

# PRESCRIPTION DRUG USER FEE COVER SHEET

### See Instructions on Reverse Side Before Completing This Form

A completed form must be signed and accompany each new drug or biologic product application and each new supplement. See exceptions on the reverse side. If payment is sent by U.S. mail or courier, please include a copy of this completed form with payment. Payment instructions and fee rates can be found on CDER's website: <http://www.fda.gov/cder/pdufa/default.htm>

1. APPLICANT'S NAME AND ADDRESS	4. BLA SUBMISSION TRACKING NUMBER (STN) / NDA NUMBER
2. TELEPHONE NUMBER (Include Area Code)  (       )	5. DOES THIS APPLICATION REQUIRE CLINICAL DATA FOR APPROVAL? <input type="checkbox"/> YES <input type="checkbox"/> NO  IF YOUR RESPONSE IS "NO" AND THIS IS FOR A SUPPLEMENT, STOP HERE AND SIGN THIS FORM.  IF RESPONSE IS 'YES', CHECK THE APPROPRIATE RESPONSE BELOW: <input type="checkbox"/> THE REQUIRED CLINICAL DATA ARE CONTAINED IN THE APPLICATION. <input type="checkbox"/> THE REQUIRED CLINICAL DATA ARE SUBMITTED BY REFERENCE TO:  _____ (APPLICATION NO. CONTAINING THE DATA).
3. PRODUCT NAME	6. USER FEE I.D. NUMBER

7. IS THIS APPLICATION COVERED BY ANY OF THE FOLLOWING USER FEE **EXCLUSIONS**? IF SO, CHECK THE APPLICABLE EXCLUSION.

<input type="checkbox"/> A LARGE VOLUME PARENTERAL DRUG PRODUCT APPROVED UNDER SECTION 505 OF THE FEDERAL FOOD, DRUG, AND COSMETIC ACT BEFORE 9/1/92 (Self Explanatory)	<input type="checkbox"/> A 505(b)(2) APPLICATION THAT DOES NOT REQUIRE A FEE (See item 7, reverse side before checking box.)
<input type="checkbox"/> THE APPLICATION QUALIFIES FOR THE ORPHAN EXCEPTION UNDER SECTION 736(a)(1)(E) of the Federal Food, Drug, and Cosmetic Act (See item 7, reverse side before checking box.)	<input type="checkbox"/> THE APPLICATION IS SUBMITTED BY A STATE OR FEDERAL GOVERNMENT ENTITY FOR A DRUG THAT IS NOT DISTRIBUTED COMMERCIALY (Self Explanatory)

8. HAS A WAIVER OF AN APPLICATION FEE BEEN GRANTED FOR THIS APPLICATION?     YES     NO  
(See Item 8, reverse side if answered YES)

**Public reporting burden for this collection of information** is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

Department of Health and Human Services Food and Drug Administration CBER, HFM-99 1401 Rockville Pike Rockville, MD 20852-1448	Food and Drug Administration CDER, HFD-94 and 12420 Parklawn Drive, Room 3046 Rockville, MD 20852	An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.
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SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE	TITLE	DATE
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**INSTRUCTIONS FOR COMPLETING PRESCRIPTION DRUG USER FEE COVER SHEET  
FORM FDA 3397**

**Form FDA 3397 is to be completed for and submitted with each new drug or biologic product original application or supplemental application submitted to the Agency on or after April 30, 2001, unless specifically exempted below. Form 3397 should be placed in the first volume of the application with the application form.**

**NOTE:** Form FDA 3397 need not be submitted for:

CDER

505(j) applications  
Supplements to 505(j) applications

CBER

Any supplement that does not require clinical data for approval  
Applications (including supplements) for:

- Products for further manufacturing only
- Whole Blood or Blood Component for Transfusion
- Bovine Blood Product for Topical Application Licensed before September 1, 1992
- A crude Allergenic Extract Product
- An *In-Vitro* diagnostic biological product licensed under section 351 of the PHS Act

**ITEM NO.:**

**INSTRUCTIONS**

**1-2. Self-explanatory**

**3. PRODUCT NAME** - Include generic name and trade name, as applicable.

**4. BLA STN / NDA NUMBER**

**FOR BIOLOGIC PRODUCTS** - Indicate the 6-digit Biologics License Application STN if known.

**FOR DRUG PRODUCTS** - Indicate the NDA number, including a leading zero. NDA numbers can be obtained by calling the Center for Drug Evaluation and Research, Central Document Room, at (301) 827-4210.

**EXAMPLE:** For NDA 99999, the number would be: N099999.

**5. CLINICAL DATA** - The definition of 'clinical data' for the assessment of user fees is found in FDA's Guidance for Industry: Submitting Separate Marketing Applications and Clinical Data for Purposes of Assessing User Fees. FDA's guidance on the definition of clinical data can be found on CDER's web site: <http://www.fda.gov/cder/pdufa/default.htm>.

**6. USER FEE I.D. NUMBER - PLEASE INCLUDE THIS NUMBER ON THE APPLICATION PAYMENT CHECK.** If the application is exempted from a fee, a User Fee I.D. Number is not required. To obtain the appropriate User Fee I.D. Number, read and complete the following:

**FOR DRUG PRODUCTS** - A unique identification number will be assigned to each submission. This individual identification number may be obtained by calling the Center for Drug Evaluation and Research, Central Document Room, at (301) 827-4210. Questions regarding the CDER User Fee I.D. Number should be directed to CDER's User Fee Staff at (301) 594-2041.

**FOR BIOLOGIC PRODUCTS** - The User Fee I.D. Number is the applicant's four digit U.S. License Number, followed by a sequential number for each fee paying submission from the applicant; starting with number 1. If the firm is unlicensed, a number may be obtained by calling CBER's Regulatory Information Management Staff (RIMS) at (301) 827-3503. Questions regarding the CBER User Fee I.D. number should also be directed to RIMS.

**EXAMPLE:** For U.S. License Number 0222, the fifth submission would be given the User Fee I.D. Number: 0222-5.

**7. EXCLUSIONS:**

Section 505(b)(2) applications, as defined by the Federal Food, Drug, and Cosmetic (FD&C) Act, are excluded from application fees if: they are NOT for a new molecular entity which is an active ingredient (including any salt or ester of an active ingredient); and NOT a new indication for a use.

The application is for an orphan product. Under section 736(a)(1)(E) of the FD&C Act, a human drug application is not subject to an application fee if the proposed product is for a rare disease or condition designated under section 526 of the FD&C Act (orphan drug designation) AND the application does not include an indication that is not so designated. A supplement is not subject to an application fee if it proposes to include a new indication for a rare disease or condition, and the drug has been designated pursuant to section 526 for a rare disease or condition with regard to the indication proposed in the supplement.

**8. WAIVER** - Complete this section only if a waiver of user fees, including the small business waiver, has been granted for this application. *A copy of the official FDA notification that the waiver has been granted must be provided with the submission.*