

**PRESCRIPTION DRUG USER FEE ACT
(PDUFA II) INFORMATION MANAGEMENT
FIVE YEAR PLAN**

FY 1999 Revision

July 1999

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1.0 BACKGROUND

The Prescription Drug User Fee Act of 1992 (PDUFA) provided FDA with increasing levels of resources for the review of human drug applications. That Act expired on September 30, 1997, but the FDA Modernization Act (FDAMA) of 1997 amended PDUFA and extended it through September 30, 2002 (PDUFA II). This extension will enable FDA to accomplish increasingly challenging goals over the next five years. PDUFA, as amended and extended by FDAMA, and with its new goals, is referred to as PDUFA II and its predecessor is now referred to as PDUFA I.

PDUFA II commits FDA to substantially faster review of some applications, to new goals for responding to industry requests for meetings and documenting outcomes of those meetings and for handling dispute resolutions, and to the transition to electronic receipt and review of applications by 2002. The new goals of PDUFA II are challenging, diverse, and resource intensive. Major components of the review process will be accelerated further. Many of the goals will require the development of technology standards and issuance of guidance documents. The development of infrastructure to provide the tools necessary to move to electronic application receipt and review also will be essential.

The Center for Biologics Evaluation and Research (CBER), the Center for Drug Evaluation and Research (CDER), and the Office of Regulatory Affairs (ORA) have collaborated with the Chief Information Officer and the Office of Information Resources Management (OIRM) to develop an Agency-wide Information Management plan for investing PDUFA II information technology (IT) dollars in an Electronic Regulatory Submission and Review (ERSR) Program. This program and its component projects will support the transition from a largely paper-based regulatory submission and review environment to an electronic environment.

In 1998, the Agency published a PDUFA II Information Management Five-Year Plan that described the strategy for budgeting, managing and expending PDUFA II IT funds during the period FY 1998 to FY 2002. That initial document provided a conceptual view of the components within the ERSR Program. It described the purpose and activities within the PDUFA II ERSR Program, provided a milestone schedule for executing that program, and explained the procedures and policies for monitoring the progress of the program.

1.1 Purpose of this Document

This document provides an update to the planned activities within the ERSR Program. Over the past year, the details and design specifications for several components evolved as Centers refined their respective IT projects to better fit under the ERSR umbrella and to conform to FDAMA mandates. Additionally, revenue forecasts have declined as explained in the PDUFA II Five-Year Plan (1999 Revision). This document provides a project-oriented view of the ERSR program under these new conditions and presents 1) how projects support accomplishing the overall ERSR goal, 2) insight to near-term and ultimate project milestones, and 3) budgets for the ERSR projects.

This document is intended to be a “living” document that guides oversight of the expenditure of PDUFA II IT funds. The document is revisited annually to refine scheduling and budgeting forecasts, factor in actual expenses of previous years, and incorporate additional projects as they are identified.

1.2 Document Organization

The 1999 PDUFA II Information Management Five-Year Plan (FY 1999 Revision) is organized as follows:

- Section 2.0 describes the PDUFA II goals supported by the establishment and implementation of the ERSR Program. It also describes the underlying Agency IT goals and objectives driving the ERSR Program within the Agency's integrated systems architecture and common computing environment;
- Section 3.0 provides an overview of the PDUFA II ERSR Program and describes the strategy for meeting the program goals;
- Section 4.0 presents the projects within the ERSR Program, maps those projects to their respective ERSR subgoals, and presents milestones for project activities;
- Section 5.0 summarizes the overall plan for implementing the ERSR program; and
- Section 6.0 presents the overall mechanisms in place to monitor the progress of the ERSR program.

ERSR Program costs are provided in Appendix A. A list of acronyms is provided as Appendix B.

2.0 PDUFA II GOALS

The Agency's PDUFA II program provides funding to implement information technology initiatives that support the expedited approval of human drugs and biological products. PDUFA II goals require the Agency's transition from a largely paper-based regulatory submission and review environment to a new electronic paperless submission and review environment.

New performance goals require even faster review times than the goals established and achieved with the original PDUFA legislation. These goals involve further accelerating over five years (FY 1998 through FY 2002) the review of submissions such as New Drug Applications (NDAs), Product License Applications (PLAs), Biologic License Applications (BLAs), efficacy supplements, and manufacturing supplements. Additionally, PDUFA II identified other performance goals in new areas such as responding to industry requests for meetings, providing industry with meeting minutes, and resolving disputes.

From an Information Technology perspective, however, the primary PDUFA performance goal states:

“The Agency shall develop and update its information management infrastructure to allow, by fiscal year 2002, the paperless receipt and processing of INDs and human drug applications, as defined in PDUFA, and related submissions.”

FDA defines “paperless” as an environment with the requisite systems that will provide the capability and capacity for the receipt, review, and tracking of electronic submissions. While PDUFA II specifies INDs and human drug applications, CBER and CDER are planning to accommodate more than those submissions in their environments.

The ERSR Program, therefore, represents the Agency's activities to transition to an environment that will accommodate paperless receipt and processing of submissions. This transition requires the Agency to fulfill four high-level objectives or subgoals:

- Establish standards for the format, content, and technical specifications for electronic submissions;
- Provide guidance for industry to follow in preparing electronic submissions;
- Design and implement systems to provide the capability and capacity for the receipt, review, and tracking of electronic submissions; and
- Update the technical and non-technical infrastructure to support an electronic review environment.

Within the ERSR Program, activities to meet PDUFA II goals are augmented by Agency-wide efforts to meet IT goals established by the Agency's CIO. The CIO oversees the Agency's IT efforts to meet the challenge to maintain an aggressive application of new technology through an Agency-wide approach to investment selection and decision-making. Balance must be achieved between an increasing workload, unique organizational business needs, and technology and information integration across the Agency. This balance requires review of Agency IT investments by FDA executive leadership, a sound technology base upon which these applications will reside, and a viable set of Agency IT goals. To meet this challenge, the FDA is establishing an IT program to manage resources Agency-wide with the following goals:

- Facilitate information sharing within FDA by creating a common computing environment across the Agency;
- Reduce the regulatory burden on U.S. industry and the economy through the implementation of effective IT;
- Facilitate the development of innovative technology solutions that support the regulatory process and improve the timely availability and ensure the safety of regulated products;

- Upgrade the FDA's ability to disseminate information to the public, academia, the scientific community, and industry through the evolution and sustainment of an integrated information environment throughout the Agency; and
- Create and sustain an effective IT Investment Review Process.

To ensure that the ERSR Program conforms to the overall FDA IT Program, the following objectives were developed:

- Transition to a paperless, or near paperless, environment for program and administrative processes;
- Elimination of redundant or duplicate processes wherever feasible;
- Seamless, fast exchange of information within and across Centers and external to the Agency;
- Rigorous records management and document control, tracking, archiving;
- Robust electronic data interchange (EDI) capability for business and program data exchange;
- Standards-based information technology infrastructure; and
- Standards-based information repositories and data dictionaries.

The PDUFA II ERSR Program has afforded the Agency's PDUFA-funded organizations the opportunity to continue transitioning from a largely paper-based paradigm to a paperless environment well in advance of the requirements of the Government Paperwork Elimination Act (GPEA). GPEA guidance requires Federal agencies to give persons who are required to maintain, submit, or disclose information the option of doing so electronically when practicable as a substitute for paper, and to use electronic authentication methods to verify the identity of the sender and integrity of the document. In their efforts to comply with GPEA, other FDA organizations will benefit significantly from the technological advances made in the PDUFA organizations through the ERSR Program.

The following section presents the overall strategy for transitioning to a computing environment that will accommodate paperless receipt and processing of submissions.

3.0 ELECTRONIC REGULATORY SUBMISSION AND REVIEW (ERSR) PROGRAM STRATEGY

As mentioned in the previous section, the ERSR Program supports the transition from a largely paper-based regulatory submission and review environment to an electronic environment. The ERSR Program is comprised of a variety of projects, each of which is designed to satisfy a different part of the primary PDUFA IT goal. Additionally, various organizations are responsible for the successful implementation of the ERSR Program.

Roles and Responsibilities

The principal organizations benefiting from user fees are the Center for Biologics Evaluation and Research (CBER) and the Center for Drug Evaluation and Research (CDER). These organizations ultimately are responsible for establishing the capability and capacity to receive, process, and archive submissions electronically within their organizations. These Centers are responsible for addressing the needs of the Agency's Office of Regulatory Affairs (ORA) in accessing information necessary to conduct field inspection activities. ORA, in turn, is responsible for ensuring their field offices have the infrastructure needed to interface with CDER and CBER electronically where necessary. Finally, the Chief Information Officer (CIO) and the Office of Information Resources Management (OIRM) are responsible for ensuring that all PDUFA II IT investments support the Agency's common IT goals, fit into a common computing environment, and follow good IT management practices.

Approach

CDER and CBER's responsibilities in performing product safety and efficacy review activities are similar. However, the products for which CBER and CDER are responsible are very different. The differences in review requirements for handling these products are founded on both legislative and scientific bases. Both organizations are governed by different regulatory statutes and mandates that require different approaches to their respective review processes. Consequently, over time, CBER and CDER's organizational structures have evolved to the business rules and supporting processes specific to their mission and product requirements. For example, CDER's Office of Review Management is organized according to scientific discipline (e.g., Neuropharmacological, Cardio-Renal, Oncologic) and each NDA is addressed by each of the scientific discipline offices during the product review. CBER, however, is organized by product (e.g., Blood, Vaccines, Therapeutics) and the majority of the review is handled within the respective product office.

While internal business processes have evolved based on organizational culture and Center-specific re-engineering efforts, these rules and processes have been harmonized where there were similarities in functions and where there were cost efficiencies to be gained. An overarching goal of ERSR is to create a transparent interface between Industry and the Agency. To this end, CBER and CDER are collaborating to develop common technology standards and information formats for electronic submissions. These standards are intended to enable Industry to prepare "modular" submissions that can be sent to either Agency organization without significant reformatting.

The ERSR Program has been shared widely with industry since the mid-1990s via conferences and workshops sponsored by the Drug Information Association (DIA), collaboration with PhRMA's Regulatory Affairs Committee (RAC) and RAC's Electronic Regulatory Submissions (ERS) Working Group, participation in the International Conference on Harmonization (ICH) expert working groups, and presentations at industry trade meetings. Through this extensive collaboration within the Agency and with external parties, and as a result of subsequent voluntary pilots with regulated firms, the electronic submission of Case Report Tabulations (CRTs) and Case Report Forms (CRFs) in Portable Data Format (PDF) was implemented without major problems¹. This early accomplishment under the ERSR Program demonstrates a successful partnership

¹ CRTs and CRFs are paper-intensive portions of a new drug application. These parts often make up approximately two-thirds of the paper submitted with NDAs.

between the Agency and the industry it regulates. This partnership represents the type of mutual cooperation between FDA and Industry that will be key to achieving a paperless review by FY 2002.

Figure 1 provides a conceptual view of the ERSR Program. The explanation following Figure 1 presents the dependencies of the various portions of the Program and shows how they support the ERSR subgoals.

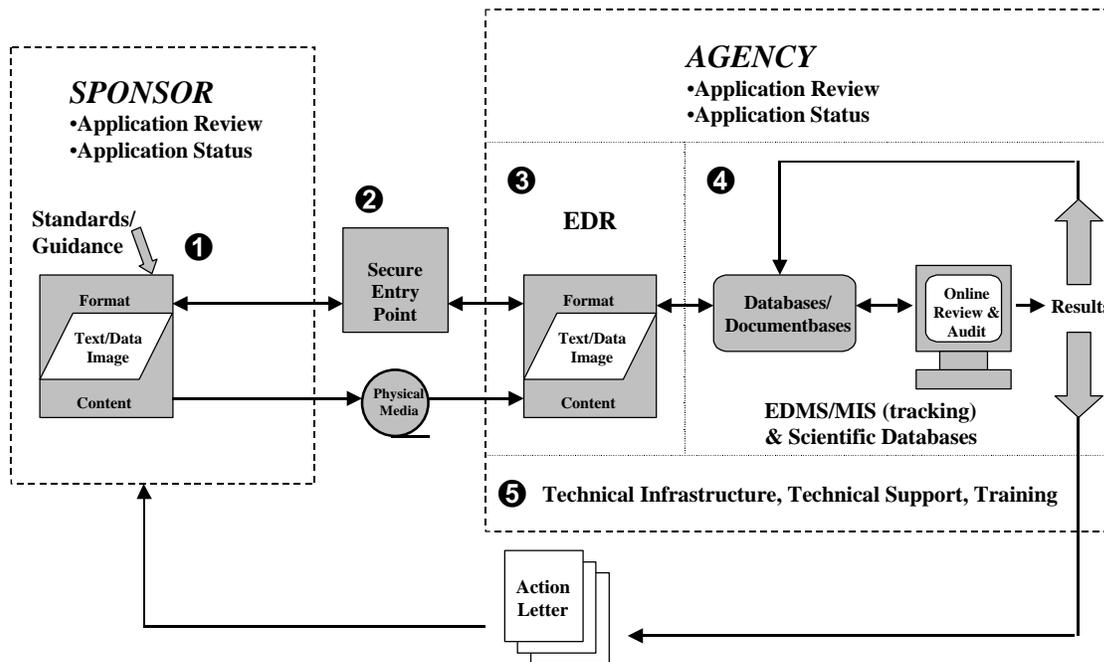


Figure 1

Establish standards (1)

FDA participates in several standards-related projects to define the format and content of regulatory submissions. The Agency actively participates in activities of the International Conference on Harmonization (ICH), which is a science-driven initiative to curtail regulatory duplication by working towards a common worldwide drug and biologic registration package. These standards activities are essential for ensuring a consistent basis upon which to provide guidance to industry for electronic submissions. Additionally, the Agency must establish and implement standards for secure messaging and secure communications among its Centers, other regulatory authorities, and the regulated industry.

Provide guidance and secure entry (1, 2)

Upon establishment of the standards, FDA provides written guidance for industry to follow in preparing electronic submissions. Guidance documents are posted in FDA's public docket. Industry training is provided at technical workshops and IT conferences hosted by organizations such as DIA. The development and completion of guidance documents serve as the foundation for enabling regulated industry to exchange electronic submissions with the Agency.

Electronic submissions that conform to the established standards and guidelines will be submitted via acceptable physical media or transmitted via an electronic Gateway. Electronic communication between organizations within the Agency and with external organizations will

be safeguarded by means of a future Agency secure electronic messaging capability and the Agency's network firewall.

Design and implement systems (③, ④)

There are various systems required to provide the capability and capacity for receiving, reviewing, and tracking submissions electronically. An electronic document room accommodates the program area receipt, archive, and storage of these submissions. Management information systems enable reviewers and field inspectors to operate in an electronic review environment with appropriate access to IND/BLA/NDA tracking data, electronic submissions, and related historical review documents and access to scientific databases and tools (SAS Transport, statistical packages, Library Electronic Reference Network (LERN)). Electronic document management systems provide capability to store, route, and retrieve at a later date resulting review documents.

Update the technical and non-technical infrastructure (⑤)

All aspects of the ERSR Program are supported by an infrastructure including standard hardware/software (e.g., desktops, network, office automation tools, servers, Internet/Intranet) and additional capabilities as needed, such as future implementation of a secure e-mail package for communicating with regulated industry, capability for field component review and inspection access, and access to analytical tools needed by reviewers for use with structured databases. In addition, there are foundational support aspects to ERSR such as underlying technical architecture, training, and technical support.

The next section presents a mapping of each project within the ERSR Program to its respective ERSR subgoal and presents near-term and long-term activities associated with those projects.

4.0 IMPLEMENTATION OF THE ERSR PROGRAM

The scope of the ERSR Program is very large and encompasses a broad range of activities. To accommodate the paperless receipt and processing of submissions, the Agency must plan, coordinate, and execute activities across the ERSR Program in such a way that these actions are integrated successfully and ultimately enable the Agency to meet the overall “paperless by 2002” goal as described in Section 2.0.

The various activities within the ERSR Program have been subdivided into the four subgoals of the ERSR Program presented in Section 2.0. This section provides a description of the activities being conducted toward meeting each subgoal and a summary of milestones for those activities.

4.1 Establish Standards

ERSR Subgoal: Establish standards for the format, content, and technical specifications for electronic submissions.

The success of ERSR is dependent upon accurate and thorough definition of data and reporting standards for the format and content of regulatory submissions and the dissemination of guidance for industry to prepare submissions. Additionally, the key to success of the ERSR Program is the consistent and standard application of IT across the various systems developed and infrastructure established within the PDUFA funded organizations.

Standards for Electronic Submissions

FDA is involved in several standards-related projects that impact the definition of format and content of regulatory submissions. FDA plays an active role in the development of standards and guidelines as issued by organizations such as the National Institute of Standards and Technology (NIST), the International Organization for Standardization (ISO), and the US Pharmacopeia. Standards used and required by the Agency are consistent with the guidelines established by those organizations.

A major standards development activity in which the Agency actively participates is the International Conference on Harmonization (ICH), a collaborative effort involving the regulatory authorities of Europe, Japan and the United States and experts from the pharmaceutical industry in those three regions. The purpose of ICH is to recommend ways to achieve greater harmonization in the interpretation and application of technical guidelines and requirements to curtail regulatory duplication by working towards a common worldwide drug and biologic registration package. FDA is active in the ICH M4 Expert Working Group (EWG) that focuses on the Common Technical Document (CTD) for the technical content of sections of the NDA.

The activities within the ERSR program are influenced most by the M2 EWG of the ICH which focuses on Electronic Standards for Transmission of Regulatory Information. The goal of M2 is to identify, evaluate, and recommend appropriate and relevant standards to facilitate the electronic transfer of regulatory information between industry authorities and among regulatory agencies. The FDA representative from CDER serves as the Rapporteur for the M2 EWG and the FDA’s representative from CBER is a participant. The M2 EWG is developing a series of recommendations for facilitating electronic communications. The EWG is recommending standards for physical media, networking, secure EDI transmission over the Internet, and electronic document format. To every extent possible, FDA adheres to the standards recommended by the ICH in developing standards and guidance documents.

Throughout the remainder of the PDUFA II period, both CBER and CDER will continue to play active roles in the standards development activities of the ICH and other standards organizations and these standards will be implemented, where appropriate, within the ERSR Program.

Standard Computing Environment

Over the last few years, the Agency has been proceeding aggressively with its Information Systems Architecture (ISA) initiative. FDA has established a common computing environment through the implementation of ISA by standardizing desktops and networks across the Agency. Patchwork initiatives over time left an FDA IT environment that consisted of numerous layered and often incompatible product suites. Operating within that environment, significant time and energy were expended in moving information throughout the Agency, to the industry it regulates, and to the general population that it serves.

The IT infrastructure that the Agency is migrating toward through the ISA initiative:

- Improves communication;
- Enables collaboration;
- Increases productivity; and
- Creates a more manageable and cost effective environment.

The ISA initiative will standardize the information systems architecture of the entire Agency beginning with the e-mail system, the network operating system, and the desktop operating system. Adopting a standardized IT infrastructure, such as ISA provides many benefits to the FDA. It will accommodate IT environment improvements to optimize technology, and the FDA Baseline Infrastructure also will enable Agency collaboration and introduce dramatic productivity gains. It will improve the process of moving information throughout the Agency, to the industry it regulates and to the general population it serves, decrease operations and maintenance costs, and decrease training time and costs by providing users with system applications with a common interface.

4.2 Provide Guidance

ERSR Subgoal: Provide guidance for industry to follow in preparing electronic submissions.

Upon establishment of a common set of standards for basic document formatting, electronic integration, and electronic filings, FDA provides written guidance for industry to follow in preparing electronic submissions. Guidance documents are posted in FDA's public docket. Industry training is provided at technical workshops and IT conferences hosted by organizations such as DIA.

CBER and CDER are working collaboratively to develop a series of guidance documents to assist applicants in making regulatory submissions in electronic format. In some cases, guidance differs from CBER to CDER because of differences in the business processes and regulatory mandates between the Centers. The Centers are working to minimize differences wherever possible.

An important challenge affecting guidance for and the receipt and archive of submission is the electronic records/electronic signature issue. The final rule in the Code of Federal Regulations for electronic records/electronic signature (21 CFR Part 11) was posted in the Federal Register in March 1997. That rule explains the regulations that provide criteria for acceptance by FDA of electronic records, electronic signatures, and handwritten signatures executed to electronic records as equivalent to paper records and handwritten signatures executed on paper. The Agency plans during the ERSR Program five-year span to issue guidance to industry on the implementation of Part 11.²

Guidance documents and target dates for publishing those documents are provided below:

September 1997	(CDER) Issue guidance for archiving submissions in electronic format – NDAs. Guidance allows electronic submissions to be received in CDER without an accompanying paper copy and covers only electronic CRFs and CRTs.
April 1998	(CDER) Issue draft guidance for providing Regulatory Submissions in Electronic Format – NDAs. This guidance expands the September 1997 guidance by providing guidance on submitting a complete archive copy of the NDA in electronic format.
January 1999	(CDER) Publish final guidance for providing regulatory submissions in electronic format – NDAs.
June 1998	(CBER) Publish guidance for electronic submission of Case Report Forms (CRFs), Case Report Tabulations (CRTs) and Data to CBER.
June 1998	(CBER) Publish information regarding a pilot program for Electronic Investigational New Drug (eIND) Applications for Biological Products
June 1998	(CBER) Publish instructions for submitting electronic Lot Release Protocols to CBER.

² As the specifics for implementing Part 11 have not been determined, the impact of the rule on the technology being applied and the systems being developed within the ERSR Program will be determined and addressed as needed.

June 1998	(CBER) Publish guidance for electronic submission of a Biologics License Application (BLA), Product License Application (PLA)/Establishment License Application (ELA) to CBER
January 1999	(CDER and CBER) Publish joint guidance document on general considerations for electronic submissions.
FY 2000	FDA representatives to the ICH will be working with the organization to reach consensus on the Common Technical Document. The ICH M4 EWG is nearing consensus on harmonizing the table of contents as well as the content of clinical and non-clinical summaries and tabulations. Work has begun on making the Common Technical Document suitable for electronic submission.
June 2000	(CBER) Develop and publish guidance to define secure electronic mail general considerations for submissions.
October 2001	(CBER) Develop and issue guidance to Industry that defines electronic submission guidelines for Lot Release Protocols, Biologics License Applications, New Drug Applications, and PMAs/510Ks.
September 2002	(CDER) Develop and publish guidance documents for the electronic submission standards for text, image, and data of Investigational New Drug (IND) Applications, Drug Master Files (DMFs), and Annual Reports.

The following chart shows the schedule for these guidance activities.

4.3 Design and Implement Systems

ERSR Subgoal: Design and implement systems to provide the capability and capacity for the receipt, review, and tracking of electronic submissions.

The largest component of the PDUFA II ERSR Program involves the design, development, and implementation of systems that will enable the Agency to receive, review, and track submissions electronically. Electronic submissions that conform to the established standards and guidelines will be transmitted via acceptable physical media to an Electronic Document Room. Systems are being developed to provide an automated means for creating, managing, and archiving internally generated review documents. Other systems are being built to track the status and progress of submissions submitted to the Agency for action, generating mandatory user fee reports, and enabling tracking of milestones and workload statistics for improved management accountability. In addition, scientific databases, which include structured databases, reference guides, and analytical tools needed by reviewers to perform standard analytical processes on electronic submissions directly from the desktop, are an important component of the electronic submission area.

Figure 2 uses the conceptual diagram provided in Figure 1 to identify (in **SHADED BOXES**) the systems being developed within the ERSR Program. Following Figure 2 is a description of each of the systems and future activities planned for each system.

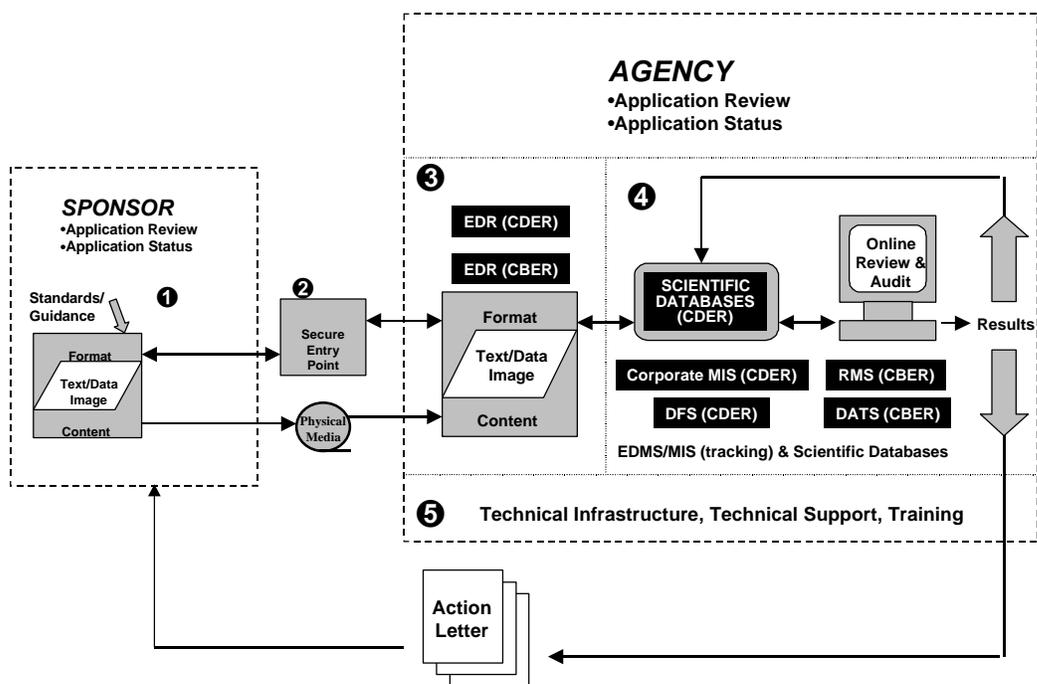


Figure 2

CDER Electronic Document Room (EDR)

CDER currently provides a capability to accommodate receipt and archive of electronic submissions. Ultimately, CDER's EDR will support receipt and archive of full New Drug Applications (NDAs), Investigational New Drugs (INDs), Drug Master Files (DMFs), and Annual Reports. Submissions to the EDR come in on one of several physical media types as defined in the industry guidance posted in the public docket.

CDER began developing its Electronic Document Room during FY 1997. The EDR was established initially to accommodate the receipt, archive, and storage of electronic Case Report Forms (CRFs) and Case Report Tabulations (CRTs) for New Drug Applications (NDAs). CDER has published Industry Guidance for submitting CRFs and CRTs without an accompanying paper copy. These CRFs and CRTs are being received in the EDR as text images in PDF for archive.

CDER's targeted activities are the following:

4 th quarter FY 1999	CDER expects to provide the capability and capacity to accommodate full electronic NDAs by September 1999.
4 th quarter FY 2001	CDER expects to have expanded the capability and capacity to accommodate INDs, DMFs, and Annual Reports by September 2001.

CDER Scientific Databases

Scientific Databases include structured databases, reference guides, and analytical tools needed by reviewers to perform standard analytical processes on electronic submissions directly from the desktop. CDER is developing carcinogenicity and reproductive/developmental toxicity databases to allow rapid access to summary toxicology information on pharmaceuticals in CDER files, with links to associated references and reviews. These databases will facilitate and improve the review process by functioning as a source of institutional memory for regulatory decision support and a resource for regulatory guidance development and scientific research.

CDER has been building a database to facilitate the review process, and in FY 1997 the Office of Pharmaceutical Science introduced the Entry Validation Application (EVA) program for electronic submissions of bioequivalence data that accompany generic drug applications. This program is now being evaluated for use with NDAs, specifically Chemistry, Manufacturing and Control (CMC) data and biopharmaceutics data. The CMC database approach should provide a mechanism for tracking information throughout the lifetime of the application. The potential outcomes of these databases include, but are not limited to, data integration, data standards, better information sharing and exchange, and better tools to facilitate the review. CDER is at the very early stages of developing this capability and is defining an approach for electronic submission of data that will provide a mechanism for tracking information throughout the lifetime of the application.

Another CDER activity involving scientific databases is the assembly of drug-drug interaction data in a unified database. This activity will make it possible to rapidly identify known and potential drug-drug interactions based on either drug substance or chemical structure.

Targeted activities for CDER's Scientific Databases are:

4 th quarter FY 2000	CDER expects to complete the assembly of the drug-drug interaction data in a unified database to facilitate retrieval and analysis by September 2000.
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4 th quarter FY 2002	CDER anticipates completing databases for all major toxicology studies submitted for drug approval, carcinogenicity, reproductive and developmental toxicity, genotoxicity, and acute/chronic toxicity studies by September 2002. Additionally, CDER expects to have defined an approach for electronic submission of data that will provide a mechanism for tracking information throughout the lifetime of the application by September 2002.
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CDER Division Files System (DFS)

DFS is CDER's Electronic Document Management System (EDMS). The goal of this system is to provide an easy-to-use, automated means for creating, managing, electronic signature, and archiving of internally generated documents pertaining to the IND/NDA review process. DFS makes it possible for CDER reviewers to file reviews electronically and access historical data and consult reviewers on-line from their desktops rather than relying on paper copies. DFS Phase I was developed under PDUFA I.

Targeted activities for CDER's DFS are:

4 th quarter FY 1998	Implement Phase I of DFS. This phase provides an electronic repository for final form documents. Phase I will be deployed throughout the IND/NDA review divisions including the Office of Review Management, Office of New Drug Chemistry, and Office of Clinical Pharmacology and Biopharmaceutics.
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4 th quarter FY 1999	CDER plans to complete Phase II of DFS and field version 2.0 to 1000 CDER users. DFS v2.0 is driven by the Center Director's mandate to cut document room costs by eliminating the document room's acceptance of paper review materials generated in the process of an IND or NDA review and data entry pertaining to those materials. DFS will also reduce costs by eliminating the need for document room personnel to reproduce and distribute final form copies. The scope of DFS v2.0 has been defined as providing the capability to 1) update assignment information when reviewers check in their reviews, 2) update the corporate database when an approval, not approvable, or withdrawal letter is checked into DFS for a major amendment on an NDA, 3) appending electronic signatures to documents, and 4) distributing copies of final form documents.
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4 th quarter FY 2000	Concurrent to fielding DFS, CDER is working on an electronic document query project. CDER currently employs three document management solutions. Several CDER components have been using Excalibur's Electronic Filing System (EFS) to search and display documents that have been scanned and stored electronically. DFS uses Documentum's tools to track and store internally generated review documents. The EDR employs a web interface to locate documents submitted electronically. The objectives of the electronic document query project are to replace the EFS and to pilot an electronic document query and retrieval system that encompasses CDER's electronic documents and data.
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CDER Corporate MIS

The Centerwide ORACLE Management Information System (COMIS) is CDER's legacy enterprise-wide MIS supporting both the pre-market and post-market regulatory activities. Information is stored in a single ORACLE database and is accessible from any personal computer or terminal in the Center. The Corporate MIS is an umbrella name for multiple applications that store and retrieve data in a single integrated database. The Corporate Database is used to track the status and progress of each submission (NDAs, INDs) submitted

to the Agency for action. It is also used to generate mandatory user fee reports and to enable tracking and milestones and workload statistics for improved management accountability. The Corporate Database is used by DFS and the EDR to prevent data redundancies and ensure data integrity.

The foundation for application development in CDER is the database. The integrity and quality of the corporate database directly impacts the usefulness of data entry and query screens and reports used by CDER personnel. To provide high quality applications and maintain and enhance them in an effective and timely manner, CDER is developing a modern, flexible, and comprehensive database structure on which to base future applications development.

CDER has formed a Corporate Database Redesign team, chaired by the Center Director, which has been conducting workshops to develop a set of functional requirements from which a data model for the redesigned database will be produced.

During this requirements development, CDER is considering the feasibility of the MIS interfacing with other systems such as ORA's Field Accomplishments and Compliance Tracking System (FACTS) to provide and track status of assignments to ORA field staff.

Targeted activities for CDER's Corporate MIS are:

4 th quarter FY 1999	CDER expects to complete the database design effort by September 1999. Schedules for subsequent phases including scheduling of interfaces with DFS and EDR will be developed immediately following completion of the design effort.
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The chart on the following page shows the schedule of CDER's system development activities.

PDUFA II Information Management Five-Year Plan (FY 1999 Revision)
July 1999

Task Name	Finish	1999				2000				2001				2002				
		Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4
CDER EDR	Sat 9/1/01					—————▶												
Provide capability and capacity to accommodate full electronic NDAs	Wed 9/1/99				◆ 9/1													
Expand capability and capacity to accommodate INDs, DMFs, and Annual Reports	Sat 9/1/01												◆ 9/1					
CDER Scientific Databases	Sun 9/1/02									—————▶								
Complete assembly of drug-drug interaction database	Fri 9/1/00											◆ 9/1						
Complete databases for all major toxicology studies	Sun 9/1/02																	◆ 9/1
Define approach for electronic submission of data for NDAs	Sun 9/1/02																	◆ 9/1
CDER DFS	Fri 9/1/00	—————▶																
Implement Phase I	Tue 9/1/98	◆ 9/1																
Complete Phase II of DFS	Wed 9/1/99				◆ 9/1													
Pilot electronic document query and retrieval system	Fri 9/1/00											◆ 9/1						
CDER Corporate MIS	Wed 9/1/99																	
Complete database design effort	Wed 9/1/99				◆ 9/1													

CBER Electronic Document Room (EDR)

CBER must provide a capability and the capacity to accommodate receipt and archive of electronic biologics submissions. The purpose of the EDR is to provide a facility to house the hardware and software that will store, track, and retrieve electronic documents such as the Investigational New Drug (IND) applications, Biologics Licensing Applications (BLAs), New Drug Applications (NDAs), lot release protocols, and other types of submissions. Submissions to the EDR will come in on one of several physical media types as defined in the industry guidance posted in the public docket.

Targeted activities for CBER's EDR are:

1 st Quarter FY 1999	Conduct a requirements analysis to build the foundation for beginning the design, development, and implementation activities necessary to create an EDR. Publish a Requirements Analysis and Phase I High-Level Design Analysis document for the EDR effort.
2 nd quarter FY 2000	By April 2000, CBER expects to have implemented Phase I of the EDR. In this Phase, CBER will have established the basic infrastructure for the EDR to include hardware and software architecture and security controls and some functionality such as backup, archive, and retrieval capability.
1 st quarter FY 2001	By October 2000, CBER anticipates completion of Phase II of their EDR. At completion of Phase II, CBER will have provided capability to receive and archive electronic INDs (e-INDs), integrated the EDR with RMS, and provided remote access
4 th quarter FY 2001	By September 2001, CBER plans to have completed Phase III of the EDR. With completion of Phase III, CBER will have incorporated electronic signature and secure e-mail and will have provided capability to receive and archive electronic BLAs (e-BLAs).
4 th quarter FY 2002	By September 2002, CBER plans to have completed Phase IV of the EDR. This final phase will provide enhancements and capacity upgrades and will provide the capability to receive and archive all paperless applications.

CBER Regulatory Management System (RMS)

In CBER, RMS will perform the activities of an electronic document management system as well as a management information system. RMS will be an integrated system for creating, managing and archiving internal review documents concerning a submission, as well as tracking the status of the submission. There are two primary modules of RMS. The first, RMS-IND, supports the IND process including applications and correspondence tracking. The RMS-IND module will replace CBER's legacy Biologics IND Management System (BIMS) system. The other module, RMS-BLA, incorporates the new business rules that CBER is applying to track and review BLA submissions. This module will replace the legacy Biologics Regulatory Management System (BRMS).

Targeted activities for CBER's RMS are:

4 th quarter FY 1998	By September 1998, CBER will have completed the development of the clinical trials communications in the RMS-IND module. Completing this development provided CBER with the capability to track and display clinical trial communications using Documentum.
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3 rd quarter FY 2000	By April 2000, CBER expects to have Phase I of the RMS-BLA module completed. This phase will provide CBER the functionality to process therapeutics, vaccine, and blood product submissions. Also in this phase, CBER will have completed data migration from the BRMS system.
4 th quarter FY 2001	By September 2001, CBER will have completed the enhancement of the RMS-BLA module.
1 st quarter FY 2002	In October 2001, CBER expects to have integrated the BIMS system and completed the RMS-IND module.
4 th quarter FY 2002	By September 2002, CBER will have completed Phase II of the RMS-BLA module. With completion of this phase, CBER will be able to track all applications.

CBER Document Accountability and Tracking System (DATS)

CBER is developing DATS to consolidate administrative document logging and circulation control activities by replacing two legacy systems. While DATS will be available for use by most Center employees, the primary user will be Document Control Center (DCC) personnel who will use DATS to capture receipt and document data, enter and update routing and circulation data, and maintain location and inventory information for physical files. DATS will also provide the capability to enter key information from FDA Form 1571 that is submitted by sponsors to FDA as part of an IND Original Submission or as part of an Amendment to an existing IND.

4 th quarter FY 1999	CBER is targeting implementation and fielding of DATS with the Phase I functionality by September 1999. This phase will provide the capability to capture receipt and document data and maintain location and inventory information for physical files.
3 rd quarter FY 2001	CBER will complete Phase II of DATS. Phase II will provide the capability to track routing and circulation information.

The chart on the following page shows the schedule of CBER's system development activities.

4.4 Update Technical/Non-Technical Infrastructure

ERSR Subgoal: Update the technical and non-technical infrastructure to support an electronic review environment.

Activities supporting this subgoal are associated with the technical infrastructure of the ERSR Program (e.g., acquiring, configuring, and implementing hardware and software). These often underlying activities support multiple projects and are coordinated with projects' functionality needs as appropriate. These items include standard hardware/software (e.g., desktops, network, office automation tools, servers, Internet/Intranet) needed to support system development. Activities also include additional capabilities as needed, such as a secure e-mail package for communicating with regulated industry and analytical tools needed by reviewers for use with structured databases. Other tools include library references such as the scientific Library Electronic Reference Network (LERN). Another significant activity toward meeting this subgoal involves addressing the needs for Center communication with ORA Field Offices. ORA's requirements will be integrated as appropriate with the ERSR-related functional capabilities developed in CBER and CDER.

Infrastructure also includes the foundational support aspects of the ERSR Program common to CBER, CDER, and ORA's PDUFA II IT solution:

Technical Support – Provides support to end users for hardware/software installation, software development, maintenance, and trouble shooting.

Training – Covers provision of training for development staffs and end users sufficient to ensure qualified technical support to the ERSR Program and to allow reviewers to function in an electronic review environment.

The following paragraphs provide, by PDUFA organization, planned activities for updating the technical and non-technical infrastructure to support an electronic review environment.

Center for Biologics Evaluation and Research (CBER)

Enhancing and upgrading CBER's network architecture is key to achieving the PDUFA II ERSR performance goals. CBER's current capabilities must be improved to support the proposed processes and architecture. CBER plans to upgrade network communications between all CBER locations, the network systems hardware, and desktop workstations.

The targeted activities for updating CBER's technical infrastructure are:

3 rd quarter FY 1999	Upgrade approximately 80% of the desktops within the Center to the ISA-standard desktop configuration.
	Migrate approximately 95% of its network infrastructure to ISA standards.
FY 1999	Conduct Year 2000 testing and Independent Verification and Validation (IV&V) effort to ensure that mission critical systems ³ will process dates appropriately in the year 2000.

³ The mission critical systems associated with the ERSR development activities within CBER are Biologics IND Management System (BIMS) and the Biologics Regulatory Management System (BRMS) that are being replaced by RMS and the Document Login System (DLS) and Circulation Control System (CCS) that are being replaced by DATS.

3 rd quarter FY 1999	Certify all mission critical systems are Y2K compliant.
4 th quarter FY 1999	Upgrade networking capability by completing the installation of dark fiber between the Center's component offices. Complete the network systems hardware upgrades by September 1999, including replacing its alpha servers with NT compatible platforms.
3 rd quarter FY 2000	CBER, working with CDER, will identify and implement a secure communications solution for establishing a secure messaging capability between Agency Centers/Offices, other regulatory authorities, and the regulated industry by June 2000.

Center for Drug Evaluation and Research (CDER)

CDER is conducting several activities related to updating its technical infrastructure. A significant effort involves CDER's Enterprise Computing Architecture (ECA) which is a model that describes the relationships between the various functions within CDER. The ECA provides CDER with an enterprise-wide conceptual framework for planning information systems development.

The targeted activities for updating CDER's technical infrastructure are:

4 th quarter FY 1998	CDER defines and documents the requirements for secure electronic mail between CDER, regulated industry, and other regulatory authorities.
3 rd quarter FY 1999	Conduct a secure e-mail pilot
1 st quarter FY 1999	Publish draft Enterprise Computing Architecture Description document. This will serve as a baseline framework for planning and implementing the technical infrastructure needed to support the electronic review environment. CDER estimates that this document will represent approximately 50 percent of the ultimate scope of CDER's computing architecture.
FY 1999	Conduct an aggressive Y2K testing and IV&V effort to ensure that its mission critical systems will process dates appropriately in the year 2000.
2 nd quarter FY 1999	Certify all CDER mission critical systems are Y2K compliant.
1 st quarter FY 2000	Procure and configure the hardware and software for secure e-mail for the initial production environment.
On-going activities	Continue developing the ECA Description document, incorporating all aspects of the computing architecture. Additionally, CDER will be developing, documenting, and maintaining policies and procedures for use when developing and modifying systems within the Center's architecture. In addition to providing the necessary resources for the operations and maintenance of the hardware and software that support the systems within the ERSR program, CDER continues to upgrade the desktops and network operations to ISA-standard configurations.

Continue providing operations and maintenance support for the technical infrastructure.

Office of Regulatory Affairs (ORA)

To fully achieve the goals of the ERSR program, ORA investigators and compliant officers in the field offices will need to access documents electronically and reduce the time to accomplish the assignments by eliminating the transit time of paper documents and task assignments. ORA envisions that they will need the capability to 1) provide each district office, each laboratory, some large resident posts on the network, and each regional office direct electronic access to the electronic documents maintained by CDER and 2) provide the ability to browse and search for the documents pre-authorized by CDER and download what they need when they need it. ORA does not require detailed access to CBER's BLA applications in the same context as in audits of CDER NDAs in accordance with CDER guidelines. One solution being considered is to provide a seamless dial-up capability to access the information needed by ORA and to have added electronic storage capability.

The targeted activities for updating ORA's technical infrastructure are:

2 nd quarter FY 1999	Complete an analysis of ORA's functional requirements for the ERSR program. This document defines the requirements of the ORA field users and provides a detailed design of an infrastructure to support the electronic receipt and retrieval of documents pertinent to investigation and compliance determination activities in the field offices.
4 th quarter FY 2002	ORA expects to design, procure, and install the necessary infrastructure to enable ORA field users to access the requisite material for conducting field inspections.

Office of Information Resources Management (OIRM)

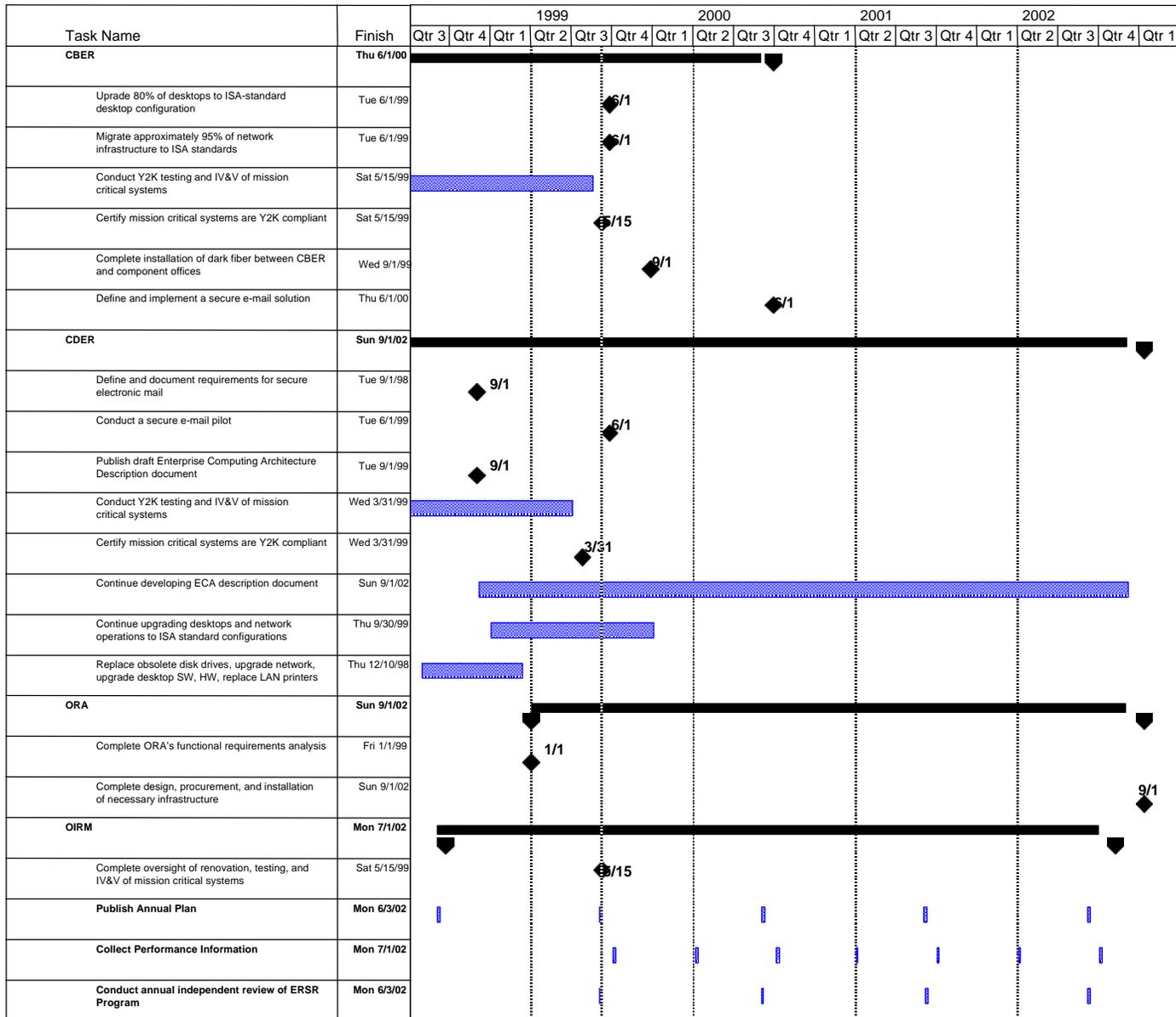
To ensure FDA is meeting the IT requirements of FDAMA/PDUFA, OIRM is reviewing the activities within the ERSR program on a semi-annual basis. Additionally, on an as-needed basis, OIRM enlists the support of an independent reviewer to assess programmatic planning documents and other related material (from CBER, CDER, ORA, and OIRM) to identify any inconsistencies, synergies and make efficiency recommendations to senior management. In addition to planned reviews, oversight may include coordination and support of data management. This data management can include consultant support for Agency-level data modeling and data dictionary development.

The targeted activities for OIRM's oversight function are:

4 th quarter FY 1998	OIRM published the 1998 PDUFA II Information Management Five-Year Plan.
FY 1998, 1999	Oversee the Agency's Year 2000 application conversion effort. By the end of the 2 nd quarter of 1999, FDA is expected to be completed with renovation, testing, and independent verification and validation of its mission critical systems and technical infrastructure.
Semi-Annually	Request performance information from the PDUFA organizations to assess the progress of the organizations toward meeting the overall PDUFA IT goal.
Annually	Publish a yearly plan documenting the progress made to date and updating the five-year plans for future activities with the ERSR Program.

The chart on the following page shows the targeted activities for all PDUFA organizations in updating the technical/non-technical infrastructure within the ERSR program.

PDUFA II Information Management Five-Year Plan (FY 1999 Revision)
July 1999



5.0 OVERALL PROGRAM OVERSIGHT

The CIO is responsible for ensuring that all PDUFA II IT investments support the Agency's common IT goals, fit into a common computing environment, and follow good IT management practices. Oversight of the ERSR Program involves integrated processes. ERSR projects are reviewed for business and technical soundness through the IT Business Planning process established by the Agency in accordance with the Clinger-Cohen Act of 1996. The ERSR Program is assessed annually by independent consultants who work with the Centers/Offices to review and assess the economic soundness of PDUFA IT investments and monitor performance in meeting established milestones.

Consistent with Department of Health and Human Services (DHHS) policies and recent legislation, including the Clinger-Cohen Act, the Agency has developed a process to become more accountable for the economic and efficient management of IT and to implement a sound and integrated IT architecture.

An integral part of the FDA business planning process is the review of the major IT investments to ensure that they are achieving defined performance goals which support the Agency mission, in terms of the project plan (i.e., milestones and resources) and expected outcomes (e.g., programmatic improvements), and are compliant with standards defined by the Agency's information systems architecture (ISA).

The IT Business Planning (ITBP) process has been utilized to review existing ERSR IT projects. The ITBP process requires the sponsoring PDUFA II Centers/Offices to prepare business cases for their IT investments. A business case is a narrative document that provides a consistent format to capture information such as business need, IT solution, costs, schedule (milestones), and performance measures.

All PDUFA II information technology investments will continue to be reviewed through this ITBP process. One major component of the ITBP process is a review of investments by a Technical Review Board (TRB) composed of Information Resource Management (IRM) Directors from each of the Centers/Offices. The goal of the TRB is to assess Agency IT investments with regard to the technical soundness of the investment, the consistency of the IT solution with the Agency's ISA, and the potential redundancy of the investment with other Agency efforts. Once the TRB has completed its assessment and determined that there are no significant technical risks that could prevent successful implementation of the IT solution, the members "credential" the investment. Though projects may be "credentialed" by the TRB, members may raise technical issues that must be addressed by project managers but do not preclude a project from proceeding.

Some PDUFA II ERSR projects are currently being defined and scoped and will be incorporated into this plan and reviewed by the TRB. Other PDUFA II items not associated with a specific project or which support multiple projects may be reviewed independently by the OCIO to ensure compliance with Agency best practices and architecture standards.

On a semi-annual basis, PDUFA organizations are asked to submit performance information. Organizations are asked to update project cost and schedule information and describe planned versus implemented functionality for each project. This information is used to develop a performance report showing progress on ERSR activities. It is also used to monitor the progress organizations are making on each of the projects and to ensure that organizations are on target to meet the overall PDUFA II IT goal.

Annually, the PDUFA II Information Management Five-Year Plan is revised to update the plans, budgets, and milestone schedules for each of the ERSR projects. This plan and the information compiled through conducting ERSR project technical reviews and developing performance reports are a means of communicating to overall Agency senior management the progress and status of the ERSR Program and help to enable management to make informed decisions regarding funding ERSR activities. Additionally, Agency

management is appraised of overall ERSR issues and activities through the Information Management Advisory Board. Through this Board, comprising both Agency management and industry representatives, collaborate on the Agency's investment of PDUFA funds toward the goal of an electronic regulatory submissions and review capability by the year 2002. The Board functions as a steering committee which ensures the PDUFA II Information Management Plan reflects the interest of all stakeholders, utilizes information management/technology best practices, and that the PDUFA II information management program implementation is consistent with that plan.

6.0 SUMMARY

The overall PDUFA goal of developing and updating information management infrastructure to allow, by fiscal year 2002, the paperless receipt and processing of submissions is composed of four subgoals: developing standards; issuing guidance for regulated industry for electronic submissions; designing and implementing systems for receiving, reviewing, and tracking electronic submissions, and providing the technical and non-technical infrastructure to support an electronic review environment.

FDA organizations have planned the requisite projects and activities to meet the overall PDUFA IT goal. The organizations are participating in a variety of standards development activities and are ensuring that industry guidance for submitting applications electronically is clear, consistent, and standards-based. Efforts toward implementing systems are progressing steadily and are being supported continuously by upgrades to desktop and network infrastructure.

Throughout the life-cycle of the ERSR Program, FDA organizations will collaborate on system development activities where appropriate. Existing systems and those being developed or re-engineered within the ERSR program are Center-specific due to differing business needs created by statutes and mandates. For example, firms are required to submit a separate application for each therapeutic biological and human drug product. But each application for a blood product, vaccine, or allergenic may contain multiple products; and one product may receive approval while another does not. This situation necessitates unique counting and tracking mechanisms that are not applicable to all applications. Each Center has developed internal business processes designed to meet their unique regulatory review requirements, and these processes dictate their applications development. However, their corporate database structures are very similar and allow for the data to be shared. Therefore, the technical architecture for both is largely the same and consistent with the Agency's Information Systems Architecture (ISA) program. If submissions enter the Agency based on the published electronic submission guidance, differences in the systems between Centers will not affect regulated industry.

A significant portion of the efforts expended in FY 1999 across the Agency are toward ensuring that systems and infrastructure (both PDUFA and non-PDUFA related) are not vulnerable to the Year 2000 (Y2K) date change. Over the past two years, the FDA has been engaged in an intensive effort that has required a significant expenditure of resources aggressively addressing Y2K issues on multiple fronts: systems, telecommunications, desktop, biomedical and facilities. Of chief importance to the Agency has been the impact of the Y2K issue on its mission-critical functions. Consequently, all efforts were prioritized to ensure neither the Agency nor the public is at risk as a result of the date change. During the latter part of FY 1998 and throughout FY 1999, FDA worked diligently to renovate, validate, and implement Y2K compliant systems and successfully met deadlines established by OMB for completing these activities.

As a result of the pressure imposed by the Y2K focus, several of the systems development projects were put on hold or delayed during FY 1999. Additionally, a few of the ERSR projects are still in a very early development stage and schedules for the life-cycle phases and integration with other projects have not been completed. The largest of the systems development projects are very extensive in scope and cover both PDUFA and non-PDUFA related regulatory activities. PDUFA-related (i.e., pre-market) components within these systems are being given the highest priority to meet the overall PDUFA IT goal of having an ability to receive and process submissions electronically by FY 2002.

APPENDIX A
ERSR PROGRAM BUDGET

CBER	FY1998 PLANNED	FY1999 PLANNED	FY2000 PLANNED	FY2001 PLANNED	FY2002 PLANNED	TOTAL PLANNED
EDR	\$ 1,338	\$ 1,235	\$ 543	\$ 474	\$ 474	\$ 4,064
Industry Guidance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other Information Document Management Systems	\$ 757	\$ 1,054	\$ 850	\$ 605	\$ 551	\$ 3,817
Other Initiatives (Technical Infrastructure)	\$ 2,230	\$ 1,928	\$ 1,495	\$ 1,132	\$ 966	\$ 7,751
RMS	\$ 3,575	\$ 3,683	\$ 2,040	\$ 2,200	\$ 2,200	\$ 13,698
Standards	\$ 50	\$ 125	\$ 125	\$ 125	\$ 125	\$ 550
CBER SubTotal	\$ 7,950	\$ 8,025	\$ 5,053	\$ 4,536	\$ 4,316	\$ 29,880

CDER	FY1998 PLANNED	FY1999 PLANNED	FY2000 PLANNED	FY2001 PLANNED	FY2002 PLANNED	TOTAL PLANNED
Corporate MIS	\$ 1,982	\$ 3,297	\$ 2,303	\$ 1,384	\$ 1,385	\$ 10,351
EDMS/DFS	\$ 2,407	\$ 1,804	\$ 1,904	\$ 1,254	\$ 1,254	\$ 8,623
EDR	\$ 613	\$ 707	\$ 490	\$ 490	\$ 490	\$ 2,790
Industry Guidance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other Initiatives (Technical Infrastructure)	\$ 7,116	\$ 5,176	\$ 4,876	\$ 3,266	\$ 3,321	\$ 23,755
Scientific Databases	\$ 420	\$ 730	\$ 785	\$ 510	\$ 380	\$ 2,825
Standards	\$ 150	\$ 285	\$ 160	\$ 160	\$ 160	\$ 915
Reserve			\$ 2,050	\$ 1,150	\$ 1,150	\$ 4,350
CDER SubTotal	\$ 12,688	\$ 11,999	\$ 12,568	\$ 8,214	\$ 8,140	\$ 53,609

ORA	FY1998 PLANNED	FY1999 PLANNED	FY2000 PLANNED	FY2001 PLANNED	FY2002 PLANNED	TOTAL PLANNED
Requirements Analysis	\$ 165	\$ -	\$ -	\$ -	\$ -	\$ 450
Design and Implementation	\$ 360	\$ 80	\$ 986	\$ 773	\$ 971	\$ 3,045
ORA SubTotal	\$ 525	\$ 80	\$ 986	\$ 773	\$ 971	\$ 3,335

	FY1998 PLANNED	FY1999 PLANNED	FY2000 PLANNED	FY2001 PLANNED	FY2002 PLANNED	TOTAL PLANNED
CBER						
	\$ 7,950	\$ 8,025	\$ 5,053	\$ 4,536	\$ 4,316	\$ 29,880
CDER						
	\$ 12,688	\$ 11,999	\$ 12,568	\$ 8,214	\$ 8,140	\$ 53,609
ORA						
	\$ 525	\$ 80	\$ 986	\$ 773	\$ 971	\$ 3,335
Center Total						
	\$ 21,163	\$ 20,104	\$ 18,607	\$ 13,523	\$ 13,427	\$ 86,824

OIRM	FY1998 PLANNED	FY1999 PLANNED	FY2000 PLANNED	FY2001 PLANNED	FY2002 PLANNED	TOTAL PLANNED
Oversight and Coordination						
	\$ 438	\$ 547	\$ 1,954	\$ 1,092	\$ 750	\$ 4,781
Grand Total						
	\$ 438	\$ 547	\$ 1,954	\$ 1,092	\$ 750	\$ 4,781

Note: OIRM oversight and coordination activities are funded from overhead funds.

APPENDIX B
ACRONYMS

Acronyms

AERS	Adverse Event Reporting System
AMF	Administrative Management of Files
ANDA	Abbreviated New Drug Applications
BA/BE	Bioavailability/Bioequivalency
BER	Blood Establishment Registration System
BIMO	Biomedical Research Monitoring
BLA	Biologic License Applications
BRMS	Biologics Regulatory Management System
CBER	Center for Biologics Evaluation and Research
CDER	Center for Drug Evaluation and Research
CDR	Central Document Room
CIO	Chief Information Officer
CMC	Chemistry, Manufacturing and Controls
COMIS	Corporate Oracle Management Information System
COTS	Commercial Off-the-Shelf
CRF	Case Report Form
CRT	Case Report Tabulations
CTD	Common Technical Documents
CVM	Center for Veterinary Medicine
DATS	Document Accountability and Tracking System
DCC	Document Control Center
DFS	Division File System
DIA	Drug Information Association
DMF	Drug Master File
DSS	Decision Support System
EDI	Electronic Data Interchange
EDMS	Electronic Document Management System
EDR	Electronic Document Room
EES	Establishment Evaluation System
EFOIA	Electronic Freedom of Information Act
ERS	Electronic Regulatory Submission
ERSR	Electronic Regulatory Submission and Review
EVA	Entry Validation Application
EWG	Expert Working Group
FACTS	Field Accomplishments and Compliance Tracking System
FDA	Food and Drug Administration
FDAMA	FDA Modernization Act
FOI	Freedom of Information
FTE	Full-time Equivalent
GPRA	Government Performance and Results Act
ICH	International Conference on Harmonization

IIS	Internet Information Server
IM	Information Management
IMAB	Information Management Advisory Board
IND	Investigational New Drug
IRM	Information Resources Management
ISA	Information Systems Architecture
IT	Information Technology
ITBP	Information Technology Business Planning
ITCC	IT Coordinating Committee
IV&V	Independent Verification and Validation
LERN	Library Electronic Reference Network
LRS	Lot Release System
M2	ICH M2 Expert Working Group (EWG) focusing on Electronic Standards for Transmission of Regulatory Information
M4	ICH M4 EWG focuses on Common Technical Documents (CTD) for the technical content of sections of the NDA
MIS	Management Information System
NDA	New Drug Application
NOS	Network Operating System
NPR	National Performance Review
OC	Office of the Commissioner
OHRMS	Office of Human Resources and Management Services
OIRM	Office of Information Resources Management
OMS	Office of Management and Systems
ORA	Office of Regulatory Affairs
PDF	Portable Data Format
PDUFA	Prescription Drug User Fee Act
PhRMA	Pharmaceutical Research and Manufacturers of America
PLA	Product License Applications
RAC	Regulatory Affairs Committee
RMS	Regulatory Management System
TBD	To Be Determined
TCP/IP	Transmission Control Protocol/Internet Protocol
TRB	Technical Review Board
Y2K	Year 2000