U.S. FOOD & DRUG ADMINISTRATION

WELCOME

We'll begin the meeting promptly at 9:00am.

Note: A video recording and transcription of today's meeting will be published on the FDA website after this meeting.

U.S. FOOD & DRUG ADMINISTRATION

Public Meeting on the Reauthorization of the Generic Drug User Fee Amendments (GDUFA)

Friday, July 11th, 2025

Mark Ascione

Center for Drug Evaluation and Research, FDA

Meeting Moderator, Office of Program and Strategic Analysis

AGENDA

- Welcome and Introduction
- Opening Remarks
- FDA Presentations
- **Break**
- Industry Comments
- Public Comment
- Closing Remarks

Public Docket

For technical issues: GDUFAReauthorization@fda.hhs.gov

Dr. Marty Makary

FDA Commissioner

FDA Presentations

lilun Murphy

Center for Drug Evaluation and Research, FDA

Director, Office of Generic Drugs

GDUFA
Background and Reauthorization Process

Outline for this briefing

- GDUFA Background
- Fee Structure
- Reauthorization Process Overview

GDUFA Background

GDUFA was established in 2012 to speed delivery of safe and effective generic drugs.

GDUFA provides FDA with revenue to speed up the delivery of safe and effective generic drugs to the public, improve the predictability of the review process and ensure the financial stability of the FDA generic drug program.

GDUFA I (2012 to 2017):

Established assessment timelines that expedite the review and approval of human generic drugs. Established equivalency between domestic and foreign manufacturers providing human generic products to American consumers by ensuring that all facilities are inspected with comparable depth and rigor using risk-based approaches.

GDUFA II (2018 – 2022):

Focused on two major objectives: (1) reducing the number of review cycles to approval and (2) increasing the approvals of safe, high quality lower cost generic drugs. The program created review goals for priority applications, more communication touchpoints with industry, and a well-organized process to review complex generic drug products.

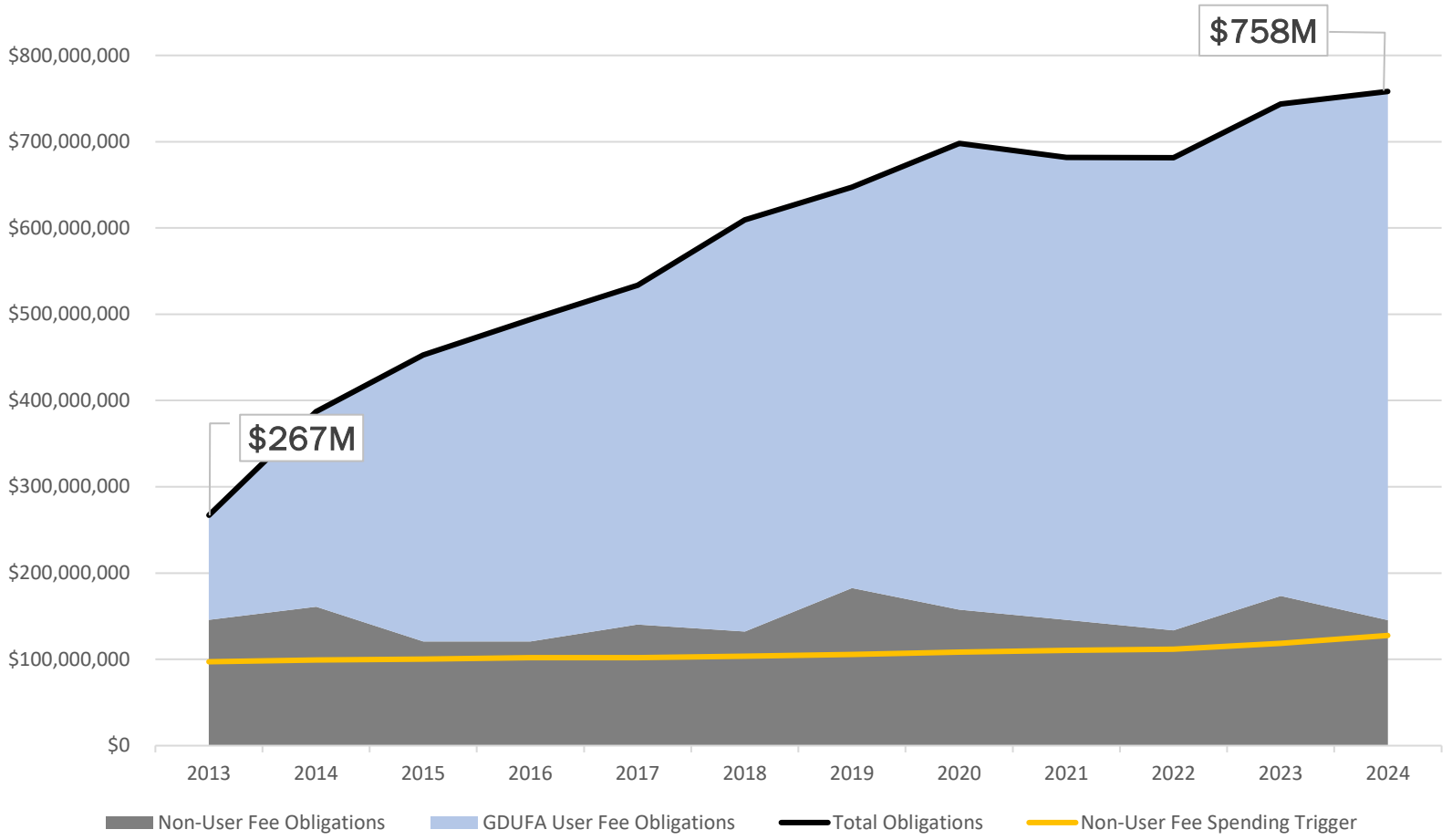
GDUFA III (2023 - 2027):

Provides enhancements focused on maximizing the efficiency and utility of each assessment cycle, with the intent of reducing the number of assessment cycles for generic drug applications. Continues to foster the development, assessment, and approval of complex generic drugs through new program enhancements and provides a solid financial foundation to support the generic drug program through a new annual capacity planning adjustment.

GDUFA Fee Structure

User fee revenue is critical to the program.

GDUFA program obligations by funding source



User fee revenue has outpaced budget authority available for the program.

In 2013, GDUFA user fees funded **45%** of the program.

In 2024, GDUFA user fees funded **81%** of the program.

GDUFA III authorizes FDA to assess and collect four types of fees.

One-time fees

- Abbreviated New Drug Application (ANDA) fee
- Drug Master File (DMF) fee

Annual fees

- Generic drug applicant program fees:
  - Large tier
  - Medium tier
  - Small tier
- Facility fees:
  - Active Pharmaceutical Ingredient (API) facility fee
  - Finished Dosage Form (FDF) facility fee
    - Contract Manufacturing Organization (CMO) fee

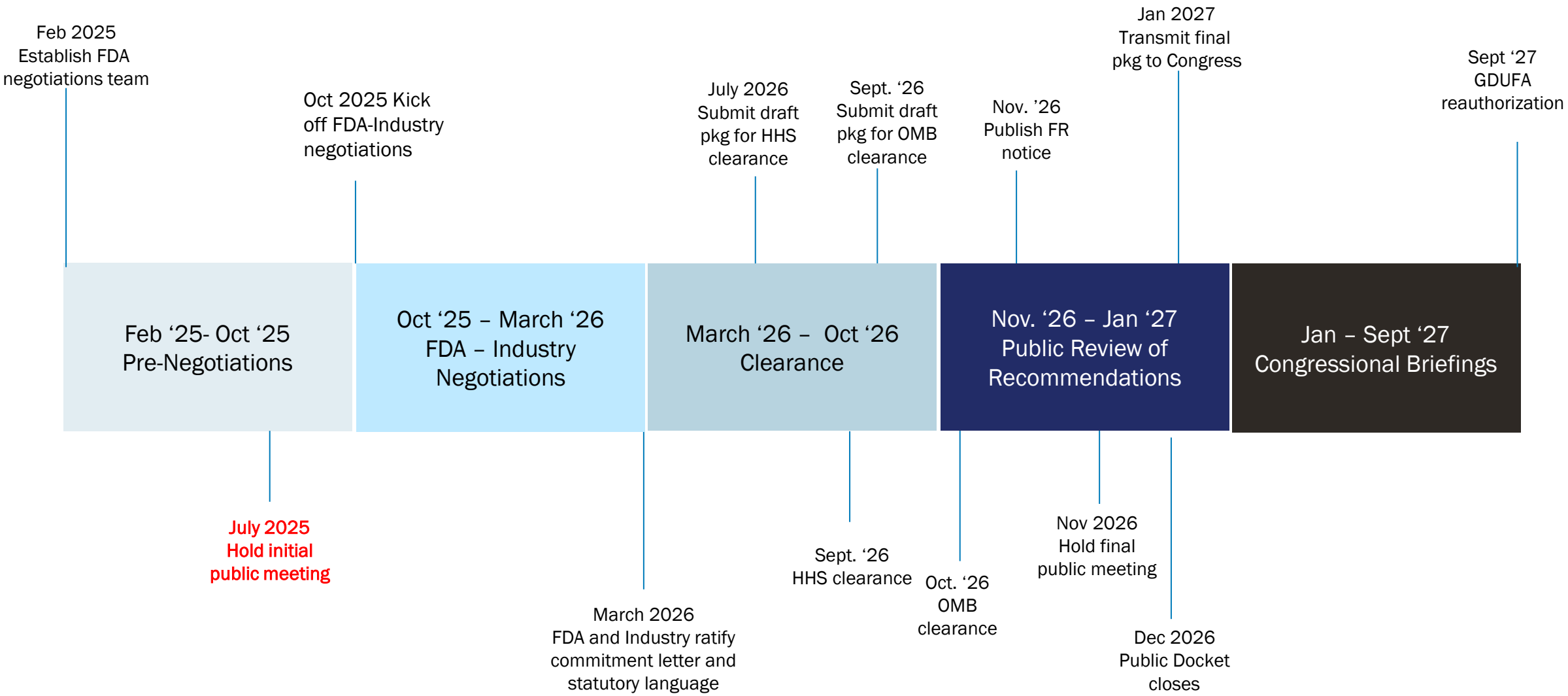
FY 2025 target revenue is $638,962,000

Fees for each category are set in order to produce a certain percentage of the overall target revenue.

Category	Fee Type	FY 2025 Fee Amount
Application *33% of Target Revenue*	Abbreviated New Drug Application (ANDA)	$321,920
Master File *5% of Target Revenue*	Drug Master File (DMF)	$95,084
Facilities *API – 6% of Target Revenue* *FDF & CMO - 20% of Target Revenue*	Active Pharmaceutical Ingredient (API)—Domestic	$41,580
	API—Foreign	$56,580
	Finished Dosage Form (FDF)—Domestic	$231,952
	FDF—Foreign	$246,952
	Contract Manufacturing Organization (CMO)—Domestic	$55,668
	CMO—Foreign	$70,668
Program *36% of Target Revenue*	Large size operation generic drug applicant	$1,891,664
	Medium size operation generic drug applicant	$756,666
	Small business generic drug applicant	$189,166

Reauthorization Process Overview

GDUFA IV Timeline



GDUFA reauthorization involves consultation with stakeholders.

Section 744C(f)(1) (21 U.S.C. 379j-43 (f) Reauthorization

(1) **Consultation** - In developing recommendations to present to the Congress with respect to the goals, and plans for meeting the goals, for human generic drug activities for the first 5 fiscal years after fiscal year 2027, and for the reauthorization of this subpart for such fiscal years, the Secretary shall consult with— (A) the Committee on Energy and Commerce of the House of Representatives; (B) the Committee on Health, Education, Labor, and Pensions of the Senate; (C) scientific and academic experts; (D) health care professionals; (E) representatives of patient and consumer advocacy groups; and (F) the generic drug industry.

(2) **Prior public input** - Prior to beginning negotiations with the generic drug industry on the reauthorization of this subpart, the Secretary shall—

(A) publish a notice in the Federal Register requesting public input on the reauthorization; (B) hold a public meeting at which the public may present its views on the reauthorization, including specific suggestions for changes to the goals referred to in subsection (a); (C) provide a period of 30 days after the public meeting to obtain written comments from the public suggesting changes to this subpart; and (D) publish the comments on the Food and Drug Administration's Internet Web site.

(3) **Periodic consultation** - Not less frequently than once every month during negotiations with the generic drug industry, the Secretary shall hold discussions with representatives of patient and consumer advocacy groups to continue discussions of their views on the reauthorization and their suggestions for changes to this subpart as expressed under paragraph (2).

(4) **Updates to Congress** - The Secretary, in consultation with regulated industry, shall provide regular updates on negotiations on the reauthorization of this part to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives.

(5) **Public review of recommendations** - After negotiations with the generic drug industry, the Secretary shall— (A) present the recommendations developed under paragraph (1) to the congressional committees specified in such paragraph; (B) publish such recommendations in the Federal Register; (C) provide for a period of 30 days for the public to provide written comments on such recommendations; (D) hold a meeting at which the public may present its views on such recommendations; and (E) after consideration of such public views and comments, revise such recommendations as necessary.

(6) **Transmittal of recommendations** - Not later than January 15, 2027, the Secretary shall transmit to the Congress the revised recommendations under paragraph (4), a summary of the views and comments received under such paragraph, and any changes made to the recommendations in response to such views and comments.

(7) **Minutes of negotiation meetings** –

(A) **Public availability** - The Secretary shall make publicly available, on the Internet Web site of the Food and Drug Administration, minutes of all negotiation meetings conducted under this subsection between the Food and Drug Administration and the generic drug industry, not later than 30 days after each such negotiation meeting.

(B) **Content** - The minutes described under subparagraph (A) shall summarize, in sufficient detail, any substantive proposal made by any party to the negotiations as well as significant controversies or differences of opinion during the negotiations and their resolution.

Today's meeting begins the stakeholder consultation process.

Initial Public Meeting & Public Comment

Today – Public comment period closes August 11, 2025

(2) Prior public input *- Prior to beginning negotiations with the generic drug industry on the reauthorization of this subpart, the Secretary shall—*

(A) publish a notice in the Federal Register requesting public input on the reauthorization; (B) hold a public meeting at which the public may present its views on the reauthorization, including specific suggestions for changes to the goals referred to in subsection (a); (C) provide a period of 30 days after the public meeting to obtain written comments from the public suggesting changes to this subpart; and (D) publish the comments on the Food and Drug Administration's Internet Web site.

Public Stakeholder Meetings

Monthly during negotiations – Sign up by September 4, 2025

(3) Periodic consultation *- Not less frequently than once every month during negotiations with the generic drug industry, the Secretary shall hold discussions with representatives of patient and consumer advocacy groups to continue discussions of their views on the reauthorization and their suggestions for changes to this subpart as expressed under paragraph (2).*

Public Minutes from FDA-Industry Negotiation Meetings

Posted within 30 days of each meeting

(A) Public availability - The Secretary shall make publicly available, on the Internet Web site of the Food and Drug Administration, minutes of all negotiation meetings conducted under this subsection between the Food and Drug Administration and the generic drug industry, not later than 30 days after each such negotiation meeting.

GDUFA III Overview

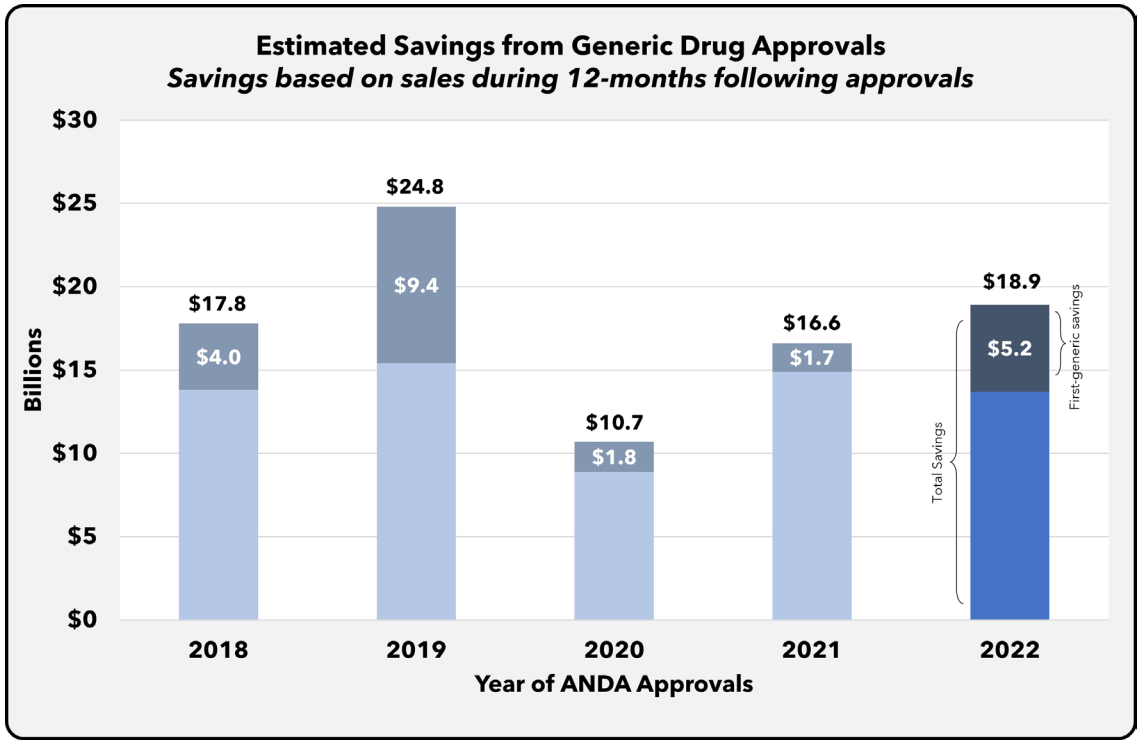

We care about enhancing access to generic drugs
WE ARE THE GENERIC DRUG PROGRAM

Improving access

Access to affordable medicines remains a significant public health priority.

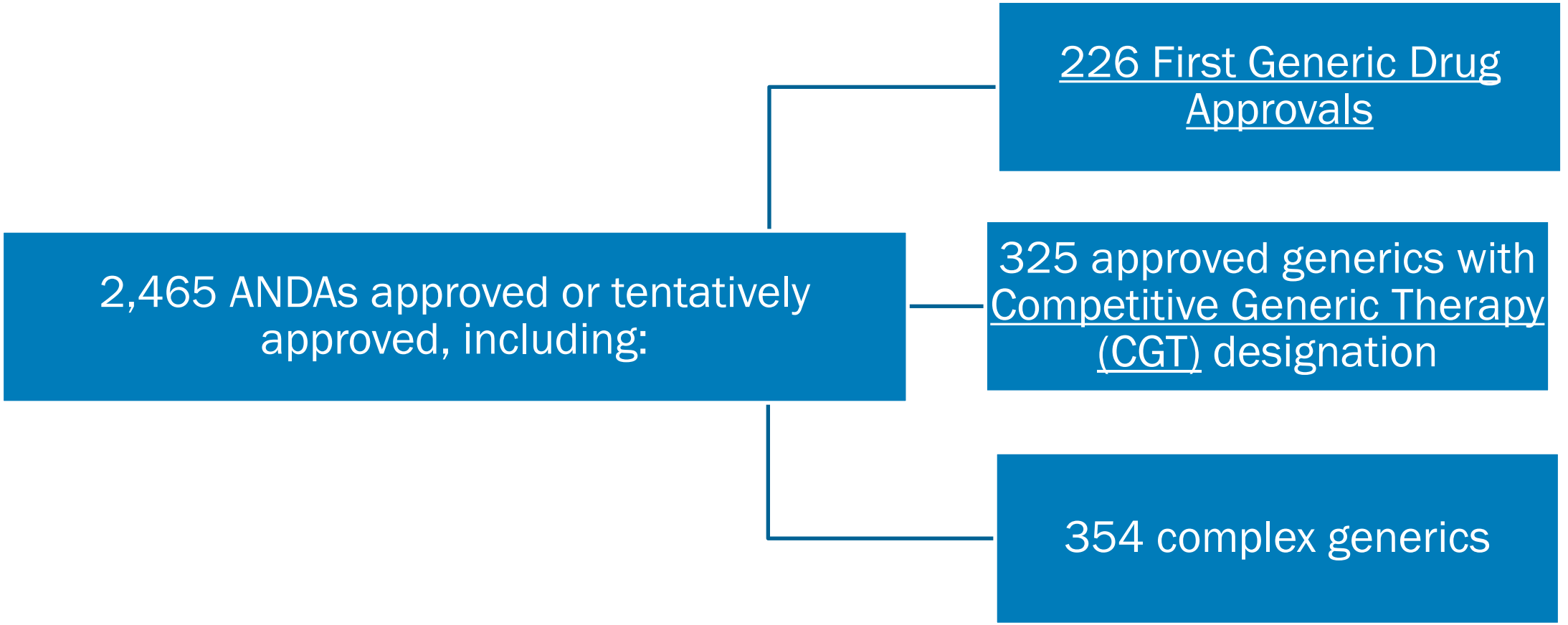
The agency regularly conducts economic analyses to measure the impact additional approved generic equivalents can have on consumer generic drug prices.

These studies continually demonstrate that greater competition from generic drugs can improve affordability.



[Estimating Cost Savings from New Generic Drug Approvals in 2022]

GDUFA III: Generic Approvals (as of May 31, 2025)



Highlighted Recent First Generics

Generic Name	Brand Name	Indication	Approval Date
Sitagliptin and Metformin Hydrochloride Extended-Release Tablets	Janumet XR	Type 2 Diabetes Mellitus	June 2025
Rivaroxaban Tablets	Xarelto	Anticoagulant	March 2025
Liraglutide Injection	Victoza	Type 2 Diabetes Mellitus	December 2024
Bupivacaine Liposome Injectable Suspension	Exparel	Postsurgical local analgesia; regional analgesia	July 2024
Palbociclib Tablets	Ibrance	Breast cancer	June 2024
Emtricitabine and Tenofovir Alafenamide Tablets	Descovy	HIV-1 infection	May 2024

GDUFA III: Additional Metrics (as of May 31, 2025)

- 5,964 discipline review letters
- 11,265 information requests
- 1,216 drug master file (DMF) completeness assessments
- 9,679 controlled correspondence received
- 276 pre-ANDA program meetings
- 4,629 PAS/24,736 “changes being effected” (CBE) supplements submitted
- 3,771 complete response letters
- > 28,000 communications with applicants

GDUFA III: Additional Metrics (cont.)

- 30 draft and final guidances* with topics including:
  - Meetings, information requests and discipline review letters, requests for reconsideration, requests for final approval, controlled correspondence, amendments and more
  - Scientific topics including in vitro bioequivalence approaches for topical drug products, active ingredient sameness, and data integrity
- > 20 MAPPs, with topics including ANDA communications with industry, assessment activities, pre-ANDA process, and suitability petitions

*Does not include Product Specific Guidances

Highlighted 2024 Draft Guidance: Data Integrity for In Vivo Bioavailability and Bioequivalence Studies

- Provides recommendations to applicants and testing site management on achieving and maintaining data integrity for the clinical and bioanalytical portions of bioavailability (BA) and bioequivalence (BE) studies.
- Data integrity concerns can impact application acceptance for filing, assessment, regulatory actions, and approval, as well as post-approval actions, such as therapeutic equivalence ratings.
- We issued this guidance as part of our Drug Competition Action Plan, which seeks to improve the efficiency of the generic drug development, review, and approval process.
    - An efficient generic drug review process helps to expand access to safe, high-quality, effective generic medicines.

GDUFA III: Additional Metrics (cont.)

900+ product-specific guidances (PSGs), which provide recommendations on developing individual generic drug products

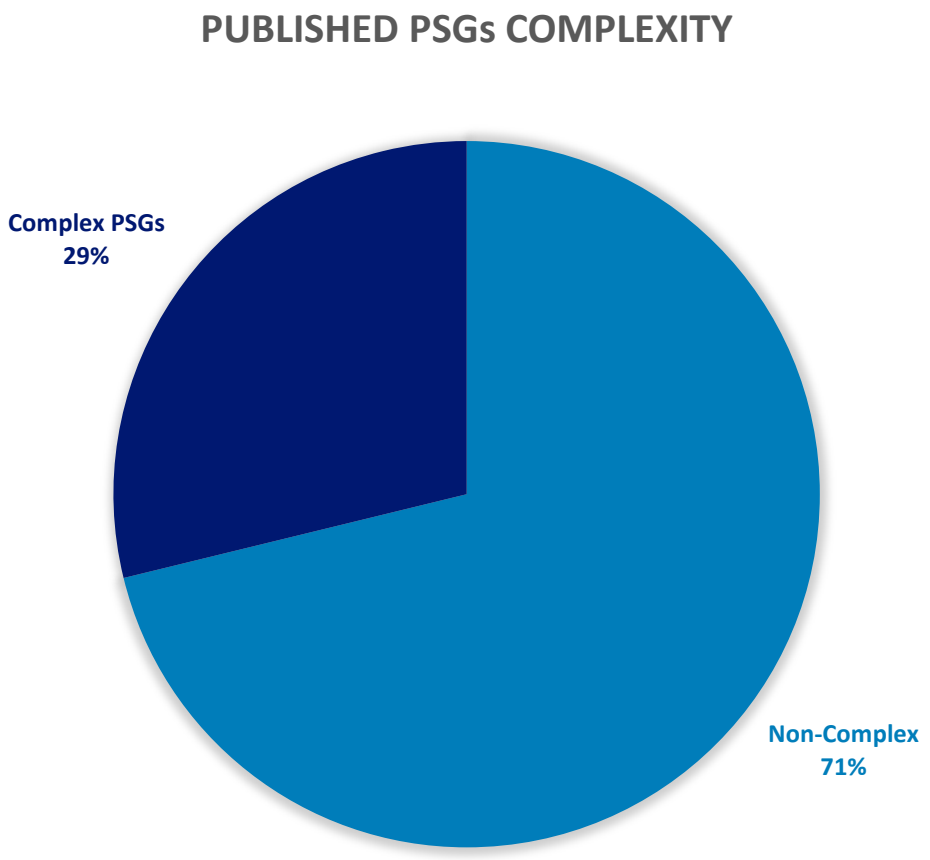
Draft Guidance on Budesonide; Formoterol fumarate

May 2025

This draft guidance, when finalized, will represent the current thinking of the Food and Drug Administration (FDA, or the Agency) on this topic. It does not establish any rights for any person and is not binding on FDA or the public. You can use an alternative approach if it satisfies the requirements of the applicable statutes and regulations. To discuss an alternative approach, contact the Office of Generic Drugs.

In general, FDA's guidance documents do not establish legally enforceable responsibilities. Instead, guidances describe the Agency's current thinking on a topic and should be viewed only as recommendations, unless specific regulatory or statutory requirements are cited. The use of the word *should* in Agency guidances means that something is suggested or recommended, but not required.

Active Ingredients:	Budesonide; Formoterol fumarate
Dosage Form:	Aerosol, metered
Route:	Inhalation
Strength:	0.16 mg/inh; 0.0048 mg/inh
Recommended Studies:	Two options: (1) seven in vitro bioequivalence studies, one comparative characterization study, and two in vivo bioequivalence studies with pharmacokinetic endpoints, or (2) five in vitro bioequivalence studies, one comparative characterization study, one in vivo bioequivalence study with pharmacokinetic endpoints, and one comparative clinical endpoint bioequivalence study



GDUFA III: Additional Metrics (cont.)

Significant number of informational activities directly supported generic drug access

- 12 research and science-related public meetings
- > 25 FDA Small Business & Industry Assistance events, webinars, and podcasts on GDUFA III guidances, scientific topics, CGTs, more
- Extensive individual participation in external regulatory and scientific meetings; scientific publications
- Program commitment to global landscape, including significant investment in International Council for Harmonisation (ICH) activities

Science Drives Access

GDUFA Science and Research

Advances research areas where generics are limited due to scientific knowledge gaps

Helps ensure current insights and modern tools support FDA standards and decisions

Facilitates access to generic drugs

FY 2025 Generic Drug Science and Research Priorities

- Develop methods for generics to address impurities, such as nitrosamines
- Enhance the efficiency of bioequivalence approaches for
  - complex active ingredients
  - complex dosage forms and formulations
  - complex routes of delivery
  - complex drug-device combination products
  - oral and parenteral generic products
- Facilitate the utility of model-integrated evidence to support demonstrations of bioequivalence
- Expand the use of artificial intelligence and machine learning tools

Collaboration with International Regulators

Generic Drug Cluster

- FDA's research and collaboration with other international regulatory authorities helps improve the efficiency of generic drug development by creating uniform, scientifically driven international standards.

- In 2024, the Generic Drug Cluster facilitated important exchanges on several issues critical to generic drug regulation, including bioequivalence recommendations to industry, bioequivalence (BE) approaches across different jurisdictions, and in-vitro release testing and in-vivo pharmacokinetic (PK) evaluations.

Highlighted 2024 Guidance: M13A Bioequivalence for Immediate-Release Solid Oral Dosage Forms

- First ICH-endorsed “harmonized” guidance for generic drugs
- Represents the harmonization efforts of 22 global organizations
- Describes scientific and technical aspects of study design and data analysis to support bioequivalence (BE) assessment for immediate-release solid oral dosage forms.
- FDA revised 800+ PSGs to align
    - Recommend BE studies under fasting **or** fed conditions rather than **both**.

The adoption and implementation of M13A will:

- result in harmonization of current regional guidelines/guidances
- reduce the need for additional in vivo BE studies
- support streamlined global drug development

Looking Ahead and Further Enhancing Access

Improved Submissions

GDUFA Enhancements

Innovative Efforts

Rob Lionberger

Center for Drug Evaluation and Research, FDA

Director, Office of Research and Standards, Office of Generic Drugs

Overview of the GDUFA Science and Research Program

Science and Research for Generic Drugs

- New drug programs typically conduct traditional clinical trials to establish safety and effectiveness
- Generics rely on these findings, but the focus is on pharmaceutical science and clinical pharmacology to identify what needs to be the same
- We do not have to repeat clinical trials to provide access to competition

Complex Generics

- The GDUFA commitment letter defines complex generics
  - Locally acting products, complex active ingredients, complex drug-device combinations, complex injectable formulations
- These products are much less likely to have generic competition
- GDUFA provides science and regulatory commitments for these products
  - GDUFA regulatory science, Product Specific Guidance, pre-ANDA scientific meetings
- This reflects a significant transformation of the industry

ANDA Submissions in 2004 Versus 2024

- 70% Oral Dosage Forms
- 20% Topical and Injectable Solutions
- 7% Topical Semi-solids
- 3% Other Complex Generics

- 50% Oral Dosage Forms (Commoditization)
- 31% Topical and Injectable Solutions (Growth)
- 6% Topical Semi-solids (Stable)
- 13% Other Complex Generics (Four-fold increase!)

Complex Generics are a new pillar of the industry and the area where the highest fraction of products lack generic competition!

10 Years
10 Impacts on Complex Generics

- Generic DPI
- Q3 BE for Topicals
- PLG-based Generic LAI
- Generics of Recombinant Peptides
- PBPK Models for Locally Acting Products
- CFD models for Lung and Nasal Deposition
- User Interface Evaluation for Combination Products
- Complex Product Database
- 800 Pre-ANDA Meeting Requests since GDUFA II
- 300 Product Specific Guidance with Efficient Methods

GDUFA Science has been essential to establishing Complex Generics

Product Specific Guidance

- Product Specific Guidance (PSG) are critical to an efficient generic program for all products
- For non-complex products, the GDUFA PSG commitments lead to high first-cycle adequate rates for bioequivalence reviews
- For complex products, the PSG provide transparent communication about new scientific advances that reduce the regulatory burden
    - 300 PSG with more efficient BE approaches under GDUFA

Pre-ANDA Meetings

- Complex generics raise many scientific and regulatory challenges
- Even when there is a product specific guidance, implementation of novel methods is challenging
- Direct communication with FDA is essential at many points in development for a product submission to be successful
- 800 pre-ANDA meeting requests since the start of GDUFA II create great value for industry and a baseline for improvement and expansion of interactions

Future Value of Research

- There will be no generic products that are not economically viable
  - Efficient regulatory systems lead to investment
    - Clarity on what studies are needed
    - Identifying the most efficient set of studies
    - PSG and pre-ANDA meetings
    - The predictability of the ANDA review process
  - Research has enabled a constant effort to reduce the regulatory burden by developing more efficient BE approaches

M13 Implementation Example

- The need for fed BE studies was discussed at the 2019 regulatory science priority meeting
  - FDA prioritized this, did research, used data from industry, and implemented a risk-based approach for fed BE studies globally via ICH M13A in 2024
  - Over 800 product specific guidance modified to recommend fewer BE studies
  - FDA estimates that this will result in 200 fewer fed BE studies each year
    - $100 Million in lower development costs each year

Access to Competition for GLP-1 Peptides Example

- Most GLP-1 Peptide brand products use active ingredients produced via recombinant technology and are provided in drug-device combination products such as pen-injectors or auto-injectors
  - Generic product development must consider peptide immunogenicity and the user-interface of the device constituent part
- Previous regulatory science has enabled submission of ANDAs using synthetic active ingredient production
  - FDA has not provided any guidance on the use of recombinant technology in ANDAs
- Immunogenicity assessment and user-interface comparisons are current challenges being addressed by GDUFA research projects
  - First FDA human factors study completed

Future Value of Research: Complex Generics

Ten Examples of Complex Products without Generic Competition

TRELEGY ELLIPTA	FLUTICASONE FUROATE;UMECLIDINIUM BROMIDE;VILANTEROL TRIFENATATE	POWDER	INHALATION
WEGOVY	SEMAGLUTIDE	SOLUTION	SUBCUTANEOUS
BREZTRI AEROSPHERE	BUDESONIDE;FORMOTEROL FUMARATE;GLYCOPYRROLATE	AEROSOL, METERED	INHALATION
BREO ELLIPTA	FLUTICASONE FUROATE;VILANTEROL TRIFENATATE	POWDER	INHALATION
ANORO ELLIPTA	UMECLIDINIUM BROMIDE;VILANTEROL TRIFENATATE	POWDER	INHALATION
VENTOLIN HFA	ALBUTEROL SULFATE	AEROSOL, METERED	INHALATION
SAXENDA	LIRAGLUTIDE	SOLUTION	SUBCUTANEOUS
RYBELSUS	SEMAGLUTIDE	TABLET	ORAL
COMBIVENT RESPIMAT	ALBUTEROL SULFATE;IPRATROPIUM BROMIDE	SPRAY, METERED	INHALATION
MIRENA	LEVONORGESTREL	SYSTEM	INTRAUTERINE

- Complex Products without approved generics
  - Over 300 currently marketed complex products without generics
  - Over $60 Billion/year in sales
- All these products have complex scientific issues
  - More products are combination products
- Total investment in GDUFA regulatory science
  - $25 Million/year

Summary

- GDUFA regulatory science provides the scientific foundation for generic competition for complex product and efficient review and development of non-complex products
- GDUFA commitments for Product Specific Guidance development and pre-ANDA meetings rely on GDUFA regulatory science for content

Michael Kopcha

Center for Drug Evaluation and Research, FDA

Director, Office of Pharmaceutical Quality (OPQ)

GDUFA & Pharmaceutical Quality: Enabling Continual Improvement


Everyone deserves confidence
in their *next* dose of medicine.
Pharmaceutical quality
assures the
availability,
safety,
and efficacy
of *every* dose.

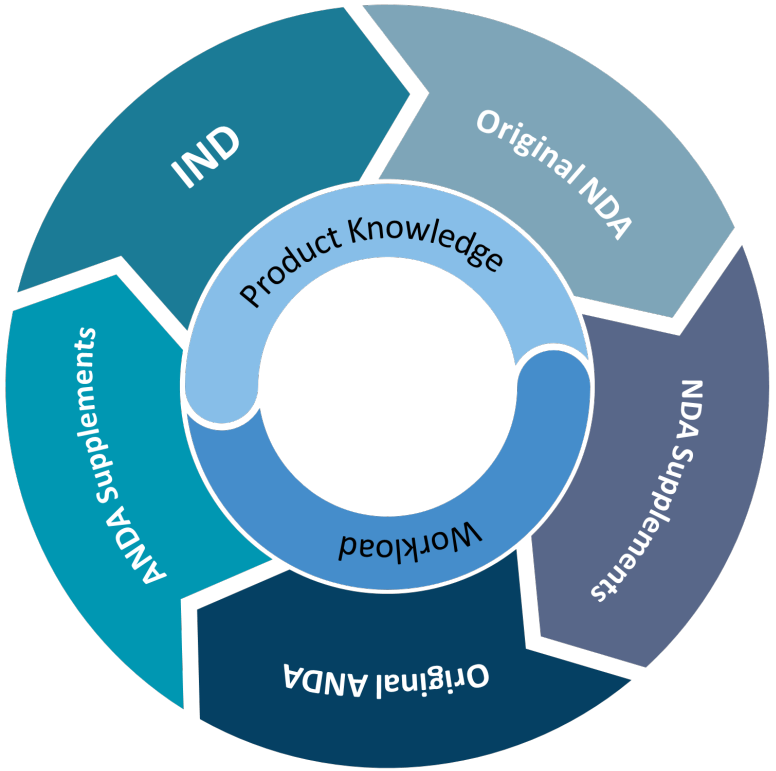
Continual Improvement in Quality Assessment

Enhanced OPQ Operations

Increasing Agility: Cross-training assessors

- Comprehensive training for staff across all levels
- Completed pre- and post-marketing submissions training

Increasing Efficiency: Harmonizing and streamlining processes to reduce redundancies and administrative burdens



International Harmonization

ICH M4Q revision to better establish the location/organization of quality info in drug applications

- Reached Step 1 in Spring ‘25

ICH Q12 harmonizes management of post-approval changes

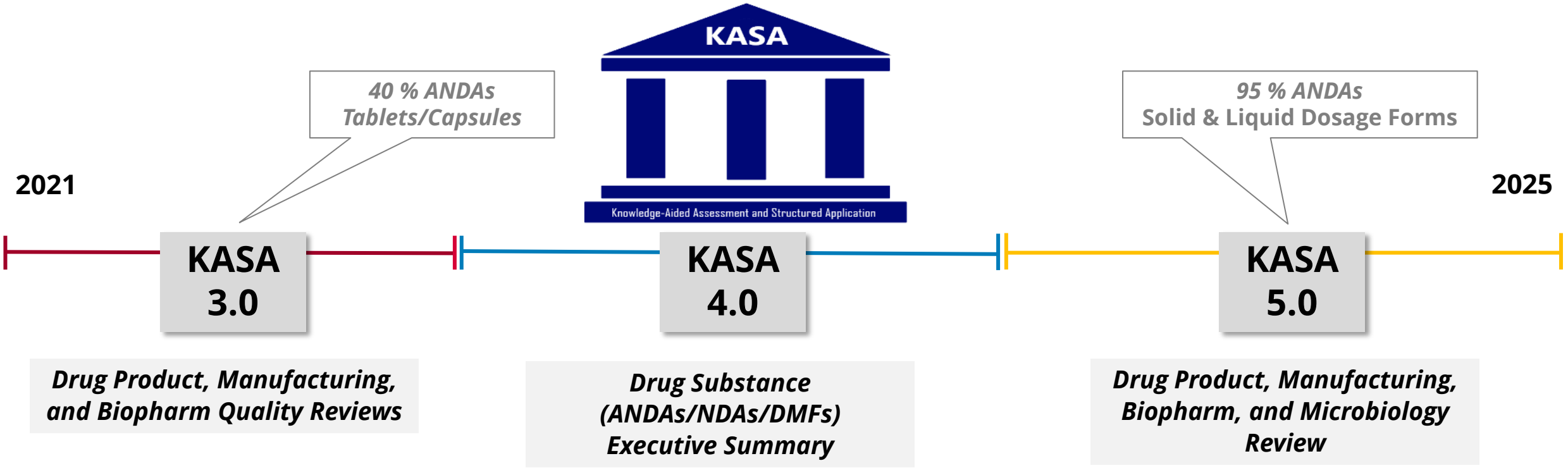
- Training video and MAPP published 2024

Knowledge-aided Assessment and Structured Application (KASA)

Data-based platform for structured quality assessments and applications that supports knowledge management

- Captures and manages info about inherent risk and control approaches
- Pre-defined risk algorithms and data integration
- Addresses product design, manufacturing, and facilities in a structured way
- Performs computer-aided analyses
- Provides framework for a structured quality assessment

KASA Progress



Integrated Quality Assessment

Continuing workload management & monitoring

- **Assessment workload dashboard** for visibility of assessment workload for all OPQ disciplines
- **Assignment algorithm** assignments based on discipline workload capacity
- **Aligned team membership** for large and small molecules with respective roles & responsibilities

New Tools Enable Regulatory Innovation

Quality Management Maturity (QMM) Program

Launched voluntary QMM Protocol Evaluation Program in 2024

- Solicited volunteers
- Conducted orientation for participating establishments
- Performed nine assessments
- Issued 9 QMM reports

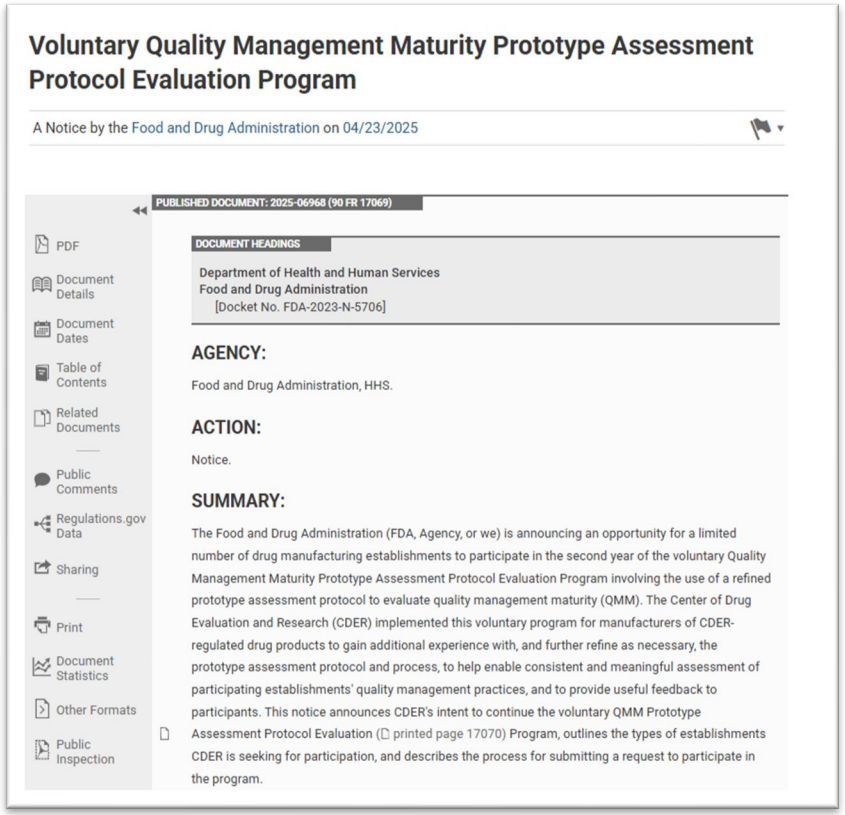
QMM: Looking Ahead

Publishing Lessons Learned

- Refinements to 2024 protocol
- Anonymized scores for all 9 establishments

Launched year two of the program

- Published solicitation for volunteers in April 2025
- Plan to assess an additional 9 establishments



Voluntary Quality Management Maturity Prototype Assessment Protocol Evaluation Program

A Notice by the Food and Drug Administration on 04/23/2025

PUBLISHED DOCUMENT: 2025-06968 (90 FR 17069)

PDF
Document Details
Document Dates
Table of Contents
Related Documents
Public Comments
Regulations.gov Data
Sharing
Print
Document Statistics
Other Formats
Public Inspection

DOCUMENT HEADINGS

Department of Health and Human Services
Food and Drug Administration
[Docket No. FDA-2023-N-5706]

AGENCY:

Food and Drug Administration, HHS.

ACTION:

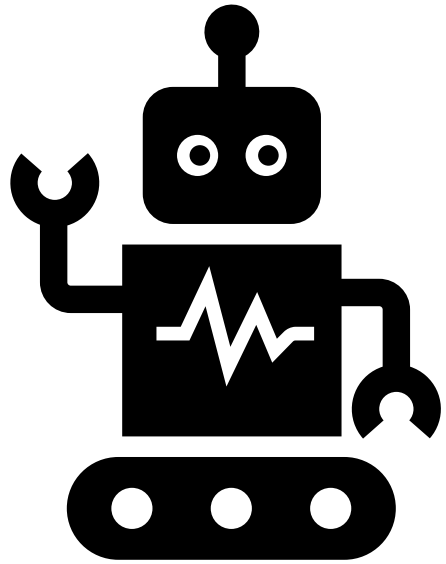
Notice.

SUMMARY:

The Food and Drug Administration (FDA, Agency, or we) is announcing an opportunity for a limited number of drug manufacturing establishments to participate in the second year of the voluntary Quality Management Maturity Prototype Assessment Protocol Evaluation Program involving the use of a refined prototype assessment protocol to evaluate quality management maturity (QMM). The Center of Drug Evaluation and Research (CDER) implemented this voluntary program for manufacturers of CDER-regulated drug products to gain additional experience with, and further refine as necessary, the prototype assessment protocol and process, to help enable consistent and meaningful assessment of participating establishments' quality management practices, and to provide useful feedback to participants. This notice announces CDER's intent to continue the voluntary QMM Prototype Assessment Protocol Evaluation (printed page 17070) Program, outlines the types of establishments CDER is seeking for participation, and describes the process for submitting a request to participate in the program.

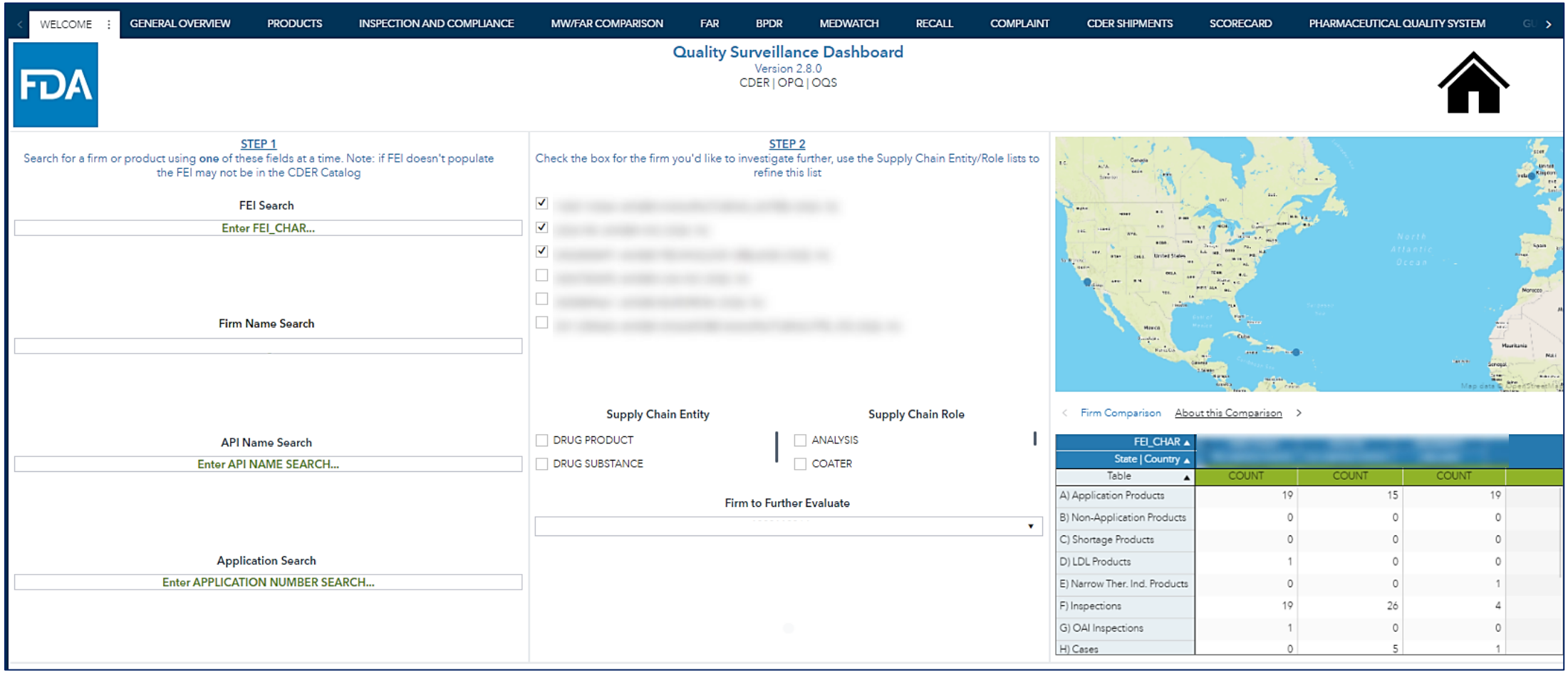
Analytics Driven Supplement Evaluation (ASE)

- **AI supports triage and staff assignment for review of post-market Change Being Effected (CBE) supplements**
  - A Convolutional Neural Network helps staff triage CBE submission review
  - Summarizes submitted info to support reviewer decisions for CBE 30/0 supplements



Quality Surveillance Dashboard (QSD)

A dynamic and interactive, facility-based dashboard for consistent assessment of facilities and quality signals



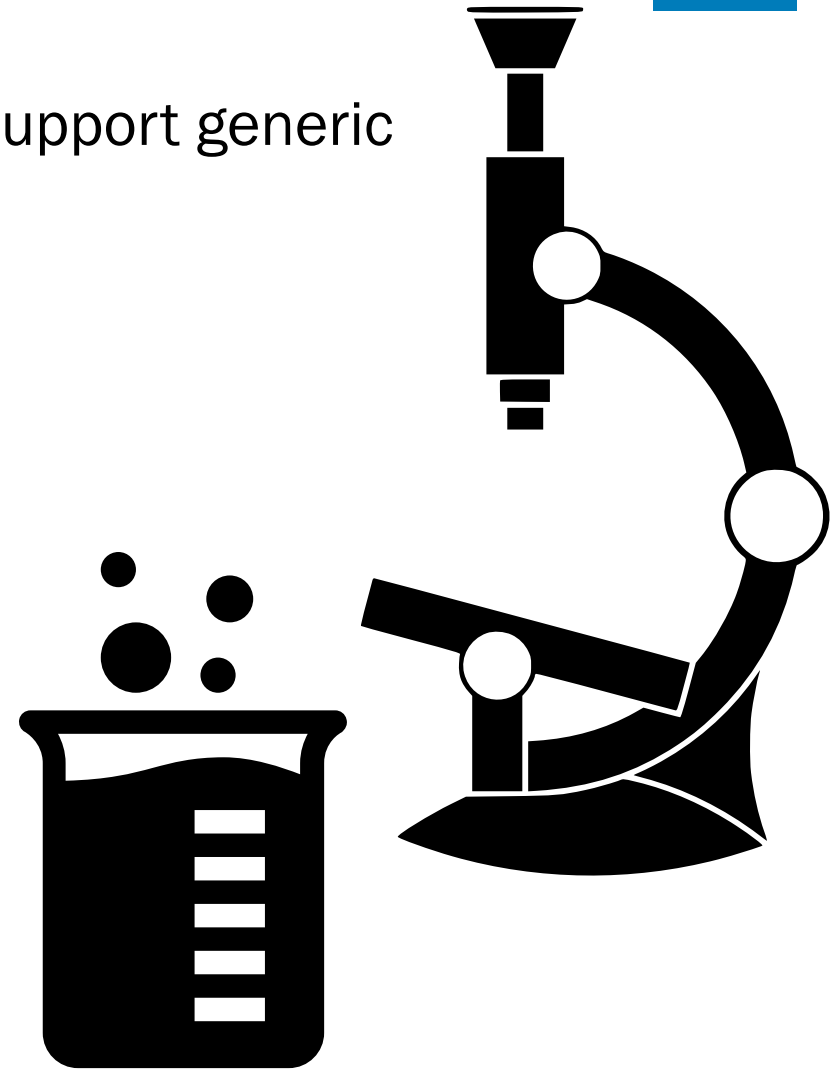
FDA Research Enables Generic Drug Approvals

Generic Drug Research in GDUFA III

OPQ collaborated with OGD on **>70 research projects** to support generic product development and ANDAs assessments

Research highlights:

- **N-nitrosamine impurities**
- **Immunogenicity** for synthetic peptide drugs
- **In-Vitro BE approach** for complex dosage forms
- **Quality and BE consideration** for inhalation and topical products
- Development of **product specific guidances**



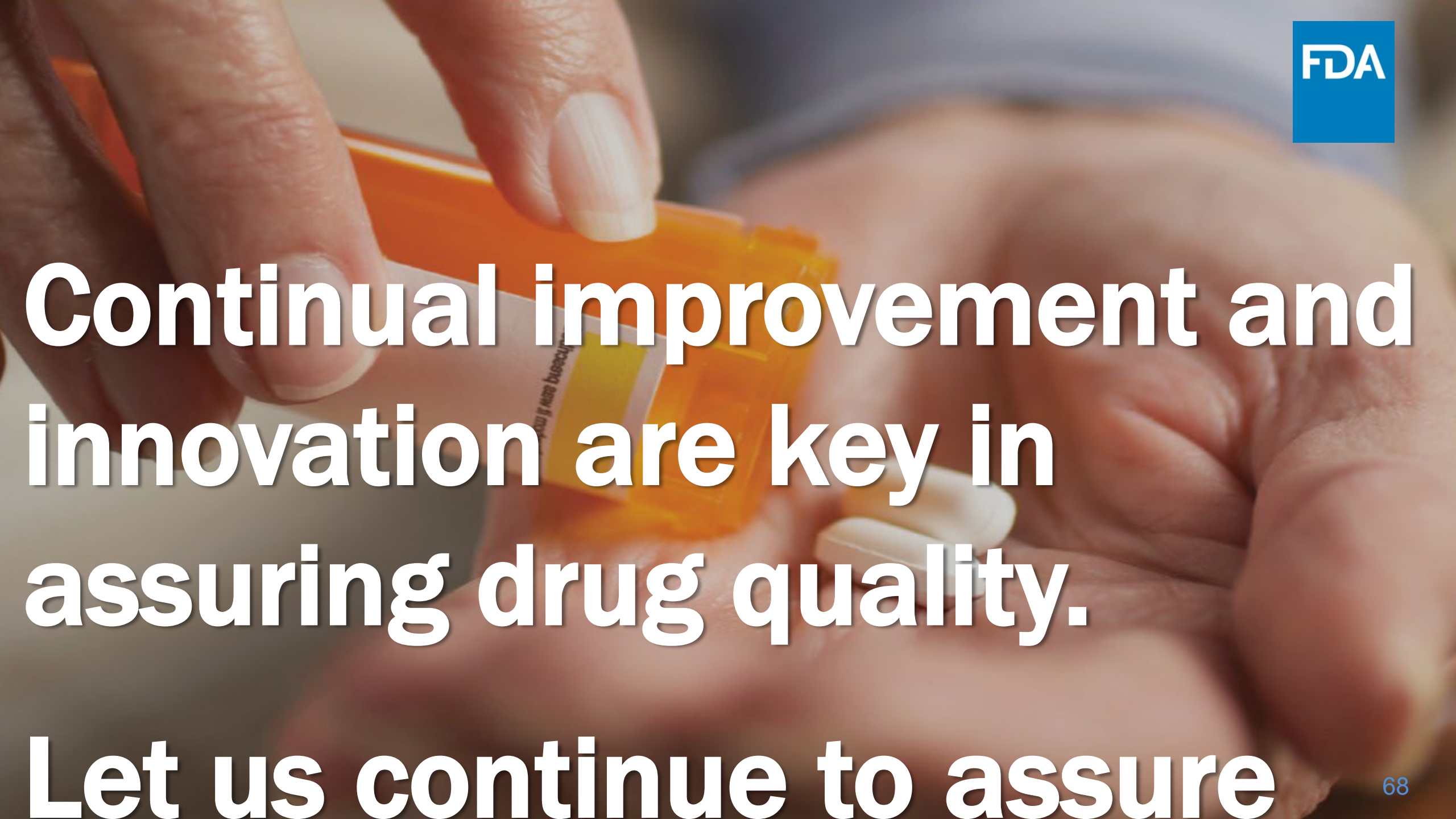
Research-Enabled Generic Drug Approvals

GDUFA-funded research enhanced scientific knowledge and tools for complex generics

Internal and external research **collaborations** help **increase access to important medications** for patients

Generic name	Brand name	Approval date	Indication
Naltrexone for Extended-Release Injectable Suspension	Vivitrol	July 2023	Alcohol dependence Relapse to opioid dependence
Teriparatide Injection	Forteo	November 2023	Osteoporosis

Conclusion



Continual improvement and innovation are key in assuring drug quality.

Let us continue to assure

Ivy Sweeney

Office of Inspections and Investigations, FDA

Acting Director, Office of Human and Animal Drug Inspectorate

The FDA Drug Inspectorate

History of Pre-Announced and Unannounced Inspections

- FDA conducts approximately 12,000 domestic inspections each year.
- FDA conducts approximately 3,000 foreign inspections each year in more than 90 countries.
- The Agency's primary purpose for pre-announcing certain types of inspections, is to ensure that the appropriate records and personnel will be available so that an effective inspection can be executed.
- Foreign inspections have been generally pre-announced in advance, partly due to:
  - logistics such as arranging travel and access to facilities
  - securing visas
  - personnel safety
  - coordination of translators in countries where English is not the primary language
  - and partly because of the high costs of conducting foreign inspections
- A Form FDA 482, Notice of Inspection, is not issued during inspections outside the country, unless the firm is a U.S. military facility.

Foreign Unannounced Inspection Pilot

- FDA began implementation of the Foreign Unannounced Inspection Pilot (FUIP) in March 2022.
- Unannounced inspections (under the Pilot) have occurred in:
  - India
  - China
- Human drug manufacturing facilities.

Foreign Unannounced Inspection Pilot

- Published December 2022 - UNANNOUNCED FOREIGN FACILITY INSPECTIONS PILOT PROGRAM (Foreign Unannounced Inspection Pilot - FUIP)
- Charge: Increase the conduct of unannounced surveillance inspections of foreign human drug establishments and evaluate the differences between domestic and foreign human drug establishments, including the impact of announcing inspections in advance of an inspection.
- Evaluate:
  - the number and type of violations identified as a result of unannounced and announced inspections of foreign human drug establishments and any other significant differences between each type of inspection.
  - costs and benefits associated with conducting announced and unannounced inspections of foreign human drug establishment
  - barriers to conducting unannounced inspections of foreign human drug establishments and any challenges to achieving parity between domestic and foreign human drug establishment inspections
  - approaches for mitigating any negative effects of conducting announced inspections of foreign human drug establishments.

Foreign Unannounced Inspection Pilot

- Status
  - In Progress
    - ~56% Complete
- Challenges
  - Staffing
  - Logistics
  - Cost
- Pilot Evaluation
  - In Progress

Expansion of FDA Unannounced Inspections

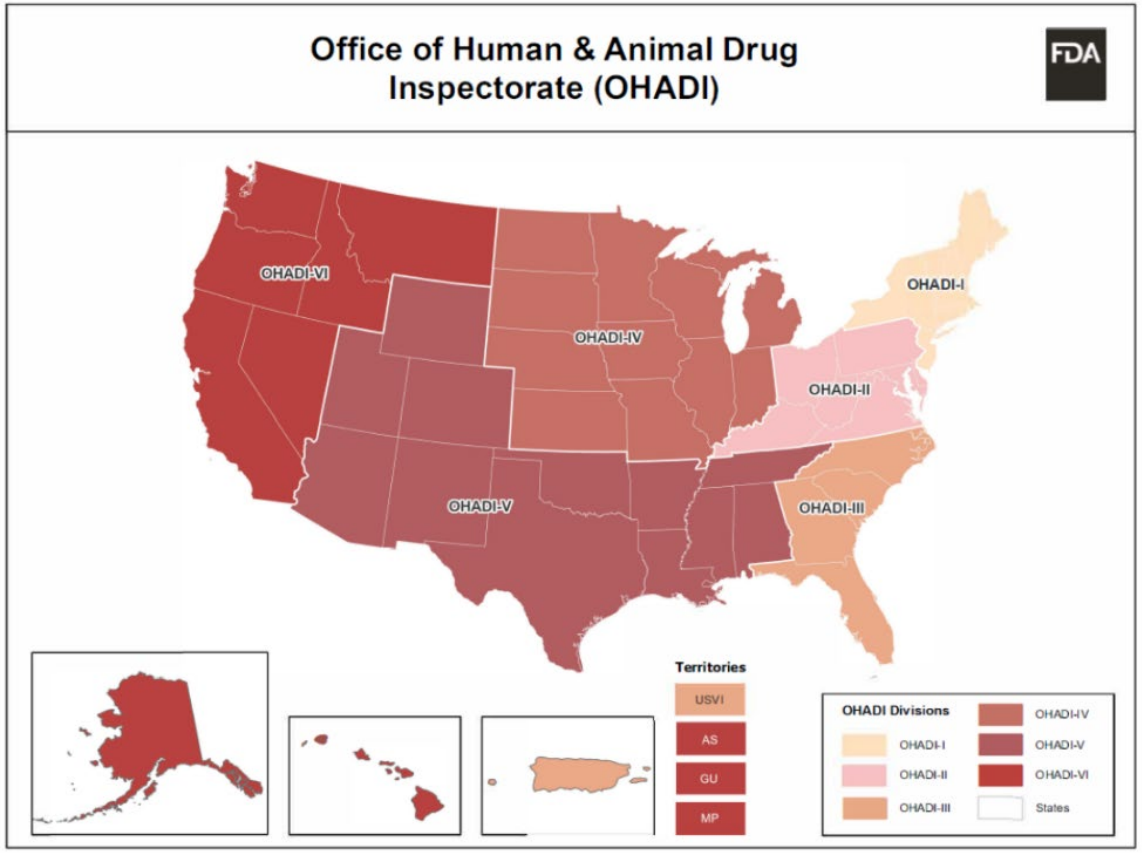
- Over the last five years, FDA has been increasing the number of unannounced foreign human drug inspections.
- FDA issued a News Release on 05/06/2025 (FDA Announces Expanded Use of Unannounced Inspections at Foreign Manufacturing Facilities | FDA)
  - FDA intends to expand the use of unannounced inspections at foreign manufacturing facilities that produce foods, essential medicines, and other medical products intended for American consumers and patients.
  - Expansion aims to create parity between domestic and foreign inspections and ensure that product entering the US is safe.
  - FDA is authorized to take regulatory action against any firm that seeks to delay, deny, or limit an inspection, or refuses to permit entry for an unannounced drug or device inspection.
  - Global inspections generate real-time intelligence that strengthens enforcement and safety.

Generic Drug User Fee Amendments (GDUFA)

- GDUFA authorizes FDA to collect fees for certain generic human drug applications, drug master files, and facilities.
- The FDA GDUFA Paid Facilities List, as of 03/07/2025, includes approximately the following number of facilities:
  - ~1,444 facilities = 2025
  - ~1,438 facilities = 2024
  - ~1,401 facilities = 2023
  - ~1,389 facilities = 2022
  - ~1,345 facilities = 2021
- These fees along with non-user fee appropriations, fund personnel involved in generic drug regulations, including those inspecting generic drug facilities.

Office of Human & Animal Drug Inspectorate (OHADI)

- On October 1, 2024, there was an FDA Reorganization.
  - Office of Regulatory Affairs to Office of Inspections and Investigations
- 210 total Investigators in OHADI
  - 86 Investigators funded by GDUFA user fees
  - 16 Investigators on the Foreign Drug Cadre
- Foreign Office Workforce
  - China and India



*as of June 26, 2025

Office of Human & Animal Drug Inspectorate (OHADI)

- Workforce Capacity
  - Training
  - Recruitment and Retention
- Focusing on Inspections
- Continue to use our authority to request records in ‘advance of’ or ‘in lieu’ of inspections as needed

U.S. FOOD & DRUG ADMINISTRATION

Industry Comments

Giuseppe Randazzo

Senior Vice President of Sciences and Regulatory Affairs

Association for Accessible Medicines

Joel Carpenter

Executive Director

Bulk Pharmaceuticals Task Force

Public Comment

Public Comment

Diana Zuckerman
President
National Center for Health Research

NATIONAL CENTER FOR HEALTH RESEARCH
The Voice For Prevention, Treatment And Policy

GDUFA: More Efficacy and Safety Metrics are Needed

July 11, 2025

Diana Zuckerman, PhD, President
National Center for Health Research

Disclosures

The National Center for Health Research is a nonprofit think tank that focuses on the safety and effectiveness of medical and consumer products and does not accept funding from companies that make those products.

Performance Goals Metrics

Too few Safety and Efficacy performance goals:

* Number of inspections conducted by domestic or foreign establishment location and inspection type and facility type

* Median time from beginning of inspection to Form FDA 483 issuance

Safety Metrics (cont'd)

*Median time from Form FDA 483 issuance to Warning Letter, Import Alert and Regulatory Meeting for inspections with final classification of "Official Action Indicated" (or equivalent),

* Median time from date of Warning Letter, Import Alert or Regulatory Meeting to resolution of the "Official Action Indicated" status (or equivalent);

Missing Monitoring Metrics

Last summer, FDA determined that Synapse (a company in India) "faked and forged" data submitted to the FDA, and FDA withdrew the bioequivalency rating of 400 of their drugs, but they are still on the market. Neither patients nor pharmacists have access to the names of those drugs.

Valisure has also conducted research showing a sizable number of generic drugs are substandard.

GDUFA should include metrics showing that these problems are being addressed and generic drugs truly are safe and equivalent to brand name drugs. That's the promise.

Missing Monitoring Metrics

- Pharmaceutically equivalent
- Capable of making the drug correctly
- Capable of making the drug consistently
- The active ingredient is the same as the name brand and the same amount gets in the body
- Inactive ingredients are safe
- Drug does not break down over time

NATIONAL CENTER FOR HEALTH RESEARCH

The Voice For Prevention, Treatment And Policy

Diana Zuckerman, PhD, President
National Center for Health Research

www.center4research.org

Public Comment

Andrew Zacher
Senior Director, Regulatory & Public Policy
Amneal Pharmaceuticals

Public Comment

Nimi Chhina
Vice President, Global Regulatory Affairs Operations, Policy & Intelligence
Teva Pharmaceuticals

Public Comment

Basil Considine
Medical Student
George Washington University / Sinai Hospital of Baltimore

Basil Considine, PhD

Before

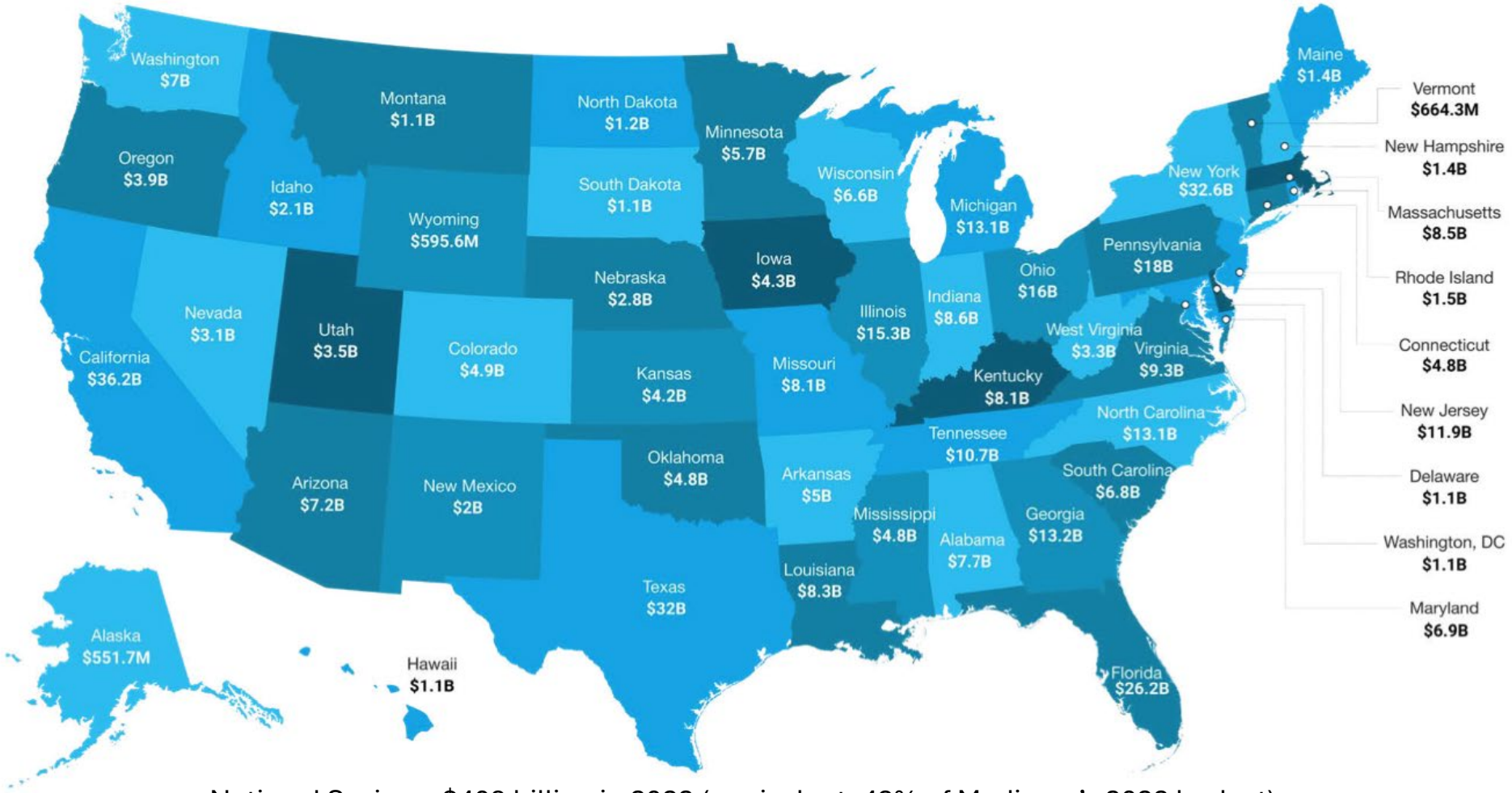
- *13 years as Nursing Leader / Nurse Educator*
- *Lived + Worked in 11 U.S. states*

Current

Medical Student, The George Washington University
SMHS Regional Medical Campus in
Baltimore @ Sinai Hospital

Faculty, Abilene Christian University

2022 Generic and Biosimilar Savings by State



National Savings: $408 billion in 2022 (equivalent: 43% of Medicare's 2022 budget).

Association for Accessible Medicines.
The U.S. Generic & Biosimilar Medicines Savings Report: September 2023

Why I Support GDUFA Reauthorization:
Henry's Story

Income: Social Security only (no pension/401k)

Most SSI goes to rent, food, health insurance, and out-of-pocket health spending.

Spent his savings on his late wife's cancer treatment.

Insurance dropped his brand name anti-seizure medication.

Public Comment

U.S. FOOD & DRUG ADMINISTRATION

THANK YOU