

Humans Drugs Program

The following table displays the funding and full time equivalent (FTE) staffing levels for FY 2012 through FY 2014.

FDA Program Resources Table
(Dollars in thousands)

	FY 2012		FY 2013 ¹	FY 2014	FY 2014 +/-
	Enacted	Actuals	CR	Request	FY 2012
Program Level	\$978,705	\$954,596	\$1,267,937	\$1,292,175	+\$313,470
Center	\$838,694	\$818,077	\$1,073,726	\$1,097,091	+\$258,397
FTE	3,281	3,272	3,644	3,917	+645
Field	\$140,011	\$136,519	\$194,211	\$195,084	+\$55,073
FTE	790	767	934	965	+198
Program Level FTE	4,071	4,039	4,578	4,882	+843
Budget Authority	\$477,810	\$477,623	\$480,735	\$465,950	-\$11,860
Center	\$347,817	\$347,633	\$349,946	\$339,414	-\$8,403
Field	\$129,993	\$129,990	\$130,789	\$126,536	-\$3,457
Budget Authority FTE	2,040	1,933	1,997	2,019	86
Center	1,301	1,213	1,265	1,299	86
Field	739	720	732	720	0
User Fees	\$500,895	\$476,973	\$787,202	\$826,225	+\$325,330
Center PDUFA	\$490,877	\$470,444	\$505,745	\$534,526	+\$43,649
FTE	1,980	2,059	2,070	2,115	+56
Field PDUFA	\$10,018	\$6,529	\$10,321	\$10,908	+\$890
FTE	51	47	47	47	-
Center Generic Drugs	0	0	\$202,731	\$207,475	+\$207,475
FTE	0	0	250	444	+444
Field Generic Drugs	0	0	\$51,811	\$53,023	+\$53,023
FTE	0	0	150	173	+173
Center Biosimilar User Fee	0	0	\$15,304	\$15,676	+\$15,676
FTE	0	0	59	59	+59
Field Biosimilar User Fee	0	0	\$1,290	\$1,322	+\$1,322
FTE	0	0	5	5	+5
Field International Courier ² Fee	0	0	0	\$491	+\$491
FTE	0	0	0	2	+2
Field Medical Products Reinspection User Fee ²	0	0	0	\$2,804	+\$2,804
FTE	0	0	0	18	+18
User Fees FTE	2,031	2,106	2,581	2,863	+757

¹ Spending authority has been adjusted pursuant to PL 112-175, Section 101(c) for the applicable user fee programs.

² Proposed user fee.

The FDA Human Drugs Program operates under the following legal authorities:

Federal Food, Drug, and Cosmetic Act* (21 U.S.C. 321-399)
Public Health Service Act of 1944 (42 U.S.C. 201)
Federal Advisory Committee Act (FACA) of 1972 as amended
Orphan Drug Act of 1983 (21 U.S.C. 360ee)
Drug Price Competition and Patent Term Restoration Act of 1984 (Section 505(j) 21 U.S.C. 355(j)) (a.k.a. "Hatch Waxman Act")
Prescription Drug Marketing Act (PDMA) of 1987 (21 U.S.C. 353)
Anti-Drug Abuse Act of 1988
Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C. 201)
Orphan Drug Amendments of 1988
Generic Drug Enforcement Act of 1992
Prescription Drug User Fee Act (PDUFA) of 1992
FDA Export Reform and Enhancement Act of 1996
Food and Drug Administration Modernization Act (FDAMA) of 1997*
Public Health Security and Bioterrorism Preparedness and Response Act of 2002
Best Pharmaceuticals for Children Act (BPCA) of 2002
Freedom of Information Act (FOIA) as amended in 2002 (5 U.S.C. § 552)
Pediatric Research Equity Act (PREA) of 2003
Project Bioshield Act of 2004 (21 U.S.C. 360bbb-3)
Food and Drug Administration Amendments Act (FDAAA) of 2007*
Public Health Service Act of 2010 (42 U.S.C. 262)
Protecting Patients and Affordable Care Act of 2010*
Food and Drug Administration Safety and Innovation Act of 2012 (FDASIA)

Allocation Method: Direct Federal/Intramural

Program Description and Accomplishments

FDA's Human Drugs Program is responsible for ensuring the safety and efficacy of prescription, generic, and over-the-counter (OTC) drugs that are available to Americans. The Program is also responsible for monitoring marketed drugs to ensure patient safety, and monitoring drug quality to ensure the safety of the drug supply chain. The Center for Drug Evaluation and Research (CDER) and the Office of Regulatory Affairs' (ORA) field drugs program comprise FDA's Human Drugs Program, which operates with funding from appropriations and user fees.

CDER promotes and protects public health by ensuring safe and effective drugs are available to Americans. This mission supports FDA priorities of improving healthcare quality and reducing healthcare costs.

*Authorities under this act do not appear in sequence in the U.S. Code. The authorities are codified as amended in scattered sections of 21 U.S.C.

The FDA Safety and Innovation Act (FDASIA) was signed into law on July 9, 2012. FDASIA includes the reauthorization of the Prescription Drug User Fee Act (PDUFA), and authorizes the Generic Drug User Fee Amendments (GDUFA) and Biosimilar User Fee Act (BsUFA). Additional resources from these user fee programs will enhance CDER's ability to promote and protect public health.

Globally, ORA ensures the safety and efficacy of human drugs through pre-market and post market inspections of domestic and foreign manufacturers. These inspections are conducted by highly trained investigators, many of whom have completed a certification program and demonstrate their knowledge, competence, and professionalism while conducting inspections of high-risk firms. ORA works closely with CDER in identifying which manufacturing sites to inspect and determining appropriate regulatory actions to take when significant violations are found.

At the U.S. borders, ORA determines product admissibility. Determining admissibility includes performing entry reviews, field exams, and sample collections to ensure that products coming into the United States are from approved sources and are properly registered.

ORA Field offices support Human Drugs Program activities by:

- Advising FDA leadership on enforcement, import, inspection, and laboratory policies
- Assessing industry compliance with applicable regulations to protect the public health
- Conducting risk-based domestic and foreign pre market and post market inspections of drug manufacturers to assess their compliance with Good Manufacturing Practices (GMP)
- Performing laboratory analyses to support inspections and verify compliance;
- Overseeing the regulated products on a surveillance or "for cause" basis
- Responding to emergencies and investigating incidents of product tampering and responding to natural or intentional disasters that may affect FDA-regulated goods
- Developing criminal cases to address the marketing of counterfeit products through the Office of Criminal Investigations (OCI) and the Forensic Chemistry Center (FCC).

The Human Drugs Program executes its regulatory responsibilities in the following subprograms:

- New Drug Review
- Generic Drug Review
- Drug Quality
- Post Market Safety Oversight
- Oversight of Drug Promotion

New Drug Review – Center Activities

Base Amount: \$440,970,000 (BA: \$119,256,000 / UF: \$321,714,000)

Public Health Focus

The New Drug Review subprogram involves evaluating the safety and efficacy of medical products before those products are marketed to the public. The goal of the New Drug Review subprogram is to promote the health of the public by ensuring that prescription and OTC drug products are safe and effective. In addition, CDER aims to ensure that novel prescription drug therapies become available in a timely manner without compromising high standards of safety and efficacy.

Key functions in the New Drug Review subprogram include:

- Clinical Review – CDER reviews clinical research data submitted by pharmaceutical companies to demonstrate safety and efficacy of new drug products. If a drug is shown to be effective and if its health benefits outweigh its risks, CDER may approve the drug for marketing in the United States.
- Bioresearch Monitoring – CDER monitors the research of pharmaceutical companies conducted through clinical trials to ensure the safety of study participants, as well as to verify the quality and integrity of scientific data. Specifically, CDER conducts on-site inspections of clinical trial study sites, institutional review boards, sponsors, study monitors, and contract research organizations.
- Pharmaceutical Science and Chemistry Review – CDER maintains a corps of highly-talented experts who ensure that the drug review process results in a thorough understanding of how drugs are designed, produced, and delivered to patients. Through such understanding, CDER staff can ensure that drugs available to American patients are safe and effective.
- Pediatrics – To ensure the protection of children who need prescription and Over-The-Counter (OTC) drugs, Congress enacted several laws to promote drug development for children. CDER works with pharmaceutical companies to conduct studies of products for children to promote safety and efficacy of pediatric drug products.
- Review of Over-The-Counter (OTC) Products – CDER reviews and evaluates OTC drugs to ensure they are safe, effective, and of high quality. CDER also ensures consumers are well-informed about how to best use OTC drugs by working with industry to provide clear, easy-to-read drug information. The trend to self-medicate has increased greatly among patients in recent years, and CDER's role is critical to promote safety among patients using OTC products.

- Pre-Approval Inspections – Before an application for a new drug product is approved, FDA inspects the product's manufacturing and development facilities to verify they meet FDA's standards for good manufacturing practices. FDA inspectors must ensure that a drug product is manufactured consistently and meets high standards of quality.

Public Health Outcome

Efficient, accurate, and thorough reviews allow for the availability of safe and effective drugs to consumers. Without consistent dedication to conducting thorough reviews, patients might be at risk of adverse events resulting from unsafe drug products on the market. The pre-market activities associated with reviewing new drugs and inspections of facilities are conducted to pursue FDA's mission to promote and protect the public health.

New Drug Review – Field Activities

Base Amount: \$35,684,000 (BA: \$25,666,000 / UF: \$10,018,000)

The public health focus of ORA under the New Drug Review subprogram is to assess whether methods and facilities used for manufacturing, processing, and testing of products submitted under New Drug Applications (NDAs) are adequate to ensure strength, quality, and purity.

ORA inspects establishments to verify their ability to manufacture products to the specifications stated in the application. ORA also confirms the authenticity of the data contained in the application and reports any information which may impact the firm's ability to manufacture the product in compliance with GMP. Inspectional coverage is necessary to assure that NDAs are not approved if the applicant has not demonstrated the ability to operate with integrity and in compliance with all applicable requirements. ORA conducts Bioresearch Monitoring Program (BIMO) inspections of scientific studies which are designed to develop evidence to support the safety and effectiveness of investigational drugs. Physicians and other qualified experts ("clinical investigators") who conduct these studies are required to comply with applicable statutes and regulations intended to ensure the integrity of clinical data on which product approvals are based and, for investigations involving human subjects, to help protect the rights, safety, and welfare of these subjects.

Public Health Outcome

In an effort to increase public awareness and knowledge, FDA shares a series of lists on its website containing information on clinical investigators who:

- Received notification from the Agency of the intent to initiate administrative proceedings to determine if the person should be disqualified from receiving investigational products

- Are disqualified or 'totally restricted' and are no longer eligible to receive investigational drugs, biologics, or devices
- Have been recommended for disqualification
- Agreed to certain restrictions
- Agreed to restrictions which have been subsequently removed
- Provided FDA with adequate assurances of their future compliance with requirements applicable to the use of investigational drugs and biologics.

FDA also makes available a separate list of firms or persons who have been debarred under Section 306 of the Federal Food, Drug and Cosmetic Act.

Based on referrals from the OCI and other sources, ORA debars individuals with criminal convictions from participating in certain aspects of human drug industry activities.

While FDA is actively engaged in regulating industry, the agency is working with industry to prevent drug shortage situations from arising from a variety of causes such as the unavailability of active ingredients or the failure to comply with current good manufacturing practices. ORA works with the FDA Centers when potential product shortage situations are identified during inspections or when ORA field offices are notified by drug manufacturers of potential supply disruptions. To support FDA's ongoing efforts to prevent and resolve prescription drug shortages, ORA developed and issued a specific Import Bulletin to field offices, outlining enforcement discretion of specific product and manufacturer combinations to help prevent or alleviate potential drug shortage issues.

This Import Bulletin was issued during FY 2012, and updated twelve times to reflect new product and manufacturer combinations, or to update existing product and manufacturer combinations. While ORA is aware of the impact of drug shortages on the public, ORA's mission in conducting inspections to assess compliance with the laws and regulations does not change. The agency strives to ensure the availability of quality drug products for the public through a balanced and risk-informed approach.

In FY 2012, ORA expanded its drug testing capabilities to include antimicrobial effectiveness testing methodology in three separate ORA field laboratories. The results of the analytical findings were provided to the Center for Drug Evaluation and Research (CDER) for use by their reviewers during review and evaluation of new drug applications. The data provided by ORA imparts new and important information needed in the evaluation and Center determination of product stability.

A critical part of ORA's mission is the pre-market evaluation of drugs. To accomplish these evaluations, the FDA relies on information submitted by sponsors of research and marketing applications. The Bioresearch Monitoring Inspection Program, which includes Clinical Investigator, Institutional Review Board (IRB), Sponsor/Monitor/Contract Research Organization (CRO) and In Vivo Bioequivalence inspections, audits the

quality of data submitted by sponsors in support of these research or marketing applications. These inspections are also responsible for ensuring the rights, safety and welfare of research participants are maintained during the conduct of these clinical trials.

Every year bioresearch monitoring inspections uncover instances of false data and incorrect treatment of study participants. FDA has subsequently rejected study data, suspended application review, disqualified clinical investigators, and pursued criminal prosecution. For example, in fiscal year 2012, establishments were cited for: failing to maintain accurate case histories with respect to observations and data pertinent to the study, enrolling subjects who did not meet inclusion/exclusion criteria, not obtaining informed consents, and not documenting that the human subjects were in a life-threatening situations.

During bioequivalence studies, establishments were cited for several violations, such as failing to conduct a clinical investigation in accordance with the signed investigational plan and failing to prepare or maintain adequate and accurate records with respect to observations and data pertinent to clinical investigations and bioanalytical studies. Moreover, there was a failure to either establish standard operating procedures or existing procedures were inadequate or not followed during the conduct of clinical investigations and bioanalytical studies.

Performance Measures

The following table lists the performance measures associated with this subprogram.

Measure	Most Recent Result / Target for Recent Result	FY 2012 Target	FY 2014 Target	FY 2014 +/- FY 2013
223201: Percentage of Standard NDAs/BLAs within 10 months. (<i>Output</i>)	FY 2011: 99% Target: 90% (Target Exceeded)	90%	N/A	N/A
223202: Percentage of Priority NDAs/BLAs within 6 months (<i>Output</i>)	FY 2011: 95% Target: 90% (Target Exceeded)	90%	N/A	N/A
223206: Review and act on 90 percent of standard NME NDA and original BLA submissions within 10 months of the 60 day filing date.	N/A New Goal*	N/A	90%	N/A

Measure	Most Recent Result / Target for Recent Result	FY 2012 Target	FY 2014 Target	FY 2014 +/- FY 2013
223207: Review and act on 90 percent of priority NME NDA and original BLA submissions within 6 months of the 60 day filing date.	N/A New Goal	N/A	90%	N/A
223208: Review and act on 90 percent of standard non-NME original NDA submissions within 10 months of receipt.	FY 2011: 98% (Historical Actual) New Goal	N/A	90%	N/A
223209: Review and act on 90 percent of priority non-NME original NDA submissions within 6 months of receipt.	FY 2011: 100% (Historical Actual) New Goal	N/A	90%	N/A

To align with the new PDUFA V performance commitments starting in FY 2013, goals 223201 and 223202 were deleted and goals 223206, 223207, 223208 and 223209 were added.

Generic Drug Review – Center Activities

Base Amount: \$87,936,000 (BA: \$87,936,000/ UF: \$0)

Public Health Focus

CDER's generic drug review subprogram is part of the larger generic drugs program, which includes additional functions related to generic drugs throughout the Center. CDER's generic drug review subprogram concentrates specifically on the review process. Other non-review work (mainly post market work) within the generic drugs program is captured in other parts of CDER's budget.

Every year, CDER expands the availability of high-quality generic drugs and provides consumers and healthcare providers with information on both safety and effectiveness. With each new generic version of a brand-name drug approved by FDA, consumers have an additional option to save money on prescription drug needs. Key functions in the generic drug review subprogram include:

- Generic Drug Application Review – The basic requirements for approval of generic drugs are the same as for new drug approvals, although the generic drug manufacturer does not need to repeat the safety and efficacy studies conducted by the developer of

the original product. Prior to approval, generic drug sponsors are required to demonstrate bioequivalence – that the active ingredient in a generic product is absorbed at a rate and extent similar to the brand name product.

- Pre-Approval and Bioequivalence Lab Inspections – FDA inspects manufacturing facilities of generic drug products before approving an application. In addition, FDA inspects laboratories where bioequivalence studies were conducted to ensure accuracy and integrity of data submitted in generic drug applications.
- Regulatory Policy – CDER frequently evaluates and responds to citizen petitions related to upcoming actions on generic drug applications. FDA receives numerous petitions through which it is asked to take – or refrain from taking – an action on a generic drug application. CDER reviews these petitions, taking into account the scientific issues raised, and prepares responses for various stakeholders.
- Research into Bioequivalence Technologies – Some types of drugs are very difficult for generic companies to duplicate. In cases like these, CDER is eager to understand how to assess bioequivalence as a way to encourage development of generic alternatives, further opening the doors to lower-priced alternatives and better access to drugs for patients.

Public Health Outcome

Generic drug review is a high priority for CDER, and this function supports the larger FDA mission of promoting and protecting public health. The availability of generic drugs directly impacts public health by making safe, affordable drug products accessible to the public. With increasing healthcare costs, many Americans face challenges in acquiring the drug products necessary for proper medical treatment. The availability of safe, effective, and affordable generic drugs makes it possible for more patients to afford essential medicines.

During FY 2012, CDER approved or tentatively approved 619 generic drug applications. The total number of actions taken on Abbreviated New Drug Applications (ANDA) – including approvals, tentative approvals, not approvable actions, and approval actions – in FY 2012 was 2,313.

Generic Drug Review – Field Activities

Base Amount: \$8,029,000 (BA: \$8,029,000 / UF: \$0)

Public Health Focus

ORA's public health focus under the Generic Drug Review subprogram is to assess whether the methods and facilities used for the manufacturing, processing, and testing of products submitted under an Abbreviated New Drug Application (ANDA) are adequate to ensure strength, quality, and purity.

Public Health Outcome

ORA supports the generic drug program through pre-approval and post-approval inspections to verify application data and assess the firm's ability to manufacture products in accordance with CGMP. ORA also conducts inspections of bioequivalence studies to substantiate source data and verify accuracy, completeness and regulatory compliance.

In FY 2012, ORA collaborated with CDER to develop a priority listing of Abbreviated New Drug Applications (ANDA) inspections, aiding in targeting inspectional resources and creating Agency efficiencies by identifying generic drug manufacturing facilities for inspection to coincide with Center reviews of applications.

Performance Measures

The following table lists the performance measures associated with this subprogram.

Measure	Most Recent Result / Target for Recent Result	FY 2012 Target	FY 2014 Target	FY 2014 +/- FY 2012
223205: The total number of actions taken on abbreviated new drug applications in a fiscal year (<i>Output</i>)	FY 2012: 2,313 Target: 2,000 (Target Exceeded)	2,000	2,500	+500

Drug Quality – Center Activities

Base Amount: \$100,171,000 (BA: \$44,020,000 / UF: \$56,151,000)

Public Health Focus

CDER's drug quality subprogram includes functions to ensure that drugs meet FDA standards of quality. CDER's drug oversight activities begin when sponsors test drug products in animals. CDER's oversight function continues throughout the drug lifecycle, including post market safety activities. CDER also scrutinizes generic drug products to ensure they demonstrate equivalent performance to the innovator product. CDER is fully engaged in enforcement actions against drug products that exist outside of the FDA approval system, such as counterfeit and marketed unapproved products.

CDER provides comprehensive regulatory coverage of the production and distribution of drug products, and manages inspection programs designed to minimize consumer exposure to defective or harmful drug products. CDER evaluates the findings of inspections that examine the conditions and practices in facilities where drugs are manufactured, packed, tested, and stored. CDER also monitors the quality of finished drug products in distribution through sampling and analysis.

In addition, CDER sets guidelines for drug quality and manufacturing processes. CDER's team of inspectors and quality management experts work to ensure that any change to a manufacturing process does not adversely affect the safety or efficacy of the drug produced. CDER also evaluates reports about suspected problems from manufacturers, healthcare professionals, and consumers.

Public Health Outcome

Assessing drug quality supports CDER's initiative to make safe and effective drugs available to the public, as well as protecting the safety and integrity of the drug supply chain. This reduces risks associated with adverse events resulting from poor quality or defective drug products. As a result, consumers face fewer risks associated with unsafe drugs and are increasingly protected from drugs that do not meet FDA standards of quality.

Drug Quality – Field Activities

Base Amount: \$91,884,000 (BA: \$91,884,000 / UF: \$0)

Public Health Focus

ORA minimizes consumers' risk of exposure to defective drug products by conducting inspections, monitoring imports, and collecting and analyzing product samples of domestic and foreign drug manufacturers. These activities prevent marketing of, or remove from the market, violative drug products. Early detection of contaminated or defective human drug products and their ingredients continues to be a priority within ORA.

ORA field offices investigate and build enforcement cases using a number of enforcement tools such as seizures, injunctions, and prosecutions. ORA is also responsible for oversight and monitoring of recalls conducted by the drug industry, assuring that the companies' recall efforts progress satisfactorily and are effective in removing defective products from commerce.

All ORA Laboratories implemented a quality system in accordance with the International Standard (ISO 17025) through sharing of data and other information with accredited labs around the world. Accreditation of laboratory quality management systems provides a mechanism for harmonizing and strengthening processes and procedures, thereby improving the quality of operations and the reliability of FDA's science. In 2012, all thirteen ORA laboratories maintained their lab accreditation from a third party.

The National Check Sample Program (NCSP) continues to be implemented by all ORA laboratories. Successful completion of all proficiency testing rounds were executed by all ORA laboratories to ensure the validity of laboratory results for tests performed, which in turn demonstrates technical competency of all ORA laboratory personnel.

Public Health Outcome

ORA continues to pilot and implement portable analytical tools for use by ORA import investigators during day to day operations. The tools allow ORA investigators to perform limited analytical screening of a variety of FDA regulated products to detect high level contaminants such as toxic elements or presence of Active Pharmaceutical Ingredients (APIs) in products labeled as dietary supplements at the time the products are offered for import into the U.S. In FY2012, ORA implemented daily use of two different portable devices at limited locations throughout the nation.

One of the tools in use allows ORA investigators to screen imported dietary supplements for the presence of APIs. After screening more than 200 products, ORA investigators found 44 of the products screened positive for the presence of APIs. Full analysis performed by ORA laboratories found all 44 products contained sibutramine, an un-labeled API, at levels actionable by the Agency. Sibutramine is known to substantially increase blood pressure and/or pulse rate and may present a significant risk for people with a history of coronary artery disease, congestive heart failure, arrhythmias or stroke. ORA has subjected the product to detention without physical examination and also worked with our Customs and Border Protection (CBP) partners to seize these shipments and keep these dangerous products out of the U.S. market. ORA continues to work with CDER to identify new portable analytical tools, and new uses for existing tools, for use by ORA investigators.

ORA field laboratories conducted enhanced drug surveillance activities during FY 2012. Over 150 products were tested as part of the program. Active Pharmaceutical Compounds intended for pharmacy compounding, identified as at-risk for economic adulteration, were targeted for analysis. Drug surveillance activities involving microbiological screening for drug products considered at risk for microbiological contamination were also implemented.

ORA laboratories fully support the Health and Human Services (HHS) plan for medical countermeasures. This support is done under the auspices of the joint FDA and Department of Defense (DoD) shelf life extension program. FDA conducts the comprehensive testing and evaluation that determines whether adequate supporting data are available to extend the expiration date of specified lots of stored drug products owned by DoD, the Strategic National Stockpile (SNS) and the Veterans Administration (VA). ORA laboratory testing led to the extension of 1,893 lots in FY 2012.

ORA is in the second of a three year Cooperative Research & Development Agreement (CRADA) with the United States Pharmacopeia (USP) to participate in certification of USP reference standards, USP monograph modernization, and activities relating to economically motivated adulteration (EMA). These initiatives promote drug quality and efficacy which are vital in promoting public health. To date, ORA has completed over 40 reference standard certifications and participated in updating 3 USP monographs. Initiatives and work planning are ongoing in relation to the CRADA efforts.

ORA continues to collaborate with CDER in a Pharmacy Compounding Validation program to identify the most commonly compounded medications and develop and validate unofficial standardized testing methods. As of August 1, 2012, ORA has validated testing methods for 10 commonly compounded drug products. The program ensures specialized drug products are analyzed appropriately to ensure quality, consistency, and efficacy for pharmacy compounded products.

The foreign drug inspection program continues to emphasize more surveillance driven foreign inspections as opposed to application driven foreign inspections. A total of 813 foreign drug inspections covering 62 different countries were conducted in FY 2012, exceeding the total completed in FY 2011 by 86 inspections. The dedicated foreign drug cadre completed 212 or 26 percent of these inspections, while the global offices in India and China were responsible for 59 or 7 percent of these inspections. This experienced group of investigators had some significant outcomes. Of the 28 GMP based foreign warning letters issued by CDER in FY 2012, 13 or 46 percent have been issued from inspections conducted by either the dedicated foreign drug cadre or global offices. A sampling of some of the specific FY 2012 warning letters that led to positive public health outcomes is as follows:

- A warning letter was issued to an active ingredient penicillin manufacturer in Poland. The manufacturer was not taking appropriate controls in order to minimize contamination in non-penicillin manufacturing areas. As a result of this inspection, the firm was added to a Detention Without Physical Examination (DWPE) Import Alert, thereby preventing unsafe products from entering the U.S. market.
- Another warning letter was issued to an active ingredient manufacturer in Mexico. This initial FDA inspection of a site shipping non-application products. The firm's quality unit failed to establish written procedures for monitoring the appropriate processing steps and failed to review and approve all appropriate quality documents. As a result of the adverse inspection findings, the firm was added to a DWPE Import Alert and the firm's products were prevented from entering the U.S. market.
- Similarly, a warning letter was issued to a medical dressing manufacturer in China. This initial FDA inspection revealed the firm was shipping antiseptic wipes, purported to be sterile, that were contaminated with microorganisms. The firm failed to establish and follow written procedures to prevent objectionable microorganisms as well as failing to validate all its sterilization processes. As a result of the adverse inspection findings, the firm was added to a DWPE Import Alert, thereby preventing unsafe products from entering the U.S. market.

ORA monitors recall of human drugs that have been found to present safety concerns, and assures the adequacy of the firm's recall to effectively remove defective products from commerce. Through the classification process, the Center determines the level of

public health risk the product presents. Appropriate public notification is also a component of the agency's recall program. In FY2012, FDA classified and issued recall numbers for 28 Class I, 194 Class II, and 94 Class III recalls of human drug products.

In support of the President's Transparency Initiative, ORA started posting on the internet the most common inspection observations of objectionable conditions or practices that are made during inspections. This information includes inspectional observation summaries from FY 2006 through FY 2012. Additionally, a searchable database of inspected facilities with FDA inspection classifications is posted that represents the final inspection classification for inspections conducted of clinical trial investigators, IRBs, and facilities that manufacture, process, pack, or hold an FDA-regulated product that is currently marketed.

Disclosure of this data will provide the public and regulated industry with more information about company practices that may jeopardize public health, and about companies that are complying with the law. These websites premiered in May 2011.

During the first ten months of FY 2012, there have been two injunctions filed against drug firms and two seizures executed against drug products. These enforcement actions protect patient safety by assuring that manufacturers comply with laws and that violative products are not distributed into U.S. commerce.

In instances of criminal activity, ORA's OCI is expanding efforts to develop cases that address the marketing of counterfeit products. The increasing globalization of crime has created new challenges to law enforcement. OCI coordinates counterfeit drug investigations with several foreign counterparts, especially those in China, Israel, Canada and the United Kingdom. These efforts continue to produce positive outcomes for both OCI and its foreign counterparts. OCI continues to aggressively pursue counterfeit drug investigations with law enforcement partners in foreign countries as well as with Federal, State, local, tribal, and territory law enforcement here in the U.S.

During FY 2012, ORA's OCI made 249 drug related arrests, and secured 201 drug related convictions with fines, restitutions and other monetary penalties in excess of \$4.9 billion.

A sampling of some of the specific FY 2012 case activity that led to positive public health outcomes is as follows:

- Distribution of Adulterated and Misbranded Cancer Treatment Drugs - In June 2012, a California woman was convicted of distributing adulterated cancer drugs from overseas to a Missouri doctor and others. In May 2012, the Missouri doctor receiving the drugs was likewise convicted after pleading guilty to one misdemeanor count of receiving misbranded prescription drugs, including cancer

treatment drugs marketed in the United States as Neupogen, Herceptin, and Rituxan. This doctor also agreed to pay a civil settlement of over one million dollars to resolve allegations that he submitted false claims to government health care programs for assorted misbranded cancer treatment drugs and agreed to be excluded from future participation in federal health care programs for seven years.

In February 2012, a third defendant pled guilty to one count of conspiracy to cause the introduction of adulterated prescription drugs into interstate commerce. This defendant was later sentenced to 24 months in prison and agreed to forfeit approximately \$1.4 million dollars that was seized during the investigation.

- Misbranded Drugs – Colchicine Toxicity Causes Death in Patients - In April 2012, a Texas compounding pharmacy and its owner pled guilty to two criminal violations of the Food, Drug, and Cosmetic Act (FDCA). The pleas were in conjunction with the compounding pharmacy's interstate shipment of two lots of colchicine injectable solution that led to the deaths of three people in the Pacific Northwest. At the time of production of the colchicine the pharmacy did not test their product for potency. FDA laboratory analysis of several vials of colchicine that were collected from the pharmacy showed some were super-potent and some were sub-potent making them misbranded because the actual levels of colchicine did not correspond with the levels listed on the vial labels.

OCI's criminal investigation and successful prosecution of these types of cases serve FDA's mission by protecting the public health from dangerous products and also provided a strong message to firms that impede FDA regulatory processes.

OCI Proactive Ongoing Initiatives:

- Operation Pangea - Between September 25 and October 2 2012, OCI participated in the fifth annual International Internet Week of Action (IIWA), a global cooperative effort to combat the online sale and distribution of potentially counterfeit and illegal medical products. Dubbed "Operation Pangea V," OCI partnered with regulatory enforcement units from CDER, ORA's Division of Import Operations and ORA's Office of Enforcement to identify and take action on over 4,100 websites selling drug products in violation of U.S. law.

During Operation Pangea V, OCI sent a representative to the INTERPOL command center in Lyon, France to provide hands-on assistance. In addition, warning letters were sent to Registries, Internet Service Providers (ISPs), and Domain Name Registrars (DNRs) informing them that these websites were selling products in violation of U.S. law. OCI is continuing to work with the U.S. Department of Justice and our foreign law enforcement counterparts to address the remaining websites that continue to offer unapproved or misbranded prescription medicines to U.S. consumers. OCI's participation with the IIWA

demonstrates FDA's commitment to protecting the public health by enforcing illegal activities for online sales of illicit drugs and other FDA regulated products.

- Internet Investigations - In April 2012, an OCI internet investigation, which relied on strong international law enforcement partnerships, resulted in the arrest and conviction of two Israeli citizens for selling counterfeit and misbranded drugs to United States citizens via the Internet. OCI agents identified over 9,000 separate drug shipments to the United States which generated over \$1.4 million in gross proceeds.

Performance Measures

The following table lists the performance measures associated with this subprogram.

Measure	Most Recent Result / Target for Recent Result	FY 2012 Target	FY 2014 Target	FY 2014 +/- FY 2012
224201: Number of foreign and domestic high-risk human drug inspections. (<i>Output</i>)	FY 2012: 805 Target: 750 (Target Exceeded)	750	750	Maintain

Post Market Safety Oversight – Center Activities

Base Amount: \$187,275,000 (BA: \$77,389,000 / UF: \$109,886,000)

Public Health Focus

CDER's post market safety functions aim to protect patients from injuries or deaths caused by unsafe, illegal, fraudulent, substandard, or improperly used drug products (both brand and generic). The following are key functions of the post market safety oversight subprogram:

- Surveillance, Risk Management, and Safe Use – Epidemiologists and safety evaluators collect and analyze drug use and adverse event data for both brand and generic drug products. If evaluators detect any new risks, FDA takes steps to inform the public and change how a drug is used or, if necessary, rescind approval. In-depth analyses of some of these concerns inform efforts to refine the communication of drug risks and benefits, and may highlight the need to develop or refine risk management programs such as Risk Evaluation and Mitigation Strategies (REMS). In some cases, FDA works with external stakeholders to encourage safe use. These targeted outreach efforts within the healthcare community aim to positively influence and support the safe and appropriate use of approved medications.
- Preventing Medical Errors – CDER avoids approving brand names that look or sound like the names of existing products to promote safe use of human drugs. CDER identifies and avoids approving brand names, labels, labeling, and packaging that might contribute to problems or confusion in prescribing,

dispensing, or administering drug products. CDER investigates the causes and contributing factors to reports of medical errors and, as needed, recommends revisions to the label, labeling, and/or packaging of these products to avert further error.

Public Health Outcome

CDER's post market safety activities exist to monitor the safety and efficacy of drugs that are currently available to consumers. CDER also aims to identify and communicate risks associated with approved drugs. The ongoing activities associated with post market safety allow FDA to discover risks associated with drug products that could not have been discovered during pre-market review. These efforts aim to protect patients from adverse events or improper use of drug products.

The Food and Drug Administration Amendments Act of 2007 (FDAAA) required FDA to establish an active surveillance system for monitoring drugs, using electronic data from healthcare information holders. FDAAA also mandated that the system access healthcare data for 100 million patients by July 2012. FDA's response to this requirement is the Sentinel Initiative, which successfully reached 100 million patients by December 2011, several months in advance of the required timeframe. The Sentinel Initiative presents significant public health benefits from expanding FDA surveillance of drugs available to consumers. This includes gaining access to large quantities of data that enhance FDA's ability to detect safety signals and act on post market safety issues.

Post Market Safety Oversight – Field Activities

Base Amount: \$4,414,000 (BA: \$4,414,000 / UF: \$0)

Public Health Focus

ORA's public health focus under the Post Market Safety Oversight subprogram is to reduce adverse events such as injuries and deaths associated with unsafe, illegal, fraudulent, substandard, or improperly used products. ORA's inspection activities include inspections of Adverse Event Reporting and also Risk Evaluation Mitigation Strategies (REMS). The REMS inspection is an evaluation of compliance with the risk evaluation plan which was mandated by the Food and Drug Administration Amendments Act (FDAAA).

Public Health Outcome

ORA's activities to reduce adverse events involves the review of manufacturers' adverse event and complaint files during inspections to determine if the firm is submitting all adverse drug event reports to FDA in accordance with regulatory time frames. ORA also conducts follow-up inspections on adverse event reports when information from the manufacturer is needed to evaluate the risks involved. The final

activity involves investigations of reported errors and product recalls so that program managers can collect information and develop error reduction strategies with manufacturers and the medical community in order to better protect the public health.

FDA continues to perform operations in response to the 2008 incident in which heparin contaminated with over-sulfated chondroitin sulfate was associated to a number of deaths in the U.S. Heparin is a widely used anti-coagulant that is commonly used during surgical procedures and for those undergoing dialysis. In FY 2012, ORA issued the new Import Alert 55-03, “Detention Without Physical Examination (DWPE) of Different Forms of Heparin and Heparin - Related Products for Current Good Manufacturing Practices (cGMP) Issues” to implement detention without physical examination for those heparin suppliers implicated in the production of heparin contaminated with over-sulfated chondroitin sulfate, or for those manufacturing heparin outside of cGMPs. Currently over 30 firms are subject to DWPE under this import alert, which will help keep potentially contaminated product out of the U.S.

In FY 2012, FDA worked with CBP’s Laboratory Science Service when that agency detected passengers returning to the United States with elevated gamma radiation readings. Interviews with passengers disclosed each had undergone a Positron Emission Tomography (PET) scan in recent weeks or months. ORA also worked with scientists at Los Alamos laboratories during the investigation to aid in identifying potential exposures to patients. ORA investigated the clinics where these patients had undergone the procedures and this led to identification of the manufacturer of the radiological drug products. Inspections were conducted identifying numerous current good manufacturing practice deficiencies and the potential breakthrough of detected isotopes from the columns used in producing these PET drugs. The inspection resulted in the firm recalling the drug product and removing the over-exposure potential from the public.

Performance Measures

The following table lists the performance measures associated with this subprogram.

Measure	Most Recent Result / Target for Recent Result	FY 2012 Target	FY 2014 Target	FY 2014 +/- FY 2012
292202: Number of people for whom FDA is able to evaluate product safety through miniature Sentinel*pilots. (Outcome)	FY 2012: 126 million Target: 100 million (Target Exceeded)	100 million	133 million	+ 33 million

Oversight of Drug Promotion – Center Activities

Base Amount: \$22,342,000 (BA: \$19,216,000 / UF: \$3,126,000)

Public Health Focus

CDER is responsible for reviewing prescription drug information to ensure that healthcare professionals and consumers receive drug information that is truthful, balanced, and accurate. Prescription drug information available to physicians and consumers is critical for the safe and effective use of these products. CDER operates a comprehensive program of education, surveillance, and enforcement about drug advertising and promotion to achieve the goal of presenting truthful, balanced information to physicians and consumers.

Key functions of this subprogram include review of professional promotions (intended for healthcare professionals) and Direct-To-Consumer (DTC) advertisements (intended for consumers). CDER scrutinizes both types of drug promotions to ensure that information presented to the intended audiences is truthful and presents both the benefits and risks of drugs.

Public Health Outcome

Without suitable information regarding various drug products, consumers would face greater risks of inappropriate or unsafe use of drugs. By reviewing advertisements intended for medical professionals, CDER monitors the information disseminated to healthcare providers and requires messaging to be truthful, balanced, and not misleading. Medical professionals who are well-informed in part due to these advertising messages are better equipped to treat patients properly.

CDER regulates DTC advertisements to help ensure that consumers are well-informed about the drugs medical professionals prescribe for them. The promotional messages are required to be accurate and balanced so the public receives useful information about medical products. These efforts are intended to raise the public's awareness about drug information and mitigate risks that could occur due to a lack of awareness or misleading information.

Performance Measures

The following table lists the performance measures associated with this subprogram.

Measure	Most Recent Result / Target for Recent Result	FY 2012 Target	FY 2014 Target	FY 2014 +/- FY 2012
<u>222302</u> : Percentage of television advertisements requiring submission reviewed within 45 days. (<i>Output</i>)	FY 2012: Draft guidance issued (Target Met)	Issue draft guidance	Issue final guidance and establish a baseline	N/A

Information Technology Investments – Human Drugs Program Activities (Base Amount displayed as a non-add item: \$88,924,687)

The ever increasing complexity of the human drug review process and the regulatory environment imposes new challenges for FDA and requires continuous streamlining of operations to fully leverage electronic information that has become available over the last decade. Digitization provides the means to take full advantage of the new opportunities in the 21st century. Digitization is a long-term effort with the aim to establish an integrated information environment that can transform business operations and drive efficiency. Digitization supports the following business objectives:

- Improve decision making via real-time information
- Standardize and simplify systems, processes and information
- Eliminate redundancy and improve consistency of information through automation and integration.

The following key initiatives are part of the digitization effort for CDER:

- Integrated Master Data Management is an effort to consolidate data from various disparate systems into a single repository of master data. This will enable data quality and consistency of master data across core business applications.
- The Facilities / Sites Inspection Management initiative focuses on providing an automated system for monitoring registration and listing compliance, for identifying manufacturers in the global supply chain, and improving reporting and analysis capabilities.
- Approved Drug Publishing is an effort to modernize current work processes and systems for the Orange Book. This involves consolidation of data sources related to drug information while automating the data collection processes to provide accurate and up to date information of available drugs in the marketplace.
- The Regulatory Review Management Solution (DARRTS) provides capabilities for managing new drug applications, abbreviated new drug applications, pediatrics, meetings, post-marketing requirements and commitments, as well as FDAAA provisions. Further enhancements to include biologics applications and cope with upcoming user fee tracking requirements for generic drugs, prescriptions drugs and biosimilars are needed. In addition, the DARRT System requires a fundamental technology refresh and redesign to meet the growing demands and improve overall efficiency of the system in support of a lean management approach and smarter regulation.
- Scientific Review: With the increase of standardized data submitted such as CDISC's Study Data Tabulation Model (SDTM), Standard for Exchange of Non-clinical Data (SEND), Analysis Data Model (Adam), as well as Health Level 7 Individual Case Safety Report (ICSR), there is an opportunity to analyze, compare and evaluate study data. The reviewers need to be provided with state-

of-the-art analysis tools that can support regulatory decision-making. The objective of this effort is to provide reviewers with access to scientific review tools in order to perform quantitative analysis of data using pre-defined templates and standardized reports.

- Adverse Event Management provides the solutions to enable safety investigators to analyze safety signals using state-of-the-art pharmacovigilance and surveillance tools ensuring the safety of marketed drugs after approval by monitoring adverse events and medication errors.
- The expansion of new user fee programs for biosimilars and generic drugs introduces a new level of complexity in terms of fee structures and payment volume. A sophisticated user fee management solution is required to enable fee establishment, collection and payment tracking.
- Efficient management of resources by consolidating financial information into a single core financial system and improving tracking capabilities of budgetary information is needed. Industry-proven financial tracking solutions will improve CDER's ability to efficiently manage and track its resources.
- Panorama is a strategic initiative to improve the management and administration of CDER's regulatory work processes in support of lean management by applying best-in-class portfolio management systems and tools that can be integrated with CDER's core business applications. The aim is to improve the effectiveness and efficiency of regulatory operations.

Funding History Table with FTE Totals

The following table displays funding and full time equivalent (FTE) staffing levels from FY 2010 through FY 2013, plus FY 2014 request.

Fiscal Year	Program Level	Budget Authority	User Fees	Program Level FTE
FY 2010 Actual	\$883,459,000	\$462,243,000	\$421,216,000	3,835
FY 2011 Actual	\$949,645,000	\$477,502,000	\$472,143,000	4,061
FY 2012 Actual	\$954,596,000	\$477,623,000	\$476,973,000	4,039
FY 2013 CR	\$1,267,937,000	\$480,735,000	\$787,202,000	4,578
FY 2014 Request	\$1,292,175,000	\$465,950,000	\$826,225,000	4,882

Summary of the Budget Request

The FY 2014 budget request for the Human Drugs Program is \$1,292,175,000. This amount is an increase of \$313,470,000 above the FY 2012 Enacted Level. The Center for Drug Evaluation and Research amount in this request is \$1,097,091,000, supporting 3,917 FTE. The Field amount is \$195,084,000, supporting 965 FTE.

The base funding for the Human Drugs Program is \$978,705,000, which includes \$838,694,000 for the Center for Drug Evaluation and Research activities and \$140,011,000 for the Human Drugs Field activities.

Base funding allows the Human Drugs Program to meet its mission of ensuring that drugs available to the American public are safe and effective. This is accomplished by reviewing new drug applications to make sure that safety and efficacy are demonstrated – a process that draws on the expertise of a wide range of medical and health-services personnel – and then by monitoring drugs after they are released to the market for signs that could not have been detected in clinical trials. Manufacturers of drug products are periodically inspected to ensure that products are made to high standards. Even when safe and effective drugs are made to exacting standards, misuse (intentional or accidental) can still occur; CDER is working to improve the safe use of medical products by examining the communication of risks and benefits associated with those products. The mission of ensuring that safe and effective drug products are available to consumers is also accomplished by conducting inspections to ensure greater technical assistance and compliance in order to protect patients and ensure the safety of the medical products entering the drug supply chain.

Within the FY 2014 budget constraints, CDER will continue its top priorities to uphold the FDA mission of promoting and protecting the public health.

Budget Request Details

Pay Increase (Total Program: \$2,099,000 / 0 FTE)

The request for \$465,950,000 in total budget authority for the Human Drugs Program also reflects a pay increase of \$2,099,000. The Center's portion is \$1,528,000; the Field's portion is \$571,000.

Adjustment to Base (Total Program: -\$14,799,000 / -21 FTE)

The budget request for \$465,950,000 in total budget authority for the Human Drugs Program also reflects a reduction to the base of -\$14,799,000 for FY 2014. The Center's portion of this reduction is -\$10,771,000 and -2 FTE; the Field's portion of this reduction is -\$4,028,000 and -19 FTE.

New Drug Review

Center Activities

FY 2012 Enacted Base: \$440,970,000 (BA: \$119,256,000 / UF: \$321,714,000)

FY 2014 Total Increase above Base: (+\$44,751,000 / 97 FTE)

FY 2014 Increase above Base for Current Law User Fees (PDUFA): (+\$28,607,000 / 38 FTE)

FY 2014 Increase above Base for User Fees (BsUFA): (+\$15,304,000 / 59 FTE)

Medical Countermeasures: +\$840,000 / (3 FTE non-add)

CDER will continue to coordinate with other parts of FDA on the Public Health and Security Action Teams (PHSAT) to foster support for MCM drug product review, and continue to assess Medical Countermeasure (MCM) safety and efficacy during public health emergencies.

Field Activities

FY 2012 Enacted Base: \$35,684,000 (BA: \$25,666,000 / UF: \$10,018,000)

FY 2014 Total Increase above Base: (+\$2,212,000 / +5 FTE)

FY 2014 Increase above Base for Current Law User Fees (PDUFA): (+\$890,000 / 0 FTE)

FY 2014 Increase above Base for Current Law User Fees (BsUFA): (+\$1,322,000 / +5 FTE)

Generic Drug Review

Center Activities

FY 2012 Enacted Base: \$87,936,000 (BA: \$87,936,000)

FY 2014 Total Increase above Base: (+\$170,828,000 / 359 FTE)

FY 2014 Increase above Base for Current Law User Fees (GDUFA): (+\$170,828,000 / 359 FTE)

Field Activities

FY 2012 Enacted Base: \$8,029,000 (BA: \$8,029,000 / UF: \$0)

FY 2014 Total Increase above Base: (+\$16,692,000 / +54 FTE)

FY 2014 Increase above Base for Current Law User Fees (GDUFA): (+\$16,692,000 / +54 FTE)

Drug Quality

Center Activities

FY 2012 Enacted Base: \$100,171,000 (BA: \$44,020,000 / UF: \$56,151,000)

FY 2014 Total Increase above Base: (+\$19,130,000 / 43 FTE)

FY 2014 Increase above Base for Current Law User Fees (PDUFA): (+\$4,993,000 / 8 FTE)

FY 2014 Increase above Base for Current Law User Fees (GDUFA): (+\$14,137,000 / 35 FTE)

Field Activities

FY 2012 Enacted Base: \$91,884,000 (BA: \$91,884,000 / UF: \$0)

FY 2014 Total Increase above Base: (+\$39,626,000 / +139 FTE)

FY 2014 Increase above Base for Current Law User Fees (GDUFA): (+\$36,331,000 / +119 FTE)

FY 2014 Increase above Base for Proposed User Fees (Reinspection): (+\$2,804,000 / +18 FTE)

FY 2014 Increase above Base for Proposed User Fees (International Courier): (+\$491,000 / +2 FTE)

Post Market Safety Oversight

Center Activities

FY 2012 Enacted Base: \$187,275,000 (BA: \$77,389,000 / UF: \$109,886,000)

FY 2014 Total Increase above FY 2012 Enacted: (+\$32,653,000 / 60 FTE)

FY 2014 Increase above Base for Current Law User Fees (PDUFA): (+\$9,771,000 / 10 FTE)

FY 2014 Increase above Base for Current Law User Fees (GDUFA): (+\$22,510,000 / 50 FTE)

FY 2014 Increase above Base for Current Law User Fees (BsUFA): (+\$372,000 / 0 FTE)

Field Activities

FY 2012 Enacted Base: \$4,414,000 (BA: \$4,414,000 / UF: \$0)

FY 2014 Total Increase above Base: (+\$0 / 0 FTE)

Oversight of Drug Promotion

Center Activities

FY 2012 Enacted Base: \$22,342,000 (BA: \$19,216,000 / UF: \$3,126,000)

FY 2014 Total Decrease below FY 2012 Enacted: (+\$278,000 / 0 FTE)

FY 2014 Increase above Base for Current Law User Fees (PDUFA): (+\$278,000 / 0 FTE)

Human Drugs Program Activity Data (PAD)

CDER Workload and Outputs	FY 2012 Actual	FY 2013 Estimate¹	FY 2014 Request
New Drug Review			
Workload – Submissions/Filings/Requests			
New Drug Applications/Biologic Licensing Applications (NDA/BLA)	122	126	136
Efficacy Supplements	135	147	161
Manufacturing Supplements	1,773	1,804	1,796
Commercial INDs (Drugs and Biologics) with Activity	6,046	6,195	6,326
Sponsor Requests: IND-Phase Formal Meetings	1,861	1,904	1,970
Sponsor Requests: Review of Special Study Protocols	276	250	226
Submissions of Promotional Materials	80,592	80,000	80,000
Outputs – Reviews/Approvals			
Reviews: Priority NDA/BLA	28	34	36
Reviews: Standard NDA/BLA	100	83	61
Approvals: Priority NDA/BLA	21	26	29
Approvals: Standard NDA/BLA	71	68	66
Mean time from Receipt to Approval: Priority NDA/BLAs (in months)	10.5	12.4	11.8
Mean time from Receipt to Approval: Standard NDA/BLAs (in months)	18.1	17.8	18.0
Median time from Receipt to Approval: Priority NDA/BLAs (in months)	6.0	6.0	6.0
Median Time from Receipt to Approval: Standard NDA/BLAs (in months)	10.1	10.0	10.0
Reviews: NDA Supplementals	3,336	3,584	3,833
Reviews: Clinical Pharmacology/ Bio-Pharmaceutic	6,100	6,793	7,133
*FY 2012 actual data are currently not available for this category; the FY 2012 estimate has been included.			
Biologic Therapeutics Review			
Workload – Submissions/Filings/Requests			
Receipts: Commercial IND/IDE (Biologics Only)	78	76	74
Receipts: IND/IDE Amendments (Biologics Only)	14,711	13,588	12,605
Outputs – Reviews/Approvals			
Reviews: Total Original License Application (PLA/ELA/BLA)	9	8	8
Approvals: PLA/BLA	6	4	3
Reviews: License Supplement (PLA/ELA/BLA)	340	407	467
Generic Drug Review			
Workload – Submissions/Filings/Requests			
Receipts: Abbreviated New Drug Applications (ANDA)	1,103	850	850
Outputs – Reviews/Approvals			
Actions – ANDA	2,313	2,400	2,500
Approval Actions - ANDA (both Tentative and Full Approvals)**	619	604	625
Median Review Time from ANDA Receipt to Approval (months)	31.75	31.00	31.00
Actions - ANDA Supplementals (Labeling and Manufacturing)	4,453	5,000	5,500
**Assumes additional generic drug user fee resources beginning in FY 2013.			
Over-the-Counter Drug Review			
OTC Monographs Under Development *	28	28	28
OTC Monographs Published*	2	5	5
***Category includes Proposed Rules and Final Rules			
Best Pharmaceuticals for Children Act			
Labels Approved with New Pediatric Information	9	7	7
New Written Requests Issued	15	16	16
Pediatric Exclusivity Determinations made	10	7	7
Post Exclusivity Safety Report	9	9	9
Patient Safety			
Workload – Submissions/Filings/Requests			
Submissions: Adverse Event Reports	904,919	1,013,509	1,135,130
Electronic Submissions: % of Total Adverse Drug Reaction Reports	86%	90%	93%
Electronic Submissions: % of Serious/Unexpected Adverse Drug Reaction Reports	92%	94%	95%
Submissions: Drug Quality Reports	9,900	10,000	10,100
Outputs – Reviews/Approvals			
Safety reviews completed by Office of Surveillance & Epidemiology	2,323	3,000	3,000
Number of drugs with Risk Communications	195	225	250
Administrative/Management Support			
Workload			
Number of Advisory Committee Meetings	47	45	45
Number of FOI Requests	2,468	2,500	2,500
Number of FOI Requests Processed	2,905	2,700	2,700
Number of Citizen Petitions Submitted (excluding suitability petitions and OTC monograph-related petitions)	94	100	100
Number of Citizen Petitions Pending on Last Day of Fiscal year (excluding suitability petitions and OTC monograph-related petitions)	198	203	203
Number of Citizen Petitions Completed [1] (excluding suitability petitions and OTC monograph-related petitions)	117	95	95

¹ Spending authority has been adjusted pursuant to PL 112-175, Section 101(c) for the applicable user fee programs.

**Combined Field Activities – ORA
Program Activity Data**

Field Human Drugs Program Activity Data (PAD)

FDA WORK			
DOMESTIC INSPECTIONS			
UNIQUE COUNT OF FDA DOMESTIC HUMAN DRUG ESTABLISHMENT INSPECTIONS	2,120	1,856	1,856
Pre-Approval Inspections (NDA)	116	171	171
Pre-Approval Inspections (ANDA)	107	216	216
Bioresearch Monitoring Program Inspections	510	563	563
Drug Processing (GMP) Program Inspections	1,134	591 ²	591
Compressed Medical Gas Manufacturers Inspections	280	295	295
Adverse Drug Events Project Inspections	100	120	120
OTC Monograph Project and Health Fraud Project Inspections	77	79	79
Domestic Laboratory Samples Analyzed	1,450	1,450	1,450
FOREIGN INSPECTIONS			
UNIQUE COUNT OF FDA FOREIGN HUMAN DRUG ESTABLISHMENT INSPECTIONS	813¹	952	999³
Foreign Pre-Approval Inspections (NDA) incl PEPFAR	158	98	98
Foreign Pre-Approval Inspections (ANDA) incl PEPFAR	108	83	83
Foreign Bioresearch Monitoring Program Inspections incl PEPFAR	196	240	255 ⁴
Foreign Drug Processing (GMP) Program Inspections	588	797 ²	843 ⁵
Foreign Adverse Drug Events Project Inspections	3	15	15
TOTAL UNIQUE COUNT OF FDA HUMAN DRUG ESTABLISHMENT INSPECTIONS	2,933	2,808	2,855
IMPORTS			
Import Field Exams/Tests	8,134	7,200	7,200
Import Laboratory Samples Analyzed	493	490	490
Import Physical Exam Subtotal	8,627	7,690	7,690
Import Line Decisions	592,591	734,933	911,465
Percent of Import Lines Physically Examined	1.46%	1.05%	0.84%
STATE WORK			
UNIQUE COUNT OF STATE PARTNERSHIP HUMAN DRUG ESTABLISHMENT INSPECTIONS:	100	100	100
State Partnership Inspections: Compressed Medical Gas Manufacturers Inspections	83	83	83
State Partnership Inspections: GMP Inspections	17	17	17
GRAND TOTAL HUMAN DRUG ESTABLISHMENT INSPECTIONS	3,033	2,908	2,955

[1] Spending authority has been adjusted pursuant to PL 112-175, Section 101(c) for the applicable user fee programs.

¹ The FY 2012 actual unique count of foreign inspections includes 43 OIP inspections (2 for China and 41 for India).

² The FY 2013 planned mix of domestic versus foreign GMP inspections shifts quite a few more inspections into the foreign arena, with a corresponding decrease to domestic GMP inspections in comparison to the FY 2012 actuals,

but the overall coverage is not changing. This is being done to achieve greater parity of the foreign versus domestic inspections and thus level out the inspection coverage.

³ For investigators hired with FY 2014 BA funding received through the Office of International Programs (OIP) for the China Import Safety Initiative, the full performance year is FY 2016. During the full performance year (FY 2016), the FY 2014 funding increase for inspections will allow OIP to conduct an additional 120 foreign human drug safety inspections. Please also see the FDA Headquarters /OIP narrative for further information.

⁴ For ORA investigators hired with FY 2011 enacted increases, the full performance year is FY 2014 for foreign generic drug bioequivalence laboratory inspections. During the full performance year (FY 2014), the FY 2011 funding increases for inspections ORA to conduct an additional 15 foreign bioresearch monitoring inspections.

⁵ For ORA investigators hired with FY 2011 enacted increases, the full performance year is FY 2014. During the full performance year (FY 2014), the FY 2011 funding increases for inspections will allow ORA to conduct an additional 46 foreign GMP surveillance inspections.