

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Food and Drug Administration
APPLICATION TO MARKET A NEW OR ABBREVIATED NEW DRUG OR BIOLOGIC FOR HUMAN USE
(Title 21, Code of Federal Regulations, Parts 314 & 601)

Form Approved: OMB No. 0910-0338
 Expiration Date: March 31, 2020
 See PRA Statement on page 3.

1. Date of Submission (mm/dd/yyyy)

APPLICANT INFORMATION	2. Name of Applicant
------------------------------	----------------------

3. Telephone Number (Include country code if applicable and area code)	4. Facsimile (FAX) Number (Include country code if applicable and area code)
--	--

5. Applicant Address		Email Address	
Address 1 (Street address, P.O. box, company name c/o)		Applicant DUNS	
Address 2 (Apartment, suite, unit, building, floor, etc.)		U.S. License Number if previously issued	
City	State/Province/Region		
Country	ZIP or Postal Code		

6. Authorized U.S. Agent (Required for non-U.S. applicants)		Telephone Number (Include area code)	
Authorized U.S. Agent Name		FAX Number (Include area code)	
Address 1 (Street address, P.O. box, company name c/o)		Email Address	
Address 2 (Apartment, suite, unit, building, floor, etc.)		U.S. Agent DUNS	
City	State		
ZIP Code			

PRODUCT DESCRIPTION	7. NDA, ANDA, or BLA Application Number	8. Supplement Number (If applicable)
----------------------------	---	--------------------------------------

9. Established Name (e.g., proper name, USP/USAN name)

10. Proprietary Name (Trade Name) (If any)

11. Chemical/Biochemical/Blood Product Name (If any)

12. Dosage Form	13. Strengths	14. Route of Administration
-----------------	---------------	-----------------------------

15A. Proposed Indication for Use	Is this indication for a rare disease (prevalence <200,000 in U.S.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Does this product have an FDA Orphan Designation for this indication? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide the Orphan Designation number for this indication: <input type="text"/>

Continuation Page for #15

15B. SNOMED CT Indication Disease Term (Use continuation page for each additional indication and respective coded disease term)

APPLICATION INFORMATION	16. Application Type (Select one)	<input type="checkbox"/> New Drug Application (NDA)	<input type="checkbox"/> Biologics License Application (BLA)
		<input type="checkbox"/> Abbreviated New Drug Application (ANDA)	

17. If an NDA, identify the type <input type="checkbox"/> 505(b)(1) <input type="checkbox"/> 505(b)(2)	18. If a BLA, identify the type <input type="checkbox"/> 351(a) <input type="checkbox"/> 351(k)
--	---

19. If a 351(k), identify the biological reference product that is the basis for the submission.
 Name of Biologic: _____ Holder of Licensed Application: _____

20. If an ANDA, or 505(b)(2), identify the listed drug product that is/are the basis for the submission.
 Name of Drug: _____ Application Number of Relied Upon Product: _____
 Indicate Patent Certification: P1 P2 P3 P4 Section viii - MOU Statement of no relevant patents

21. Submission (See instructions) <input type="checkbox"/> Original <input type="checkbox"/> Labeling Supplement <input type="checkbox"/> CMC Supplement <input type="checkbox"/> Efficacy Supplement <input type="checkbox"/> Annual Report <input type="checkbox"/> Product Correspondence <input type="checkbox"/> REMS Supplement <input type="checkbox"/> Postmarketing Requirements or Commitments <input type="checkbox"/> Periodic Safety Report <input type="checkbox"/> Request for Proprietary Name Review <input type="checkbox"/> Other (Specify): _____			
22. Submission Sub-Type <input type="checkbox"/> Presubmission <input type="checkbox"/> Amendment <input type="checkbox"/> Initial Submission <input type="checkbox"/> Resubmission		23. If a supplement, identify the appropriate category. <input type="checkbox"/> CBE <input type="checkbox"/> Prior Approval (PA) <input type="checkbox"/> CBE-30	
24. For Originals and all Supplements, is the product a combination product (21 CFR 3.2(e))? <input type="checkbox"/> Yes <input type="checkbox"/> No		Combination Product Type (See instructions)	Request for Designation (RFD) Number
25. Does the submission contain: Only Pediatric data? <input type="checkbox"/> Yes <input type="checkbox"/> No		Human factors information? <input type="checkbox"/> Yes <input type="checkbox"/> No	26. Proposed Marketing Status (Select one) <input type="checkbox"/> Prescription Product (Rx) <input type="checkbox"/> Over-The-Counter Product (OTC)
27. Reasons for Submission			
28. Establishment Information (Full establishment information should be provided in the body of the application.)			
Establishment Name			
Address 1 (Street address, P.O. box, company name c/o)		Registration (FEI) Number	
Address 2 (Apartment, suite, unit, building, floor, etc.)		MF Number	
City	State/Province/Region		
Country	ZIP or Postal Code		
Is the establishment new to the application? <input type="checkbox"/> Yes <input type="checkbox"/> No		What is the status of the establishment? <input type="checkbox"/> Pending <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Withdrawn	
Establishment Contact Information at the site/facility			
Name of Contact for the Establishment		Telephone Number (Include area code)	
Address 1 (Street address, P.O. box, company name c/o)		FAX Number (Include area code)	
Address 2 (Apartment, suite, unit, building, floor, etc.)		Email Address	
City	State/Province/Region		
Country	ZIP or Postal Code		
Manufacturing Steps and/or Type of Testing		Is the site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If No, when will site be ready? (mm/dd/yyyy) _____	
		Continuation Page for #28	
29. Cross References (List related BLAs, INDs, NDAs, PMAs, 510(k)s, IDEs, BMFs, MAFs, and DMFs referenced in the current application.)			
			Contin. Page for #29
30. This application contains the following items (Select all that apply)			
<input type="checkbox"/> 1. Index	<input type="checkbox"/> 2. Labeling (Select one): <input type="checkbox"/> Draft Labeling <input type="checkbox"/> Final Printed Labeling		<input type="checkbox"/> 3. Summary (21 CFR 314.50 (c))
<input type="checkbox"/> 4. Chemistry Section <input type="checkbox"/> A. Chemistry, manufacturing, and controls information (e.g., 21 CFR 314.50(d)(1); 21 CFR 601.2) <input type="checkbox"/> B. Samples (21 CFR 314.50 (e)(1); 21 CFR 601.2 (a)) (Submit only upon FDA's request) <input type="checkbox"/> C. Methods validation package (e.g., 21 CFR 314.50(e)(2)(i); 21 CFR 601.2)			
<input type="checkbox"/> 5. Nonclinical pharmacology and toxicology section (e.g., 21 CFR 314.50(d)(2); 21 CFR 601.2)		<input type="checkbox"/> 6. Human pharmacokinetics and bioavailability section (e.g., 21 CFR 314.50(d)(3); 21 CFR 601.2)	
<input type="checkbox"/> 7. Clinical microbiology section (e.g., 21 CFR 314.50(d)(4))		<input type="checkbox"/> 8. Clinical data section (e.g., 21 CFR 314.50(d)(5); 21 CFR 601.2)	

Item 30 continued on page 3

30. This application contains the following items (Continued; select all that apply)

<input type="checkbox"/> 9. Safety update report (e.g., 21 CFR 314.50(d)(5)(vi)(b); 21 CFR 601.2)	<input type="checkbox"/> 10. Statistical section (e.g., 21 CFR 314.50(d)(6); 21 CFR 601.2)
<input type="checkbox"/> 11. Case report tabulations (e.g., 21 CFR 314.50(f)(1); 21 CFR 601.2)	<input type="checkbox"/> 12. Case report forms (e.g., 21 CFR 314.50 (f)(2); 21 CFR 601.2)
<input type="checkbox"/> 13. Patent information on any patent that claims the drug/biologic (21 U.S.C. 355(b) or (c))	<input type="checkbox"/> 14. A patent certification with respect to any patent that claims the drug/biologic (21 U.S.C. 355 (b)(2) or (j)(2)(A))
<input type="checkbox"/> 15. Establishment description (21 CFR Part 600, if applicable)	<input type="checkbox"/> 16. Debarment certification (FD&C Act 306 (k)(1))
<input type="checkbox"/> 17. Field copy certification (21 CFR 314.50 (l)(3))	<input type="checkbox"/> 18. User Fee Cover Sheet (PDUFA Form FDA 3397, GDUFA Form FDA 3794, BsUFA Form FDA 3792, or MDUFA Form FDA 3601)
<input type="checkbox"/> 19. Financial Disclosure Information (21 CFR Part 54)	
<input type="checkbox"/> 20. Other (Specify): _____	

CERTIFICATION

I agree to update this application with new safety information about the product that may reasonably affect the statement of contraindications, warnings, precautions, or adverse reactions in the draft labeling. I agree to submit safety update reports as provided for by regulation or as requested by FDA. If this application is approved, I agree to comply with all applicable laws and regulations that apply to approved applications, including, but not limited to, the following:

1. Good manufacturing practice regulations in 21 CFR Parts 210, 211 or applicable regulations, Parts 606, and/or 820.
2. Biological establishment standards in 21 CFR Part 600.
3. Labeling regulations in 21 CFR Parts 201, 606, 610, 660, and/or 809.
4. In the case of a prescription drug or biological product, prescription drug advertising regulations in 21 CFR Part 202.
5. Regulations on making changes in application in FD&C Act section 506A, 21 CFR 314.71, 314.72, 314.97, 314.99, and 601.12.
6. Regulations on Reports in 21 CFR 314.80, 314.81, 600.80, and 600.81.
7. Local, state, and Federal environmental impact laws.

If this application applies to a drug product that FDA has proposed for scheduling under the Controlled Substances Act, I agree not to market the product until the Drug Enforcement Administration makes a final scheduling decision.

The data and information in this submission have been reviewed and, to the best of my knowledge, are certified to be true and accurate.

Warning: A willfully false statement is a criminal offense, U.S. Code, title 18, section 1001.

31. Typed Name and Title of Applicant's Responsible Official	32. Date (mm/dd/yyyy)
--	-----------------------

33. Telephone Number (Include country code if applicable and area code)	34. FAX Number (Include country code if applicable and area code)	35. Email Address
---	---	-------------------

36. Address of Applicant's Responsible Official	
Address 1 (Street address, P.O. box, company name c/o)	
Address 2 (Apartment, suite, unit, building, floor, etc.)	
City	State/Province/Region
Country	ZIP or Postal Code

37. Signature of Applicant's Responsible Official or Other Authorized Official	Sign	38. Countersignature of Authorized U.S. Agent	Sign
--	-------------	---	-------------

The information below applies only to requirements of the Paperwork Reduction Act of 1995.

The burden time for this collection of information is estimated to average 24 hours per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the address to the right:

Department of Health and Human Services
 Food and Drug Administration
 Office of Operations
 Paperwork Reduction Act (PRA) Staff
 PRAStaff@fda.hhs.gov

"An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number."

DO NOT SEND YOUR COMPLETED FORM TO THIS PRA STAFF EMAIL ADDRESS.