
Good Review Management Principles and Practices for New Drug Applications and Biologics License Applications Guidance for Industry and Review Staff

Good Review Practice

DRAFT GUIDANCE

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For questions regarding this draft document, contact (CDER) the Office of New Drugs at 301-796-0700 or (CBER) the Office of Communication, Outreach, and Development at 800-835-4709 or 240-402-8010.

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

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Revision 1

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1 **Good Review Management Principles and Practices**
2 **for New Drug Applications and Biologics License Applications**
3 **Guidance for Industry and Review Staff¹**
4

5 **Good Review Practice**
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9
10 This draft guidance, when finalized, will represent the current thinking of the Food and Drug
11 Administration (FDA or Agency) on this topic. It does not establish any rights for any person and is not
12 binding on FDA or the public. You can use an alternative approach if it satisfies the requirements of the
13 applicable statutes and regulations. To discuss an alternative approach, contact the FDA staff responsible
14 for this guidance as listed on the title page.
15

16
17
18
19 **I. INTRODUCTION**
20

21 The purpose of this guidance is to provide recommendations to industry and review staff on good
22 review management principles and practices (GRMPs) for the review of new drug applications
23 (NDAs), biologics license applications (BLAs), or efficacy supplements/supplements with
24 clinical data.² This guidance applies to *human drug applications* (as defined in section 735(1) of
25 the Federal Food, Drug, and Cosmetic Act (FD&C Act)) and *biosimilar biological product*
26 *applications* (section 744G(4) of the Public Health Service Act (PHS Act)). The goal of GRMPs
27 is to ensure that the review process is managed in a consistent and efficient manner, thereby
28 decreasing the number of review cycles necessary for approval and enhancing patients' timely
29 access to important therapies. This guidance also clarifies the roles and responsibilities of
30 review staff in managing the review process and identifies ways in which applicants may support
31 an efficient and robust review process. Successful implementation of the GRMPs is crucial to
32 FDA's mission of protecting and promoting the public health.³
33

34 This guidance revises the guidance for review staff and industry *Good Review Management*
35 *Principles and Practices for PDUFA Products* issued in April 2005. After it has been finalized,
36 this guidance will replace the April 2005 guidance. Significant changes in this revision reflect:
37

¹ This guidance has been prepared by the Center for Drug Evaluation and Research (CDER) and the Center for Biologics Evaluation and Research (CBER) at the Food and Drug Administration.

² Going forward, the Office of Pharmaceutical Quality generally will use the term *assessment* in place of *review*. Assessment means the process of both evaluating and analyzing submitted data and information to determine whether the application meets the requirements for approval and documenting that determination.

³ The FDA mission statement can be found at <https://www.fda.gov/opacom/morechoices/mission.html>.

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- 38 • Advances in the Prescription Drug User Fee Act (PDUFA) program and the
39 implementation of the Biosimilar User Fee Act (BsUFA)
40
- 41 • Evolution of GRMPs to support additional regulatory programs such as breakthrough
42 therapy, the Program for Enhanced Review Transparency and Communication for NME
43 (New Molecular Entity) NDAs and Original 351(a) and 351(k) BLAs (*the Program*), and
44 risk evaluation and mitigation strategies (REMS)
45
- 46 • A consolidated focus on the fundamental values and operational principles that serve as
47 the foundation for the GRMPs
48

49 In general, FDA’s guidance documents do not establish legally enforceable responsibilities.
50 Instead, guidances describe the Agency’s current thinking on a topic and should be viewed only
51 as recommendations, unless specific regulatory or statutory requirements are cited. The use of
52 the word *should* in Agency guidances means that something is suggested or recommended, but
53 not required. Although guidance documents do not legally bind the FDA, review staff may
54 depart from guidance documents only with appropriate justification and supervisory
55 concurrence.
56

57
58

II. BACKGROUND

59
60 The GRMPs are comprised of the fundamental values and operational principles described in this
61 guidance. Originally established under PDUFA III in 2002, FDA’s implementation of GRMPs is
62 periodically updated to reflect the ongoing evolution of statutory and regulatory requirements as
63 well as innovations that become part of FDA’s review process for marketing applications. FDA
64 continues to work to improve management of marketing applications to meet challenging review
65 goals, while maintaining the highest standards for the evaluation of product safety, effectiveness,
66 and quality.
67

68
69

III. FUNDAMENTAL VALUES

70
71 FDA seeks the highest levels of quality in submitted applications, Agency reviews and
72 processes, and final regulatory decisions. Quality can be achieved by applying the fundamental
73 values of accountability, communication, and consistency, which serve as the foundation for the
74 GRMPs. Successful implementation of the GRMPs is dependent on the fulfillment of these
75 values in the execution of policies and processes to ensure that high-quality regulatory decisions
76 are made in a consistent and timely manner. FDA staff must apply the appropriate statutes and
77 regulations in their review of specific applications. FDA staff are also expected to be current on
78 the latest scientific advances and patient perspectives and apply this knowledge in their work.
79 Critical thinking that is grounded in current scientific knowledge is an irreplaceable component
80 of marketing application review and supports successful implementation of the GRMPs.
81

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82 • **Accountability**
83

84 FDA is accountable to the American public for helping to ensure the safety, efficacy, and quality
85 of new drug and biological products. FDA is also accountable for a high-quality and efficient
86 review process that produces timely and informed decisions. In addition, review staff are
87 responsible for implementing the GRMPs and associated policies and processes. Applicants are
88 accountable for the quality and completeness of their applications, including optimal use of
89 product development resources. The quality of submitted applications is vital to achieving
90 timely and science-based regulatory decisions. This shared accountability to the public,
91 including patients who participate in clinical trials, is critical to the implementation of the
92 GRMPs by review staff and applicants.
93

94 Although FDA’s accountability generally has been measured as compliance with targeted goal
95 dates, with emphasis on the efficiency of first cycle reviews, FDA strives to establish better
96 metrics for evaluating the timely analysis and critical thinking on which regulatory decisions are
97 based. For example, FDA also holds itself accountable for the timely completion of critical
98 review work not included in FDA’s annual performance reports, such as notification to
99 applicants regarding issues identified during FDA’s initial review of applications, notification to
100 applicants of planned review timelines early in the review process, and internal timelines that
101 govern other important aspects of FDA’s regulatory work (e.g., labeling supplement review).⁴
102

103 • **Communication**
104

105 Communication that is clear, complete, and concise is key to ensuring transparency and clarity
106 during marketing application review. Transparency ensures that all stakeholders understand
107 FDA’s regulatory processes and policies. Transparency also ensures that applicants are informed
108 of review progress and allows for both applicants and review staff to anticipate and respond to
109 potential issues and plan for next steps. Clarity allows FDA to understand the applicant’s
110 assessment of the benefits and risks of a product as described in the marketing application.
111 Clarity also allows the applicant to understand the reasoning behind a given regulatory action.
112 Communications necessary to achieve transparency during an ongoing review are expected to
113 contain the highest possible degree of clarity.
114

115 • **Consistency**
116

117 Consistent application and support of the GRMPs by review staff and applicants are critical to
118 the overall success of the marketing application review process. FDA staff can exercise
119 flexibility within the process when a thorough assessment of an individual situation justifies
120 doing so. Process changes that become generally accepted as new best practices will be
121 documented and shared for broader implementation.
122
123

⁴ BsUFA includes annual performance goals regarding notification to applicants of issues identified during FDA’s initial review of applications and notification to applicants of planned review timelines early in the review process for first cycle review of supplements with clinical data. More information on BsUFA performance goals can be found at <https://www.fda.gov/forindustry/userfees/biosimilaruserfeeactbsufa/default.htm>.

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124 IV. OPERATIONAL PRINCIPLES

125
126 FDA's goal is to execute an effective, efficient, and thorough review process that ensures high-
127 quality regulatory decisions. The following operational principles are essential elements that
128 serve to achieve that goal. They are expected to remain stable despite changes in other factors
129 (e.g., regulatory, economic, scientific), but the processes that stem from them may need to adapt
130 and respond to scientific advances and evolving public health needs.

- 131
- 132 • **A well-designed and executed product development phase facilitates submission and**
133 **efficient review of a high-quality marketing application**

134
135 Effective interaction between FDA and applicants during product development is critical to
136 maximizing first cycle marketing application review efficiency.⁵ Execution of a high-quality
137 development program is the applicant's responsibility. However, there are important reasons for
138 applicants to discuss development plans with FDA and consider the review team's feedback.
139 Review staff can provide valuable scientific and regulatory advice to the applicant, including
140 helping advise applicants on the level of evidence needed to demonstrate the product's safety,
141 efficacy, and quality. Applicants should seek such feedback from FDA well in advance of the
142 submission of a marketing application to help ensure a more efficient and robust development
143 program.

144
145 Open communication between FDA and applicants should occur at pivotal points during product
146 development. This communication can lead to identification of potential filing and review issues
147 that the applicant should address before submission of a marketing application. Development
148 milestones should be marked with meetings between FDA and applicants to exchange ideas on
149 development program status and planning.⁶ Applicants should also promptly inform review
150 divisions of circumstances that arise during development that may affect product approval (e.g.,
151 inability to carry out agreed-upon protocols, new nonclinical or clinical safety concerns,
152 manufacturing problems). Taking timely and appropriate action on this information can help
153 prevent deficiencies that could cause FDA to refuse to file an application or result in additional
154 review cycles.

155
156 Several regulatory approaches exist to facilitate product development and interactions with FDA
157 to address important public health needs. Examples include breakthrough therapy designation,
158 regenerative medicine advanced therapy designation, and fast track designation for products that

⁵ For the purposes of this guidance, the term *applicant* includes any sponsor of an investigational new drug application or applicant for an NDA or BLA under section 505 of the FD&C Act or section 351(a)/351(k) of the PHS Act.

⁶ These meetings include, but are not limited to, pre-investigational new drug application, end-of-phase 1, end-of-phase 2, and pre-NDA/BLA meetings for PDUFA, and biosimilar biological product development Type 2, 3, and 4 meetings for BsUFA. The following draft guidances for industry provide information on meeting procedures: *Formal Meetings Between the FDA and Sponsors or Applicants of PDUFA Products* and *Formal Meetings Between the FDA and Sponsors or Applicants of BsUFA Products*. When final, these guidances will represent the FDA's current thinking on these topics. For the most recent version of a guidance, check the FDA guidance web page at <https://www.fda.gov/RegulatoryInformation/Guidances/default.htm>.

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159 address an unmet medical need in the treatment of a serious condition.⁷ Special protocol
160 assessments can be used to reach agreement with FDA about the design of certain types of
161 protocols.⁸ Applicants are encouraged to review the relevant regulatory approaches and discuss
162 their potential use with FDA early in development to support a high-quality and efficient product
163 development phase.

164
165 Consistent with the PDUFA and BsUFA agreements,⁹ which are fundamental to the success of
166 FDA's regulatory programs, when a complete application is submitted to FDA, FDA's goal is to
167 conduct a complete review of the application within a specified time frame. A complete
168 application contains all information needed to support the claims in the final labeling, and is
169 submitted in a readable, well-organized, electronic format. Omission of important or relevant
170 information can lead to a refusal to file action or requests for additional information. Applicants
171 are strongly encouraged to respond promptly and completely to FDA's requests for additional
172 information. During the first review cycle, FDA ordinarily reviews all amendments to an
173 application solicited by FDA and any amendments that were previously agreed upon (e.g., during
174 the presubmission meeting). FDA attempts to review all other amendments during the first
175 review cycle, but may not be able to, or may decide not to do so in some instances (e.g., when
176 the content of such an amendment does not address a known deficiency in the application).
177 FDA's decision to review an amendment, and whether the amendment should extend the review
178 clock, is based on identifying the most efficient path to completing a comprehensive review that
179 addresses application deficiencies and leads toward a first cycle approval when possible.

180
181 Finally, as FDA's overall regulatory workload has increased over time, advance notice from
182 sponsors regarding an expected marketing application submission allows review teams to plan
183 ahead and helps ensure that adequate resources are available for a timely and rigorous review of
184 the application. FDA strongly recommends that sponsors provide review teams with early notice
185 of anticipated marketing application submissions.

186
187 **• Planning is crucial to good review management**

188
189 The submission of a marketing application shifts the primary responsibility in the review process
190 to FDA, whose obligation is to determine whether a submitted application meets the statutory
191 and regulatory requirements for approval. Review planning should be grounded in the team's
192 knowledge of the development program, with the goal of identifying key focus points for the
193 upcoming review. The team should also establish review timelines specific to the application
194 under review. This helps to ensure efficiency and consistency during the review cycle.

195
196 Review planning also promotes identification of potential safety issues, so their optimal
197 management can be adequately discussed during the review cycle. This is particularly important

⁷ More information on these programs can be found in the guidance for industry *Expedited Programs for Serious Conditions — Drugs and Biologics*.

⁸ As discussed in the guidance for industry *Special Protocol Assessment*.

⁹ More information on PDUFA and BsUFA, including the commitment letters, is available at <https://www.fda.gov/forindustry/userfees/prescriptiondruguserfee/> and <https://www.fda.gov/forindustry/userfees/biosimilaruserfeeactsufa/default.htm>, respectively.

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198 in the case of safety issues that might require a REMS. REMS can be complex programs that
199 take time to design and implement. Therefore, such work should begin as soon as a serious
200 safety issue that may require a REMS is identified. Ideally, this occurs during product
201 development, giving the review team and applicant ample time to plan for managing the safety
202 issue. When major safety signals warranting discussion are identified by FDA during the
203 application review, the review team should notify the applicant promptly.

204
205 Review teams should also inform applicants about major elements of the internal review timeline
206 and promptly communicate any significant changes in the review timeline to applicants to ensure
207 a transparent review process. Applicants should note that some flexibility in the review of the
208 application is needed and changes to the review plan are possible. A well-managed review
209 process helps FDA staff to accommodate and adequately consider unanticipated events and
210 findings. It also takes into account ongoing workload and other public health priorities.

- 211
212
 - **Timely and frequent review team collaboration is critical to good review**
- 213 **management**

214
215 The review team’s scientific assessment of an application and regulatory decision-making is a
216 collaborative process. Open lines of communication among reviewers are critical to an efficient
217 and thorough review. Review team members should communicate frequently to ensure that
218 issues affecting multiple disciplines are shared early and that their implications are fully
219 understood. The team should also engage with supervisory personnel early and often to ensure
220 alignment on the approach to review and to maintain awareness of issues identified during the
221 review cycle.

222
223 An effective review team maintains a strong interdependence among its members to support a
224 collaborative and rigorous review. Review teams consist of members from many different
225 disciplines. They may also consult representatives from other intra- or inter-center disciplines or
226 review divisions. This underscores the need for efficient communication and teamwork during
227 the review.

- 228
229
 - **Effective communication between the review team and applicant is imperative**

230
231 Applicant involvement in the review process is important to good review management and helps
232 to ensure transparency and clarity. During the review, the team should promptly communicate
233 significant review issues to the applicant. Timely notification of issues allows the applicant to
234 begin corrective actions, maximizes the chance for a first cycle approval, and may shorten the
235 overall time to approval when additional review cycles are necessary. Applicants can also serve
236 as a resource to the review team in understanding the contents of a marketing application.
237 Communication between applicant representatives and the review division regulatory project
238 manager (RPM) is the most effective and timely mechanism for interaction. Applicants are
239 encouraged to work with RPMs to establish a clear communication strategy.¹⁰

¹⁰ More information on best practices for communication with FDA during drug development can be found in the guidance for industry and review staff *Best Practices for Communication Between IND Sponsors and FDA During Drug Development*.

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240
241 For new molecular entity NDAs and original 351(a) and 351(k) BLAs, FDA and industry have
242 formalized effective communication practices using the review model known as the Program.
243 This communication strategy is described in the PDUFA and BsUFA commitment letters.¹¹ The
244 goals of the Program align with those of the GRMPs: to promote the efficiency and
245 effectiveness of the first review cycle and minimize the number of review cycles necessary for
246 approval so that patients have timely access to safe, effective, and high-quality therapies. To
247 accomplish this, the Program includes meetings at key points during the review cycle.
248 Applicants and the review team can also choose to agree on a formal communication plan that
249 can be customized to best meet the specific needs of an application. The Program reflects FDA’s
250 commitment to maximize transparency, flexibility, and communication for the most innovative
251 and complex products reviewed by FDA.

252
253 It is important that communication with the applicant during the review of an application be
254 generally limited to questions about the contents of an application, requests for additional
255 information, conveyance of identified review deficiencies that need to be corrected, and
256 preliminary comments on draft labeling.¹² FDA staff should not communicate to applicants the
257 proposed or planned regulatory action before issuance of the official written action. Applicants
258 should not request that FDA staff speculate on the eventual official regulatory action.

- 259
260 • **Clear and concise documentation of the scientific review and regulatory decision**
261 **ensures a thorough and informative record of FDA’s regulatory actions**

262
263 FDA issues an official written regulatory action for each marketing application. This document
264 represents the official record of FDA’s decision. FDA’s written review documentation of an
265 approval action contains important information on FDA’s basis for its regulatory decision and
266 includes other requirements of the applicant such as postmarketing requirements. In the case of a
267 refuse-to-file or complete response action, FDA’s official communication to the applicant
268 contains the information needed to correct the identified deficiencies. The review division
269 should confirm that the applicant has received the official written regulatory action.

270
271 Although an applicant may voluntarily withdraw a marketing application at any time for various
272 reasons, it is generally preferred that this not occur following the application’s filing so that FDA
273 can complete its review and issue a regulatory action.¹³ If an applicant voluntarily withdraws a
274 marketing application in advance of an adverse regulatory action, the withdrawal
275 acknowledgment letter generally includes any deficiencies identified by the review division at
276 the time the application was withdrawn.

277

¹¹ More information on PDUFA and BsUFA, including the commitment letters, is available at <https://www.fda.gov/forindustry/userfees/prescriptiondruguserfee/> and <https://www.fda.gov/forindustry/userfees/biosimilaruserfeebtsufa/default.htm>, respectively.

¹² FDA staff should make clear to the applicant that such communications are preliminary and that the official regulatory action for the application has not yet been taken.

¹³ FDA staff should not request or suggest that an applicant withdraw a pending NDA/BLA except in the most unusual circumstances (e.g., the NDA/BLA was submitted to the wrong center).

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278 An additional goal of documentation is to reflect FDA’s scientific evaluation of an application.
279 Documentation should not summarize the work that occurred over the course of a review, nor
280 should it reiterate content that is found in the submission. Documentation should describe
281 FDA’s scientific assessment of the submission and highlight the most important issues that led to
282 the regulatory action. Because these documents serve as the official record of FDA’s review, it
283 is crucial that documentation is clear, concise, and comprehensive.
284
285

V. NEW PRODUCT REVIEW PROCESS

286
287 The fundamental values and operational principles described above serve as the foundation for
288 application review and are expected to remain relatively constant over time. However, the
289 review process must be able to nimbly adapt to scientific advances in product development,
290 evolving patient perspectives, and other factors that cannot always be anticipated. More
291 resources concerning FDA’s review process are listed below; these resources reflect FDA’s goal
292 of building in flexibility to allow the review process to evolve over time while also preserving
293 the values and principles of the GRMPs. It should be noted that review processes in the Center
294 for Drug Evaluation and Research (CDER) and the Center for Biologics Evaluation and
295 Research (CBER) may diverge slightly at times; however, both processes are fully aligned with
296 the fundamental values and operational principles described above.
297
298

A. CDER’s New Product Review Process

299
300 CDER’s review process is described in the CDER 21st Century Review Process Desk Reference
301 Guide, available at
302 [https://www.fda.gov/downloads/AboutFDA/CentersOffices/CDER/ManualofPoliciesProcedures/
303 UCM218757.pdf](https://www.fda.gov/downloads/AboutFDA/CentersOffices/CDER/ManualofPoliciesProcedures/UCM218757.pdf). Additional detail on specific processes (e.g., meetings, advisory committees)
304 can be found on the Good Review Practices (GRP) website, available at
305 [https://www.fda.gov/Drugs/DevelopmentApprovalProcess/HowDrugsareDevelopedandApprove
306 d/ucm092893.htm](https://www.fda.gov/Drugs/DevelopmentApprovalProcess/HowDrugsareDevelopedandApproved/ucm092893.htm).
307
308

B. CBER’s New Product Review Process

309
310 CBER’s review process is described on the Industry (Biologics) web page available at
311 www.fda.gov/biologicsbloodvaccines/resourcesforyou/industry/default.htm.
312