Prescription Drug User Fee Act (PDUFA) Reauthorization

FDA and Industry Premarket Subgroup

December 9, 2025 | 1:00 pm–3:00 pm

Virtual Format

MEETING PURPOSE

To continue discussing the Advancing Real-World Evidence (RWE), Rare Disease, and Facilitate First Cycle Reviews proposals.

PARTICIPANTS

FDA		INDUSTRY	
Mary Thanh Hai	CDER	Mark Taisey	BIO (Amgen)
Nana Adjeiwaa-Manu	CDER	Donna Boyce	PhRMA (Pfizer)
Thamar Bailey	CDER	Annetta Beauregard	BIO
Marie Bradley	CDER	Rob Berlin	BIO (Vertex)
Meghana Chalasani	CDER	Steve Berman	BIO
Irene Chan	CDER	Carl Garner	PhRMA (Eli Lilly)
Emily Ewing	CDER	Kelly Goldberg	PhRMA
Andrew Kish	CDER	Kristy Lupejkis	PhRMA
Mark Levenson	CDER	Alison Maloney	PhRMA (Bayer)
Rajanikanth Madabushi	CDER	Adora Ndu	BIO (Bridge Bio)
Janet Maynard	CDER	Katrin Rupalla	PhRMA (J&J)
Jennifer Mercier	CDER	Drew Sansone	BIO (Alkermes)
Paul Phillips	CDER	Derek Scholes	BIO
Amy Comstock Rick	CDER	Lucy Vereshchagina	PhRMA
Katie Rivers	CBER		
John Scott	CBER		
Issam Zineh	CDER		

MEETING SUMMARY

FDA and Industry discussed FDA's response to Industry's counterproposal for Advancing RWE. FDA and Industry continued discussing FDA's Rare Disease proposal. FDA and Industry discussed FDA's response to Industry's proposal on tracked metrics to facilitate first cycle reviews.

Approach to Advancing RWE Proposal

FDA responded to Industry's counterproposal for Advancing RWE, [1] presenting the position that the Agency recommends that the pilot remain in PDUFA VIII as there has not been adequate experience from the pilot to transfer into standard review practice. FDA expressed concerns that without a dedicated pilot program, the use of RWE in regulatory decision making will decline. FDA also referenced the December 5th PDUFA Public Stakeholder Consultation Meeting, where participants raised concerns regarding the use of RWE. FDA expressed that these concerns reflect the uncertainty around using RWE and highlight the need for a dedicated forum to discuss it.

FDA asked questions about whether Industry would continue to fund the 35 Full Time-Equivalents (FTE)s for PDUFA VIII and expressed that the Agency could use PDUFA resources for training programs given interest in this area. FDA also expressed that there was some tracking required in PDUFA VII and asked whether Industry wanted to continue the annual reporting commitment. Industry presented the position that they agree the Agency can decide on how best to use the FTE resources to advance RWE. Industry also presented the perspective that it is most important that FTEs be retained and focused on advancing the use of RWE for regulatory decision-making.

Industry expressed that while they have not seen the effectiveness of the RWE Pilot Program, they see the value in experienced FTEs. Industry also noted that they have seen two models of how FTEs are distributed for programs: one where FTEs are distributed throughout the review divisions and another where FTEs are retained centrally for sponsor and review teams to access as needed. Industry presented the position that they see value in tracking innovative drug development approaches and want the annual reporting commitment to continue.

Industry asked questions about how many of the FTEs are RWE experts and whether FDA would be willing to document in a checklist that RWE was used in decision making. FDA provided which offices FTEs with RWE experience are distributed across and stated that they would need to get back to Industry on the exact proportion of FTEs by office. FDA also presented the position that the Agency wants to continue striving to document the use of RWE in decision making in the action package and was open to discussing a checklist for such documentation. However, the Agency expressed that documentation of all RWD/RWE submitted would add additional burden to staff near the end of the review process when the team is working to wrap up the final action package.

FDA asked Industry for clarification on how Industry would like FTEs to be distributed. FDA also asked if Industry would be open to FDA making changes to the pilot program based on Industry's concerns, referencing the centralized model Industry described. Industry responded that they are not convinced of the value of the pilot and expressed that making changes to it may not be helpful. Industry also reaffirmed that it is the FDA's decision on how to distribute FTEs but noted

[1] See the December 4th meeting summary for details on Industry's Advancing RWE counterproposal.

that they would like to see RWE expertise in the therapeutic areas as well as a centralized RWE group to ensure consistency. FDA responded with the position that training to develop greater RWE expertise in review divisions is a high priority and a good use of PDUFA resources. FDA and Industry agreed to continue discussing the Advancing RWE proposal in January 2026.

Approach to Rare Disease Proposal

During the December 2nd meeting, FDA and Industry agreed to continue discussing the rare disease proposal, what the Rare Disease Innovation Hub (the Hub) provides, and resources needed. In response, FDA presented additional detail on the Hub at the December 9th meeting, highlighting that the Hub was launched in Fall 2024 to promote rare disease collaboration across FDA and to serve as a centralized point of engagement for the rare disease community, including Industry and rare disease organizations. FDA shared their proposal for PDUFA VIII to enhance the PDUFA VII commitments, which the Agency expressed have been successful.[2]

FDA shared the following enhancements for the Hub in PDUFA VIII: (1) The Hub will serve as a point of collaboration and connectivity between CDER, CBER, and external stakeholders; (2) The Hub will be a central point of contact for rare disease stakeholders and obtain external feedback through up to three Rare Disease Feedback Meetings to inform FDA priorities for training and programming; and (3) The Hub, with support from CDER and CBER, will conduct up to 10 science-focused meetings (i.e., Rare disease Innovation, Science and Exploration (RISE) Workshops). FDA expressed that they would maintain a public docket to solicit topics that external parties think would be important for the RISE workshops. FDA also shared that the Agency has seen significant interest in the RISE workshops and presented the perspective that this interest highlights their importance to rare disease drug development.

FDA also presented a proposal to convert the Rare Disease Endpoint Advancement (RDEA) Pilot[3] into a full program. In PDUFA VIII, FDA also proposes to accept up to one RDEA proposal per quarter with a maximum of 3 proposals per year. Under RDEA, sponsors admitted into the pilot program will continue to receive an initial meeting with the Agency, and, if requested up to three follow-up meetings. Lastly, FDA proposes to remove the current disclosure requirement with the position that this approach will facilitate more interest.

Industry asked about what resources FDA is requesting for the Hub and RDEA, how the Agency defines success from the Hub, how the Hub informs regulatory decision making, and how

---

[2] The PDUFA VII Rare Disease Commitments are as follows: (1) The CDER Rare Disease Team and CBER Rare Disease Program Staff are to be integrated into review teams and consultations as needed; (2) Provide training to all review staff; (3) Engage in outreach to Industry, patient groups, and other stakeholders; (4) Provide metrics on training, engagement, and approvals; and (5) the Rare Disease Endpoint Advancement (RDEA) Program.

[3] RDEA seeks to advance rare disease drug development programs by providing a mechanism for sponsors to collaborate with FDA throughout the efficacy endpoint development process.

learnings from the Hub's RISE workshops will be memorialized. FDA responded that resources would be distributed across RDEA, RISE workshops, Rare Disease feedback meetings, and the Hub. FDA responded to Industry's question about defining success that FDA's definition of success includes Agency reviewers learning new information from the Hub's RISE workshops to apply to their work. Additionally, FDA shared that CDER, CBER, and the Hub have collaborated to align on materials for RISE workshops as well as individualized medicine workshops. In response to Industry's point about memorializing learnings beyond the RISE workshops, FDA expressed that guidances and white papers, along with putting learnings into practice and discussion are useful avenues. Industry also expressed an interest in understanding how rare disease staff are involved in rare disease product reviews. FDA responded that resources would be distributed across RDEA, RISE workshops, Rare Disease feedback meetings, and the Hub. FDA agreed to work on a response to Industry's request to understand rare disease staff involvement in reviews, while Industry agreed to consider FDA's resource ask. Both FDA and Industry agreed to continue discussing the rare disease proposal.

Approach to Facilitate First Cycle Reviews Proposal

FDA presented a response to Industry's proposed tracked metrics and tracked Investigational New Drug (IND) Protocols presented on December 2nd. FDA presented the position that the Agency does not agree with Industry's proposal to incorporate tracked metrics for protocol review timelines. FDA stated that Industry has not presented data that the timing of FDA review and responses to IND protocols contribute to regulatory actions taken for the subsequent marketing application. FDA also presented a root cause analysis of Complete Response (CR) actions, which include CR and Refuse-to-File Letters. FDA's root cause analysis focused on a subset of CRs that cited clinical deficiencies – specifically, 33 NDAs/BLAs that lacked substantial evidence of effectiveness (SEE). FDA stated that the analysis found that 73% of these applications with a CR due to lack of SEE received FDA communications prior to the NDA or BLA submission being submitted.

FDA conducted a manual review of all CRs due to clinical deficiencies, including a review of minutes and advice to sponsors under the IND to support the finding that in most cases, FDA communicated concerns prior to the NDA/BLA submission. FDA presented 2 examples of CR letters and 1 example of a Refuse to File letter where all three clearly documented that potential deficiencies in the drug development program were communicated to the sponsor prior to the marketing application submission. FDA emphasized that it was only presenting three examples, but its manual review of the 33 NDAs indicated that most applications had evidence of communication of potential problems under the IND.

FDA's preliminary root cause analysis of CR actions did not provide evidence that timelines for review of protocols under the IND contributed to CR actions at the NDA/BLA stage. FDA reminded Industry that based on data presented at the December 2nd negotiations meeting, the CR Letter (CRL) rate has remained steady in the past 12 fiscal years. Since FDA refuses to approve a

marketing application based on several reasons stated in statute, in FDA's view, this steady CRL rate more likely reflects fundamental issues with a sponsor's drug development program. FDA suggested that CRL rates might have been lower had sponsors followed FDA's advice prior to marketing application submission or in a few cases, had FDA refused to file the NDA or BLA. FDA expressed that they understood Industry's perspective that CRLs are a pain point but did not want to be at an impasse in negotiations, acknowledging that there are areas that can be improved on both sides.

FDA proposed to work with Industry on questions for a third-party assessment on reasons for CRLs, communications between FDA and the sponsor during the IND phase on potential deficiencies, and the impact of using new tools to facilitate protocol and protocol amendment reviews. The assessment would inform if process changes should be undertaken in the middle of PDUFA VIII. FDA proposed not implementing any metrics under PDUFA VIII.

Industry asked for clarification on what tools FDA would use to efficiently review protocols and protocol amendments and presented the position that receiving delayed protocol comments leads to delays in drug development. Industry expressed that it was unclear to them how FDA's proposal solves the problem of delays in drug development. Industry stated that if it is unknown how many drug development delays there are due to delayed comments, the protocols should be tracked. FDA responded with the position that there is a distinction between tracking and metrics and stated that they would discuss Industry's response internally. Industry responded that FDA had responded to Industry's concerns about CRLs, but that FDA had not brought a counterproposal that would help with late feedback from the Agency that results in delays to the action date. FDA stated that their presentation was focused on IND protocols to show that Industry's proposal to require tracked metrics for IND protocol review timelines had no bearing on the first cycle review. FDA noted that the other requests from Industry that pertained to activities during the marketing application review would be addressed in a future negotiations meeting. Industry agreed to decouple its proposal on IND protocol review timelines from first cycle review.

FDA and Industry agreed to continue discussing the Facilitate First Cycle Reviews proposal. FDA agreed to provide a response to Industry's concern that protocol delays result in development delays in a subsequent meeting.

Next Steps

The goals for the next meeting on December 11th will be to continue discussing FDA's Rare Disease, Industry's Incorporate Regulatory Science into Regulatory Decision Making, and Industry's Enhancing Transparency and Consistency Related to Patient Experience Data proposals.