
Use of a Drug Master File for Shared System REMS Submissions

Guidance for Industry

DRAFT GUIDANCE

This guidance document is being distributed for comment purposes only.

Comments and suggestions regarding this draft document should be submitted within 60 days of publication in the *Federal Register* of the notice announcing the availability of the draft guidance. Submit electronic comments to <https://www.regulations.gov>. Submit written comments to the Dockets Management Staff (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852. All comments should be identified with the docket number listed in the notice of availability that publishes in the *Federal Register*.

For questions regarding this draft document, contact (CDER) Gita Toyserkani 301-796-1783 or (CBER) Office of Communication, Outreach and Development, 800-835-4709 or 240-402-8010.

**U.S. Department of Health and Human Services
Food and Drug Administration
Center for Drug Evaluation and Research (CDER)
Center for Biologics Evaluation and Research (CBER)**

**November 2017
Procedural**

Use of a Drug Master File for Shared System REMS Submissions

Guidance for Industry

*Additional copies are available from:
Office of Communications, Division of Drug Information
Center for Drug Evaluation and Research
Food and Drug Administration
10001 New Hampshire Ave., Hillandale Bldg., 4th Floor
Silver Spring, MD 20993-0002*

Phone: 855-543-3784 or 301-796-3400; Fax: 301-431-6353

Email: druginfo@fda.hhs.gov

<https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/default.htm>

and/or

*Office of Communication, Outreach and Development
Center for Biologics Evaluation and Research
Food and Drug Administration
10903 New Hampshire Ave., Bldg. 71, Room 3128
Silver Spring, MD 20993-0002*

Phone: 800-835-4709 or 240-402-8010

Email: ocod@fda.hhs.gov

<https://www.fda.gov/BiologicsBloodVaccines/GuidanceComplianceRegulatoryInformation/Guidances/default.htm>

**U.S. Department of Health and Human Services
Food and Drug Administration
Center for Drug Evaluation and Research (CDER)
Center for Biologics Evaluation and Research (CBER)**

**November 2017
Procedural**

Contains Nonbinding Recommendations

Draft — Not for Implementation

TABLE OF CONTENTS

I.	INTRODUCTION.....	1
II.	BACKGROUND	2
III.	OVERVIEW OF THE SSR DMF	4
A.	Ownership of the SSR DMF.....	4
B.	Establishing the SSR DMF.....	4
C.	Authorization To Refer to the SSR DMF	5
D.	Contents of the SSR DMF	5
E.	Communication About the SSR DMF	6
IV.	CROSS-REFERENCE SUBMISSIONS FOR SSR APPLICANTS	6
V.	CONTACT INFORMATION.....	8

Contains Nonbinding Recommendations

Draft — Not for Implementation

**Use of a Drug Master File for
Shared System REMS Submissions**

Guidance for Industry¹

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

I. INTRODUCTION

This guidance provides recommendations for applicants that are part of a shared system risk evaluation and mitigation strategy (REMS) on using an electronic Type V² Drug Master File (DMF)³ for shared system REMS (SSR) submissions. The recommendations in this guidance are intended to improve the efficiency of submitting SSR to the Agency.⁴

The use of a DMF is not a requirement for SSRs. However, if applicants that are subject to and participating in an SSR choose to use a DMF, this guidance provides an overview of a recommended approach for their SSR submissions. Additional and more-detailed submission instructions are included in a separate technical guide, *Technical Conformance Guide for Shared System REMS Drug Master File Submissions (the SSR DMF Technical Conformance Guide)*, which will be updated periodically.⁵

¹ This guidance has been prepared by the Office of Medication Error Prevention and Risk Management, Office of Surveillance and Epidemiology, in collaboration with other Offices in the Center for Drug Evaluation and Research and with the Center for Biologics Evaluation and Research (CBER), at the Food and Drug Administration.

² Type V FDA-Accepted Reference Information DMF.

³ 21 CFR 314.420(a)(5).

⁴ This guidance discusses DMF submissions for the following products: drug products marketed for human use with approved new drug applications (NDAs) and abbreviated new drug applications (ANDAs), and biological products marketed for human use with approved biologics license applications (BLAs).

⁵ To make sure you have the most recent version of the SSR DMF Technical Conformance Guide, check the FDA website at <https://www.fda.gov/drugs/developmentapprovalprocess/formsubmissionrequirements/electronic submissions/ucm535180.htm>.

Contains Nonbinding Recommendations

Draft — Not for Implementation

28 If SSR applicants choose to use the DMF, as of the date specified by FDA, they must submit the
29 DMFs in the Electronic Common Technical Document (eCTD) format, as previously stated in
30 the guidance for industry on *Providing Regulatory Submissions in Electronic Format — Certain*
31 *Human Pharmaceutical Product Applications and Related Submissions Using the eCTD*
32 *Specifications (Revision 4)*.⁶

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

38
39

40 II. BACKGROUND

41

42 A REMS is a required risk management plan that uses tools beyond the FDA-approved
43 prescribing information to ensure that the benefits of certain drugs⁷ outweigh their risks.⁸ FDA
44 can, under certain circumstances,⁹ require that the REMS for a drug include one or more
45 elements to assure safe use (ETASU).¹⁰ When ETASUs are required for an innovator drug, any
46 abbreviated new drug application (ANDA)¹¹ referencing that innovator drug must use an SSR
47 with the innovator (unless FDA waives the requirement for using a shared system).¹² There are
48 also circumstances under which multiple applicants form an SSR to minimize the burden on the
49 health care delivery system, such as for a class of similar products.

⁶ We update guidances periodically. To make sure you have the most recent version of a guidance, check the FDA Drugs guidance web page at <https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/default.htm> or the FDA Biologics guidance web page at <https://www.fda.gov/BiologicsBloodVaccines/GuidanceComplianceRegulatoryInformation/Guidances/default.htm>.

⁷ For the purpose of this guidance, unless otherwise specified, references to *drugs* include drugs submitted for approval or approved under section 505(b) or (j) of the Federal Food, Drug, and Cosmetic Act (FD&C Act) (21 U.S.C. 355(b) or (j)) and biological products licensed under section 351 of the Public Health Service Act (PHS Act) (42 U.S.C. 262), other than biological products that also meet the definition of a *device* in section 201(h) of the FD&C Act (21 U.S.C. 321(h)).

⁸ Section 505-1 of the FD&C Act (21 U.S.C. 355-1), as amended by the Food and Drug Administration Amendments Act of 2007.

⁹ Section 505-1(f)(1) of the FD&C Act.

¹⁰ Section 505-1(f)(3) of the FD&C Act.

¹¹ *Abbreviated new drug application (ANDA)* refers to an application submitted or approved under section 505(j) of the FD&C Act.

¹² Section 505-1(i)(1)(B) of the FD&C Act.

Contains Nonbinding Recommendations

Draft — Not for Implementation

50 A DMF is a voluntary submission that may be used to provide confidential detailed information
51 to the Agency.¹³ The DMF holder may authorize other applicants to reference information in the
52 holder’s DMF. A DMF is submitted solely at the discretion of the DMF holder, and the
53 technical contents of a DMF are customarily reviewed by FDA only in connection with the
54 review of an application. There are several types of DMFs; a Type V is used for “FDA-accepted
55 reference information.”¹⁴

56 As part of an SSR, multiple applicants need to coordinate the submission of identical REMS-
57 related documents by each applicant to its own application. To improve the efficiency of the
58 submission and review process for SSRs, FDA recommends that applicants use a Type V DMF
59 for their SSR submissions. As noted above, as of the date specified by FDA, applicants who
60 choose to use a Type V DMF for an SSR must make the DMF submissions electronically, as
61 required in the binding guidance for industry on *Providing Regulatory Submissions in Electronic*
62 *Format — Certain Human Pharmaceutical Product Applications and Related Submissions Using*
63 *the eCTD Specifications (Revision 4)*.

64 In addition to the recommendations provided in this guidance, FDA advises stakeholders to refer
65 to other relevant FDA resources to help create their submissions, such as the following:

- 66
- 67 • *Technical Conformance Guide for Shared System REMS Drug Master File Submissions*¹⁵
- 68
- 69 • *Guideline for Drug Master Files*¹⁶
- 70
- 71 • FDA’s DMF web page¹⁷
- 72
- 73 • Draft guidance for industry *Format and Content of a REMS Document*¹⁸

¹³ Confidential detailed information about facilities, processes, or articles used in the manufacturing, processing, packaging, and storing of one or more human drugs (see *Guideline for Drug Master Files*, available at <https://www.fda.gov/Drugs/DevelopmentApprovalProcess/FormsSubmissionRequirements/DrugMasterFilesDMFs/ucm073164.htm>).

¹⁴ 21 CFR 314.420(a)(5).

¹⁵ SSR DMF Technical Conformance Guide is available at <https://www.fda.gov/drugs/developmentapprovalprocess/formssubmissionrequirements/electronic submissions/ucm535180.htm>.

¹⁶ Available at <https://www.fda.gov/Drugs/DevelopmentApprovalProcess/FormsSubmissionRequirements/DrugMasterFilesDMFs/ucm073164.htm>.

¹⁷ See the FDA DMF web page for additional DMF information including various letter templates (e.g., letter of authorization), at <https://www.fda.gov/Drugs/DevelopmentApprovalProcess/FormsSubmissionRequirements/DrugMasterFilesDMFs/default.htm>, and at <https://www.fda.gov/biologicsbloodvaccines/developmentapprovalprocess/newdrugapplicationndaprocess/ucm211604.htm>.

¹⁸ When final, this guidance will represent FDA’s current thinking on this topic.

Contains Nonbinding Recommendations

Draft — Not for Implementation

74

- 75 • Guidance for industry *Risk Evaluation and Mitigation Strategies: Modifications and*
76 *Revisions*

77

78

79 **III. OVERVIEW OF THE SSR DMF**

80

81 This section provides an overview of how a Type V DMF can be used for an SSR (SSR DMF).
82 Detailed submission instructions for each type of REMS submission or cross-reference
83 submission to the SSR DMF (e.g., minor REMS modification, REMS assessment) are provided
84 in the *SSR DMF Technical Conformance Guide*, which will be updated periodically.¹⁵

85

A. Ownership of the SSR DMF

86 The owner of the SSR DMF is the DMF holder who is jointly designated by the SSR applicants.
87 Only one company should be listed as the DMF holder. The DMF holder will make submissions
88 to the DMF on behalf of the SSR applicants. Therefore, FDA will consider any submission to
89 the SSR DMF to represent the views of the participating SSR applicants.

90

B. Establishing the SSR DMF

91 As with any Type V DMF, the DMF holder must submit a letter of intent to the FDA DMF staff
92 at dmfquestion@fda.hhs.gov to request preclearance.¹⁹ The letter should include the name of the
93 FDA project manager who has been assigned as the point-of-contact for the SSR in addition to
94 the necessary information that should be included in the request.²⁰

95 The DMF holder should also request from FDA a pre-assigned DMF number for the new
96 DMF.²¹ Once the number is obtained, the DMF holder should submit a “DMF Original”
97 submission containing a cover letter and complete administrative and technical information (e.g.,
98 the SSR submission that is the subject of the DMF) in the appropriate sections of the eCTD
99 format.²²

¹⁹ 21 CFR 314.420(a)(5).

²⁰ See <https://www.fda.gov/Drugs/DevelopmentApprovalProcess/FormsSubmissionRequirements/DrugMasterFilesDMFs/default.htm>.

²¹ See <https://www.fda.gov/Drugs/DevelopmentApprovalProcess/FormsSubmissionRequirements/ElectronicSubmissions/ucm114027.htm>. See CBER SOPP 8117: <https://www.fda.gov/BiologicsBloodVaccines/GuidanceComplianceRegulatoryInformation/ProceduresSOPPs/ucm109641.htm>.

²² See section IV.B. Administrative Information of the *Guideline for Drug Master Files*, available at <https://www.fda.gov/Drugs/DevelopmentApprovalProcess/FormsSubmissionRequirements/DrugMasterFilesDMFs/ucm073164.htm>.

Contains Nonbinding Recommendations

Draft — Not for Implementation

100 **C. Authorization To Refer to the SSR DMF**

101 The DMF holder must submit letters of authorization (LOAs) to the DMF that permit FDA to
102 review information in the DMF in support of the SSR applicants' applications.²³ The DMF
103 holder should submit a separate LOA to the DMF for each SSR applicant. If an SSR applicant is
104 also the DMF holder, an LOA should still be submitted to the DMF. The DMF holder does not
105 need to submit a new LOA for each new submission to the DMF unless there is a change in the
106 DMF holder name or the authorized party name.

107 The DMF holder should also send a copy of the LOA to each SSR applicant who has been
108 authorized to incorporate the information contained in the DMF by reference. Each SSR
109 applicant should then submit the copy of the LOA to its own application.²⁴ SSR applicants only
110 need to submit this LOA to their application one time unless there is a change in the DMF holder
111 name or the authorized party name.

112 **D. Contents of the SSR DMF**

113 In general, only information related to the SSR should be submitted, through the DMF holder, to
114 the SSR DMF. Information that is application-specific should be submitted by an applicant to its
115 own individual application.

116 Items that *should* be submitted to the SSR DMF include, but are not limited to, the following:

- 117 • The REMS Document²⁵
- 118 • The REMS Materials
- 119 • The REMS Supporting Document
- 120 • REMS Assessment Methodologies and REMS Assessments²⁶

²³21 CFR 314.420(b); see also section V.A. Letter of Authorization to FDA of the *Guideline for Drug Master Files*, available at <https://www.fda.gov/Drugs/DevelopmentApprovalProcess/FormsSubmissionRequirements/DrugMasterFilesDMFs/ucm073164.htm>.

²⁴ See section V.B Copy to Applicant, Sponsor, or Other Holder of the *Guideline for Drug Master Files*, available at <https://www.fda.gov/Drugs/DevelopmentApprovalProcess/FormsSubmissionRequirements/DrugMasterFilesDMFs/ucm073164.htm>.

²⁵ See draft guidance for industry *Format and Content of a REMS Document*. When final, this guidance will represent FDA's current thinking on this topic.

²⁶ FDA may ask applicants to submit product-specific adverse event summaries as part of a REMS assessment. These product-specific summaries should be submitted to each applicant's individual application, and not to the SSR DMF.

Contains Nonbinding Recommendations

Draft — Not for Implementation

- 121 • REMS Correspondence
- 122 • REMS History
- 123 • Any interim versions of documents that need FDA’s review
- 124 • Any responses to FDA requests for information concerning the SSR
- 125 • Documents that are submitted to all DMFs, such as the DMF Amendments and LOAs

126 Items that ***should not*** be submitted to the SSR DMF (and instead should be submitted to each
127 applicant’s individual application) include, but are not limited to, the following:

- 128 • Labeling, including Medication Guides that are part of a REMS (See section IV of this
129 document, *Cross-Reference Submissions for SSR Applicants*)
- 130 • Product-specific information, such as REMS Assessment Adverse Event summaries²⁶
- 131 • REMS changes^{Error! Bookmark not defined.} that apply to only one application in the SSR (e.g.,
132 efficacy supplement for new indication for use)

133 **E. Communication About the SSR DMF**

134 FDA will contact the DMF holder regarding DMF technical issues and questions about the
135 administrative content (e.g., information in eCTD section 1.4). FDA will contact the SSR
136 applicants’ designated point-of-contact²⁷ with questions about the REMS content in the DMF
137 (e.g., information in eCTD section 1.16). It is up to the SSR applicants to decide who else, if
138 anyone, should be involved in each of these types of discussions.

139

140

141 **IV. CROSS-REFERENCE SUBMISSIONS FOR SSR APPLICANTS**

142

143 For the purposes of this guidance, a *cross-reference submission* is the submission that an SSR
144 applicant will make to its individual application to incorporate by reference information that the
145 DMF holder has submitted to the SSR DMF.²⁸

146 This section provides a brief overview of cross-reference submissions.

²⁷ Early in the SSR development process, and to facilitate communication between FDA and the SSR applicants, FDA asks the SSR applicant group to designate a single point-of-contact for their group.

²⁸ The cross-reference submission serves to “incorporate the material in the DMF by reference.” See section VI.B of the *Guideline for Drug Master Files*, available at <https://www.fda.gov/Drugs/DevelopmentApprovalProcess/FormsSubmissionRequirements/DrugMasterFilesDMFs/ucm073164.htm>.

Contains Nonbinding Recommendations

Draft — Not for Implementation

- 147 • A cross-reference submission **will** be needed after any of the following has been
148 submitted to the SSR DMF:
- 149 ○ REMS Original
- 150 ○ Minor REMS Modification
- 151 ○ Major REMS Modification
- 152 ○ REMS Modification Due to Safety Label Changes
- 153 ○ REMS Revision
- 154 ○ REMS Assessment²⁹
- 155 The cross-reference submission for a REMS Original,³⁰ minor REMS modification,
156 major REMS modification, and REMS modification due to safety label changes should
157 be submitted to the individual application as an amendment, if applicable, or a
158 supplement. Submissions of REMS revisions³¹ and REMS assessments are not
159 supplemental applications. Therefore, the cross-reference submissions should also not be
160 submitted as supplements.
- 161 • A cross-reference submission **will not** be needed after the following have been submitted
162 to the SSR DMF:
- 163 ○ REMS Assessment Methodology
- 164 ○ REMS Correspondence
- 165 ○ Interim versions of REMS documents, REMS materials, or REMS supporting
166 documents
- 167 ○ Responses to FDA Requests for Information
- 168

²⁹ To the extent that REMS Assessments are not required for ANDAs, a cross-reference submission for REMS Assessments is also not required; see section 505-1(g) of the FD&C Act.

³⁰ If the *REMS Original* submission is part of the Original Application, the cross-reference submission will be an amendment to a pending application.

³¹ See guidance for industry *Risk Evaluation and Mitigation Strategies: Modifications and Revisions*.

Contains Nonbinding Recommendations

Draft — Not for Implementation

- 169 • In most cases, the cross-reference submission will only include a cover letter, Form FDA
170 356h, and, as applicable, a Medication Guide.³²
- 171 • An SSR applicant should submit a copy of the DMF holder’s LOA to its application
172 either before or at the time of the applicant’s first cross-reference submission. As
173 previously described in section III.C *Authorization To Refer to the SSR DMF*, the SSR
174 applicant should submit this LOA only once, unless there is a change in the DMF holder
175 name or the authorized party name.
- 176 • To facilitate tracking of the cross-reference submissions, FDA recommends that SSR
177 applicants submit their cross-reference submissions as soon as possible after the DMF
178 holder has made the corresponding submission to the SSR DMF. In addition, FDA
179 recommends that SSR applicants work together to make their cross-reference
180 submissions on the same day.

181
182

V. CONTACT INFORMATION

184

185 For questions about providing electronic submissions according to the recommendations in this
186 guidance, you should contact FDA’s REMS Team at REMS@fda.hhs.gov for CDER products,
187 and contact Review Management at ESUBPREP@fda.hhs.gov for CBER products. Specific
188 questions about the content of applications should be directed to the appropriate review division
189 or office.

³² Medication Guides that are part of a REMS should be included in each applicant’s cross-reference submission to its NDA/BLA/ANDA. Please note that if changes have been made to the Medication Guide that is part of a REMS, a REMS supplement should be submitted to the application, as well as a cross reference to the DMF. If a product has a Medication Guide that is not part of the REMS, it does not need to be included in any REMS submission.