

Page 7 – Dr. James F. Kelly, Cepheid

T. All advertising and promotional descriptive printed matter relating to the use of the authorized Xpert® Ebola Assay shall clearly and conspicuously state that:

- This test has not been FDA cleared or approved;
- This test has been authorized by FDA under an EUA for use by CLIA Moderate and High Complexity Laboratories or similarly qualified non-U.S. laboratories;
- This test has been authorized only for the detection of Ebola Zaire virus (detected in the West Africa outbreak in 2014); and
- This test is only authorized for the duration of the declaration that circumstances exist justifying the authorization of the emergency use of *in vitro* diagnostics for detection of Ebola virus under section 564(b)(1) of the Act, 21 U.S.C. § 360bbb-3(b)(1), unless the authorization is terminated or revoked sooner.

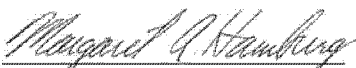
No advertising or promotional descriptive printed matter relating to the use of the authorized Xpert® Ebola Assay may represent or suggest that this test is safe or effective for the diagnosis of Ebola Zaire virus (detected in the West Africa outbreak in 2014).

The emergency use of the authorized Xpert® Ebola Assay described in this letter of authorization must comply with the conditions and all other terms of this authorization.

#### V. Duration of Authorization

This EUA will be effective until the declaration that circumstances exist justifying the authorization of the emergency use of *in vitro* diagnostics for detection of Ebola virus is terminated under section 564(b)(2) of the Act or the EUA is revoked under section 564(g) of the Act.

Sincerely,

  
Margaret A. Hamburg, M.D.  
Commissioner of Food and Drugs

Enclosure

Dated: May 29, 2015.

Leslie Kux,

Associate Commissioner for Policy.

[FR Doc. 2015-13699 Filed 6-4-15; 8:45 am]

BILLING CODE 4164-01-C

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### Food and Drug Administration

[Docket No. FDA-2013-D-0286]

#### Agency Information Collection Activities; Submission for Office of Management and Budget Review; Comment Request; Guidance for Industry on Formal Meetings Between the Food and Drug Administration and Biosimilar Biological Product Sponsors or Applicants

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Food and Drug Administration (FDA) is announcing that a proposed collection of

information has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995 (the PRA).

**DATES:** Fax written comments on the collection of information by July 6, 2015.

**ADDRESSES:** To ensure that comments on the information collection are received, OMB recommends that written comments be faxed to the Office of Information and Regulatory Affairs, OMB, Attn: FDA Desk Officer, FAX: 202-395-7285, or emailed to [oir\\_submission@omb.eop.gov](mailto:oir_submission@omb.eop.gov). All comments should be identified with the title. Also include the FDA docket number found in brackets in the heading of this document.

**FOR FURTHER INFORMATION CONTACT:** FDA PRA Staff, Office of Operations, Food and Drug Administration, 8455 Colesville Rd., COLE-14526, Silver Spring, MD 20993-0002, *PRAStaff@fda.hhs.gov*.

**SUPPLEMENTARY INFORMATION:** In compliance with 44 U.S.C. 3507, FDA has submitted the following proposed collection of information to OMB for review and clearance.

**Guidance for Industry on Formal Meetings Between FDA and Biosimilar Biological Product Sponsors or Applicants OMB Control Number 0910—NEW**

In the *Federal Register* of April 1, 2013 (78 FR 19492), FDA announced the availability of a draft guidance for industry entitled “Formal Meetings Between FDA and Biosimilar Biological Product Sponsors or Applicants.” The guidance provided recommendations to industry on formal meetings between FDA and sponsors or applicants relating to the development and review of biosimilar biological products regulated by the Center for Drug Evaluation and Research (CDER) and the Center for Biologics Evaluation and Research (CBER). This guidance assists sponsors and applicants in generating and submitting a meeting request and the associated meeting package to FDA for biosimilar biological products.

The Biologics Price Competition and Innovation Act of 2009 amended the Public Health Service (PHS) Act and other statutes to create an abbreviated licensure pathway in section 351(k) of the PHS Act (42 U.S.C. 262(k)) for biological products shown to be biosimilar to, or interchangeable with, an FDA-licensed biological product (see sections 7001 through 7003 of the Patient Protection and Affordable Care Act (Pub. L. 111-148)). The Biosimilar User Fee Act of 2012 (BsUFA), enacted as part of the Food and Drug Administration Safety and Innovation Act (Pub. L. 112-144), amended the Federal Food, Drug, and Cosmetic Act (the FD&C Act) to authorize a new user fee program for biosimilar biological products. FDA has committed to meeting certain performance goals in connection with the new user fee program. The performance goals, which are set forth in a letter from the Secretary of Health and Human Services to the Chairman of the Committee on Health, Education, Labor, and Pensions of the Senate and the Chairman of the Committee on Energy and Commerce of the House of Representatives, include meeting management goals for formal meetings that occur between FDA and

sponsors or applicants during the development phase of a biosimilar biological product. This guidance described the Agency’s current thinking on how it intends to interpret and apply certain provisions of BsUFA, and also provides information on specific performance goals for the management of meetings associated with the development and review of biosimilar biological products.

The guidance reflects a unified approach to all formal meetings between sponsors or applicants and FDA for biosimilar biological product development (BPD) programs. It is intended to assist sponsors and applicants in generating and submitting a meeting request and the associated meeting package to FDA for biosimilar biological products. The guidance does not apply to new drug or abbreviated new drug applications under section 505 of the FD&C Act or to biologics license applications (BLAs) under section 351(a) of the PHS Act.

FDA expects that review staff will participate in many meetings with biosimilar biological product sponsors or applicants who seek guidance relating to the development and review of biosimilar biological products. Because these meetings often will represent critical points in the regulatory process, it is important that there are efficient, consistent procedures for the timely and effective conduct of such meetings. The good meeting management practices in this guidance are intended to provide consistent procedures that will promote well-managed meetings and to ensure that such meetings are scheduled within a reasonable time, conducted efficiently, and documented appropriately. The following five meeting types that occur between sponsors or applicants and FDA staff during the biosimilar BPD phase are described in the guidance: (1) Biosimilar Initial Advisory meeting; (2) BPD Type 1 meeting; (3) BPD Type 2 meeting; (4) BPD Type 3 meeting; and (5) BPD Type 4 meeting.

This guidance is being issued consistent with FDA’s good guidance practices regulation (21 CFR 10.115). The guidance will represent the Agency’s current thinking on formal meetings between FDA and sponsors or applicants regarding biosimilar biological products. 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 requirements of the applicable statutes and regulations.

The guidance on the procedures for formal meetings between FDA and

biosimilar biological product sponsors or applicants describes procedures for requesting, scheduling, conducting, and documenting such formal meetings.

The guidance describes two types of collections of information: (1) The submission of a meeting request containing certain information and (2) the submission of an information package that accompanies the meeting request. The guidance also refers to previously approved collections of information found in FDA regulations. The collections of information for 21 CFR 312.48 have been approved under OMB control number 0910-0014.

*A. Request for a Meeting*

Under the guidance, a sponsor or applicant interested in meeting with CDER or CBER should submit a meeting request to the sponsor’s or applicant’s application (e.g., investigational new drug application, BLA) through the controlled document system. If there is no application, the request should be submitted to either the appropriate CDER division director with a copy sent to the division’s chief of project management staff or to the division director of the appropriate product office within CBER. Before submitting any meeting request by fax or email when there is no application, the sponsor or applicant should contact the appropriate review division or the Biosimilars Program staff, CDER, Office of New Drugs, to determine to whom the request should be directed, how the request should be submitted, and the appropriate format for the request, and to arrange for confirmation of receipt of the request.

FDA recommends that a request be submitted in this manner to prevent the possibility of faxed or emailed requests being overlooked because of the volume of emails received daily by FDA staff. Faxed or emailed requests should be sent during official business hours (8 a.m. to 4:30 p.m. EST/EDT) Monday through Friday (except Federal government holidays). Processing and receipt may be delayed for requests where confirmation of receipt has not been prearranged.

Under the guidance, FDA requests that sponsors and applicants include in meeting requests certain information about the proposed meeting. This information includes:

1. Product Name.
2. Application Number (if applicable).
3. Proposed Proper Name (or proper name if post-licensure).
4. Structure (if applicable).
5. Reference Product Name.
6. Proposed Indication(s) or Context of Product Development.

7. Meeting Type Being Requested (*i.e.*, Biosimilar Initial Advisory meeting, BPD Type 1, 2, 3, or 4 meeting). The rationale for requesting the meeting type should be included.

8. A Brief Statement of the Purpose of the Meeting. This statement should include a brief background of the issues underlying the agenda. It also can include a brief summary of completed or planned studies and clinical trials or data that the sponsor or applicant intends to discuss at the meeting, the general nature of the critical questions to be asked, and where the meeting fits in overall development plans. Although the statement need not provide detailed documentation of trial designs or completed studies and clinical trials, it should provide enough information to facilitate understanding of the issues, such as a small table that summarizes major results.

9. A List of the Specific Objectives/ Outcomes the Requester Expects from the Meeting.

10. A Proposed Agenda, Including Estimated Times Needed for Each Agenda Item.

11. A List of Questions, Grouped by Discipline. For each question there should be a brief explanation of the context and purpose of the question.

12. A List of All Individuals with Their Titles and Affiliations Who Will Attend the Requested Meeting from the Sponsor's or Applicant's Organization and Consultants.

13. A List of FDA Staff, if Known, or Disciplines, Asked to Participate in the Requested Meeting.

14. Suggested Dates and Times (*e.g.*, morning or afternoon) for the Meeting Which are Within or Beyond the Appropriate Time Frame of the Meeting Type Being Requested.

15. The Proposed Format of the Meeting (*i.e.*, face-to-face meeting, teleconference, or videoconference).

This information will be used by FDA to determine the utility of the meeting, to identify FDA staff necessary to discuss proposed agenda items, and to schedule the meeting.

**B. Information Package**

FDA requests that a sponsor or applicant submit a meeting package to the appropriate review division with the

meeting request. FDA recommends that information packages generally include:

1. Product Name and Application Number (if applicable).
2. Proposed Proper Name (or proper name if postlicensure).
3. Structure (if applicable).
4. Reference Product Name.
5. Proposed Indication(s) or Context of Product Development.
6. Dosage Form, Route of Administration, Dosing Regimen (frequency and duration), and Presentation(s).
7. A List of Sponsor or Applicant Attendees, Affiliations, and Titles.
8. A Background Section that Includes the Following:
  - a. A brief history of the development program.
  - b. The status of product development (*e.g.*, chemistry, manufacturing, and controls; nonclinical; and clinical, including any development outside the United States, as applicable).
9. A Brief Statement Summarizing the Purpose of the Meeting.
10. A Proposed Agenda.
11. A List of Questions for Discussion Grouped by Discipline and with a Brief Summary for Each Question to Explain the Need or Context for the Question.

12. Data to Support Discussion Organized by Discipline and Question. The level of detail of the data should be appropriate to the meeting type requested and the product development stage.

The purpose of the information package is to provide FDA staff the opportunity to adequately prepare for the meeting, including the review of relevant data concerning the product.

*Description of Respondents:* A sponsor or applicant for a biosimilar biological product who requests a formal meeting with FDA regarding the development and review of a biosimilar biological product.

*Burden Estimate:* Provided below is an estimate of the annual reporting burden for the submission of meeting requests and information packages under the guidance.

The estimated number of respondents submitting meeting requests and information packages is based on the current workload and development expectations for biosimilar biological

products. The burden hour estimate includes any time that may be needed by sponsors or applicants for rescheduling and canceling meetings, for premeetings and other communications with FDA about the meetings, and for resolution of disputes about meeting minutes.

Based on the current workload and development expectations, FDA estimates that approximately 15 sponsors and applicants (respondents) may request approximately a total of 30 formal meetings, and submit approximately 30 information packages, with CDER annually, and approximately 1 respondent may request approximately 2 formal meetings, and submit approximately 2 information packages, with CBER annually.

For a meeting request, the hours per response, which is the estimated number of hours that a respondent would spend preparing the information to be submitted with a meeting request in accordance with the guidance, is estimated to be approximately 15 hours. Based on FDA's experience, we expect it will take respondents this amount of time to gather and copy brief statements about the product and a description of the purpose and details of the meeting.

For an information package, the hours per response, which is the estimated number of hours that a respondent would spend preparing the information package in accordance with the guidance, is estimated to be approximately 30 hours. Based on FDA's experience, we expect it will take respondents this amount of time to gather and copy brief statements about the product, a description of the details for the anticipated meeting, and data and information that generally would already have been compiled for submission to FDA. In total, we expect sponsors to spend 480 hours preparing meeting requests and 960 hours preparing information packages each year.

In the **Federal Register** of April 1, 2013 (78 FR 19492), FDA published a 60-day notice requesting public comment on the proposed collection of information. None of the comments pertained to the information collection provisions in the draft guidance.

TABLE 1—ESTIMATED ANNUAL REPORTING BURDEN <sup>1</sup>

| Guidance for industry on formal meetings between FDA and biosimilar biological product sponsors or applicants | Number of respondents | Number of responses per respondent | Total annual responses | Average burden per response (hours) | Total hours |
|---|-----------------------|------------------------------------|------------------------|-------------------------------------|-------------|
| Meeting Requests:   |                       |                                    |                        |                                     |             |
| CDER .....  | 15                    | 2                                  | 30                     | 15                                  | 450         |

TABLE 1—ESTIMATED ANNUAL REPORTING BURDEN <sup>1</sup>—Continued

| Guidance for industry on formal meetings between FDA and biosimilar biological product sponsors or applicants | Number of respondents | Number of responses per respondent | Total annual responses | Average burden per response (hours) | Total hours |
|---|-----------------------|------------------------------------|------------------------|-------------------------------------|-------------|
| CBER .....  | 1                     | 2                                  | 2                      | 15                                  | 30          |
| Total .....   |                       |                                    |                        |                                     | 480         |
| Information Packages:   |                       |                                    |                        |                                     |             |
| CDER .....  | 15                    | 2                                  | 30                     | 30                                  | 900         |
| CBER .....  | 1                     | 2                                  | 2                      | 30                                  | 60          |
| Total .....   |                       |                                    |                        |                                     | 960         |
| Total .....   |                       |                                    |                        |                                     | 1,440       |

<sup>1</sup> There are no capital costs or operating and maintenance costs associated with this collection of information.

**C. Reference**

The following reference has been placed on display in the Division of Dockets Management (see **ADDRESSES**) and may be seen by interested persons between 9 a.m. and 4 p.m., Monday through Friday, and is available electronically at <http://www.regulations.gov>. (FDA has verified the Web site address in this reference section, but we are not responsible for any subsequent changes to the Web site after this document publishes in the **Federal Register**.)

1. See <http://www.fda.gov/downloads/Drugs/DevelopmentApprovalProcess/HowDrugsareDevelopedandApproved/ApprovalApplications/TherapeuticBiologicApplications/Biosimilars/UCM281991.pdf>.

Dated: May 29, 2015.

**Leslie Kux,**

*Associate Commissioner for Policy.*

[FR Doc. 2015-13695 Filed 6-4-15; 8:45 am]

**BILLING CODE 4164-01-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Indian Health Service**

**Dental Preventive and Clinical Support Centers Program; Office of Clinical and Preventive Services, Division of Oral Health**

*Announcement Type:* New and Competing Continuation.

*Funding Announcement Number:* HHS-2015-IHS-TDCP-0001.

*Catalog of Federal Domestic Assistance Numbers:* 93.933.

*Key Dates:*

Application Deadline Date: August 3, 2015.

Anticipated Review Dates: August 6-7, 2015.

Earliest Anticipated Start Date:

September 30, 2015.

Signed Tribal Resolutions Due Date:

August 3, 2015.

Proof of Non-Profit Status Due Date:

August 3, 2015.

**I. Funding Opportunity Description**

*Statutory Authority*

The Indian Health Service (IHS) is accepting competitive grant applications for the Dental Preventive and Clinical Support Centers Program. This program is authorized under the authority of 25 U.S.C. 13, Snyder Act; 42 U.S.C. 2001, Transfer Act; Indian Health Care Improvement Act (IHCA), amended 2010. This program is described in the Catalog of Federal Domestic Assistance under 93.933.

*Background*

The primary customers of a support center are IHS, Tribal, and urban dental programs and personnel throughout an IHS area or broad geographic region. The primary customers are not dental patients or Tribes. The primary function of a support center is not the direct provision of clinical care. Well-designed support centers will impact upon patients' oral health, and document positive oral health outcomes for patients, primarily by providing guidance to field programs and addressing the assessed and perceived needs of dental personnel and IHS/ Tribal/urban (I/T/U) dental programs.

Proposed programs focused at one locale or on clinical or preventive care alone, with no concomitant focus on a regional or area support-oriented component for the dental program, while well-intentioned and of potential value, are not responsive to this announcement or to the support center project.

*Purpose*

The purpose of this IHS grant program is to combine existing resources and infrastructure with IHS Headquarters (HQ) and IHS area resources in order to address the broad challenges and opportunities associated with IHS preventive and clinical dental programs. In accordance with the recently stated priorities of the Department of Health and Human Services (HHS) Secretary on the need to achieve "higher value" health care services, the dental support centers will address two priority goals: (1) Provide support, guidance, training, and enhancement of I/T/U dental programs within their area; and (2) ensure that the services of the support centers and the I/T/U/dental programs result in measurable improvements in the oral health status of the American Indian/Alaska Native (AI/AN) patients served. In order to address these two goals, a strong collaborative working relation with the IHS HQ Division of Oral Health (DOH) and the Area Dental Director or Area Dental Officer should be maintained. In short, support centers will empower the dental programs they serve and impact oral health outcomes through the guidance and services they provide. Improvements to oral health must be documented.

**II. Award Information**

*Type of Award*

Grant.

*Estimated Funds Available*

The total amount of funding identified for the current fiscal year (FY) 2015 is approximately \$1,000,000. Individual award amounts are anticipated to be \$250,000. The amount of funding available for competing and continuation awards issued under this announcement are subject to the availability of appropriations and budgetary priorities of the Agency. The