POLICY AND PROCEDURES

OFFICE OF NEW DRUGS

Review Designation Policy: Priority (P) and Standard (S)

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PURPOSE

This MAPP describes the policies and procedures for review designation of new drug applications (NDAs), biologics license applications (BLAs), and efficacy supplements in the Center for Drug Evaluation and Research (CDER). This designation establishes the timeline, milestones, and a goal date by which an application is reviewed under the Prescription Drug User Fee Act (PDUFA) performance goals. The review designation can be standard or priority.

BACKGROUND

- The review designation policy provides a way of distinguishing a drug[1] that demonstrates the potential to provide a significant improvement in the safety or effectiveness of the treatment, diagnosis, or prevention of a serious or life-threatening condition[2] from a drug that does not demonstrate such a potential. This distinction is based upon review of NDAs, BLAs, and efficacy supplements as initially submitted.

[1] For the purposes of this MAPP, all references to *drugs* include both human drugs and biological drug products regulated by CDER unless otherwise specified.

[2] The FDA considers the term *condition* to include a disease or illness. All conditions meeting the definition of life-threatening as set forth at 21 CFR 312.81(a) also would be serious conditions.

- The designation allows CDER staff to prioritize application review, calculate a goal date, and create interim timelines for completion of activities per the 21st Century Review process.

- This MAPP has been updated to align the priority review definition with the goals of review designation, which is to focus the FDA's resources to those drugs that have the potential to provide the maximum benefit to the public health. In addition, the update also harmonizes with the priority review policies in the Center for Biologics Evaluation and Research (CBER), incorporates CDER policy changes resulting from the passage of the Food and Drug Administration Safety and Innovation Act of 2012 (FDASIA), and achieves consistency with the draft guidance for industry *Expedited Programs for Serious Conditions — Drugs and Biologics*.[3]

POLICY

- Priority review designation is assigned to applications for drugs that treat serious conditions and provide significant improvements in the safety or effectiveness of the treatment, diagnosis, or prevention of serious conditions compared to available therapies.

- A priority review designation is intended to direct overall attention and resources to the evaluation of applications for drugs that, if approved, provide significant improvements to public health as noted above.

- Standard review designation is assigned to applications for drugs that do not meet the priority review designation criteria.

- A priority review designation will set a goal date for taking action on an application within 6 months of receipt.

- A standard review designation will set a goal date for taking action on an application within 10 months of receipt.

- Original NDAs, original BLAs, and efficacy supplements will receive a review designation. Other types of supplements will not (i.e., manufacturing supplements, many types of labeling supplements), but may be subject to other mandated review timelines.

[3] When final, this guidance will represent the FDA's current thinking on this topic. For the most recent version of a guidance, check the FDA Drugs guidance Web page at http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/default.htm.

- The review team, with concurrence from the division director, will designate each application as priority or standard even in the absence of an applicant request.

- The review team will use criteria listed in the draft guidance for industry *Expedited Programs for Serious Conditions — Drugs and Biologics* based on information and data available at the time the application is submitted to determine whether an application qualifies for priority review designation. Such a determination does not take into consideration economic factors (e.g., an estimate of price) and is not intended to predict a drug's ultimate value or its eventual place in the market.

- The decision on whether priority review will be granted to applications for drugs with fast track or breakthrough therapy designation or to applications submitted for review under accelerated approval will be based on the information and data available at the time the application is submitted.

- Supplemental applications that propose labeling changes pursuant to a final pediatric study report will automatically receive a priority review designation.[4]

- Applications submitted in response to a written request under the Best Pharmaceuticals for Children Act will automatically receive a priority review designation.

- Applications submitted in response to Pediatric Research Equity Act requirements will be reviewed and designated as either priority or standard.

- Applications or supplements for a drug designated as a qualified infectious disease drug under section 505E(d) of the Federal Food, Drug, and Cosmetic Act (FD&C Act) will automatically receive a priority review designation (section 524 of the FD&C Act as amended by Title VIII of FDASIA).

- Applications or supplements submitted with a priority review voucher will automatically receive a priority review designation.[5]

- Applications that are not filed do not receive a review designation.

[4] See section 505A of the Federal Food, Drug, and Cosmetic Act, amended by section 5(b) of the Best Pharmaceuticals for Children Act.

[5] Priority review vouchers will be granted to applicants of applications for drugs for the treatment or prevention of certain tropical diseases, as defined in section 524(a)(3) and (4) of the FD&C Act, and for treatment of rare pediatric diseases, as defined in section 529(a)(3) of the FD&C Act. (For more information regarding tropical diseases, see the draft guidance for industry *Tropical Disease Priority Review Vouchers*. When final, this guidance will represent the FDA's current thinking on this topic.)

- The division will inform the applicant in writing of a priority review designation by Day 60 of the review. The division will inform the applicant of a standard review designation in the filing communication by Day 74 of the review.

- Review designations will be made for the first review cycle. Classification of a resubmission as either Class 1 or Class 2 will be determined as described in MAPP 6020.4 Rev. 1 *Classifying Resubmissions of Original NDAs, BLAs, and Efficacy Supplements in Response to Action Letters* and 21 CFR 314.110. Review timelines are determined by the resubmission classification.

- If the application is resubmitted after an initial refuse-to-file decision, or withdrawn by the applicant before the division takes action and then resubmitted, the review team will determine the review designation for the resubmitted application. The review designation will be based on the information and data available at the time the application is resubmitted.

- If the application receives a refuse-to-file decision, applications filed over protest will be designated a standard review.

- After the review designation is assigned at the time of filing, the review timeline will not change during the first review cycle, even if a redetermination of review designation is made. For example, review designation may be reconsidered because of the approval of other drugs, the availability of new data (e.g., in an investigational new drug application, marketing application, or medical/scientific literature), advisory committee recommendations, or submission of a request for formal dispute resolution by the applicant.

RESPONSIBILITIES AND PROCEDURES

- **The White Oak Document Room (DR1) is responsible for:**

  – Attaching the User Fee Validation Form to each application, when applicable.

- **The Review Team is responsible for:**

  – Recommending a review designation to the division director for each NDA, BLA, and efficacy supplement within 14 days. The recommendation is made only if the application is to be filed.

  – Identifying, within 14 days of receipt of an original NDA; original BLA; or efficacy supplement, whether the application may qualify for a priority review designation. If an application is expected to qualify for a priority review designation, the filing meeting will be scheduled to occur by Day 30, instead of by Day 45 (the filing meeting date for standard reviews). The final

determination of the review designation and timeline for the first review cycle will be determined by the division director at the filing meeting.[6]

- **The Division Director is responsible for:**

  – Determining final review designation for each NDA, BLA, or efficacy supplement no later than the filing meeting if the application is to be filed. The division director will consider the recommendations of the review team members.

  – Communicating the final review designation to the regulatory project manager (RPM).

- **The Regulatory Project Manager is responsible for:**

  – Ensuring that the review designation code is entered into the appropriate tracking system by sending notification (e.g., User Fee Validation Form, email) to data entry personnel according to established document processing instructions. After the review designation code has been communicated, the RPM should ensure that the respective review designation code and PDUFA deadlines are correct in CDER's electronic archive.

  – Notifying the applicant in writing of the final review designation by either Day 60 for a priority review or by Day 74 for a standard review.

  – Communicating a change in review designation to the review team in cases when a redetermination of the review designation is made.

REFERENCES

1. The Best Pharmaceuticals for Children Act (http://www.fda.gov/downloads/Drugs/DevelopmentApprovalProcess/DevelopmentResources/UCM049874.pdf)

2. The Prescription Drug User Fee Act (http://www.fda.gov/ForIndustry/UserFees/PrescriptionDrugUserFee/default.htm)

3. The Food and Drug Administration Amendments Act of 2007 (http://www.fda.gov/downloads/Drugs/DevelopmentApprovalProcess/DevelopmentResources/UCM049870.pdf)

[6] See the CDER 21st Century Review Process Desk Reference Guide.

4. The Food and Drug Administration Safety and Innovation Act of 2012 (http://www.fda.gov/RegulatoryInformation/Legislation/FederalFoodDrugandCosmeticActFDCAct/SignificantAmendmentstotheFDCAct/FDASIA/default.htm)

5. CDER 21st Century Review Process Desk Reference Guide located on the 21st Century Review intranet Web page

6. Draft guidance for industry *Expedited Programs for Serious Conditions — Drugs and Biologics* (http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/default.htm)

7. Draft guidance for industry *Neglected Tropical Diseases of the Developing World: Developing Drugs for Treatment or Prevention*[7] (http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/default.htm)

8. Draft guidance for industry *Tropical Disease Priority Review Vouchers* (http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/default.htm)

9. MAPP 6020.4 Rev. 1 *Classifying Resubmissions of Original NDAs. BLAs, and Efficacy Supplements in Response to Action Letters*

10. 21 CFR 314.110, Complete response letter to the applicant

DEFINITIONS

Review designation: Establishes the timeline, milestones, and a goal date by which an application is reviewed under PDUFA performance goals. The review designation can be either standard or priority. The designations *Priority (P)* and *Standard (S)* are mutually exclusive.

- **Priority (P) review** — Preliminary review indicates that the drug treats a serious or life-threatening condition and, if approved, would be a significant improvement in the safety or effectiveness of the treatment, diagnosis, or prevention of a serious or life-threatening condition compared to available therapies.[8] Significant improvement may be illustrated by the following examples: (1) evidence of increased effectiveness in treatment, prevention, or diagnosis of a serious or life-threatening condition; (2) elimination or

[7] When final, this guidance will represent the FDA's current thinking on this topic.

[8] See the definition of *available therapy* in section III.B. of the draft guidance for industry *Expedited Programs for Serious Conditions — Drugs and Biologics*.

substantial reduction of a treatment-limiting drug reaction; (3) documented enhancement of patient compliance that is expected to lead to an improvement in serious outcomes; or (4) evidence of safety and effectiveness in a new subpopulation. Although such evidence can come from clinical trials comparing a marketed drug with the investigational drug, a priority review designation can be based on other scientifically valid information.

- **Standard (S) review** — All nonpriority applications are considered standard applications.

EFFECTIVE DATE

This MAPP is effective upon date of publication. The process described in this MAPP will be evaluated and modified as needed when the draft guidance for industry *Expedited Programs for Serious Conditions — Drugs and Biologics* is finalized.

CHANGE CONTROL TABLE

Effective Date	Revision Number	Revisions
6/25/13	Rev. 2	This MAPP has been updated to align the priority review definition with the goals of review designation, which is to focus the FDA's resources to those drugs that have the potential to provide the maximum benefit to the public health. In addition, the update also harmonizes with priority review policies in CBER, incorporates CDER policy changes resulting from the passage of FDASIA, and achieves consistency with the draft guidance for industry *Expedited Programs for Serious Conditions — Drugs and Biologics.*