Controlled Correspondence Related to Generic Drug Development

Guidance for Industry

Office of Communications, Division of Drug Information
Center for Drug Evaluation and Research
Food and Drug Administration
10001 New Hampshire Ave., Hillandale Bldg., 4th Floor
Silver Spring, MD 20993-0002
Phone: 855-543-3784 or 301-796-3400; Fax: 301-431-6353
Email: druginfo@fda.hhs.gov
http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/default.htm

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Drug Evaluation and Research (CDER)

September 2015
Generics

Contains Nonbinding Recommendations

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This guidance represents the current thinking of the Food and Drug Administration (FDA, or the Agency) on this topic. It does not establish any rights for any person and is not binding on FDA or the public. You can use an alternative approach if it satisfies the requirements of the applicable statutes and regulations. To discuss an alternative approach, contact the FDA staff responsible for this guidance as listed on the title page.

I. INTRODUCTION

This guidance provides information regarding the process by which generic drug manufacturers and related industry can submit correspondence to FDA requesting information related to generic drug development. This guidance also describes the Agency's process for providing communications related to such correspondence. FDA is issuing this guidance as part of its implementation of the Generic Drug User Fee Amendments of 2012 (Public Law 112-144, Title III), commonly referred to as GDUFA.

FDA's guidance documents, including this guidance, do not establish legally enforceable responsibilities. Instead, guidances describe the Agency's current thinking on a topic and should be viewed only as recommendations, unless specific regulatory or statutory requirements are cited. The use of the word *should* in Agency guidances means that something is suggested or recommended, but not required.

II. BACKGROUND

On July 9, 2012, GDUFA was signed into law by the President.[2] GDUFA is designed to speed the delivery of safe and effective generic drugs to the public and to reduce costs to industry. The law is based on an agreement negotiated by FDA and representatives of the generic drug industry to address a growing number of regulatory challenges. GDUFA reflects input received during an open process that included regular public meetings, posting of meeting minutes, and consideration of comments from a public docket. Agreed-upon recommendations were sent to

[1] The Office of Generic Drugs in the Center for Drug Evaluation and Research at the Food and Drug Administration prepared this guidance.

[2] On October 5, 2012, the President signed into law the FDA User Fee Corrections Act of 2012 (Public Law 112-193). This act amended GDUFA so that due dates for GDUFA user fees in fiscal year 2013 were not dependent on enactment of an appropriations act.

Congress, and Congress held hearings on GDUFA that included testimony from FDA, the generic drug industry, and other interested parties.

GDUFA requires that FDA and human generic drug manufacturers alike must meet certain requirements and commitments. Under GDUFA, FDA has agreed to specific program enhancements and performance goals, as set forth in the GDUFA Commitment Letter[3] that accompanied the legislation. The GDUFA Commitment Letter included detail on FDA's commitment to respond to questions submitted as "controlled correspondence" within certain time frames. Specifically, the Agency agreed that:

- FDA will respond to 70 percent of controlled correspondence within 4 months from date of submission in fiscal year (FY) 2015.
- FDA will respond to 70 percent of controlled correspondence within 2 months from date of submission in FY 2016.
- FDA will respond to 90 percent of controlled correspondence within 2 months from date of submission in FY 2017.
- If the controlled correspondence requires input from the clinical division, one additional month will be added to the goals outlined above.[4]

The GDUFA Commitment Letter described *controlled correspondence* as follows:

> FDA's Office of Generic Drugs provides assistance to pharmaceutical firms and related industry regarding a variety of questions posed as "controlled documents." See [http://www.fda.gov/AboutFDA/CentersOffices/officeofmedicalproductsandtobacco/CDER/ucm120610.htm]. Controlled correspondence does not include citizen petitions, petitions for reconsideration, or requests for stay.[5]

This guidance provides additional detail and recommendations concerning:

- What inquiries FDA considers to be controlled correspondence for the purposes of meeting the Agency's GDUFA commitment
- What information requestors can include in a controlled correspondence to facilitate FDA's consideration of and response to a controlled correspondence
- What information FDA will provide in its communications to requestors that have submitted controlled correspondence

[3] See Generic Drug User Fee Act Program Performance Goals and Procedures (GDUFA Commitment Letter) for fiscal years 2013 through 2017, available at http://www.fda.gov/downloads/ForIndustry/UserFees/GenericDrugUserFees/UCM282505.pdf.

[4] GDUFA Commitment Letter at 12. Any controlled correspondence submitted before October 1, 2014, does not fall under the time frames and goal dates identified in the GDUFA Commitment Letter. Notwithstanding, FDA intends to respond to those controlled correspondence as expeditiously as practicable.

[5] GDUFA Commitment Letter at 15. We note that the Web page link quoted in the definition above has been updated to reflect the current link, because the link provided in the GDUFA Commitment Letter is no longer accessible.

Many of the recommendations in this guidance incorporate FDA's historical practices in responding to controlled correspondence that were detailed on the Web page cited in the GDUFA Commitment Letter referenced above.[6]

III. CONTROLLED CORRESPONDENCE

A. Definition of *Controlled Correspondence*

As detailed in the GDUFA Commitment Letter, the aims of the generic drug user fee program include (1) ensuring the safety of generic drug products; (2) enhancing access by expediting the availability of these products; and (3) enhancing transparency by, among other things, improving FDA's communications with and feedback to industry to expedite product access. Each of these goals is designed to directly benefit the public health. FDA and industry identified controlled correspondence in the GDUFA Commitment Letter as one mechanism to support these aims.

The GDUFA Commitment Letter did not provide a precise definition of *controlled correspondence*, however. The Agency thus has determined that the term should be further defined in a manner that best supports these principles. Accordingly, FDA defines *controlled correspondence* for the purposes of GDUFA as follows:

> **A correspondence submitted to the Agency, by or on behalf of a generic drug manufacturer or related industry, requesting information on a specific element of generic drug product development**.

We believe that this definition encompasses the broad spectrum of issues that can arise as generic drug manufacturers and related industry (e.g., contract research organizations conducting bioanalytical or bioequivalence (BE) clinical trials, active pharmaceutical ingredient manufacturers, and excipient manufacturers) begin drug development that can benefit from targeted Agency consideration and, at the same time, helps to ensure that Agency resources supported by user fees are focused on facilitating and expediting development of generic drug products. Examples of topics that fall within and outside the definition are described in sections IV.C-D, below.

B. Additional Guidance on Inquiries Inside the Scope of Controlled Correspondence

1. Controlled Correspondence Concerning Issues Raised in a Pending Citizen Petition, Petition for Reconsideration, or Request for Stay

If a controlled correspondence is submitted that raises an issue that is the same as or related to an issue or question that is the subject of one or more pending citizen petitions, petitions for reconsideration, or requests for a stay, the goal dates set forth in the GDUFA Commitment Letter for controlled correspondence will apply from the date FDA issues responses to the pending

[6] See *Recommendations for Improving Submissions of a "Controlled Correspondence" to the Office of Generic Drugs*, available at http://www.fda.gov/AboutFDA/CentersOffices/officeofmedicalproductsandtobacco/CDER/ucm120610.htm.

petitions.[7] Likewise, if a citizen petition, petition for reconsideration, or request for stay is submitted that raises an issue that is the same as or related to an issue or question in a pending controlled correspondence, the goal date for that controlled correspondence will apply from the date FDA issues a response to the related citizen petition, petition for reconsideration, or stay request.[8] For example, if a controlled correspondence is submitted in FY 2015 that relates to an issue in a pending petition, and the Agency responds in FY 2016 to that petition, the 4-month goal date for FY 2015, the year in which the controlled correspondence was submitted, will apply to the controlled correspondence from the 2016 date that the petition is answered. FDA will notify the requestor if we determine that the controlled correspondence is the subject of or related to an issue or question raised in a citizen petition, request for reconsideration, or request for a stay. When the Agency issues the response, it will commence consideration of the controlled correspondence.

2. Requests Related to Matters Still Under Consideration by the Agency

FDA occasionally receives requests for information on issues that the Agency is considering, but for which no scientific or regulatory decision has been made or for which there is no clear clinical consensus. For a request for which controlled correspondence is the appropriate pathway but the subject is still under consideration at the time of the response goal date, FDA will notify the requester that the goal date has been missed because the request raised issues about which FDA has not made a decision. In such instances, the request will remain open until FDA issues a response.

3. Requests More Appropriately Addressed Through Other Mechanisms

In certain circumstances, the controlled correspondence mechanism may not be the optimal mechanism to gain FDA feedback on such a topic. For example, a pre-ANDA meeting that is more iterative in nature may provide a better forum in which to discuss certain issues, e.g., methods of characterization for complex products or clinically critical BE considerations. Other topics that are general in nature would be more appropriately considered as part of the Regulatory Science Initiative, e.g., the proposed use of in vitro data to support demonstration of BE for a new class of products. For such questions, the Agency will notify the requestor of the recommended alternative pathway and close the control.[9]

C. Guidance on Inquiries Outside the Scope of Controlled Correspondence

[7] As set forth in the GDUFA Commitment Letter, *controlled correspondence* does not include citizen petitions, petitions for reconsideration, or requests for stay, even if they raise issues related to generic drug development (GDUFA Commitment Letter at 12).

[8] FDA considers a controlled correspondence to be related to an issue or question that is the subject of a pending citizen petition if we determine that a decision regarding the issue or question raised in the citizen petition could affect our response to the controlled correspondence.

[9] Controlled correspondence are intended to request information on a specific element of generic drug development, so they are not appropriate for requests that ask FDA to develop a new regulatory policy or change an existing policy. As described below, however, FDA intends to monitor subjects of controlled correspondence to consider issues for developing guidance documents.

1. Exceptions to the Definition of Controlled Correspondence

Historically, three types of inquiries fall within the above definition of *controlled correspondence* that FDA has treated differently from other inquiries on generic drug development: (1) requests for recommendations on the appropriate design of BE studies for a specific drug product (BE guidance requests); (2) requests for review of BE clinical protocols (clinical protocol requests); and (3) requests for meetings to discuss generic drug development prior to ANDA submission (pre-ANDA meeting requests). FDA will continue to respond to these inquiries consistent with its current practices, and to exclude these inquiries from the goal dates in the GDUFA Commitment Letter, as described below.

First, FDA will continue to address BE guidance requests consistent with the public process described in the Agency's guidance for industry on *Bioequivalence Recommendations for Specific Products*.[10] Under this approach, FDA publishes BE recommendations in product-specific guidances, the availability of which are announced in the *Federal Register* and are open to comment for a designated period. Before establishing this public process, FDA responded to requests for guidance on BE studies on an individual basis. Under that process, information about BE studies was only provided to those parties specifically requesting such information, and it created a significant burden on those FDA employees responsible for reviewing both the BE data in ANDAs and requests for recommendations on BE methodologies. The product-specific guidance process enhances transparency, provides a mechanism for public comment on recommended BE studies, and provides for more efficient use of Agency resources.

With this public process, FDA can be proactive in developing and publishing guidance for new drug products without waiting for inquiries on BE methodologies from individual requestors. As contemplated in the GDUFA Commitment Letter, this effort will also include guidance development resulting from the regulatory science initiatives funded by generic drug user fees. FDA anticipates that this process will continue to expedite the availability of BE methodologies to generic drug developers. This process involves time frames that differ from the goal dates for controlled correspondence, however, and the Agency has determined that it would not be appropriate to circumvent this public process by responding to individual requestors in order to meet the GDUFA goal dates for controlled correspondence. Parties may submit BE guidance requests for proposed products to GenericDrugs@fda.hhs.gov[11] so that the Agency can continue to consider these requests in prioritizing BE guidance development.[12]

Second, FDA will continue to exclude clinical protocol requests from controlled correspondence, and the related goal dates. These are requests for review of clinical protocols for in vivo BE studies with pharmacokinetic, pharmacodynamic, or clinical end-point studies conducted to

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[10] We update guidances periodically. To make sure you have the most recent version of a guidance, check the FDA Drugs guidance Web page at http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/default.htm.

[11] This email address is a general OGD address to which certain submissions related to generic drugs may be submitted. This email address is monitored daily and submissions, including requests for BE guidance, pre-ANDA meetings, clinical protocol reviews, and controlled correspondence, are routed to the appropriate discipline or personnel.

[12] We encourage requests for consideration of BE methods that modify or deviate from those proposed for a specific product to be submitted to the public docket of the particular product-specific BE guidance. As an alternative, the inquirer can submit such a request to GenericDrugs@fda.hhs.gov and it will be forwarded to the appropriate division. In addition, if a requestor wants clarification on a BE study recommended in the related product-specific draft guidance to support development of a generic drug product, the requestor can submit an inquiry as a controlled correspondence.

support demonstration of BE for a proposed generic product. Historically, FDA has not considered such requests as controlled correspondence, because these requests are more time- and resource-intensive than other requests and often call for consultation with multiple disciplines within the Office of Generic Drugs (OGD), as well as with other offices in the Center for Drug Evaluation and Research (CDER). Notwithstanding exclusion from the category of controlled correspondence for the purposes of GDUFA goal dates, we recommend that parties continue to submit clinical protocol requests to GenericDrugs@fda.hhs.gov so the correct discipline can review them promptly. FDA will respond to clinical protocol requests as expeditiously as practicable.

Third, FDA will not treat pre-ANDA meeting requests as controlled correspondence with related GDUFA goal dates, because such requests serve a different purpose than controlled correspondence and should include different information from an inquirer. The purpose of the controlled correspondence process is to provide a mechanism for a direct inquiry on FDA's position with respect to a particular element of generic drug development, and for the Agency's direct response. The purpose of a pre-ANDA meeting request, by contrast, is to seek a dialogue with the Agency on a particular matter for which the controlled correspondence process is not suitable. Similarly, materials and information submitted with a controlled correspondence should provide the Agency with the relevant information on which to base its considerations, while the materials submitted in support of a meeting request should help the Agency determine whether a meeting is appropriate. Accordingly, we will treat these meeting requests separately. Like BE guidance requests and clinical protocol requests, however, we recommend that parties continue to submit pre-ANDA meeting requests to GenericDrugs@fda.hhs.gov so the Agency can consider them expeditiously.

2. Topics Outside the Scope of Controlled Correspondence

This section provides additional guidance on the types of inquiries or topics that do not fall within the definition of *controlled correspondence* described above. First, the Agency considers any question related to a pending or approved ANDA a review issue. Such inquiries will not be treated as controlled correspondence and should be submitted only to the ANDA so they can be included as part of the full administrative record for that application.[13]

Second, inquiries that are submitted to FDA that are not directly related to generic drug development will not be considered controlled correspondence for the purposes of GDUFA. For example, inquiries requesting information on the administrative practices of OGD, or on development of generic products for which there has never been a U.S.-approved reference listed

[13] The Agency will consider a request for information in a controlled correspondence regarding development of a new strength for a product for which the submitter is a sponsor of a pending or approved ANDA for other strengths. The Agency also will consider a request for information in a controlled correspondence regarding development of a different package configuration for a product for which the submitter is a sponsor of a pending or approved ANDA for other package configurations. For example, if an inquiry pertaining to a gel in a metered-dose pump is submitted and there is a pending or approved ANDA for gel in a unit-dose package, the controlled correspondence could still be accepted for review.

drug (RLD) identified in FDA's *Approved Drug Products with Therapeutic Evaluations* (the Orange Book),[14] will not be considered controlled correspondence.

Third, as reflected in the definition of *controlled correspondence*, FDA expects that a controlled correspondence will contain inquiries on *a specific element* of generic drug development, not general questions related to product planning. Consistent with FDA's past practices, general or insufficiently detailed questions related to product development are not the appropriate subject of controlled correspondence. For example, an inquiry seeking information on general approval standards for a particular product is not the appropriate subject of a controlled correspondence for the purposes of GDUFA. Likewise, an inquiry about the acceptability of an excipient without a proposed level for a specific RLD (which includes a specific product strength), or a question about the general acceptability of a particular device, provides insufficient detail for the Agency to respond. FDA provides information to stakeholders on its approval standards and general submission recommendations through FDA regulations and guidances.[15] The controlled correspondence process is intended to facilitate, not supplant, the generic drug developmental endeavor.

3. Entities Outside the Scope of Controlled Correspondence

The controlled correspondence process, historically (and under the definition above), is available to generic drug manufacturers and related industry or their representatives, because this mechanism exists to facilitate generic drug development. Other parties (e.g., private citizens, financial firms, or public advocacy groups that are not directly involved in developing generic drug products) should submit their inquiries related to generic drugs to CDER's Division of Drug Information.[16]

IV. SUBMITTING A CONTROLLED CORRESPONDENCE

A. How to Submit a Controlled Correspondence

Consistent with the agreement with industry described in the GDUFA Commitment Letter, requestors seeking FDA's response to a controlled correspondence by the goal dates articulated in the GDUFA Commitment Letter (and listed above) should submit the correspondence electronically, via email to GenericDrugs@fda.hhs.gov.[17] This will facilitate prompt consideration of and response to the controlled correspondence by the appropriate discipline. The email should be sent from a corporate email address. For this reason, we do not intend to consider emails generated from general, personal accounts as controlled correspondence.

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[14] An RLD is the "listed" (i.e., approved) drug that FDA has identified as the drug product upon which an applicant relies in seeking approval of its abbreviated application (21 CFR 314.3). RLDs are identified in the Orange Book and are available on FDA's Web site at http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm.

[15] FDA intends to monitor the subjects raised in controlled correspondence to identify future topics for Agency guidance.

[16] See contact information for the Division of Drug Information on the second title page of this guidance.

[17] Controlled correspondence that are not submitted electronically will be responded to, but will not receive a goal date. GDUFA Commitment at 7 ("Review metric goals […] only apply to submissions made electronically, following the eCTD format in effect at the date of submission".)

FDA strongly discourages submitting controlled correspondence to individual FDA employees, and submitting additional copies of a controlled correspondence in paper form, by courier, or by facsimile. As described in section V below, FDA intends to provide requestors notification via email on the status of a request soon after it is submitted, which should provide a requestor adequate assurance that the Agency has received the communication. The Agency's response will either state that FDA is considering the request as a controlled correspondence or provide the basis for not responding to it as a controlled correspondence, as described in this guidance.

B. Content of a Controlled Correspondence

FDA recommends the following information be included at the beginning of a controlled correspondence:

- Name, title, address, phone number, and entity (e.g., corporate affiliation) of the person submitting the controlled correspondence.

  FDA intends to provide a response to the U.S. agent or representative of a foreign company, similar to FDA practice when an ANDA is submitted. Please identify the company for which you are the agent and include a copy of a letter of authorization with each controlled correspondence.[18]

- An email address to which a response to the controlled correspondence can be sent.

  A requestor (or its U.S. agent) may apply for a secure email pathway by contacting secureemail@fda.hhs.gov.

- The FDA-assigned control number and submission date of any previous, related controlled correspondence, if any, as well as a copy of that previous controlled correspondence and FDA's response, if any.

- Relevant RLD(s), as applicable, including application number, proprietary (brand) name, manufacturer, active ingredient, dosage form, and strength(s).

- A concise statement of the inquiry for which the controlled correspondence is being submitted.

- A recommendation of the appropriate FDA review discipline to review the controlled correspondence.

  General information regarding review disciplines is provided in section IV.D, below.

- Relevant prior research and supporting materials.

  FDA recommends that a requestor include in its controlled correspondence the pertinent prior research and supporting information on the specific element of generic drug development about which it seeks information. If FDA determines, upon receipt of a controlled correspondence, that the correspondence lacks sufficient information to

[18] When possible, FDA recommends identification of the sponsor of the potential ANDA, which facilitates linkage of the controlled correspondence to the ANDA when submitted.

consider the inquiry, it will notify the requestor of this deficiency and close the controlled correspondence. If FDA determines, during the substantive review of the inquiry, that the inquiry lacks sufficient information, it can either close the control at that time or contact the requestor for additional information. If the Agency decides to close the control, it will notify the requestor of that decision and the basis for that decision. If FDA contacts the requestor for additional information, the goal date period will be extended by the amount of time that the Agency's request for additional information is outstanding with the requestor.

C. Additional Recommendations on the Content of Specific Types of Controlled Correspondence Inquiries

This section provides additional recommendations for the content of specific types of inquiries submitted as controlled correspondence.

1. Requests Related to Inactive Ingredients

The Agency often receives requests for information pertaining to whether particular inactive ingredients present at higher levels than the maximums listed in the Agency's Inactive Ingredient Database are permissible in a generic drug product. FDA recommends that a requestor submit for evaluation no more than three inactive ingredients, and under any circumstances no more than three proposed formulations total for a drug product at a given time. For example, a request that proposes three different ranges for a single inactive ingredient would be considered to include three proposed formulations, and a requestor should wait for FDA's response to the controlled correspondence prior to submitting a different formulation for consideration. The Agency believes this is the reasonable limit based on what can be evaluated for a particular drug product within the GDUFA goal date period. This encourages sponsors to provide targeted submissions to the Agency, and allows firms to refine their subsequent formulation proposals based on FDA's previous responses. In addition, such requests should include reference to a relevant RLD (including the specific drug product strength(s)) in order for FDA to evaluate the potential acceptability of an excipient in the context of a specific proposed drug product. Absent that information, there is no means for OGD to evaluate use of that inactive ingredient safely, which depends on many factors, including the conditions of use for the reference product. We note that FDA evaluates the ultimate acceptability of an excipient in the context of a specific proposed drug product formulation during ANDA review, when the Agency has the full complement of data and information in support of ANDA approval to consider.

Parties seeking to provide information to update FDA's Inactive Ingredients Database (for example, to correct information on FDA-approved products contained in the database or to provide data for FDA-approved products not in the database) should send such notifications to IIDUpdate@fda.hhs.gov. Such updates should not be submitted to GenericDrugs@fda.hhs.gov.

2. Requests for Q1/Q2 Formulation Assessment

For certain types of products, FDA's regulations generally require that proposed products be qualitatively (Q1) and quantitatively (Q2) the same as the RLD with respect to inactive ingredients.[19] In addition, FDA's guidances sometimes recommend certain BE studies for drug products that are Q1/Q2 with respect to the RLD. When seeking review of proposed Q1/Q2

[19] See, e.g., 21 CFR 314.94(a)(9)(iii).

formulations, we recommend the controlled correspondence include the following information (which can be found in the Orange Book):

- relevant RLD sponsor
- application number
- proprietary name
- active ingredient
- dosage form
- route of administration
- RLD approval date
- whether the product is prescription, over-the-counter, or in the "Discontinued" section of the Orange Book, which lists drug products that have been withdrawn from the market.

FDA recommends that no more than three proposed Q1/Q2 formulations of a single drug product be submitted in one controlled correspondence at a given time. Limiting a single control to no more than three formulation requests provides for FDA's targeted and timely review of such requests. In addition, the Agency recommends against submitting a request for evaluation of Q1/Q2 and a separate request for evaluation of a proposed inactive ingredient at the same time. The formulation descriptions should include adequate details, including salt and hydration forms of the active ingredients and excipients.[20]

If a requestor is seeking formulation assessment for multiple drug products, FDA recommends that each request be submitted in a separate controlled correspondence. Thus, a requestor should not seek Q1/Q2 formulation assessment for generic products with different RLDs in a single controlled correspondence. This also includes separate formulation assessment requests for drug products with multiple strengths, because each strength is a separate drug product.

Consistent with the Agency's past practice, FDA does not intend to review proposed formulations that are not required or FDA-recommended in guidance to be Q1/Q2 to the RLD. Non-Q1/Q2 formulations are permissible for certain products so long as the differences do not affect the safety or effectiveness of the product. The acceptability of such differences would be considered in the context of an ANDA review.

3. Requests Requiring Review by More than One Discipline

If a requestor seeks information related to separate elements of generic drug product development (e.g., information on proposed formulation and proposed product labeling), FDA recommends that the requestor submit separate requests regarding the product. This will facilitate timely review and response.

D. Controlled Correspondence Review Disciplines

This section provides additional information on the different disciplines that might review and respond to a controlled correspondence. In addition, this section provides examples of the types of inquiries a discipline might review. The Agency anticipates that this information will assist requestors in recommending the appropriate discipline to review a particular controlled correspondence, as suggested above. These descriptions are not intended to be exhaustive, and

[20] To facilitate consideration of the request, FDA recommends that the inactive ingredient and/or the formulation information be presented in the format in which it would be submitted in an ANDA.

FDA has the discretion to determine which discipline should review and respond to a controlled correspondence.

- OGD's Office of Bioequivalence

FDA anticipates that the Office of Bioequivalence will review correspondence containing inquiries related to the planning of BE studies. Within the Office of Bioequivalence, we anticipate that the Division of Clinical Review will review correspondence containing clear, concrete questions related to the planning of a BE study with clinical endpoints, and questions related to adverse events that occur during the conduct of a BE study. The Division of Clinical Review also reviews questions related to inactive ingredients.

- OGD's Office of Research and Standards

FDA anticipates that the Office of Research and Standards will review correspondence containing questions, for example, on complex drug products or drug-device combination products.

- OGD's Office of Operations, Division of Filing Review

We anticipate that the Division of Filing Review will review correspondence containing inquiries regarding FDA's Inactive Ingredient Database and drug product formulation.

- OGD's Office of Operations, Division of Labeling Review

FDA anticipates that the Division of Labeling Review will review, for example, correspondence regarding labeling standards for container/closure systems that are different from the RLD's, and appropriate labeling differences.

- OGD's Office of Generic Drug Policy

We anticipate that the Office of Generic Drug Policy, which includes the Orange Book staff, will review, for example, correspondence regarding patent listings or RLD questions.

- OPQ's Office of Policy for Pharmaceutical Quality

FDA anticipates that the Office of Policy for Pharmaceutical Quality will coordinate OPQ's review of correspondence amongst the sub-offices listed below. For example, OPQ will review correspondence containing inquiries regarding chemistry, manufacturing, and controls, as well as product quality microbiology for generic drugs. In addition, we anticipate that OPQ will review inquiries related to Type II drug master files for drug substances submitted in support of generic drug applications.

- OPQ's Office of Lifecycle Drug Products
- OPQ's Office of New Drug Products/Division of Lifecycle API and Division of Biopharmaceutics
- OPQ's Office of Process and Facilities

V. INFORMATION ON COMMUNICATIONS FROM FDA TO REQUESTORS THAT SUBMIT CONTROLLED CORRESPONDENCE

For inquiries submitted to GenericDrugs@fda.hhs.gov, FDA will provide the following information to a requestor regarding its receipt and consideration of the inquiry.

Upon receipt of a submission, FDA will evaluate whether the submission will be considered a controlled correspondence for the purposes of GDUFA. FDA then will send the requestor one of two emails: (1) an email confirming acceptance of the submission as a controlled correspondence for the purposes of GDUFA, which will include a controlled correspondence tracking number; or (2) an email informing the requestor either that the Agency does not consider the submission a controlled correspondence and the basis for that decision, or that FDA lacks adequate information to make this determination. In most instances, we anticipate confirming acceptance of the submission within seven calendar days, which communication will contain a receipt date that the requestor can use to calculate the goal date. If a requestor resubmits a request for information that addresses any problem that FDA identified with a previous request, the Agency will consider this a new controlled correspondence and process it as such.

After reviewing the request for information in the controlled correspondence, FDA will respond in written form via email to the email address from which the original controlled correspondence was sent. The length and content of FDA's response will depend on the nature of the inquiry submitted. We intend that the comments we provide in response to a controlled correspondence will be comprehensive as of the date of the response. We note that response comments represent the Agency's current thinking on a topic at that time, and that our scientific thinking may evolve in the future.

FDA will not respond to status requests regarding pending controlled correspondence prior to the goal date.[21] If the Agency does not respond to the controlled correspondence by the goal date, we will send an acknowledgement to the requestor with notification that the request is still under consideration.

We recognize that upon receipt of FDA's response to a controlled correspondence, requestors might have follow-up questions or wish to request related, additional information. Because Agency staff would have to expend resources to review and respond to these follow-up questions and requests for additional information, FDA will treat the requests as new controlled correspondence. This ensures that the follow-up question is tracked and that all requestors are treated equitably. In these instances, we recommend that a requestor submit a new controlled correspondence and include the controlled correspondence tracking number(s) of the previous inquiry to facilitate FDA's review and response.

[21] For pre-FY 2015 controlled correspondence, OGD will strive to respond to these controls as expeditiously as practicable.