physically or chemically interact with a drug substance. Altered BA of drug products can lead to dosage adjustments or, more commonly, to the provision of specific dosing instructions in relation to administration with meals. This draft guidance provides a general design for and recommends ways this information can be appropriately addressed in the labeling.

The draft guidance recommends that a food-effect assessment should be made early in drug development. It also recommends that subsequent studies following formulation changes may be eliminated provided that there is basis for assuming that the food-effect arises due to drug substance rather than formulation factors.

This draft guidance addresses situations when food-effect BA and BE studies should be considered and when these may not be important. It examines study considerations, such as general design, subject selection, formulation selection, test meal, treatment administration, sample collection, and data analysis. It also addresses issues related to labeling for food effects.

This draft guidance document represents the agency's current thinking on food-effect bioavailability and bioequivalence studies. It does not create or confer any rights for or on any person and does not operate to bind FDA or the public. An alternative approach may be used if such approach satisfies the requirements of the applicable statute, regulations, or both.

Interested persons may submit written comments on the draft guidance document to the Dockets Management Branch (address above). Two copies of any comments are to be submitted, except that individuals may submit one copy. Comments are to be identified with the docket number found in brackets in the heading of this document. The draft guidance and received comments may be seen in the office above between 9 a.m. and 4 p.m., Monday through Friday.

An electronic version of this guidance is available on the World Wide Web at http://www.fda.gov/cder/guidance/index.htm.

Dated: December 18, 1997.

William K. Hubbard,

Associate Commissioner for Policy Coordination.

[FR Doc. 97–33802 Filed 12-29-97; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 97D–0433]

Preliminary Draft Guidance for Industry on In Vivo Bioequivalence Studies Based on Population and Individual Bioequivalence Approaches; Availability

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the availability of a preliminary draft guidance for industry entitled ''In Vivo Bioequivalence Studies Based on Population and Individual Bioequivalence Approaches.'' If this preliminary draft guidance becomes final, it will provide recommendations to sponsors of investigational new drug applications (IND's), new drug applications (NDA's), abbreviated new drug applications (ANDA's), and abbreviated antibiotic drug applications (AADA's) who intend to perform studies based on a comparison of pharmacokinetic metrics. If finalized, the guidance would replace a prior guidance entitled ''Statistical Procedures for Bioequivalence Studies Using a Standard Two-Treatment Crossover Design,'' which was published in July 1992. Because a transition to the approaches delineated in this document will require careful consideration, FDA is making it available as a preliminary draft.

DATES: Written comments may be submitted on the preliminary draft guidance document by March 2, 1998. General comments on agency guidance documents are welcome at any time.

ADDRESSES: Copies of this preliminary draft guidance are available on the Internet at ''http://www.fda.gov/cder/guidance/index.htm.'' Written requests for single copies of the preliminary draft guidance for industry should be submitted to the Drug Information Branch (HFD–210), Center for Drug Evaluation and Research, Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857. Send one self-addressed adhesive label to assist that office in processing your requests. Submit written comments on the preliminary draft guidance to the Dockets Management Branch (HFD–305), Food and Drug Administration, 12420 Parklawn Dr., rm 1–23, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT:

Mei-Ling Chen, Office of Clinical Pharmacology and Biopharmaceutics, Center for Drug Evaluation and Research (HFD–870), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–5919, or

Rabindra N. Patnaik, Office of Generic Drugs, Center for Drug Evaluation and Research (HFD–651), 7500 Standish Pl., Food and Drug Administration, Rockville, MD 20855, 301–827–5847.

SUPPLEMENTARY INFORMATION: FDA is announcing the availability of a preliminary draft guidance for industry entitled ''In Vivo Bioequivalence Studies Based on Population and Individual Bioequivalence Approaches.'' If it becomes final, this guidance for industry will provide recommendations to sponsors of IND's, NDA's, ANDA's, and AADA's who intend to perform in vivo bioequivalence studies based on a comparison of pharmacokinetic metrics, either prior to or following approval.

The definitions of ''bioavailability'' and ''bioequivalence;'' the requirements for submitting such data in NDA's, ANDA's, and supplements; and the types of in vivo studies that are acceptable to establish bioavailability and bioequivalence are set forth in 21 CFR part 320. These regulatory definitions and requirements reflect requirements in the Federal Food, Drug, and Cosmetic Act and other agency regulations.

Bioavailability and bioequivalence are usually measured by in vivo studies assessing metrics of a plasma or blood concentration-time curve to establish the rate and extent of absorption of an appropriate active drug/metabolite (bioavailability), or to compare the rate and extent of absorption of a test and reference formulation (bioequivalence).

In the July 1992 guidance for industry entitled ''Statistical Procedures for Bioequivalence Studies Using a Standard Two-Treatment Crossover Design,'' FDA recommended that a standard in vivo bioequivalence study design be based on administration of the test and reference products on separate occasions to healthy subjects, either in single or multiple doses, with random assignment to the two possible sequences of drug product administration.

Based on work performed during the last several years by scientists within and outside FDA, this preliminary draft guidance for industry recommends that the approach for determining average bioequivalence discussed in the 1992

guidance be replaced by two new statistical approaches termed ''population'' and ''individual'' bioequivalence.

In contrast to the standard bioequivalence approach, which focuses on assessing and comparing only population averages for a bioavailability metric of interest for a test and reference product, the population and individual bioequivalence approaches assess and compare both population averages and population variances for the metric.

This preliminary draft guidance recommends that the population bioequivalence approach be used by NDA sponsors who wish to assess bioequivalence during the investigational phase of drug development. The preliminary draft guidance recommends that the individual bioequivalence approach be used by sponsors of ANDA's and AADA's to assess bioequivalence between a generic and reference listed drug, or by sponsors of NDA's, ANDA's, and AADA's who, during the postapproval period, wish to reassess in vivo bioequivalence when a change of sufficient magnitude occurs in the formulation and/or manufacturing of the drug product. If finalized, this guidance would replace the 1992 guidance.

Because transition to the approaches delineated in this preliminary draft will require careful consideration, FDA is publishing it as a preliminary draft guidance. The agency hopes to engage the public in a discussion of the justification for and implications of the recommendations that are presented. This public discussion may include a number of activities, such as holding a public workshop, creating an expert panel, and other discussions and deliberations as appropriate. At the conclusion of this public discussion, which is expected to take at least several months, FDA may release the draft document for a second round of public comment. Despite the possibility that the draft guidance may be released again for comment, the public is encouraged to comment now on this preliminary version and, specifically, to provide information that supports or refutes the importance of its proposals.

Given the need for careful consideration of some of the recommendations in the preliminary draft, FDA does not recommend implementation of any of its provisions at this time.

This preliminary draft guidance for industry represents the agency's current thinking on in vivo bioequivalence studies based on population and individual bioequivalence approaches. It does not create or confer any rights for or on any person and does not operate to bind FDA or the public. An alternative approach may be used if such approach satisfies the requirements of the applicable statute, regulations, or both.

Interested persons may, at any time, submit written comments on the preliminary draft guidance to the Dockets Management Branch (address above). Two copies of any comments are to be submitted, except that individuals may submit one copy. Comments are to be identified with the docket number found in brackets in the heading of this document. A copy of the preliminary draft guidance and received comments may be seen in the office above between 9 a.m. and 4 p.m., Monday through Friday.

Dated: December 17, 1997.

William K. Hubbard,

Associate Commissioner for Policy Coordination.

[FR Doc. 97–33795 Filed 12–29–97; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Document Identifier: HCFA–667]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Health Care Financing Administration, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Health Care Financing Administration (HCFA), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Type of Information Collection Request: Extension of a currently approved collection; *Title of Information Collection:* Alternate Quality Assessment *Survey; Form No.:* HCFA–667 (OMB# 0938–0650); *Use:* The HCFA–667 is used in lieu of an onsite survey for those Clinical Laboratories Improvement Amendment (CLIA) laboratories with good performance as determined by their last onsite survey. This form is designed to determine current CLIA compliance as well as prepare laboratories for future onsite surveys. This system rewards good performance and facilitates quality assurance. *Frequency:* On occasion; *Affected Public:* Business or other for-profit, Not-for-profit institutions, Federal Government, State, Local or Tribal Government; *Number of Respondents:* 4,000; *Total Annual Responses:* 4,000; *Total Annual Hours:* 10,000.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access HCFA's Web Site address at http://www.hcfa.gov/regs/prdact95.htm, or E-mail your request, including your address, phone number, OMB number, and HCFA document identifier, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786–1326. Written comments and recommendations for the proposed information collections must be mailed within 60 days of this notice directly to the HCFA Paperwork Clearance Officer designated at the following address: HCFA, Office of Information Services, Information Technology Investment Management Group, Division of HCFA Enterprise Standards Attention: Louis Blank, Room C2–26–17, 7500 Security Boulevard Baltimore, Maryland 21244–1850.

Dated: December 18, 1997.

John P. Burke III,

HCFA Reports Clearance Officer, Office of Information Services Information Technology Investment Management Group Division of HCFA Enterprise Standards.

[FR Doc. 97–33819 Filed 12–29–97; 8:45 am]

BILLING CODE 4120–03–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[HCFA–1034–N]

Medicare Program; Request for Nominations for Members for the Practicing Physicians Advisory Council

AGENCY: Health Care Financing Administration (HCFA), HHS.

ACTION: Notice.