The estimate of the time required for reporting requirements, record preparation, and maintenance for this collection of information is based on our informal communication with industry. Based on the number of sponsors subject to animal drug user fees, we estimate that there are 104 respondents. We use this estimate consistently throughout the table and calculate the “number of responses per respondent” by dividing the total annual responses by number of respondents. Additional information needed to make a final preparation, and maintenance for this collection of information has changed since the last OMB approval. We estimate an overall increase in burden that we attribute to an increase in the number of annual responses and records.

Dated: July 10, 2018.
Leslie Kux, Associate Commissioner for Policy.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**
Food and Drug Administration
[Docket No. FDA–2018–D–2515]

**Hypertension: Conducting Studies of Drugs To Treat Patients on a Background of Multiple Antihypertensive Drugs; Draft Guidance for Industry; Availability**

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice of availability.

**SUMMARY:** The Food and Drug Administration (FDA or Agency) is announcing the availability of a draft guidance for industry entitled “Hypertension: Conducting Studies of Drugs to Treat Patients on a Background of Multiple Antihypertensive Drugs.” This draft guidance is intended to clarify the recommended approach for sponsors developing drugs to treat hypertension for patients who are on a background of multiple antihypertensive drugs.

**DATES:** Submit either electronic or written comments on the draft guidance by September 14, 2018 to ensure that the Agency considers your comment on this draft guidance before it begins work on the final version of the guidance.

**ADDRESSES:** You may submit comments on any guidance at any time as follows:

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### TABLE 1—ESTIMATED ANNUAL REPORTING BURDEN 1

<table>
<thead>
<tr>
<th>21 CFR section/activity</th>
<th>Number of respondents</th>
<th>Number of responses per respondent</th>
<th>Total annual responses</th>
<th>Average burden per response</th>
<th>Total hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>511.1(b)(4): submission of NCIE</td>
<td>104</td>
<td>15.38</td>
<td>1,600</td>
<td>1</td>
<td>1,600</td>
</tr>
<tr>
<td>511.1(b)(5): submission of data to obtain authorization for the use of edible food products</td>
<td>104</td>
<td>0.30</td>
<td>31</td>
<td>8</td>
<td>248</td>
</tr>
<tr>
<td>511.1(b)(6): submission of any additional information upon request of FDA</td>
<td>104</td>
<td>0.02</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>511.1(b)(8)(ii): reporting of findings that may suggest significant hazards pertinent to the safety of the new animal drug</td>
<td>104</td>
<td>0.14</td>
<td>15</td>
<td>2</td>
<td>30</td>
</tr>
<tr>
<td>511.1(b)(9): reporting by importers of investigational new animal drugs for clinical investigational use in animals...</td>
<td>104</td>
<td>0.14</td>
<td>15</td>
<td>8</td>
<td>120</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>663</strong></td>
<td><strong>2,000</strong></td>
<td></td>
<td></td>
<td><strong>2,000</strong></td>
</tr>
</tbody>
</table>

1 There are no capital costs or operating and maintenance costs associated with this collection of information.

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### TABLE 2—ESTIMATED ANNUAL RECORDKEEPING BURDEN 1

<table>
<thead>
<tr>
<th>21 CFR section/activity</th>
<th>Number of recordkeepers</th>
<th>Number of records per recordkeeper</th>
<th>Total annual records</th>
<th>Average burden per recordkeeping</th>
<th>Total hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>511.1(a)(3): maintain records showing the name and post office address of the expert or expert organization to whom the new animal drug is shipped and the date, quantity, and batch or code mark of each shipment and delivery for a period of 2 years after such shipment or delivery</td>
<td>104</td>
<td>2.5</td>
<td>260</td>
<td>1</td>
<td>260</td>
</tr>
<tr>
<td>511.1(b)(3): maintain records showing the name and post office address of the expert or expert organization to whom the new animal drug or feed containing same is shipped and the date, quantity, and batch or code mark of each shipment and delivery for a period of 2 years after such shipment or delivery</td>
<td>104</td>
<td>15.38</td>
<td>1,600</td>
<td>1</td>
<td>1,600</td>
</tr>
<tr>
<td>511.1(b)(7): maintain records of the investigation, including records of the receipt and disposition of each shipment or delivery of the investigational new animal drug</td>
<td>104</td>
<td>15.38</td>
<td>1,600</td>
<td>3.5</td>
<td>5,600</td>
</tr>
<tr>
<td>511.1(b)(8)(i): maintain records of all reports received by a sponsor from investigators</td>
<td>104</td>
<td>15.38</td>
<td>1,600</td>
<td>3.5</td>
<td>5,600</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5,060</strong></td>
<td></td>
<td><strong>13,060</strong></td>
<td></td>
<td><strong>13,060</strong></td>
</tr>
</tbody>
</table>

1 There are no capital costs or operating and maintenance costs associated with this collection of information.
Electronic Submissions
Submit electronic comments in the following way:
• Federal eRulemaking Portal: https://www.regulations.gov. Follow the instructions for submitting comments. Comments submitted electronically, including attachments, to https://www.regulations.gov will be posted to the docket unchanged. Because your comment will be made public, you are solely responsible for ensuring that your comment does not include any confidential information that you or a third party may not wish to be posted, such as medical information, your or anyone else’s Social Security number, or confidential business information, such as a manufacturing process. Please note that if you include your name, contact information, or other information that identifies you in the body of your comments, that information will be posted on https://www.regulations.gov.
• If you want to submit a comment with confidential information that you do not wish to be made available to the public, submit the comment as a written/paper submission and in the manner detailed (see “Written/Paper Submissions” and “Instructions”).

Written/Paper Submissions
Submit written/paper submissions as follows:
• Mail/Hand delivery/Courier (for written/paper submissions): Dockets Management Staff (HFA–305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852.
• For written/paper comments submitted to the Dockets Management Staff, FDA will post your comment, as well as any attachments, except for information submitted, marked and identified, as confidential, if submitted as detailed in “Instructions.”

Instructions: All submissions received must include the Docket No. FDA–2018–D–2515 for “Hypertension: Conducting Studies of Drugs to Treat Patients on a Background of Multiple Antihypertensive Drugs; Draft Guidance for Industry; Availability.” Received comments will be placed in the docket and, except for those submitted as “Confidential Submissions,” publicly viewable at https://www.regulations.gov or at the Dockets Management Staff between 9 a.m. and 4 p.m., Monday through Friday.

Confidential Submissions—To submit a comment with confidential information that you do not wish to be made publicly available, submit your comments only as a written/paper submission. You should submit two copies total. One copy will include the information you claim to be confidential with a heading or cover note that states “THIS DOCUMENT CONTAINS CONFIDENTIAL INFORMATION.” The Agency will review this copy, including the claimed confidential information, in its consideration of comments. The second copy, which will have the claimed confidential information redacted/blacked out, will be available for public viewing and posted on https://www.regulations.gov. Submit both copies to the Dockets Management Staff. If you do not wish your name and contact information to be made publicly available, you can provide this information on the cover sheet and not in the body of your comments and you must identify this information as “confidential.” Any information marked as “confidential” will not be disclosed except in accordance with 21 CFR 10.20 and other applicable disclosure law. For more information about FDA’s posting of comments to public dockets, see 80 FR 56469, September 18, 2015, or access the information at: https://www.gpo.gov/fdsys/pkg/FR-2015-09-18/pdf/2015-23389.pdf.

Docket: For access to the docket to read background documents or the electronic and written/paper comments received, go to https://www.regulations.gov and insert the docket number, found in brackets in the heading of this document, into the “Search” box and follow the prompts and/or go to the Dockets Management Staff, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852.

You may submit comments on any guidance at any time (see 21 CFR 10.115(g)(5)).

Submit written requests for single copies of the draft guidance to the Division of Drug Information, Center for Drug Evaluation and Research, Food and Drug Administration, 10001 New Hampshire Ave., Hillandale Building, 4th Floor, Silver Spring, MD 20993–0002. Send one self-addressed adhesive label to assist that office in processing your requests. See the SUPPLEMENTARY INFORMATION section for electronic access to the draft guidance document.

FOR FURTHER INFORMATION CONTACT:
Stephen Grant, Center for Drug Evaluation and Research, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 22, Rm. 4160, Silver Spring, MD 20903, 301–796–2240.

SUPPLEMENTARY INFORMATION:
I. Background
FDA is announcing the availability of a draft guidance for industry entitled “Hypertension: Conducting Studies of Drugs to Treat Patients on a Background of Multiple Antihypertensive Drugs.” This draft guidance is intended to clarify the recommended approach for sponsors developing drugs to treat hypertension for patients who are on a background of multiple antihypertensive drugs. Sponsors have approached FDA to discuss development programs for drugs intended to treat resistant hypertension, which sponsors have defined as hypertension not adequately controlled by maximally tolerated doses of three or more antihypertensive drugs with different mechanisms of action. FDA encourages development of additional classes of drugs for hypertension, particularly classes of drugs that demonstrate effects when added to currently available therapies.

This draft guidance is being issued consistent with FDA’s good guidance practices regulation (21 CFR 10.115). The draft guidance, when finalized, will represent the current thinking of FDA on conducting studies of drugs to treat hypertension in patients on a background of multiple antihypertensive drugs. It does not establish any rights for any person and is not binding on FDA or the public. You can use an alternative approach if it satisfies the requirements of the applicable statutes and regulations. This guidance is not subject to Executive Order 12866.

II. Paperwork Reduction Act of 1995
This guidance refers to previously approved collections of information that are subject to review by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501–3520). The collections of information in 21 CFR part 312 have been approved under OMB control number 0910–0014. The collection of information in the guidance for industry entitled “Hypertension Indication: Drug Labeling for Cardiovascular Outcome Claims” (available at https://www.fda.gov/ucm/groups/fdagov-public/@fdagov-drugs-gen/documents/document/ucm075072.pdf) has been approved under OMB control number 0910–0670.

III. Electronic Access
Persons with access to the internet may obtain the draft guidance at either https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/default.htm or https://www.regulations.gov.
SUPPLEMENTARY INFORMATION:

FOR FURTHER INFORMATION CONTACT:

ADDRESSES:

Dated: July 9, 2018.

Leslie Kux,
Associate Commissioner for Policy.

Agency Information Collection Activities; Submission for Office of Management and Budget Review; Petition To Request an Exemption From 100 Percent Identity Testing of Dietary Ingredients: Current Good Manufacturing Practice in Manufacturing, Packaging, Labeling, or Holding Operations for Dietary Supplements—21 CFR 111.75(a)(1)(ii)

OMB Control Number 0910–0608—Extension

This information collection supports Agency regulations. The Dietary Supplement Health and Education Act (Pub. L. 103–417) added section 402(g) of the Federal Food, Drug, and Cosmetic Act (FD&C Act) (21 U.S.C. 342(g)), which provides, in part, that the Secretary of Health and Human Services may, by regulation, prescribe good manufacturing practices for dietary supplements. Section 402(g)(1) of the FD&C Act states that a dietary supplement is adulterated if it has been prepared, packed, or held under the types of conditions that do not meet current good manufacturing practice regulations. Section 701(a) of the FD&C Act (21 U.S.C. 371(a)) gives us the authority to issue regulations for the efficient enforcement of the FD&C Act.

Part 111 (21 CFR part 111) establishes the minimum Current Good Manufacturing Practice (CGMP) necessary for activities related to manufacturing, packaging, labeling, or holding dietary supplements to ensure the quality of the dietary supplement. Section 111.75(a)(1) of our regulations (21 CFR 111.75(a)(1)) establishes a procedure for a petition to request an exemption from 100 percent identity testing of dietary ingredients. Under §111.75(a)(1)(ii), manufacturers may request an exemption from the requirements set forth in §111.75(a)(1)(ii) when the dietary ingredient is obtained from one or more suppliers identified in the petition. The regulation clarifies that we are willing to consider, on a case-by-case basis, a manufacturer’s conclusion, supported by appropriate data and information in the petition submission, that it has developed a system that it would implement as a sound, consistent means of establishing, with no material diminution of assurance compared to the assurance provided by 100 percent identity testing, the identity of the dietary ingredient before use.

Section 111.75(a)(1) reflects our determination that manufacturers that test or examine 100 percent of the incoming dietary ingredients for identity can be assured of the identity of the ingredient. However, we recognize that it may be possible for a manufacturer to demonstrate, through various methods and processes in use over time for its particular operation, that a system of less than 100 percent identity testing would result in no material diminution of assurance of the identity of the dietary ingredient as compared to the assurance provided by 100 percent identity testing. To provide an opportunity for a manufacturer to make such a showing and reduce the frequency of identity testing of components that are dietary ingredients from 100 percent to some lower frequency, we added to §111.75(a)(1), an exemption from the requirement of 100 percent identity testing when a manufacturer petitions the Agency for such an exemption to 100 percent identity testing under §10.30 (21 CFR 10.30) and the Agency grants such exemption. Such a procedure would be consistent with our stated goal, as described in the CGMP final rule, of providing flexibility in the CGMP requirements. Section 111.75(a)(1)(ii) sets forth the information a manufacturer is required to submit in such a petition. The regulation also contains a requirement to ensure that the manufacturer keeps our response to a petition submitted under §111.75(a)(1)(ii) as a record under §111.95 (21 CFR 111.95). The collection of information in §111.95 has been approved under OMB control number 0910–0606.

In the Federal Register of April 9, 2018 (83 FR 15159), FDA published a 60-day notice requesting public comment on the proposed collection of information. One comment was received suggesting that “microbial cultures and probiotics should not be required to go through such a process to ensure exemption from the Agency’s 100 percent identity testing requirement,” but did not suggest a revision to the estimated burden. We appreciate this comment, however, we believe that the current requirements impose minimal information collection while simultaneously ensuring the safety of dietary supplements.

We estimate the burden of the information collection as follows: