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User Fees and Refunds for Premarket Approval Applications and Device Biologics License Applications

Guidance for Industry and Food and Drug Administration Staff

Document issued on December 12, 2018.

Document originally issued on April 2, 2013.

**This document supersedes “User Fees and Refunds for Premarket Approval
Applications and Device Biologics License Applications”
issued October 2, 2017.**

For questions regarding submissions to the Center for Devices and Radiological Health (CDRH), contact the Premarket Approval Staff at 301-796-5640.

For questions regarding submissions to the Center for Biologics Evaluation and Research (CBER), contact the Office of Communication, Outreach and Development at 1-800-835-4709 or 240-402-8010.



**U.S. Department of Health and Human Services
Food and Drug Administration
Center for Devices and Radiological Health
Center for Biologics Evaluation and Research**

Preface

Public Comment

You may submit electronic comments and suggestions at any time for Agency consideration to <https://www.regulations.gov>. Submit written comments to the Dockets Management Staff, Food and Drug Administration, 5630 Fishers Lane, Room 1061, (HFA-305), Rockville, MD 20852. Identify all comments with the docket number FDA-2009-D-0051. Comments may not be acted upon by the Agency until the document is next revised or updated.

Additional Copies

CDRH

Additional copies are available from the Internet. You may also send an e-mail request to CDRH-Guidance@fda.hhs.gov to receive a copy of the guidance. Please use the document number 1681 to identify the guidance you are requesting.

CBER

Additional copies are available from the Center for Biologics Evaluation and Research (CBER), Office of Communication, Outreach and Development (OCOD), 10903 New Hampshire Ave., WO71, Room 3128, Silver Spring, MD 20903, or by calling 1-800-835-4709 or 240-402-8010, by email, ocod@fda.hhs.gov, or from the Internet at <https://www.fda.gov/BiologicsBloodVaccines/GuidanceComplianceRegulatoryInformation/Guidances/default.htm>.

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User Fees and Refunds for Premarket Approval Applications and Device Biologics License Applications

Guidance for Industry and Food and Drug Administration Staff

This guidance represents the Food and Drug Administration's (FDA's) current thinking on this topic. It does not create or confer any rights for or on any person and does not operate to bind FDA or the public. You can use an alternative approach if the approach satisfies the requirements of the applicable statutes and regulations. If you want to discuss an alternative approach, contact the FDA staff responsible for implementing this guidance. If you cannot identify the appropriate FDA staff, call the appropriate number listed on the title page of this guidance.

I. Introduction

During the review of a premarket submission, the review clock is impacted by both FDA's and Industry's action. The Medical Device User Fee Amendments of 2017¹ (MDUFA IV), amended the Federal Food, Drug, and Cosmetic Act (FD&C Act or the Act) to authorize FDA to collect user fees for the review of certain premarket submissions received on or after October 1, 2017, including premarket approval applications (PMAs) and certain biologics license applications (BLAs). The additional funds obtained from user fees will enable FDA, with the cooperation of industry, to improve the medical device review process to meet certain performance goals and implement improvements for the medical device review process as outlined in the letter from the Secretary of Health and Human Services to Congress.² For more information on performance goals for PMAs, see the guidance "[FDA and Industry Actions on Premarket Approval Applications \(PMAs\): Effect on FDA Review Clock and Goals Performance](https://www.fda.gov/oc/2017/08/21/fda-and-industry-actions-on-premarket-approval-applications-pmas-effect-on-fda-review-clock-and-goals-performance),"³.

¹ See Title II of the FDA Reauthorization Act of 2017 (Public Law 115-52).

² See 163 CONG. REC. S4729-S4736 (daily ed. August 2, 2017) (Food and Drug Administration User Fee Reauthorization), also available at <https://www.fda.gov/downloads/ForIndustry/UserFees/MedicalDeviceUserFee/UCM526395.pdf>. Performance goals established for BLAs are also outlined in this commitment letter.

³ <https://www.fda.gov/ucm/groups/fdagov-public/@fdagov-meddev-gen/documents/document/ucm089734.pdf>

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Medical device user fees were initially authorized by the Medical Device User Fee and Modernization Act of 2002 (MDUFMA).⁴ Since MDUFMA was first enacted in 2002, it has been reauthorized three times (the Medical Device User Fee Amendments of 2007 (MDUFA II),⁵ the Medical Device User Fee Amendments of 2012 (MDUFA III),⁶ and the Medical Device User Fee Amendments of 2017 (MDUFA IV)⁷). For additional information on medical device user fees, please see:

<https://www.fda.gov/ForIndustry/UserFees/MedicalDeviceUserFee/default.htm>. The purpose of this guidance document is to identify: (1) the types of PMAs and BLAs subject to device user fees; (2) exceptions to user fees; and (3) the actions that may result in refunds of user fees that have been paid.

For information regarding bundling of multiple submissions, see “[Bundling Multiple Devices or Multiple Indications in a Single Submission: Guidance for Industry and Food and Drug Administration Staff](#).”⁸

FDA's guidance documents, including this guidance document, do not establish legally enforceable responsibilities. Instead, guidance documents 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 guidance documents means that something is suggested or recommended, but not required.

II. Types of PMA Applications Subject to User Fees⁹

In accordance with the FD&C Act, as amended by MDUFA IV, the following types of PMA applications¹⁰ are subject to user fees:

- Original PMAs;
- Modular PMAs;
- Premarket Reports;
- Licensing Agreement PMAs;
- Panel-Track Supplements;
- 180-day Supplements;
- Real-time Supplements;
- 30-day Notices; and
- Periodic Reports.

⁴ See the Medical Device User Fee and Modernization Act of 2002 (Public Law 107-250).

⁵ See Title II of the Food and Drug Administration Amendments Act of 2007 (Public Law 110-85).

⁶ See Title II of the Food and Drug Administration Safety and Innovation Act (Public Law 112-144).

⁷ See Title II of the FDA Reauthorization Act of 2017 (Public Law 115-52).

⁸ <https://www.fda.gov/ucm/groups/fdagov-public/@fdagov-meddev-gen/documents/document/ucm089732.pdf>

⁹ See section 738(a)(2)(A) of the FD&C Act.

¹⁰ Section 737(1) of the FD&C Act includes product development protocols within the definition of premarket applications subject to user fees.

A. Original PMAs

An original PMA is one in which all elements required under 21 CFR 814.20 are submitted at the same time in a single application. For original PMAs submitted on or after October 1, 2002, FDA will assess the user fee in effect at the time of the submission (e.g., \$310,764 in fiscal year 2018 (FY18)).¹¹

B. Modular PMAs

A modular PMA is a compilation of sections or “modules” that are submitted at different times that together become a complete application. For modular PMAs submitted on or after October 1, 2002, FDA will assess the user fee in effect for an original PMA at the time of submission of the first module.¹² For more information on the modular PMA process, see the guidance document, “[Premarket Approval Application Modular Review](#).”¹³ Premarket Reports

A premarket report (PMR) is a marketing application for class III reprocessed single use devices (SUDs) that otherwise would have required a premarket approval application.¹⁴ Among other information, a PMR must include validation data regarding cleaning, sterilization, and functional performance of the reprocessed device to ensure it is substantially equivalent to a legally marketed device. For PMRs submitted on or after October 1, 2002, FDA will assess the user fee in effect for an original PMA at the time of the submission.

C. Licensing Agreement PMAs

A licensing agreement PMA involves a PMA applicant (hereafter referred to as a licensor) entering a licensing agreement with another party (hereafter referred to as a licensee) to provide that party with permission to reference the data in its PMA. The licensee, after submitting the licensing agreement PMA to FDA, may request FDA to approve its own device, by referencing all the information that was used as a basis for approval of the licensor’s device. Upon receiving FDA’s approval, the licensee assumes all the responsibilities of a PMA applicant, including the manufacture and distribution of a device that is identical to the licensor’s. In addition, following approval of the licensing agreement, licensees may choose to make changes to their product. As for all PMA applicants, such changes may require the submission of a PMA supplement.

Under the FD&C Act’s user fee provisions, there is no distinction with respect to fee amounts for PMAs based on licensing agreements and those based on original data.¹⁵ Therefore, original PMAs and PMA supplements based on licensing agreements are subject to the same fees as submissions based on original data. Similarly, certain PMA supplements submitted to a

¹¹ See section 738(b)(2) of the FD&C Act.

¹² See section 738(a)(2)(C) of the FD&C Act.

¹³ <https://www.fda.gov/ucm/groups/fdagov-public/@fdagov-meddev-gen/documents/document/ucm089767.pdf>

¹⁴ See section 515(c)(2)(A) of the FD&C Act.

¹⁵ See section 738(a)(2)(A) of the FD&C Act.

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licensee's PMA would be subject to a user fee just as such supplements to a licensor's PMA would be subject to user fees.

D. Panel-Track Supplements

Section 737(4)(B) of the FD&C Act defines "panel-track supplement" as "supplement to an approved premarket application or premarket report under section 515 that requests a significant change in design or performance of the device, or a new indication for use of the device, and for which substantial clinical data are necessary to provide a reasonable assurance of safety and effectiveness." For more information on panel-track supplements, see the guidance document, "[Modifications to Devices Subject to Premarket Approval \(PMA\) – The PMA Supplement Decision-Making Process](#)."¹⁶

For panel-track supplements submitted on or after October 1, 2002, FDA will assess the user fee in effect at the time of submission (e.g., \$233,073 for FY18).¹⁷

E. 180-Day Supplements

Section 737(4)(C) of the FD&C Act defines "180-day supplement" as "a supplement to an approved premarket application or premarket report under section 515 that is not a panel-track supplement and requests a significant change in components, materials, design, specification, software, color additives, or labeling." For more information on 180-day supplements, see the guidance document, "Modifications to Devices Subject to Premarket Approval (PMA) – The PMA Supplement Decision-Making Process"

For 180-day supplements submitted on or after October 1, 2002, FDA will assess the user fee in effect at the time of the submission (e.g., \$46,615 for FY18).¹⁸

F. Real-Time Supplements

Section 737(4)(D) of the FD&C Act defines "real-time supplement" as "a supplement to an approved premarket application or premarket report under section 515 that requests a minor change to the device, such as a minor change to the design of the device, software, sterilization, or labeling, and for which the applicant has requested and the Agency has granted a meeting or similar forum to jointly review and determine the status of the supplement." For more information on real-time supplements, see the guidance documents, "[Real-Time Premarket](#)

¹⁶

<https://www.fda.gov/downloads/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm089767.pdf>

¹⁷ See section 738(a)(2)(A)(iii) of the FD&C Act.

¹⁸ See section 738(a)(2)(A)(iv) of the FD&C Act.

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[Approval Application \(PMA\) Supplements](#)¹⁹ and [“Modifications to Devices Subject to Premarket Approval \(PMA\) – The PMA Supplement Decision-Making Process.”](#)²⁰

For real-time supplements submitted on or after October 1, 2002, FDA will assess the user fee in effect at the time of the submission (e.g., \$21,753 for FY18).²¹

G. 30-Day Notices

Section 737(5) of the FD&C Act defines “30-day notice” as “a notice under section 515(d)(6) that is limited to a request to make modifications to manufacturing procedures or methods of manufacture affecting the safety and effectiveness of the device.” For more information on 30-day notices, see the guidance documents, [“30-Day Notices, 135-Day Premarket Approval \(PMA\) Supplements and 75-Day Humanitarian Device Exemption \(HDE\) Supplements for Manufacturing Method or Process Changes”](#)²² and [“Modifications to Devices Subject to Premarket Approval \(PMA\) – The PMA Supplement Decision-Making Process.”](#)²³

For 30-day notices received on or after October 1, 2007, FDA will assess the user fee in effect at the time of the submission (e.g., \$4,972 for FY18).²⁴ If a 30-day notice is converted to a 135-day supplement, the user fee paid for the 30-day notice will not be refunded.

H. Periodic Reports

In accordance with 21 CFR 814.82(a)(7), FDA may require, as a condition of approval, submission to FDA at intervals specified in the approval order of periodic reports containing the information required by 21 CFR 814.84(b). In most cases, after the PMA is approved, the PMA applicant is required to submit reports to FDA annually unless a different time frame is specified in the approval order. Accordingly, periodic reports are typically referred to by FDA and industry as “annual reports.” Periodic reports are separate from the post-approval study reports, which are discussed in the guidance document, [“Procedures for Handling Post-Approval Studies Imposed by PMA Order.”](#)²⁵ Under section 212 of Food and Drug Administration Amendments Act of 2007 (FDAAA), PMA applicants are subject to an “annual fee for periodic reporting concerning a class III device.” FDA will assess the user fee in effect at the time of the

¹⁹ <https://www.fda.gov/ucm/groups/fdagov-public/@fdagov-meddev-gen/documents/document/ucm089612.pdf>

²⁰ <https://www.fda.gov/ucm/groups/fdagov-public/@fdagov-meddev-gen/documents/document/ucm270606.pdf>

²¹ See section 738(a)(2)(A)(v) of the FD&C Act.

²² <https://www.fda.gov/ucm/groups/fdagov-public/@fdagov-meddev-gen/documents/document/ucm080194.pdf>

²³ <https://www.fda.gov/ucm/groups/fdagov-public/@fdagov-meddev-gen/documents/document/ucm270606.pdf>

²⁴ See section 738(a)(2)(A)(vi) of the FD&C Act.

²⁵

<https://www.fda.gov/downloads/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm071013.pdf>

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submission of the periodic report (e.g., \$10,877 for FY18).²⁶ Note that PMAs are not subject to the periodic reporting user fee until the first fiscal year following approval of the original PMA. This corresponds to when the first periodic report would be due. Also, devices with approved PMAs that have been subsequently reclassified into class II or withdrawn are not subject to PMA regulations and therefore will not be assessed a periodic reporting user fee. Although FDA has allowed some applicants to submit bundled periodic reports, the annual fee is required for each approved PMA identified in the periodic report.

III. Types of Biologics License Applications Subject to Device User Fees

In accordance with the FD&C Act, as amended by MDUFA IV, the following applications for devices subject to licensure under section 351 of the Public Health Service Act, are subject to user fees:

- Original biologics license applications (BLAs), which are included in the user fee definition of “premarket application” in section 737(1) of the FD&C Act; and
- BLA Efficacy Supplements (BLSs), which are defined for user fee purposes in section 737(4)(E).

Under sections 738(a)(2)(A)(i) and (vii), both applications are assessed the user fee applicable to a premarket application that is in effect at the time of the submission (e.g., \$310,764 in FY18).

A. Original BLAs

An original BLA is one in which all elements required under 21 CFR 601.2 are submitted at the same time in a single application. User fees will be assessed for original applications.

B. BLA Efficacy Supplements

According to section 737(4)(E) of the FD&C Act, “efficacy supplement” is defined as “a supplement to an approved premarket application under section 351 of the Public Health Service Act that requires substantive clinical data.”

User fees will be assessed for efficacy supplements containing the types of clinical data that are required to form the primary basis for approval, e.g., study reports or literature reports that are explicitly or implicitly represented by the applicant to be adequate and well-controlled trials.

For purposes of assessing user fees, “clinical data” do not include data used solely to modify the labeling to add a restriction that would improve the safe use of the product (e.g., to add a limitation or warning to the labeling). In addition, supplements to BLAs based solely on equivalence studies (in-house testing with limited external testing) are not considered to contain clinical data for purposes of assessing user fees.

²⁶ See section 738(a)(2)(A)(x) of the FD&C Act.

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For the types of changes listed below, substantive clinical data are generally necessary to demonstrate the equivalence of the identity, strength, quality, purity, or potency of the product as they may relate to the safety or effectiveness of the product. Therefore, applicants should submit an efficacy supplement and pay the associated fee for:

- a new indication for use (e.g., new platform, new patient population/disease state);
- a significant change in design; or
- a significant change in performance.

For example, a change in an HIV test kit for blood donor screening to include an additional strain or a change in a Blood Grouping Reagent to include a different source of raw material (e.g., changing from one monoclonal antibody cell line to another) both require substantive clinical data to support the change. Therefore, these would be classified as efficacy supplements and would require payment of the associated user fee.

IV. Exceptions to User Fees

Under the FD&C Act's user fee provisions, any PMA or BLA that is intended solely for a pediatric population is exempt from user fees.²⁷ There may be situations where, upon review of the device and its intended population, FDA determines that the application qualified for the pediatric exception although the applicant did not request a waiver. In such a case, FDA would refund the user fee. However, if after approval of an original or modular PMA or a BLA for pediatric use, the applicant proposes conditions of use for an adult population, the supplement is subject to the full user fee of a traditional PMA or BLA in effect at the time of submission.²⁸

A first ever original PMA or BLA submitted by a qualifying small business is also granted a one-time waiver of the user fee.²⁹ To qualify for this exception, a business, together with its affiliates, must have gross receipts or sales of no more than \$30 million for the most recent tax year.³⁰

Additionally, a BLA submitted under section 351 of the Public Health Service Act for a product licensed for further manufacturing use only is exempt from user fees.³¹

The FD&C Act also allows an exception from user fees for a PMA or BLA submitted by a state or federal government entity "unless the device involved is to be distributed commercially."³² While permitted by statute, FDA does not anticipate that many PMAs or BLAs will be submitted under these circumstances.

²⁷ See section 738(a)(2)(B)(v)(I) of the FD&C Act.

²⁸ See section 738(a)(2)(B)(v)(II) of the FD&C Act.

²⁹ See section 738(d)(1) of the FD&C Act.

³⁰ See section 738(d)(1) of the FD&C Act.

³¹ See section 738(a)(2)(B)(ii) of the FD&C Act.

³² See section 738(a)(2)(B)(iii) of the FD&C Act.

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The following PMA supplements are not subject to user fees and do not require submission of user fee cover sheets:

- Special PMA supplement;
- PMA supplement for manufacturing/sterilization site change;
- PMA supplement for trade name change;
- PMA supplement for post approval study protocol; and
- PMA post approval study labeling update.

The following BLA supplements submitted in accordance with 21 CFR 601.12 are not subject to user fees:

- Prior Approval Supplements (PASs) that do not meet the definition of an efficacy supplement
- Changes Being Effected in 30 days (CBE-30s)
- Changes Being Effected (CBEs)
- Annual reports (ARs)

V. User Fee Payments

As outlined below, there are three ways you may submit your user fee.³³ Be sure to include the Payment Identification Number (PIN, beginning with MD)³⁴ and the FDA P.O. Box on your check, bank draft, or U.S. Postal Money Order. Also, you should include a printed copy of your User Fee Cover Sheet (Form FDA-3601, accessible through FDA's User Fee System at https://userfees.fda.gov/OA_HTML/fdaCAcdLogin.jsp) with your payment.

- 1) Preferred method – Credit Card or Electronic Check (ACH): FDA has partnered with the U.S. Department of the Treasury to utilize <https://www.pay.gov>, a Web-based payment system, for online electronic payment. You may make a payment via electronic check or credit card after submitting your cover sheet. To pay online, select the “Pay Now” button. Credit card transactions for cover sheets are limited to \$24,499.99.
- 2) Check: All paper checks must be in U.S. currency from a U.S. bank and made payable to the Food and Drug Administration. Please write your unique PIN, from the upper right-hand corner of your completed Medical Device User Fee cover sheet, on the check and mail the check to the appropriate address listed below. FDA will not be able to process your payment correctly without your cover sheet PIN.

Check payments by mail:

US Bank Lock Box
P.O. Box 956733
St. Louis, MO 63195-6733

³³ Additional information regarding payment of user fees is available at https://userfees.fda.gov/OA_HTML/ndufmaFAQ.html.

³⁴ A PIN is obtained after creating a User Fee Cover Sheet and selecting “Submit Cover Sheet to FDA.”

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Note: In no case should payment be submitted with the application.

Check payments delivered by a courier service:

US Bank
ATTN: Government Lockbox 956733
1005 Convention Plaza
St. Louis, MO 63101

Note: This address is for courier delivery only. If you have any questions concerning courier delivery, contact US Bank at (314) 418-4013.

- 3) Wire Transfer: Please include your application's unique PIN, from the upper right-hand corner of your completed Medical Device User Fee cover sheet, in your wire transfer. Without the PIN your payment may not be applied to your cover sheet and review of your application will be delayed.

The originating financial institution may charge a wire transfer fee. Please ask your financial institution about the fee and include it with your payment to ensure that your cover sheet is fully paid.

Wire transfer information:

US Department of the Treasury
TREAS NYC
33 Liberty Street
New York, NY 10045
FDA Deposit Account Number: 75060099
US Department of Treasury routing/transit number: 021030004
SWIFT Number: FRNYUS33
Beneficiary: FDA
1350 Piccard Drive
Rockville, MD 20850

VI. User Fee Refunds

User fee refunds are handled as described below.

A. eCopy criteria not met for a PMA Application

FDA has issued the guidance, “[eCopy Program for Medical Device Submissions](https://www.fda.gov/ucm/groups/fdagov-public/@fdagov-meddev-gen/documents/document/ucm313794.pdf)”³⁵, to implement section 1136 of Food and Drug Administration Safety and Innovation Act (FDASIA), which added section 745A(b) of the FD&C Act, and provides statutory authority to require eCopy. If FDA does not receive an eCopy, or receives an eCopy that cannot be accepted because it does not meet our technical standards, the omission or reasons for that failure will be communicated to the applicant in writing to aid in their creation of a valid replacement eCopy. If

³⁵ <https://www.fda.gov/ucm/groups/fdagov-public/@fdagov-meddev-gen/documents/document/ucm313794.pdf>

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a valid eCopy is not received within 180 days of this notification, the submission will be deleted from our system and FDA will refund the fee paid.

B. Acceptance criteria not met for a PMA Application

If after an administrative review, FDA determines the required elements are not present in the PMA application, the applicant will be notified within 15 days of receipt in writing that the submission is incomplete and has not been accepted. If the applicant decides not to provide the missing information, they may send a letter to withdraw the submission and request a refund of the fee paid.

C. Applicant requests withdrawal of an Original PMA or Panel-Track Supplement before filing

If an applicant requests withdrawal of an original PMA or panel-track supplement after the acceptance decision but before FDA makes the filing decision, we will refund 75% of the user fee.³⁶

D. Filing criteria not met for an Original PMA or Panel-Track Supplement

If FDA issues a not-filed letter for an original PMA or panel-track supplement, the applicant can request a refund of 75% of the fee paid.³⁷ When an applicant amends a PMA to respond to a not-filed letter, FDA will require the full user fee in effect at the time of submission. For additional information, please refer to the guidance, “[Acceptance and Filing Reviews for Premarket Approval Applications \(PMAs\)](#).”³⁸

E. Applicant requests withdrawal of a filed Original PMA or Panel-Track Supplement, but FDA has not taken a first action

FDA has the discretion to refund fees if an applicant withdraws its PMA or panel-track supplement after FDA has filed it but before we have taken a first action.³⁹ First actions may be the issuance of a major deficiency letter, a not approvable letter, an approvable letter, an approval order, or a withdrawal letter. See the guidance document, “[FDA and Industry Actions](#)

³⁶ See section 738(a)(2)(D)(ii) of the FD&C Act.

³⁷ See section 738(a)(2)(D)(i) of the FD&C Act.

³⁸ <https://www.fda.gov/ucm/groups/fdagov-public/@fdagov-meddev-gen/documents/document/ucm313368.pdf>

³⁹ See section 738(a)(2)(D)(iii) of the FD&C Act.

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[on Premarket Approval Applications \(PMAs\): Effect on FDA Review Clock and Goals](#)⁴⁰, for more information regarding PMA actions.

FDA will base any refund it issues *after* a filing but *before* a first action is taken on the “level of effort already expended on the review,” as required by the FD&C Act.⁴¹ FDA believes that, in most instances, our level of effort can be appropriately assessed by the number of days that an application was under review. This approach permits FDA to calculate and process refunds much more efficiently than if we were to attempt to estimate factors on a case-by-case basis, such as the amount of time each member of the review team spent on the review and the significance and complexity of the scientific, medical, technical, and regulatory issues examined during the course of the review.

For these reasons, FDA intends to make refunds by referring to the following guidelines for original PMAs and panel-track supplements:

- when withdrawn between the date of the filing decision and day 90, a 50% refund of the user fee;
- when withdrawn between day 91 and day 135, a 25% refund of the user fee; or
- when withdrawn after day 135, no user fee refund.

FDA recognizes, however, that when there are unusual circumstances, the number of days that an application was under review may not provide a complete picture. Under such unusual circumstances, FDA may take additional factors other than the number of days under review into consideration.

Although you may request that FDA reconsider its decision about a user fee refund, “[t]he Secretary has sole discretion to refund a fee or portion of the fee” for an application withdrawn after filing but before first action.⁴² A determination by the Secretary concerning a refund is not reviewable.

F. FDA has taken a first action on an Original PMA or Panel-Track Supplement

In accordance with the FD&C Act, if an applicant requests withdrawal of an original PMA or panel-track supplement at any time after FDA has taken its first action, regardless of when the action is taken, FDA will not refund any portion of the user fee.⁴³

⁴⁰ <https://www.fda.gov/ucm/groups/fdagov-public/@fdagov-meddev-gen/documents/document/ucm089738.pdf>

⁴¹ See section 738(a)(2)(D)(iii) of the FD&C Act.

⁴² See section 738(a)(2)(D)(vi) of the FD&C Act.

⁴³ Section 738(a)(2)(D)(iii) of the FD&C Act does not provide FDA with authority to refund any portion of fees after the Agency has taken a first action on an application.

G. Modular PMAs

For a modular PMA, the applicant is required by statute to pay a full fee for an original PMA when the first module is submitted.⁴⁴ Although there is no filing review completed on the individual modules, actions can be taken. Module actions include an acceptance letter or a deficiency letter.

Upon receipt of the last module, the modular PMA is converted to an original PMA review track. At that point, the filing review for that PMA is initiated. See the guidance document, "[Premarket Approval Application Modular Review](#)"⁴⁵, for a complete discussion of the modular PMA review program.

User fee refunds for modular PMAs for which the first module was received between October 1, 2002 and September 30, 2007 will be handled in the following manner:

- when withdrawn prior to FDA's filing decision, a 75% refund of the user fee;⁴⁶
- when withdrawn after the filing decision but before a first action, FDA will follow the guidelines presented in section VI, part E above; or
- when withdrawn after the filing decision and a first action, no user fee refund.⁴⁷

User fee refunds for modular PMAs for which the first module was received on or after October 1, 2007 will be handled in the following manner:

- when withdrawn prior to submission of a second module and before a first action on the first module, a 75% refund of the user fee;⁴⁸ or
- when withdrawn after a second or subsequent module is submitted but before any first action on that module, the refund, if any, will be based on the "level of effort already expended on the review on the modules submitted."⁴⁹ For this situation, FDA intends to make refunds by referring to the following guidelines:
 - after a second module but before any first action on that module, 50% refund of the user fee;
 - after a third module but before any first action on that module, 25% refund of the user fee; or
 - after a fourth or subsequent module, no user fee refund.

⁴⁴ See section 738(a)(2)(C) of the FD&C Act.

⁴⁵

<https://www.fda.gov/downloads/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm089767.pdf>

⁴⁶ See section 738(a)(2)(D)(ii) of the FD&C Act.

⁴⁷ See section 738(a)(2)(D)(iii) of the FD&C Act.

⁴⁸ See section 738(a)(2)(D)(iv) of the FD&C Act.

⁴⁹ See section 738(a)(2)(D)(v) of the FD&C Act.

H. Premarket Reports

For premarket reports, FDA will follow the same user fee refund provisions as described above for original PMAs in section VI, parts C through F.

I. Licensing Agreement PMAs

Licensing agreement PMAs are considered filed upon receipt. In cases where an applicant submits a licensing agreement PMA that includes new manufacturing procedures and/or a new manufacturing facility and requests withdrawal before FDA takes its first action, we intend to apply the refund policy discussed above (see section VI, part E above) for original PMAs. If, however, the licensing agreement PMA incorporates by authorized reference all the information required by 21 CFR 814.20, including the same manufacturing procedures and facilities, and an applicant requests withdrawal before first action (generally an approval order), FDA plans to refund the full user fee.

J. 180-Day Supplements

For 180-day supplements, FDA considers the application filed upon receipt. The fees for these types of supplements are significantly less than those required for original PMAs, and, generally, the reviews are conducted over a shorter period of time. Therefore, in accordance with FDA's authority under section 738(a)(2)(D)(iii) of the FD&C Act, which bases the refund on the amount of effort expended, FDA does not intend to refund any amount of the user fee for this type of supplement after it has been filed.

K. Real-Time Supplements

For real-time supplements, FDA will follow the same user fee refund provisions as described above for 180-day supplements.

L. 30-Day Notices

For 30-day notices, FDA will follow the same user fee refund provisions as described above for 180-day supplements.

M. Periodic Reports

FDA does not intend to refund any amount of the annual fee for periodic reports.

N. eCopy criteria not met for a BLA Application

If FDA does not receive an eCopy,⁵⁰ or receives an eCopy that cannot be accepted because it does not meet our technical requirements, the omission or reasons for that failure will be communicated to the applicant in writing to aid in their creation of a valid replacement eCopy. If a valid eCopy is not received within 180 days of this notification, the submission will be closed in our system and FDA will refund the fee paid.

O. Applicant requests withdrawal of an Original BLA or Efficacy Supplement before filing

If an applicant requests withdrawal of an original BLA or efficacy supplement before FDA makes the filing decision, we will refund 75% of the user fee.⁵¹

P. Filing criteria not met for an Original BLA or Efficacy Supplement

If FDA issues a refusal to file letter for an original BLA or efficacy supplement, the applicant can request a refund of 75% of the fee paid.⁵² When an applicant resubmits a BLA in response to a refusal to file letter, FDA will require the full user fee in effect at the time of resubmission.

Q. Applicant requests withdrawal of a filed Original BLA or Efficacy Supplement, but FDA has not taken a first action

FDA has the discretion to refund fees if an applicant withdraws its BLA or efficacy supplement after FDA has filed it but before we have taken a first action.⁵³ First action means the issuance of a complete response letter after the complete review of a filed complete application.

FDA will base any refund it issues *after* a filing but *before* a first action is taken on the “level of effort already expended on the review,” as required by the FD&C Act.⁵⁴ FDA believes that, in most instances, our level of effort can be appropriately assessed by the number of days that an application was under review. This approach permits FDA to calculate and process refunds much more efficiently than if we were to attempt to estimate factors on a case-by-case basis, such as the amount of time each member of the review team spent on the review and the significance and complexity of the scientific, medical, technical, and regulatory issues examined during the course of the review.

⁵⁰ See the guidance document, “eCopy Program for Medical Device Submissions” (<https://www.fda.gov/downloads/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/UCM313794.pdf>).

⁵¹ See section 738(a)(2)(D)(ii) of the FD&C Act.

⁵² See section 738(a)(2)(D)(i) of the FD&C Act.

⁵³ See section 738(a)(2)(D)(iii) of the FD&C Act.

⁵⁴ Ibid.

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For these reasons, FDA intends to make refunds by referring to the following guidelines for original BLAs and efficacy supplements:

- when withdrawn between the date of the filing decision and day 152, a 50% refund of the user fee;
- when withdrawn between day 152 and day 228, a 25% refund of the user fee; or
- when withdrawn after day 228, no user fee refund.

FDA recognizes, however, that when there are unusual circumstances, the number of days that an application was under review may not provide a complete picture. Under such unusual circumstances, FDA may take additional factors other than the number of days under review into consideration.

Although you may request that FDA reconsider its decision about a user fee refund, “[t]he Secretary has sole discretion to refund a fee or portion of the fee” for an application withdrawn after filing but before first action.⁵⁵ A determination by the Secretary concerning a refund is not reviewable.⁵⁶

R. FDA has taken a first action on an Original BLA or Efficacy Supplement

In accordance with the FD&C Act, if an applicant requests withdrawal of an original BLA or efficacy supplement at any time after FDA has taken its first action, regardless of when the action is taken, FDA will not refund any portion of the user fee.⁵⁷

VII. How to Request a User Fee Refund

To request a refund, an applicant must submit a written request to the appropriate Center in FDA at the address below *no later than 180 days after the fee was due*.⁵⁸

For products regulated by CDRH:

U.S. Food and Drug Administration
Center for Devices and Radiological Health
PMA Document Mail Center – WO66 – G609
10903 New Hampshire Avenue
Silver Spring, MD 20993

Alternatively, you may submit a written refund request to CDRH via email at:

CDRHPreMarketProgramOperations@fda.hhs.gov.

For products regulated by CBER:

⁵⁵ See section 738(a)(2)(D)(vi) of the FD&C Act.

⁵⁶ *Ibid.*

⁵⁷ Section 738(a)(2)(D)(iii) of the FD&C Act does not provide FDA with authority to refund any portion of fees after the agency has taken a first action on an application.

⁵⁸ See section 738(k) of the FD&C Act.

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U.S. Food and Drug Administration
Center for Biologics Evaluation and Research
Document Control Center
10903 New Hampshire Avenue
WO71, G112
Silver Spring, MD 20993-0002