Any person that owns a facility that is identified or intended to be identified in at least one generic drug submission that is pending or approved to produce one or more generic drug FDFs and/or APIs is required to pay facility fees. For additional information, please refer to:

http://www.fda.gov/ForIndustry/UserFees/GenericDrugUserFees/ucm319566.htm

** Please note that domestic (based in the U.S. and its territories) facilities will have a different fee than foreign facilities. For more information regarding the facility fee rates, please refer to the Federal Register

- 1. Access the User Fee website: https://userfees.fda.gov/OA_HTML/gdufaCAcdLogin.jsp
- 2. Review the statement and select the "I Understand" radio button.
- 3. For users who have an existing user account, proceed to Step 4.
 - a. If you do not have an existing account, please see the FDA User Fee Account Creation Process guide. If you do not have this document for reference, please email the User Fee Help Desk at userfees@fda.gov and request it.
- 4. Enter a valid User Name and Password.
- 5. Click the "Login" button.

U.S Department of Health & Human Services

U.S. Food and Drug Administration Protecting and Promoting Your Health

The Food and Drug Administration (FDA or the Agency) will no longer permit the transferring of GDUFA fee payments from a closed-out fiscal year (FY) cover sheet to a different FY cover sheet. FDA's FY begins on October 1 and ends on September 30, with the year being designated by the calendar year in which it ends (e.g., FY 2020 begins on October 1, 2019, and ends on September 30, 2020). Beginning in FY 2021, payment transfer requests for cover sheets from a closed-out FY will not be processed. Instead, payments from closed-out FY cover sheets will only be processed as refunds to the original payors. Form FDA 3913 should be completed and submitted to <u>CDERCollections@fda.hhs.gov</u> for review and the fee paid will be refunded if appropriate.

This does not affect requests the transfer of payments within the same FY. For example, a request to transfer a payment from a FY 2020 cover sheet to another FY 2020 cover sheet within the same fee type (perhaps due to an incorrect FEI) will be processed, provided the request is made within 180 calendar days of the original payment date.

Log in to the User Fee System

User Fee System Alerts

2020 for scheduled maintenance.

assword:

Please be advised that the FDA User Fee System will be

available for amounts exceeding the credit card limit.

unavailable from 9:00 AM-12:00 PM EST on Saturday, July 18,

Please note the FDA's user fee credit card limit is \$24,999.99. You will not be able to make an online payment with a credit card for payments over this limit. The ACH online payment option is still

Forgot User Name/Password?

User Nam

New User? Plea

If you have any questions regarding this change, please contact GDUFA User Fee staff at CDERCollections@fda.hhs.gov or 301-796-7900.

Useful Links

- User Fee Information
- User Fee Payment Information
- Frequently Asked Questions (FAQs)
- FDA User Fee Account Creation: Step-by-Step Instructions
- GDUFA Facility Fee Cover Sheet Creation: Step-by-Step Instructions
- GDUFA ANDA Cover Sheet Creation: Step-by-Step Instructions

System for Award Management

If you are a domestic entity and are requesting a refund, we recommend that you create an account with the System for Award Management (SAM). SAM validates the registrant information and electronically shares the encrypted data securely with the FDA to facilitate your refund. Click <u>here</u> to access SAM.

Privacy Act Notice

Note: There are Help prompts throughout the cover sheet process. When you click on a Help link, a new window will open with helpful hints and tips to guide you through answering the questions.

6. Click the "Go" button next to "Generic Drug User Fee".



User Fee Website

Welcome FDA Tester

Annual Establishment Registra	nnual Establishment Registration				
User Fee	Description				
MDUFA Establishment Registration User Fee 2020	FURLS Device Facility User Fee	Go			

2020 Cover Sheets

FY 2020 cover sheets should be created for payments associated with submissions to the FDA for the period October 1st, 2019 through September 30th, 2020.

User Fee	Description		
ANIMAL DRUG USER FEE 2020	ADUFA Pre-Market Cover Sheets	Go	
ANIMAL GENERIC DRUG USER FEE 2020	AGDUFA Cover Sheets	Go	
Biosimilar User Fee 2020	RsLIFA Cover Sheets	Go	_
Generic Drug User Fee 2020	GDUFA Cover Sheets	Go	
Medical Device User Fee 2020	MDUFA Cover Sheets (PMA, 510k, etc.)	GO	
Prescription Drug User Fee 2020	PDUFA Pre-Market Cover Sheets	Go	

2019 Cover Sheets

FY 2019 cover sheets should be created for payments associated with submissions to the FDA for the period October 1st, 2018 through September 30th, 2019.

User Fee	Description		
Generic Drug User Fee 2019	GDUFA Cover Sheets	Go	

7. Scroll to the bottom of the page and select the 'Application Details' button.

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72		FAQ	User Fees	graft Giver Sheet	erevious Cover Sheet	Profile	1.02005	Generic Drug User
	3-		Instruc	tions for the Gen	ric Drug User Fee C	Cover She	et	
e Websites rvg.Administration lokates Evaluation and Research	Welcome to FDA's online process for complet information is needed to complete the cover si Payment I.D. Number (PNN) will be assigned contact the User Fee Helpdesk at (301)796-72	ting Form F heet, and v which enabl 200 or <u>user</u>	DA 3794 (C what payme es the FDA fees@fda.g	Seneric Drug User nt options are avail to track your cove ov	ee Cover Sheet). The ble to remit the user sheet submission an	following fee. Once id paymen	instructions identify the cover sheet is t nt receipt. For assis	when the cover sheet is required, what submitted electronically, a User Fee tance in completing the cover sheet, please
Joug Englandon and Beenrich	 Form FDA 3794 is required to be completed Abbreviated new drug application (ANDA) of Generic Drug Applicant Program: Type il Active pharmaccutical ingredient (ANDA) of Backicg ANDA which is pending on Octobe A signed copy of Form FDA 3794 must be for Backicg ANDA which is pending on Octobe A signed copy of Form FDA 3794 must be for Backicg ANDA which is pending on Octobe A signed copy of Form FDA 3794 must be for Backicg ANDA which is pending on Octobe A signed copy of Form FDA 3794 must be for Backicg ANDA which is subject to the Section 7 The following information is needed to cor Generic Information Name/address/contact information of a ADD number assigned by FDA ADD number assigned by FDA Bacilly information: Confirmation whether the facility in facility in Confirmation whether the facility in and	d for sac1 r applicable and for sac2 of up drug ma sast one ge in first volum NDA amene in first volum only only on address s qualified i i and a volum i and a v	a of the foll a mendmen stere the (Dh me with Fc deneric drug s and that hat in the folloring me with Fc denerits. It is net under e cover sh is net under FDA Estate (3)(F) fee if infer (FE)) is submitted is a contract possible at inter (FE)	Iowing human ge nt: (F) that is reference. South is soft as the	neric drug user feet ad on or after October pproved to produce a tative approval prior to to the FDA: to the FDA: to the FDA: FEI) number, facility udes API manufacturi DUNS number PEI) products only DUNS number PEI) products only anarization (CMO)	x 1, 2012, if finished d that date is adding <i>i</i> DUNS nur ng information drug that	in a generic drug su donage form (FDF) c 2. API manufacturing i mber, and the user f ation other than by r is not distributed co	erenection of the FDA, and for which the a human generic drug or an API contained normation other than by reference to a ee payment ID number (if Section 744B(a) eference to a Type II DMF.
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	GENERIC DR.	JG USER FE	E COVER SH	IEET			Ap	plication Details
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8. Select the "Facility Fee" checkbox then click the "Next" button.

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Note: By clicking on Help above, system will provide more info on what to enter.

9. Enter or confirm the facility owner's name and address. Enter all required fields that are notated with an asterisk (e.g., Facility Owner's Name, Country, and Address). Click the "Next" button to continue.

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' Country	Israel	V										
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10. Enter or confirm the facility owner's representative or U.S. agent information. Enter all required fields (e.g., First Name, Last Name, Job Title, Telephone Number, and Email Address). Click the "Next" button to continue.

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11. Select whether the facility is located in the United States, its territories or possessions. Enter the physical address of the facility for which the facility fee is being paid. Enter all required fields (e.g., Facility Name, Country, FEI Number, Facility DUNS Number, and Address). Click the "Next" button.

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12. Indicate what the facility produces for the manufacture of human drugs (API and/or FDF). Check all options that apply. Answer the corresponding Positron Emission Tomography (PET) question for API and/or FDF if applicable.

Next, answer the question regarding whether or not the facility produces human drugs other than human generic drugs. Click the "Next" button to continue.

Note: For clarification on this question, please contact the GDUFA Policy Team at AskGDUFA@fda.hhs.gov.

	Protecting and Promoting Your Health Protecting and Promoting Your Health	Generic Drug User Fee
Leger	a de la constante de	Galais pray oga ree
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1	Finished Dosage Form (FDF) - Check if the facility is referenced in at least one approved generic drug submission for manufacturing or processing FDF(s) Is the facility qualified as a contract manufacturing organization (CMO)? \Box Yes \Box No Are all FDFs produced at this facility for P.E.T drugs only? \Box Yes \Box No Are all FDFs produced at this facility for ANDAs submitted by a State or Federal Government for drugs that are not distributed commercially only? \Box Yes \Box No	
Indic	ates required field	Canal Back

- **13.** On the Draft Cover Sheet page, verify the amount owed for the cover sheet. You have four options on this page:
 - a) Click the "Next" button to continue.
 - b) You can click the "Modify Application Details" button to make changes to the draft cover sheet. To view the draft cover sheet, click on the "GENERIC DRUG USER FEE COVER SHEET" link.
 - c) If you do not save or submit your cover sheet, it will be available for 30 days in the "Draft Cover Sheet" menu.

d) You can save the cover sheet by clicking on the "Save Cover Sheet" button. In this scenario, click the "Next" button to continue.

**Please note that the cover sheet amount in this example is based upon options chosen and for demonstration purposes only. The amount calculated during your cover sheet creation process may be different than the amount stated in the example.

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Cover Sheet Saver	I Cover Sheets			
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Note: If you do not	receive a Payment Identification Number (PIN), your cover sheet	was not submitted to FDA.		
2. If you would like	to modify your cover sheet selections, dick the "Modify Application	Details" button to make changes to the draft form. To view yo	ur draft cover sheet, please dick on the o	over sheet link.
3. If you choose no	t to save or submit your cover sheet at this time, your draft cover	sheet will be automatically saved for 30 days before it expires		
4. If you would like	to save your cover sheet for future submission, dick the "Save Co	ver Sheet" button and provide a name for your cart.		
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14. Confirm the Bill To information and click the "Next" button to proceed.

Note: If you would like to change the billing information, click the "Change" button to create a new address.

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Checkout: App	licant Contact Information	
Payment Infor	mation	
Bill To		
	Customer: MEDITEX LTD URIEL	
	Contact: TEST USER02	
	925-4516318	
	kishbabu@yahoo.com	
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	10	A. Website Management Staff

15. Confirm the details of your cover sheet on the Checkout: Review and Submit Draft Cover Sheet page. Click the "Submit Cover Sheet to FDA" button to electronically submit your GDUFA cover sheet.

Checkout: Review and Submit Draft Cover	Sheet			Generic Drug User
Owner Shoet		Creation Date	act Hodata Date	1
PY 2018 GENERIC DRUG USER FEE COVER SHEET		21-SEP-2017 19:11:21	21-SEP-2017 19:25:55	Net: \$45,367.00
Applicant Contact Information	kishb	abu@yahoo.com		
Andrast Contact Information	TEST 925- kishb	4516318 abu@yahoo.com		
Apprent Concert Information	BILTO: TEST	USER02		

16. After reading the message, select 'Submit Cover Sheet to FDA'.

🖑 U.S Departm	ent of Health & Human Serv	ices						
FD/A	U.S. Food and Protecting and P	d Drug romoting	Admini Your Hea	stration alth				
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Please review the	important message	below re	garding a	change in policy	y on payment tran	sters ac	ross FYS	before proceeding to the next step.
The Food and Drug Ad cover sheet. FDA's FY 2019, and ends on Sep closed-out FY cover sh review and the fee paid	ministration (FDA or the begins on October 1 an stember 30, 2020). Begi leets will only be proces d will be refunded if app	e Agency) v nd ends on inning in F ised as refu ropriate.	vill no longe September / 2021, pay unds to the	er permit the trans 30, with the year ment transfer req original payors. <u>F</u>	sferring of GDUFA fe being designated by uests for cover shee orm FDA 3913 shoul	e payme / the cale ts from a ld be con	nts from a endar yea closed-o npleted a	a closed-out fiscal year (FY) cover sheet to a different FY r in which it ends (e.g., FY 2020 begins on October 1, ut FY will not be processed. Instead, payments from nd submitted to <u>CDERCollections@fda.hhs.gov</u> for
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- **17.** A confirmation of your cover sheet submission and a Payment Identification Number appears. On this page, you may:
 - a) Click the "Print/View Final Cover Sheet" button to view and/or print the cover sheet.
 - b) Click the "Pay Now" button to make an online payment.
 - c) Click the "Create Another Cover Sheet" button to create another cover sheet. Refer to steps 6 through 15.

Note: Your cover sheet is your invoice. To view and/or print your cover sheet at any time, select the "Previous Cover Sheets" menu at the top of the page. From this menu, click on the Payment Identification Number under the search results and a new window will open. Scroll down to the bottom of the window and click on the link to print the cover sheet.

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Note: You can submit payment online by credit card or Automated Clearing House (ACH) electronic check (eCheck), by paper check or by wire/bank transfer. There is a credit card payment limit of \$24,999.99. Any payment above the limit will need to be paid using another payment method. The preferred payment method is online. If you prefer to pay via check or wire transfer, please write the PIN on the check or include the PIN with your wire transfer payment. FDA will not be able to process your payment correctly without your PIN.

If you have any further questions about the cover sheet creation process, please contact the User Fee Helpdesk at <u>userfees@fda.gov</u>.