

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Food and Drug Administration
**APPLICATION TO MARKET A NEW OR ABBREVIATED NEW
 DRUG OR BIOLOGIC FOR HUMAN USE**
(Title 21, Code of Federal Regulations, Parts 314 & 601)

Form Approved: OMB No. 0910-0338
 Expiration Date: February 28, 2023
 See PRA Statement on page 3.

1. Date of Submission (mm/dd/yyyy)

APPLICANT INFORMATION	2. Name of Applicant
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3. Telephone Number (Include country code if applicable and area code)	4. Facsimile (FAX) Number (Include country code if applicable and area code)
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5. Applicant Address		Email Address	
Address 1 (Street address, P.O. box, company name c/o)		Applicant DUNS	
Address 2 (Apartment, suite, unit, building, floor, etc.)		U.S. License Number if previously issued	
City	State/Province/Region		
Country	ZIP or Postal Code		

Authorized U.S. Agent (Required for non-U.S. applicants)		Telephone Number (Include area code)	
Authorized U.S. Agent Name		FAX Number (Include area code)	
Address 1 (Street address, P.O. box, company name c/o)		Email Address	
Address 2 (Apartment, suite, unit, building, floor, etc.)		U.S. Agent DUNS	
City	State		
ZIP Code			

PRODUCT DESCRIPTION	7. NDA, ANDA, or BLA Application Number	8. Supplement Number (If applicable)
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9. Established Name (e.g., proper name, USP/USAN name)

10. Proprietary Name (Trade Name) (If any)

11. Chemical/Biochemical/Blood Product Name (If any)

12. Dosage Form	13. Strengths	14. Route of Administration
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15A. Proposed Indication for Use	Is this indication for a rare disease (prevalence <200,000 in U.S.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Does this product have an FDA Orphan Designation for this indication? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide the Orphan Designation number for this indication: <input type="text"/>

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15B. SNOMED CT Indication Disease Term (Use continuation page for each additional indication and respective coded disease term)

APPLICATION INFORMATION	16. Application Type (Select one)	<input type="checkbox"/> New Drug Application (NDA)	<input type="checkbox"/> Biologics License Application (BLA)
		<input type="checkbox"/> Abbreviated New Drug Application (ANDA)	

17. If an NDA, identify the type <input type="checkbox"/> 505(b)(1) <input type="checkbox"/> 505(b)(2)	18. If a BLA, identify the type <input type="checkbox"/> 351(a) <input type="checkbox"/> 351(k)
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19. If a 351(k), identify the biological reference product that is the basis for the submission.
 Name of Biologic: _____ Holder of Licensed Application: _____

20. If an ANDA, or 505(b)(2), identify the listed drug product that is/are the basis for the submission.
 Name of Drug: _____ Application Number of Relied Upon Product: _____

Indicate Patent Certification: P1 P2 P3 P4 Section viii - MOU Statement of no relevant patents

21. Submission (See instructions) Original Labeling Supplement CMC Supplement Efficacy Supplement Annual Report
 Product Correspondence REMS Supplement Postmarketing Requirements or Commitments Periodic Safety Report 
 Request for Proprietary Name Review Other (Specify): _____


22. Submission Sub-Type Presubmission Amendment Initial Submission Resubmission
 23. If a supplement, identify the appropriate category. CBE Prior Approval (PA) CBE-30

24. For Originals and all Supplements, is the product a combination product (21 CFR 3.2(e))? Yes No
 Combination Product Type (See instructions) Request for Designation (RFD) Number


25. Does the submission contain: Only Pediatric data? Yes No Yes No 
 Human factors information? Yes No
 26. Proposed Marketing Status (Select one) Prescription Product (Rx) Over-The-Counter Product (OTC)

27. Reasons for Submission


28. Establishment Information (Full establishment information should be provided in the body of the application.)

Establishment Name
 Address 1 (Street address, P.O. box, company name c/o) Registration (FEI) Number
 Address 2 (Apartment, suite, unit, building, floor, etc.) MF Number
 City State/Province/Region Establishment DUNS Number
 Country ZIP or Postal Code
 Is the establishment new to the application? Yes No  What is the status of the establishment? Pending Active Inactive Withdrawn

Establishment Contact Information at the site/facility

 Name of Contact for the Establishment Telephone Number (Include area code)
 Address 1 (Street address, P.O. box, company name c/o) FAX Number (Include area code)
 Address 2 (Apartment, suite, unit, building, floor, etc.)
 City State/Province/Region Email Address
 Country ZIP or Postal Code

Manufacturing Steps and/or Type of Testing
 Is the site ready for inspection? Yes No N/A
 If No, when will site be ready? (mm/dd/yyyy) _____
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29. Cross References (List related BLAs, INDs, NDAs, PMAs, 510(k)s, IDEs, BMFs, MAFs, and DMFs referenced in the current application.) 
 Contin. Page for #29

30. This application contains the following items (Select all that apply)

1. Index 2. Labeling (Select one): Draft Labeling Final Printed Labeling 3. Summary (21 CFR 314.50 (c))
 4. Chemistry Section A. Chemistry, manufacturing, and controls information (e.g., 21 CFR 314.50(d)(1); 21 CFR 601.2)
 B. Samples (21 CFR 314.50 (e)(1); 21 CFR 601.2 (a)) (Submit only upon FDA's request)
 C. Methods validation package (e.g., 21 CFR 314.50(e)(2)(i); 21 CFR 601.2)
 5. Nonclinical pharmacology and toxicology section (e.g., 21 CFR 314.50(d)(2); 21 CFR 601.2) 6. Human pharmacokinetics and bioavailability section (e.g., 21 CFR 314.50(d)(3); 21 CFR 601.2)
 7. Clinical microbiology section (e.g., 21 CFR 314.50(d)(4)) 8. Clinical data section (e.g., 21 CFR 314.50(d)(5); 21 CFR 601.2)

Item 30 continued on page 3

30. This application contains the following items (Continued; select all that apply)

<input type="checkbox"/> 9. Safety update report (e.g., 21 CFR 314.50(d)(5)(vi)(b); 21 CFR 601.2)	<input type="checkbox"/> 10. Statistical section (e.g., 21 CFR 314.50(d)(6); 21 CFR 601.2)
<input type="checkbox"/> 11. Case report tabulations (e.g., 21 CFR 314.50(f)(1); 21 CFR 601.2)	<input type="checkbox"/> 12. Case report forms (e.g., 21 CFR 314.50 (f)(2); 21 CFR 601.2)
<input type="checkbox"/> 13. Patent information on any patent that claims the drug/biologic (21 U.S.C. 355(b) or (c))	<input type="checkbox"/> 14. A patent certification with respect to any patent that claims the drug/biologic (21 U.S.C. 355 (b)(2) or (j)(2)(A))
<input type="checkbox"/> 15. Establishment description (21 CFR Part 600, if applicable)	<input type="checkbox"/> 16. Debarment certification (FD&C Act 306 (k)(1))
<input type="checkbox"/> 17. Field copy certification (21 CFR 314.50 (l)(3))	<input type="checkbox"/> 18. User Fee Cover Sheet (PDUFA Form FDA 3397, GDUFA Form FDA 3794, BsUFA Form FDA 3792, or MDUFA Form FDA 3601)
<input type="checkbox"/> 19. Financial Disclosure Information (21 CFR Part 54)	
<input type="checkbox"/> 20. Other (Specify): _____	

CERTIFICATION

I agree to update this application with new safety information about the product that may reasonably affect the statement of contraindications, warnings, precautions, or adverse reactions in the draft labeling. I agree to submit safety update reports as provided for by regulation or as requested by FDA. If this application is approved, I agree to comply with all applicable laws and regulations that apply to approved applications, including, but not limited to, the following:

1. Good manufacturing practice regulations in 21 CFR Parts 210, 211 or applicable regulations, Parts 606, and/or 820.
2. Biological establishment standards in 21 CFR Part 600.
3. Labeling regulations in 21 CFR Parts 201, 606, 610, 660, and/or 809.
4. In the case of a prescription drug or biological product, prescription drug advertising regulations in 21 CFR Part 202.
5. Regulations on making changes in application in FD&C Act section 506A, 21 CFR 314.71, 314.72, 314.97, 314.99, and 601.12.
6. Regulations on Reports in 21 CFR 314.80, 314.81, 600.80, and 600.81.
7. Local, state, and Federal environmental impact laws.

If this application applies to a drug product that FDA has proposed for scheduling under the Controlled Substances Act, I agree not to market the product until the Drug Enforcement Administration makes a final scheduling decision.

The data and information in this submission have been reviewed and, to the best of my knowledge, are certified to be true and accurate.

Warning: A willfully false statement is a criminal offense, U.S. Code, title 18, section 1001.

31. Typed Name and Title of Applicant's Responsible Official	32. Date (mm/dd/yyyy)
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33. Telephone Number (Include country code if applicable and area code)	34. FAX Number (Include country code if applicable and area code)	35. Email Address
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36. Address of Applicant's Responsible Official	
Address 1 (Street address, P.O. box, company name c/o)	
Address 2 (Apartment, suite, unit, building, floor, etc.)	
City	State/Province/Region
Country	ZIP or Postal Code

37. Signature of Applicant's Responsible Official or Other Authorized Official	Sign	38. Countersignature of Authorized U.S. Agent	Sign
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Department of Health and Human Services
 Food and Drug Administration
 Office of Operations
 Paperwork Reduction Act (PRA) Staff
 PRAStaff@fda.hhs.gov

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