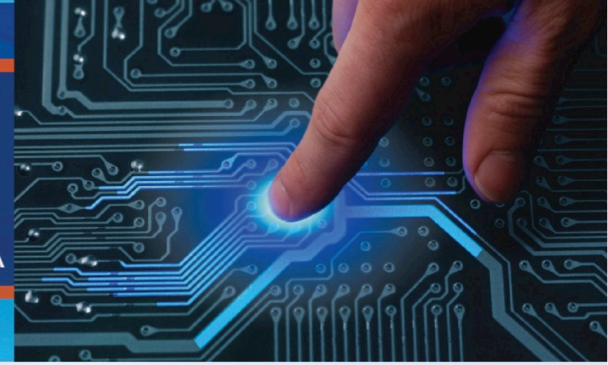




**FDA/PhUSE Annual
Computational Science Symposium**

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Silver Spring Civic Center | Silver Spring Maryland, USA



Prescription Drug User Fee Act Reauthorization (PDUFA V)

What's Next?

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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 marketing approval dropped nearly 60%
- Patients gain earlier access to over 1500 new drugs and biologics approved since 1992



Reauthorization --PDUFA V

- PDUFA currently provides over \$500M in annual fee revenues (more than 60% of support for human drug review)
- Current authority expires September 30th, 2012
- To prepare for reauthorization FDA engaged extensively with stakeholders and negotiated with regulated industry
- Proposed recommendations for reauthorization were sent to Congress in January 2012



PDUFA V Proposed Enhancements

- Review program for NME NDAs and Original BLAs
- Enhancing Regulatory Science and Expediting Drug Development
 - Promoting Innovation Through Enhanced Communication Between FDA and Sponsors During Drug Development
 - Methods for meta-analysis
 - Biomarkers and pharmacogenomics
 - Use of patient-reported outcomes (PROs)
 - Development of drugs for rare diseases
- Enhancing Benefit-Risk Assessment
- Enhancement and Modernization of the FDA Drug Safety System
 - Standardizing REMS
 - Using Sentinel to evaluate drug safety issues
- **Required Electronic Submissions and Standardization of Electronic Application Data**
- Modified Inflation Adjuster
- Additional Evaluations of Workload Adjuster



Electronic Submissions and Standardization of Electronic Application Data

Problem to be Addressed

- The extreme variability and unpredictability of the format and content of submitted application data present a major obstacle to timely, consistent, and efficient review within current PDUFA timeframes
- Lack of standardized clinical data:
 - Limits ability to address in-depth questions and late-emerging issues in a timely manner
 - Impedes timely safety analysis to inform REMS decisions
 - Limits ability to transition to more standardized and quantitative approaches to benefit-risk assessment



Electronic Submissions and Standardization of Electronic Application Data

Proposed Recommendations

- Require standardized, fully-electronic submissions, to be phased-in through guidance according to an agreed timetable for all marketing and investigational applications
- Develop standardized clinical data terminology through open standards development organizations using a public process that allows opportunity for stakeholder input



XII. IMPROVING THE EFFICIENCY OF HUMAN DRUG REVIEW THROUGH REQUIRED ELECTRONIC SUBMISSIONS AND STANDARDIZATION OF ELECTRONIC DRUG APPLICATION DATA

- A. To enhance the quality and efficiency of FDA's review of NDAs, BLAs, and INDs, FDA shall consult with stakeholders, including pharmaceutical manufacturers and other research sponsors, to issue draft guidance on the standards and format of electronic submission of applications by December 31, 2012.
- B. FDA will issue final guidance no later than 12 months from the close of the public comment period on the draft guidance. Such final guidance and any subsequent revisions to the final guidance shall be binding on sponsors, applicants, and manufacturers no earlier than twenty-four months after issuance of the final guidance.
- C. Requirements for electronic submission shall be phased in according to the following schedule:
 - 1. Twenty-four (24) months after publication of the final guidance: All new original NDA and BLA submissions, all new NDA and BLA efficacy supplements and amendments, all new NDA and BLA labeling supplements and amendments, all new manufacturing supplements and amendments, and all other new NDA submissions.
 - 2. Thirty-six (36) months after publication of the final guidance: All original commercial INDs and amendments, except for submissions described in section 561 of the Federal Food, Drug, and Cosmetic Act.



XII. IMPROVING THE EFFICIENCY OF HUMAN DRUG REVIEW THROUGH REQUIRED ELECTRONIC SUBMISSIONS AND STANDARDIZATION OF ELECTRONIC DRUG APPLICATION DATA –cont.

- A. Clinical Terminology Standards: Using a public process that allows for stakeholder input, FDA shall develop standardized clinical data terminology through open standards development organizations with the goal of completing clinical data terminology and detailed implementation guides by FY 2017.
 - 1. FDA shall develop a project plan for distinct therapeutic indications, prioritizing clinical terminology standards development within and across review divisions. FDA shall publish a proposed project plan for stakeholder review and comment by June 30, 2013. FDA shall update and publish its project plan annually.
- B. Development of terminology standards for data other than clinical data: To address FDA-identified nonclinical data standards needs, FDA will request public input on the use of relevant already-existing data standards and the involvement of existing standards development organizations to develop new standards or refine existing standards. FDA will obtain this input via publication of a Federal Register notice that specifies a 60-day comment period.
- C. FDA shall periodically publish final guidance specifying the completed data standards, formats, and terminologies that sponsors must use to submit data in applications. In the case of standards for study data, new data standards and terminology shall be applicable prospectively and only required for studies that begin 12 months after issuance of FDA's final guidance on the applicable data standards and terminology.



Summary

- PDUFA V recommendations provide for additional resourcing, statutory authority and agency commitment to advance development and widespread use of data standards and receipt of standardized data
- These enhancements will improve efficiency of drug review and help build foundation for much broader benefits, e.g., in drug development, application review and continued drug safety oversight