DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Medical Devices: Draft Guidance on Premarket Approval Applications for Assays Pertaining to Hepatitis C Viruses (HCV) That Are Indicated for Diagnosis or Monitoring of HCV Infection or Associated Disease; Availability

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the availability of a draft guidance entitled “Guidance on Premarket Approval Applications for Assays Pertaining to Hepatitis C Viruses (HCV) That Are Indicated for Diagnosis or Monitoring of HCV Infection or Associated Disease.” This draft guidance represents the agency’s current thinking regarding PMA’s for IVD devices that pertain to HCV. This draft guidance document represents the agency’s current thinking regarding PMA’s for IVD devices that pertain to HCV infection. This draft guidance is neither final nor is it in effect at this time.

DATES: Written comments concerning this draft guidance must be submitted by January 6, 2000.

ADDRESSES: See the SUPPLEMENTARY INFORMATION section for information on electronic access to the draft guidance. Submit written requests for single copies on a 3.5” diskette of the draft guidance entitled “Guidance on Premarket Approval Applications for Assays Pertaining to Hepatitis C Viruses (HCV) That Are Indicated for Diagnosis or Monitoring of HCV Infection or Associated Disease” to the Division of Small Manufacturers Assistance (HFA-220), Center for Devices and Radiological Health, Food and Drug Administration, 1350 Piccard Dr., Rockville, MD 20850. Send two self-addressed adhesive labels to assist that office in processing your request, or fax your request to 301-443-8818.

Submit written comments on the draft guidance to the Dockets Management Branch (HFA-305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852.

FOR FURTHER INFORMATION CONTACT: Joseph L. Hackett, Center for Devices and Radiological Health (HFA-440), Food and Drug Administration, 9200 Corporate Blvd., Rockville, MD 20850, 301-594-3084.

SUPPLEMENTARY INFORMATION:

I. Background

This draft guidance is intended to provide recommendations for studies to demonstrate performance of assays for detecting evidence of infection with HCV. A meeting of the Microbiology Devices Advisory Panel was held on February 12, 1998, to obtain suggestions and recommendations from the panel regarding scientific information necessary for premarket approval of tests for hepatitis viruses. Following the panel meeting and subsequent discussions between FDA and representatives of the Health Industry Manufacturers Association (HIMA), HIMA developed a draft guidance document for tests to detect HCV and submitted it to FDA. This draft guidance document issued by FDA reflects modifications to HIMA’s proposed document and, therefore, does not necessarily reflect HIMA’s original or current position.

II. Significance of Guidance

This draft guidance represents the agency’s current thinking regarding the content of PMA’s for IVD devices pertaining to HCV. It does not create or confer any rights for or on any person and does not operate to bind FDA or the public. An alternative approach may be used if such approach satisfies the applicable statute, regulations, or both. The agency has adopted good guidance practices (GGP’s), which set forth the agency’s policies and procedures for the development, issuance, and use of guidance documents (62 FR 8961, February 27, 1997). This draft guidance is issued as a Level 1 guidance consistent with GGP’s.

III. Electronic Access

In order to receive the draft guidance entitled “Guidance on Premarket Approval Applications for Assays Pertaining to Hepatitis C Viruses (HCV) That Are Indicated for Diagnosis or Monitoring of HCV Infection or Associated Disease” via your fax machine, call the CDRH Facts-On-Demand (FOD) system at 800-899-0381 or 301-827-0111 from a touch-tone telephone. At the first voice prompt press 1 to access DSMA Facts, at the second voice prompt press 2, and then enter the document number (1353) followed by the pound sign (#). Then follow the remaining voice prompts to complete your request.
DEPARTMENT OF HEALTH AND
HUMAN SERVICES

Food and Drug Administration

[Docket No. 98D–0265]

Guidance for Industry on Qualifying for Pediatric Exclusivity; Availability; Revised

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the availability of a revised guidance for industry entitled “Qualifying for Pediatric Exclusivity Under Section 505A of the Federal Food, Drug, and Cosmetic Act.” FDA is publishing this revised guidance to assist industry in interpreting provisions of the Food and Drug Administration Modernization Act of 1997 (Modernization Act). This guidance will remain in effect until superseded by regulations or new guidance.

DATES: Comments on agency guidance documents are welcome at any time.

ADDRESSES: Submit written requests for single copies of “Qualifying for Pediatric Exclusivity Under Section 505A of the Federal Food, Drug, and Cosmetic Act” to the Drug Information Branch (HFD–210), Center for Drug Evaluation and Research, Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, or the Manufacturers Assistance and Communications Staff (HFM–42), Center for Biologics Evaluation and Research, Food and Drug Administration, 1401 Rockville Pike, Rockville, MD 20852–1448. Send one self-addressed adhesive label to assist in processing your requests. Submit written comments on the guidance to the Dockets Management Branch (HFA–305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852. See the SUPPLEMENTARY INFORMATION section of this document for electronic access to the draft guidance.

FOR FURTHER INFORMATION CONTACT: Terrie L. Cresczenzi, Center for Drug Evaluation and Research (HFD–2), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–594–7337, FAX 301–594–6197, e-mail “cresczenzi@cdr.fda.gov”, or Elaine C. Esber, Center for Biologics Evaluation and Research (HFM–30), Food and Drug Administration, 1401 Rockville Pike, Rockville, MD 20852, 301–827–0641, FAX 301–827–0644, e-mail “esber@cber.fda.gov”.

SUPPLEMENTARY INFORMATION:

I. Description of the Guidance

FDA is announcing the availability of a revised guidance for industry entitled “Qualifying for Pediatric Exclusivity Under Section 505A of the Federal Food, Drug, and Cosmetic Act.” Section 111 of the Modernization Act (Public Law 105–115), signed into law by President Clinton on November 21, 1997, created section 505A of the Federal Food, Drug, and Cosmetic Act (the act) (21 U.S.C. 355a). Section 505A of the act permits certain applications to obtain an additional 6 months of marketing exclusivity if, in accordance with the requirements of the statute, the sponsor submits information relating to the use of the drug in the pediatric population. FDA plans to issue regulations through notice-and-comment rulemaking to implement the pediatric exclusivity provisions of the Modernization Act. The agency is publishing this procedural guidance to explain how the agency intends to implement section 505A of the act in the interim. The guidance will be updated as appropriate. This guidance will remain in effect until superseded by regulations or new guidance.

This guidance describes FDA’s current thinking on how sponsors may qualify for pediatric exclusivity under section 505A of the act. The guidance includes the following topics: (1) Whether studies for certain drugs will be required under section 505A(a) or (c), (2) the definition of pediatric studies, (3) the content and format of an FDA request for pediatric studies, (4) how an applicant can obtain an FDA written request, (5) the content of a written agreement for the conduct of pediatric studies, (6) the definition of commonly accepted scientific principles, (7) the filing of reports of studies, (8) acceptance of studies by FDA, (9) scope and nature of pediatric exclusivity, (10) publication of exclusivity determination, (11) treatment of information submitted in support of a request for pediatric exclusivity, (12) how pediatric studies required under FDA regulations may qualify for pediatric exclusivity, and (13) what happens after January 1, 2002, the sunset date for the pediatric exclusivity provisions of the Modernization Act.

This level 1 guidance document is being issued consistent with FDA’s good guidance practices (62 FR 8962, February 27, 1997). It represents the agency’s current thinking on the implementation of section 505A of the Modernization Act.