

New Drug Application [NDA]

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CONTENTS

- Introduction
- Objective
- Content of NDA
- NDA Forms
- General requirements of NDA
- Review & Approval of NDA

INTRODUCTION

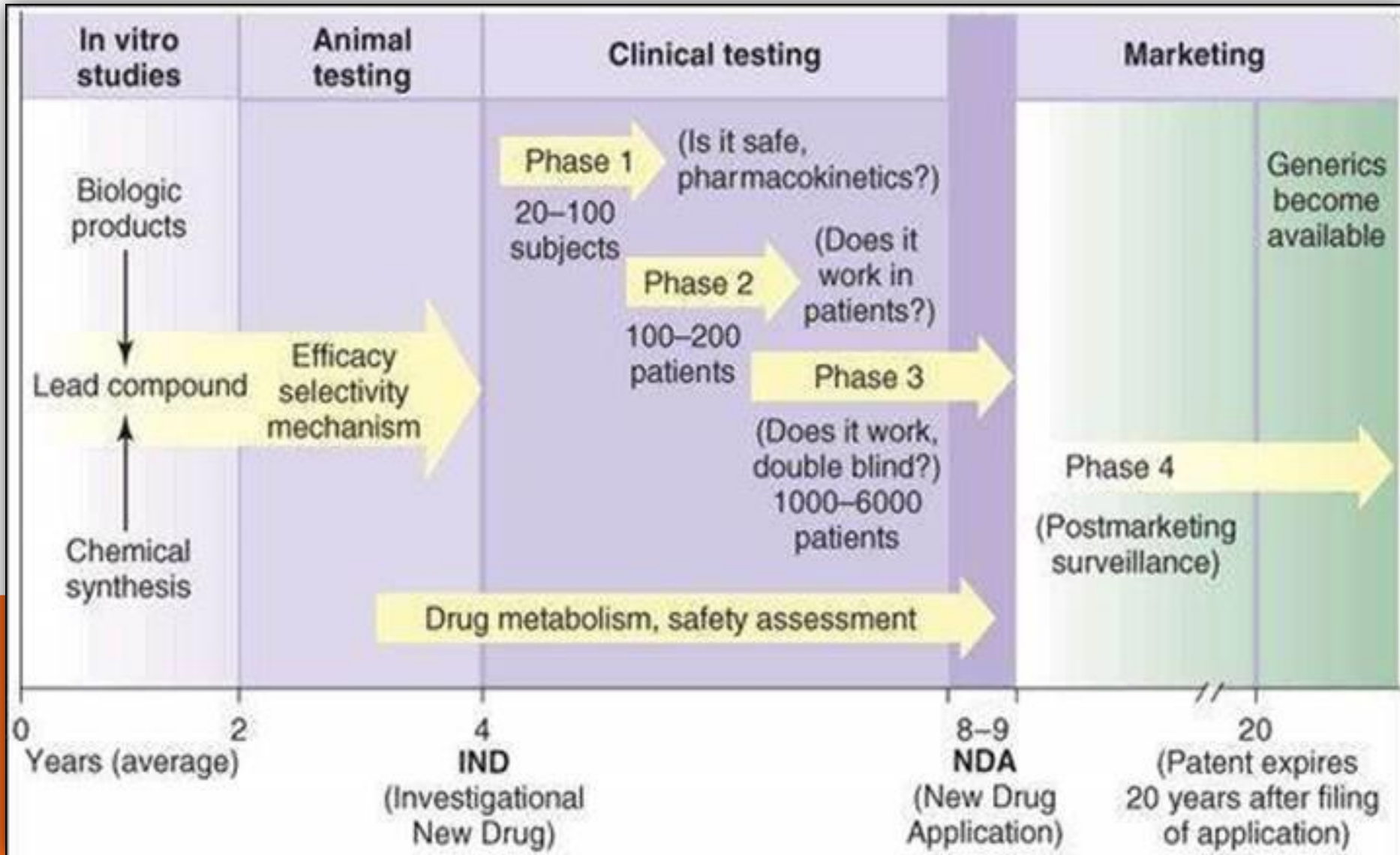
- ❖ Since 1938, every new drug has been the subject of an approved NDA before U.S. commercialization
- ❖ The NDA application is the vehicle through which drug sponsors formally propose that the FDA approve a new pharmaceutical for sale and marketing in the U.S.
- ❖ The data gathered during the animal studies and human clinical trial of an Investigational New Drug (IND) become part of the NDA



OBJECTIVES

- ❖ Whether the drug's proposed labelling (package insert) is appropriate, and what it should contain.
- ❖ Whether the drug is safe and effective in its propose use.
- ❖ whether the benefits of the drug outweigh the risks.
- ❖ Whether the methods used in manufacturing the drug and the controls used to maintain the drug's quality are adequate to preserve the drug's identify, strength, quality and purity.

When will we go for NDA



NDA CONTENTS

1. Introduction
 - Brief description of the drug and the therapeutic class to which it belongs
2. Chemical and pharmaceutical information
3. Animal Pharmacology
4. Animal Toxicology
5. Human/Clinical Pharmacology phase I
6. Therapeutic exploratory trials (Phase II)
7. Therapeutic confirmatory trials (Phase III)
8. Special Studies
 - Geriatrics, pediatrics, pregnant or nursing women
9. Regulatory status in other countries
10. Prescribing information
11. Samples and Testing Protocol/s

NDA FORM

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION APPLICATION FOR APPROVAL OF A NEW ANIMAL DRUG (OR SUBMISSION TO SUPPORT NEW ANIMAL DRUG APPROVAL) (Sections 312 and 317 of FDCA and Title 21, Code of Federal Regulations, Part 314)		APPLICATION OR INVESTIGATIONAL FILE NUMBER	
		DATE OF SUBMISSION	
APPLICANT INFORMATION			
APPLICANT NAME		CONTACT NAME (authorizer/representative or U.S. agent)	
APPLICANT ADDRESS (Number, Street, City, State, County, and ZIP or 99910-0000)		CONTACT ADDRESS (Number, Street, City, State and ZIP Code)	
		E-MAIL ADDRESS	
TELEPHONE NUMBER	FACSIMILE (FAX) NUMBER	TELEPHONE NUMBER	FACSIMILE (FAX) NUMBER
PRODUCT DESCRIPTION			
ESTABLISHED NAME (e.g., COMNAME)		PROPRIETARY NAME (trade name), if any	
DOSAGE FORM		PROPOSED MARKETING STATUS (check one)	
DOSE or DOSE RANGE		<input type="checkbox"/> Prescription (Rx) (section 303(f) of FDCA)	
ROUTE(S) OF ADMINISTRATION		<input type="checkbox"/> Over-the-Counter (OTC) (section 303(f) of FDCA)	
		<input type="checkbox"/> Veterinary Feed Directive (VFD) (section 304 of FDCA)	
SPECIES AND, IF APPLICABLE, CLASS		DESIGNATED NEW ANIMAL DRUG? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PROPOSED INDICATION(S) FOR USE		DATE OF DESIGNATION	
APPLICATION DESCRIPTION			
TYPE OF APPLICATION (check one, if applicable)		FOR AN ANDA, IDENTIFY THE FOLLOWING INFORMATION FOR THE REFERENCE LISTED DRUG	
<input type="checkbox"/> New Animal Drug Application (NADA) (section 312(a)(1) of FDCA)		Proprietary Name	
<input type="checkbox"/> Abbreviated New Animal Drug Application (ANADA) (section 312(b)(1) of FDCA)		Application Number	
<input type="checkbox"/> Application for Conditional Approval (section 317(a) of FDCA)		Holder of Approved Application	
Administrative Application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
TYPE OF SUBMISSION (check one)			
<input type="checkbox"/> Submission of data or information to an Investigational File (and Amending Submissions)		<input type="checkbox"/> Labeling Supplement (also check specific type)	
<input type="checkbox"/> Submission to a Master File		<input type="checkbox"/> Price approval (21 CFR 314.80(c)(1))	
<input type="checkbox"/> Original Application		<input type="checkbox"/> CBE (21 CFR 314.80(c)(2))	
<input type="checkbox"/> Supplement requiring review of safety or effectiveness data (21 CFR 314.80(c)(3))		<input type="checkbox"/> Amendment to Pending Application, Supplement or MCEB	
<input type="checkbox"/> Chemistry, Manufacturing and Controls Supplement or Report (also check specific type)		<input type="checkbox"/> Revocation of Application, Supplement, or MCEB	
<input type="checkbox"/> Prior Approval (21 CFR 314.80(c)(2))		<input type="checkbox"/> Request for removal of conditionally approved Application (section 317(c)(1) of FDCA)	
<input type="checkbox"/> Changes Being Expeditiously (CBE) - 30-day (21 CFR 314.80(c)(2))		<input type="checkbox"/> Other (please describe):	
<input type="checkbox"/> CBE - Immediate (21 CFR 314.80(c)(2)(v))			
<input type="checkbox"/> Minor Changes and Stability Report (MCSR) (21 CFR 314.80(c)(4))			

- ✓ Form FDA-356h.
Application to market a new drug, biological or an antibiotic drug for human use.
- ✓ Form FDA 3397. User fee cover sheet.
- ✓ Form FDA 3331. New drug application field report.
- ✓ Impurity in drug substance.
- ✓ Required specification for FDAs IND, and ANDA drug master file binders.
- ✓ Refusal to file.

REQUIREMENT :

A) No. of copies – Before 1985-3 copies & now only 2copies

1 -Archival copy

2-Review copy

1) Archival copy:

Archival copy is a complete copy of an application submission.

- Reference copy for FDA (i.e. retained by FDA)

- Locate information not contained in review copy.

2) Review copy:

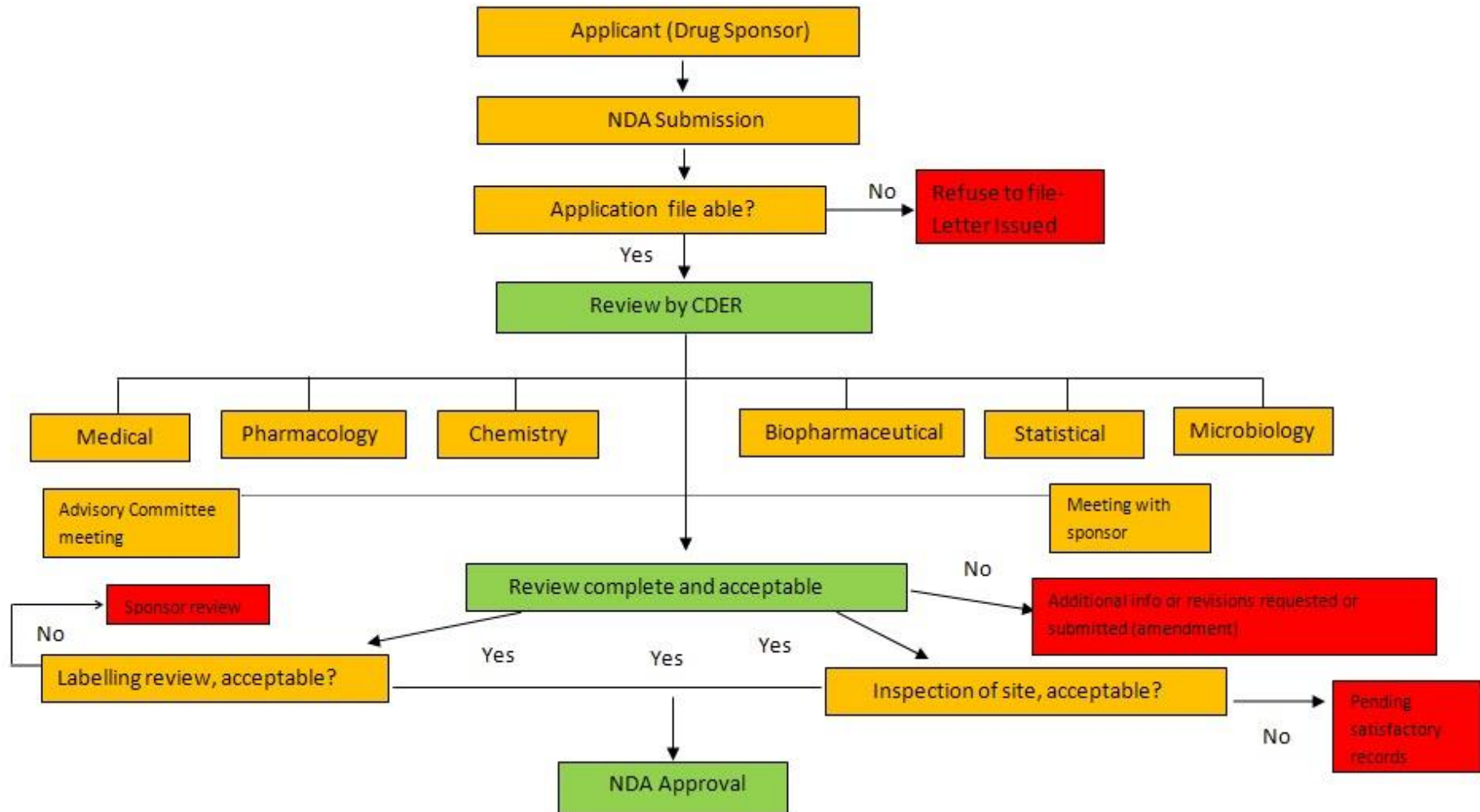
- Review copy of an application is divided into 5 or 6 containing technical and scientific information separately bound.

- It contains copy of cover letter, application form, overall summary ,index ,specific review section.

- 1) A copy of the FDA cover letter.
- 2) A copy of the application form.
- 3) A copy of index to the entire application
- 4) A copy of the overall summary ,
- 5) A copy of a reference or authorisation letter to access NDAs , DMFs , etc

DOCUMENTS	FOLDER COLOUR	FORM NUMBER
Archival copy	Light blue	FD 2626
Chemistry,manufacturing, and controls section	Red	FD 2626a
Non-Clinical pharmacology and toxicology section	Yellow	Fd 2626b
Human pharmacokinetics and bioavailability section	Orange	FD 2626c
Microbiology section	White	Fd 2626d
Clinical data section	Light brown	Fd 2626e
Statistical section	Green	Fd 2626f
Field copy	Maroon	Fd 2626h

REVIEW OF NDA



Thank you

