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# Classification Categories for Certain Supplements Under BsUFA III Guidance for Industry

## *DRAFT GUIDANCE*

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For questions regarding this draft document, contact (CDER) Sandra Benton at 301-796-1042 or (CBER) Office of Communication, Outreach and Development, at 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)**

**August 2023  
Biosimilars**

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# Classification Categories for Certain Supplements Under BsUFA III

## Guidance for Industry

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1 **Classification Categories for Certain Supplements Under BsUFA III**  
2 **Guidance for Industry**<sup>1</sup>  
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5  
6 This draft guidance, when finalized, will represent the current thinking of the Food and Drug  
7 Administration (FDA or Agency) on this topic. It does not establish any rights for any person and is not  
8 binding on FDA or the public. You can use an alternative approach if it satisfies the requirements of the  
9 applicable statutes and regulations. To discuss an alternative approach, contact the FDA staff responsible  
10 for this guidance as listed on the title page.  
11

12  
13  
14 **I. INTRODUCTION**  
15

16 This guidance provides recommendations for applicants and FDA review staff on classification  
17 categories A, B, C, D, E, and F for original and resubmitted prior approval supplements  
18 (hereafter referred to as *PAS* or *supplements*) submitted to approved applications under section  
19 351(k) of the Public Health Service Act (PHS Act) (42 U.S.C. 262(k)).<sup>2</sup> The commitment letter  
20 associated with the Biosimilar User Fee Amendments of 2022 (BsUFA III) sets forth these  
21 supplement classification categories and their associated review performance goals (refer to  
22 Section I.A. of the BsUFA III commitment letter).<sup>3</sup> This guidance is intended to help applicants  
23 identify the appropriate classification category and review goal date of the supplement being  
24 submitted.  
25

26 The classification categories pertain to supplements for biosimilar and interchangeable  
27 biosimilar<sup>4</sup> products for applicants seeking the following:  
28

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<sup>1</sup> This guidance has been prepared by the Center for Drug Evaluation and Research (CDER) and the Center for  
Biologics Evaluation and Research (CBER) at the Food and Drug Administration (FDA).

<sup>2</sup> In this guidance, *supplement* refers to a request to FDA to approve a change in a biosimilar biological product  
application which has been approved, including a supplement requesting that FDA determine that the biosimilar  
biological product meets the standards for interchangeability. See section 744G(14) of the Federal Food, Drug, and  
Cosmetic Act (FD&C Act). The term *biosimilar biological product application* is defined in section 744G(4) of the  
FD&C Act, and applications under section 351(k) of the PHS Act discussed in this guidance are limited to those  
applications that meet the definition of biosimilar biological product application in section 744G(4).

<sup>3</sup> See the BsUFA III commitment letter titled “Biosimilar Biological Product Reauthorization Performance Goals  
and Procedures Fiscal Years 2023 Through 2027” available on the FDA website at  
<https://www.fda.gov/media/152279/download>

<sup>4</sup> In this guidance, the following terms are used to describe biological products licensed under section 351(k) of  
the PHS Act: (1) *biosimilar* or *biosimilar product* refers to a biological product that FDA has determined to be  
biosimilar to the reference product (see sections 351(i)(2) and (k)(2) of the PHS Act) and (2) *interchangeable*,  
*interchangeable biosimilar*, or *interchangeable product* refers to a biosimilar product that FDA has also determined  
to be interchangeable with the reference product (see sections 351(i)(3) and (k)(4) of the PHS Act).

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- 29 • To update Prescribing Information and, if applicable, FDA-approved patient labeling  
30 (e.g., Patient Package Insert, Medication Guide, Instructions for Use)<sup>5</sup> with safety  
31 information that has been updated in the reference product<sup>6</sup> labeling and is applicable to  
32 one or more indications for which the biosimilar or interchangeable biosimilar product is  
33 licensed
- 34
- 35 • To receive licensure for an additional indication
- 36
- 37 • To remove an approved indication
- 38
- 39 • To receive an initial determination of interchangeability
- 40

41 Supplements to approved 351(k) biologics license applications (BLAs) that do not meet the  
42 criteria under Categories A through F are outside the scope of this guidance and will not be  
43 addressed here.

44

45 When submitting supplements seeking to update labeling information, applicants should note  
46 that biosimilar and interchangeable biosimilar product labeling must meet the content and format  
47 requirements of the physician labeling rule<sup>7</sup> as described in 21 CFR 201.56(d) and 201.57.<sup>8</sup>  
48 Additionally, applicants should consider all relevant FDA guidance documents for  
49 recommendations on the information that should be submitted to support a given change. If, after  
50 consulting the relevant guidances, an applicant has additional questions, such as whether the  
51 supplement classification categories described in this guidance apply to a supplement, or what  
52 information should be submitted in a supplement to support a particular labeling change, the  
53 applicant can consult the appropriate FDA review staff for advice.

54

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

60

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<sup>5</sup> Unless otherwise specified, the term *labeling* as used in this guidance refers only to the Prescribing Information as described in 21 CFR 201.56 and 201.57 and FDA-approved patient labeling (e.g., Patient Information, Medication Guide, and Instructions for Use).

<sup>6</sup> The term *reference product* means the single biological product licensed under section 351(a) of the PHS Act against which a biological product is evaluated in a 351(k) application (section 351(i)(4) of the PHS Act).

<sup>7</sup> See the final rule “Requirements on Content and Format of Labeling for Human Prescription Drug and Biological Products” (71 FR 3922, January 24, 2006). This rule is commonly referred to as the physician labeling rule because it addresses prescription drug labeling that is used by prescribing physicians and other health care providers.

<sup>8</sup> 21 CFR 201.56(c)(1). See the guidance for industry *Labeling for Biosimilar Products* (July 2018). We update guidances periodically. For the most recent version of a guidance, check the FDA guidance web page at <https://www.fda.gov/regulatory-information/search-fda-guidance-documents>.

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### 61 **II. BACKGROUND**

62  
63 Section 351(k) of the PHS Act provides an abbreviated licensure pathway for biological products  
64 shown to be biosimilar to, or interchangeable with, an FDA-licensed reference product (hereafter  
65 referred to as *351(k) BLA*). Several circumstances may lead the applicant of an approved 351(k)  
66 BLA to seek to amend its labeling. One circumstance could be when the holder of a licensed  
67 351(k) BLA seeks to include safety labeling updates following revisions to the approved labeling  
68 of the reference product, where the revisions are applicable to one or more conditions of use for  
69 which the biosimilar or interchangeable biosimilar product is licensed. Another circumstance  
70 could be that following approval, an applicant may choose to remove from the Prescribing  
71 Information an indication for which the applicant sought and received licensure. Additionally, an  
72 applicant of an approved biosimilar or interchangeable biosimilar product may submit a  
73 supplement to seek licensure for an additional indication previously licensed for the reference  
74 product. This may occur, for example, when (1) the biosimilar or interchangeable biosimilar  
75 product was initially licensed for fewer than all of the reference product’s licensed conditions of  
76 use<sup>9</sup> or (2) the reference product is licensed for a new condition of use after licensure of the  
77 biosimilar or interchangeable biosimilar product. Furthermore, after receiving licensure initially  
78 as only a biosimilar product, an applicant may submit a supplement to seek licensure as an  
79 interchangeable biosimilar.

80  
81 In previous authorizations of BsUFA, FDA’s review performance goals did not include  
82 commitments specifically related to various types of labeling changes. For BsUFA III, the  
83 commitment letter sets forth specific categories (categories A, B, C, D, E, and F) for supplements  
84 seeking to update biosimilar and interchangeable biosimilar product labeling, and FDA  
85 committed to specific review performance goals associated with those categories. FDA is  
86 committed to continuing to ensure effective scientific coordination and review consistency, as  
87 well as efficient governance and operations across the biosimilar product review program. These  
88 supplement categories will help to ensure consistent processes for reviewing these supplements  
89 across review divisions.

### 90 91 **III. DISCUSSION**

#### 92 93 **A. General Considerations**

94  
95 Generally, only one 351(k) BLA supplement classification category will be assigned to a  
96 submission. Applicants should submit separate supplements using the appropriate classification  
97 categories if multiple types of labeling changes are being requested that fall within different  
98 classification categories.

99

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<sup>9</sup> Notably, section 351(k)(4)(A) of the PHS Act provides, among other things, that an application for an interchangeable product must include information sufficient to show that the proposed interchangeable product “can be expected to produce the same clinical result as the reference product in any given patient.” FDA expects that applicants seeking to demonstrate interchangeability will submit data and information to support a showing that the proposed interchangeable product can be expected to produce the same clinical result as the reference product in all of the reference product’s licensed conditions of use. Guidance for industry *Considerations in Demonstrating Interchangeability With a Reference Product* (May 2019).

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100 FDA will confirm the appropriateness of the classification proposed by the applicant after receipt  
101 of the submission and will also assign the appropriate review timeline. If FDA disagrees with the  
102 applicant’s proposed classification, additional information may be requested by FDA, and FDA  
103 intends to notify the applicant of the appropriate classification category.  
104

105 FDA’s goal is to issue a letter to the applicant for original Category A through D supplements  
106 within 60 calendar days of receipt. The letter will acknowledge receipt of the submission and  
107 provide the date for FDA to take action on the supplement. FDA’s goal is to issue a filing letter  
108 to the applicant for original Category E and F supplements within 74 calendar days of receipt.  
109 Consistent with the underlying principles articulated in the Good Review Management Principles  
110 and Practices (GRMP) guidance, the letter will acknowledge receipt of the submission and  
111 inform the applicant of the planned review timeline and whether substantive review issues were  
112 identified. If no substantive review issues were identified during the filing review, FDA will so  
113 notify the applicant.  
114

115 Applicants may refer to the Section I.A. of the BsUFA III commitment letter, which provides  
116 more information about these goals and sets forth the associated review performance goals for  
117 these supplement classification categories.<sup>10</sup>  
118

119 If an applicant would like to propose further updates to its biosimilar or interchangeable  
120 biosimilar product labeling during the intervening period between the submission of a PAS and  
121 before action is taken by FDA, FDA generally recommends that the 351(k) applicant submit a  
122 new PAS proposing such additional changes instead of adding such changes to the pending PAS  
123 and note the appropriate classification category.  
124

### *1. How to Submit*

#### *a. FDA form*

125  
126  
127  
128  
129 When applicants submit a supplement for one of the categories described in this guidance, FDA  
130 recommends that applicants select *other* when completing Form FDA 356h, Application to  
131 Market a New or Abbreviated New Drug or Biologic for Human Use, and fill in *biosimilar*  
132 *supplement category [X]* in line 21 of the application information block. This will allow rapid  
133 identification and processing of the submitted supplements.  
134

#### *b. Cover letter considerations*

135  
136  
137 Applicants should prominently identify the submission with the following wording in bold  
138 capital letters at the top of the first page of the submission, as appropriate:  
139

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<sup>10</sup> See the BsUFA III commitment letter titled “Biosimilar Biological Product Reauthorization Performance Goals and Procedures Fiscal Years 2023 Through 2027” available on the FDA website at <https://www.fda.gov/media/152279/download>

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140 **NEW SUPPLEMENT FOR BLA #####**  
141 **PRIOR APPROVAL SUPPLEMENT – BIOSIMILAR CATEGORY [X] or**  
142 **RESUBMITTED SUPPLEMENT FOR BLA #####/S-XXX -**  
143 **PRIOR APPROVAL SUPPLEMENT – BIOSIMILAR CATEGORY [X]**  
144

145 Applicants should clearly and briefly state the basis for the proposed supplement category in the  
146 supplement submission.

147  
148 Applicants should be aware that FDA may review and act on (i.e., license or issue a complete  
149 response letter to) a supplement to a 351(k) BLA before any applicable BsUFA goal date. If an  
150 applicant does not want FDA to take action on a supplement to a 351(k) BLA before a specified  
151 date, the applicant should request that FDA refrain from acting on the supplement before the  
152 specified date, as long as that date falls on or before the applicable BsUFA goal date.<sup>11</sup> To  
153 request that FDA not take action on a supplement to a 351(k) BLA before a specified date, the  
154 applicant should include the following language prominently on the cover page of the  
155 supplement above the body of the cover letter using the bold typeface as shown below:

156  
157 **351(k) BLA action timing request:** [Applicant Name] requests that FDA not take action  
158 on this supplement before [specified date].

159  
160 c. Labeling submission  
161

162 The applicant is required to describe the proposed change(s) in the labeling and include the  
163 information necessary to support the proposed change(s).<sup>12</sup> For recommendations regarding  
164 how to submit initial and revised labeling, please refer to the guidance for industry *Labeling for*  
165 *Biosimilar Products* (July 2018).<sup>13</sup>

166  
167 2. *Performance Goals*  
168

169 The following table summarizes the BsUFA III performance goals for review of 351(k) BLA  
170 supplement Categories A through F.<sup>14</sup>  
171

---

<sup>11</sup> See also the timing considerations for submission of a 351(k) BLA or supplement to a 351(k) BLA in the draft guidance for industry *Biosimilars and Interchangeable Biosimilars: Licensure for Fewer Than All Conditions of Use for Which the Reference Product Has Been Licensed* (February 2020). When final, this guidance will represent the FDA's current thinking on this topic.

<sup>12</sup> 21 CFR 601.12(f)(1).

<sup>13</sup> See the guidance for industry *Labeling for Biosimilar Products* (July 2018). See also Q.I.27 in the draft guidance for industry, *Biosimilarity and Interchangeability: Additional Draft Q&As on Biosimilar Development and the BPCI Act* (November 2020); when final, this guidance will represent the FDA's current thinking on this topic.

<sup>14</sup> See the BsUFA III commitment letter titled "Biosimilar Biological Product Reauthorization Performance Goals and Procedures Fiscal Years 2023 Through 2027" available on the FDA website at: <https://www.fda.gov/media/152279/download>.



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172 **Table 1: BsUFA III Performance Goals**

173

Category	Category Description	Acknowledgement or Filing Letter Timeline	Action Timelines: Original Submission / Resubmission
A	Safety Information	Acknowledgement within 60 calendar days of receipt	3 months / 3 months
B	Additional Indication(s) Without New Data Sets		4 months / 4 months
C	Removal of Indication(s)		
D	Additional Indication(s) With New Data Sets or Without New Data Sets But Subject To Section 505B(a) of the FD&C Act and Does Not Contain An Up-To-Date Agreed iPSP		6 months / 6 months
E	Additional Indication(s) With Efficacy Data Sets	Filing letter within 74 calendar days of receipt	10 months / 6 months
F	Initial Determination of Interchangeability		

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### **B. Classification Categories**

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#### *1. Category A – Safety Information*

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Category A is for a 351(k) BLA supplement seeking to update the labeling for a licensed biosimilar or interchangeable biosimilar product with safety information that has been updated in the reference product labeling and is applicable to one or more indications for which the biosimilar or interchangeable biosimilar product is licensed. For purposes of this classification category, FDA considers safety information to have been updated in the reference product labeling after FDA has approved a supplement for the reference product's labeling change. Biosimilar and interchangeable biosimilar product labeling should incorporate relevant data and information from the reference product labeling, with appropriate modifications.<sup>15</sup> When new information becomes available that causes information in labeling to be inaccurate, false, or misleading, the application holder must take steps to change the content of its product labeling,

<sup>15</sup> See the guidance for industry *Labeling for Biosimilar Products* (July 2018). See also Q.I.27 in the draft guidance for industry, *Biosimilarity and Interchangeability: Additional Draft Q&As on Biosimilar Development and the BPCI Act* (November 2020); when final, this guidance will represent the FDA's current thinking on this topic.

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189 in accordance with 21 CFR 601.12.<sup>16</sup> All holders of marketing applications for biological  
190 products have an ongoing obligation to ensure their labeling is accurate and up-to-date.<sup>17</sup>

191  
192 FDA anticipates Category A supplements to be straightforward changes incorporating safety  
193 labeling updates approved for the reference product labeling that also apply to the biosimilar or  
194 interchangeable biosimilar product labeling. If additional changes beyond safety information are  
195 proposed to the biosimilar or interchangeable biosimilar product labeling, then Category A  
196 would not be considered the appropriate supplement category.

197  
198 In the occasional circumstance where safety information (approved in the reference product  
199 labeling)<sup>18</sup> being updated in the biosimilar or interchangeable biosimilar product labeling  
200 includes related changes to container label(s) and carton labeling, FDA generally intends to  
201 review the revised container label(s) and carton labeling in the same Category A supplement.

### 202 203 2. *Category B – Additional Indication(s) Without New Data Sets*

204  
205 Category B is for a 351(k) BLA supplement seeking licensure for an additional indication for a  
206 licensed biosimilar or interchangeable biosimilar product when the submission does not include  
207 new data sets (other than analytical in vitro data obtained by use of physical, chemical and/or  
208 biological function assays, if needed to support the scientific justification for extrapolation),  
209 provided that:

- 210  
211 • The supplement does not seek a new route of administration, dosage form, dosage  
212 strength, formulation, or presentation; and
- 213  
214 • The supplement contains an up-to-date agreed initial pediatric study plan (iPSP) if the  
215 supplement is subject to section 505B(a) of the Federal Food, Drug, and Cosmetic Act  
216 (FD&C Act). For purposes of this commitment, FDA considers an up-to-date agreed  
217 iPSP to be an agreed iPSP that addresses Pediatric Research Equity Act (PREA)  
218 requirements for the additional indication proposed for licensure.<sup>19</sup>

219  
220 For example, an applicant may have previously submitted data and information to support  
221 approval of a proposed biosimilar or interchangeable biosimilar product for one or more  
222 indications for which the reference product had unexpired orphan or pediatric exclusivity or was

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<sup>16</sup> See e.g., 21 CFR 201.56(a)(2): “In accordance with . . . [21 CFR 601.12], the labeling must be updated when new information becomes available that causes the labeling to become inaccurate, false, or misleading.”

<sup>17</sup> Id.

<sup>18</sup> For more information about safety information on container labels and carton labeling see the guidance for industry *Safety Considerations for Container Labels and Carton Labeling Design to Minimize Medication Errors* (May 2022).

<sup>19</sup> FDA has issued final guidance about how a proposed biosimilar applicant can fulfill the requirement for pediatric assessments or investigations under PREA. See Q.I.16 in the guidance for industry *Questions and Answers on Biosimilar Development and the BPCI Act* (September 2021).

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223 protected by a patent at the time of the submission. If the applicant subsequently submits a  
224 supplement seeking licensure for the previously protected indications after the applicable  
225 exclusivities or patent protections expire,<sup>20</sup> such supplement would be appropriately categorized  
226 as a Category B, subject to the limitations described in the two bullets above.  
227

228 The inclusion in a 351(k) BLA supplement of scientific justifications to support the extrapolation  
229 of data and information in the application to support licensure for the indication(s) being added  
230 in the supplement, or where applicable, the inclusion of a cross-reference to a prior submission to  
231 the BLA where such scientific justification was previously included, would be consistent with  
232 classification of the supplement as Category B.  
233

234 A supplement subject to PREA would be categorized as Category B only if it includes an up-to-  
235 date agreed iPSP. For purposes of this commitment, FDA generally considers a supplement to  
236 include an agreed iPSP if it cross references a prior submission to the application that includes  
237 such agreed iPSP. As noted, an agreed iPSP is considered “up-to-date” for purposes of this  
238 commitment if it addresses PREA requirements for the additional indication(s) proposed for  
239 licensure in the supplement.  
240

- 241 • If the supplement would otherwise fall under Category B, but FDA has not confirmed  
242 agreement on the iPSP, the supplement should be submitted as a Category D supplement  
243 (see Category D below).  
244

245 As a general reminder, as noted in the guidance for industry *Pediatric Study Plans: Content of*  
246 *and Process for Submitting Initial Pediatric Study Plans and Amended Initial Pediatric Study*  
247 *Plans* (July 2020), a sponsor should not submit a marketing application or supplement that is  
248 subject to PREA until FDA confirms agreement on the iPSP.  
249

### 250 3. *Category C – Removal of Indication(s)*

251

252 Category C is for 351(k) BLA supplements seeking to remove an approved indication for a  
253 licensed biosimilar or interchangeable biosimilar product.  
254

255 The applicant seeking removal of a previously licensed indication must submit in a supplement  
256 information necessary to support the labeling change.<sup>21</sup>  
257

258 Applicants are encouraged to include supporting labeling documentation in their supplement  
259 describing how removing indication(s) affects other sections of the labeling, and whether these  
260 sections need revisions, based on the proposed removal of indication(s), and how revisions to  
261 any related data have been approached.

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<sup>20</sup> FDA has issued guidance regarding the submission of data and information to support approval of a proposed biosimilar or interchangeable product for an indication for which the reference product has unexpired orphan exclusivity. See Q.I.24 in the guidance for industry *Questions and Answers on Biosimilar Development and the BPCI Act* (September 2021).

<sup>21</sup> 21 CFR 601.12(f)(1).

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### *4. Category D – Additional Indication(s) With New Data Sets or Without New Data Sets But Subject To Section 505B(a) of the FD&C Act and Does Not Contain An Up-To-Date Agreed iPSP*

Category D is for 351(k) BLA supplements seeking licensure for an additional indication for a licensed biosimilar or interchangeable biosimilar product when the submission either:

- Contains new data sets *other than* 1) efficacy data, 2) data to support a supplement seeking an initial determination of interchangeability, or 3) only analytical in vitro data obtained by use of physical, chemical, and/or biological function assays. Examples of datasets consistent with this supplement type include those from studies supporting a new presentation associated with an added indication, such as a comparative human factors study or comparative PK studies.
- Or,
- Does not contain new data sets with the exception of analytical in vitro data obtained by use of physical, chemical, and/or biological function assays but is subject to section 505B(a) of the FD&C Act, and the supplement does not contain an up-to-date agreed iPSP that addresses PREA requirements for the additional indication(s) proposed for licensure.

A supplement to an approved 351(k) BLA that triggers PREA would not be eligible for Category B but may be eligible for Category D if the applicant does not have an up-to-date agreed iPSP addressing the additional indication(s) being sought. One such Category D scenario is as follows: If an applicant submits a supplement before FDA has confirmed agreement on the iPSP, then the supplement would not be eligible for Category B but could be eligible for Category D, regardless of whether the applicant submits a pediatric assessment in the supplement.

### *5. Category E – Additional Indication(s) With Efficacy Data Sets*

Category E is for 351(k) BLA supplements for a licensed biosimilar or interchangeable biosimilar product seeking licensure for an additional indication that has been previously approved for the reference product and where the submission contains efficacy data sets.

A Category E supplement may be appropriate in the unlikely scenario where, subsequent to an initial 351(k) BLA approval, an additional indication is being sought which was approved for the reference product after the initial 351(k) BLA approval and uses a novel mechanism of action, for which a comparative clinical study is necessary. Given that, in general, the mechanism(s) of action of a product are known and the discovery of novel mechanism(s) of action unlikely, FDA expects these supplements to be exceedingly rare.

Applicants are strongly encouraged to discuss any planned Category E submissions with FDA in an appropriate Biosimilar Biological Product Development (BPD) meeting before submission of the supplement.<sup>22</sup>

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<sup>22</sup> See the draft guidance for industry *Formal Meetings Between the FDA and Sponsors or Applicants of BsUFA Products (Rev 1)* (August 2023). When final, this guidance will represent the FDA’s current thinking on this topic.

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### 6. *Category F – Interchangeability*

Category F is for 351(k) BLA supplements seeking an initial determination of interchangeability.

For a product first licensed as a biosimilar to the reference product, the applicant may later seek licensure of the biosimilar product as an interchangeable biosimilar product in a supplement.<sup>23</sup>

Category F supplements may include, for example, a clinical study report for a switching study or a scientific justification for not needing such data as part of the demonstration of interchangeability in the submission.

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<sup>23</sup> See the guidance for industry *Considerations in Demonstrating Interchangeability With a Reference Product* (May 2019). See also the draft guidance for industry *Biosimilarity and Interchangeability: Additional Draft Q&As on Biosimilar Development and the BPCI Act* (November 2020), which when final, will represent the FDA’s current thinking on this topic.