biopharmaceutic, and clinical information required in support of these applications for vaginal contraceptive

drug products.

Like other guidance issued by FDA, this document states practices or procedures that may be useful, but are not legal requirements. Such guidance represents the agency's position at the time of issuance. A person may follow the guidance or may choose to follow alternate practices or procedures. If a person chooses to use alternate practices or procedures, that person may wish to discuss the matter further with the agency to prevent an expenditure of money and effort on activities that may later be determined to be unacceptable to FDA.

A guidance such as this does not bind FDA, and it does not create or confer any rights, privileges, or benefits for or on any person. When a guidance states a requirement imposed by statute or regulation, however, the requirement is law, and its force and effect are not changed in any way by virtue of inclusion in the guideline.

Dated: January 13, 1995.

#### William K. Hubbard.

Interim Deputy Commissioner for Policy. [FR Doc. 95–2630 Filed 2–2–95; 8:45 am] BILLING CODE 4160–01–F

### **Health Care Financing Administration**

# Public Information Collection Requirements Submitted to the Office of Management and Budget (OMB) for Clearance

**AGENCY:** Health Care Financing Administration, HHS.

The Health Care Financing Administration (HCFA), Department of Health and Human Services, has submitted to OMB the following proposals for the collection of information in compliance with the Paperwork Reduction Act (Public Law 96–511).

1. Type of Information Collection: Reinstatement, without change, of a previously approved collection; Type of Review Requested: Regular submission; Title of Information Collection: Medicaid Eligibility Quality Control (MEQC) Statistical Tables; Form No.: HCFA-302-309; Use: The MEQC statistical tables yield information concerning Medicaid eligibility payment error rates, which enable the HCFA to identify patterns that can lead to the misspending of Medicaid dollars; Respondents: State or local governments; Obligation to Respond: Required to obtain or retain benefit; Number of Respondents: 54; Total

Annual Responses: 108; Total Annual Hours Requested: 175.5.

2. Type of Information Collection: Reinstatement, without change, of a previously approved collection; Type of Review Requested: Regular submission; Title of Information Collection: Transmittal and Notice of Approval of State Plan Material; Form No.: HCFA-179; Use: The HCFA-179 is used by State agencies to transmit State plan material to HCFA for approval prior to amending their State plans; Respondents: State or local governments; Obligation to Respond: Required to obtain or retain benefit; Number of Respondents: 57: Total Annual Responses: 22; Total Annual Hours Requested: 1254.

Additional Information or Comments: Call the Reports Clearance Office on (410) 966–5536 for copies of the clearance request packages. Written comments and recommendations for the proposed information collections should be sent within 30 days of this notice directly to the OMB Desk Officer designated at the following address: OMB Human Resources and Housing Branch, Attention: Allison Eydt, New Executive Office Building, Room 10235, Washington, D.C. 20503.

Dated: January 26, 1995.

#### Kathleen B. Larson,

Director, Management Planning and Analysis Staff, Office of Financial and Human Resources, Health Care Financing Administration.

[FR Doc. 95–2636 Filed 2–2–95; 8:45 am] BILLING CODE 4120–03–P

# Public Information Collection Requirements Submitted to the Office of Management and Budget (OMB) for Clearance

**AGENCY:** Health Care Financing Administration, HHS.

The Health Care Financing Administration (HCFA), Department of Health and Human Services (HHS), has submitted to OMB the following proposals for the collection of information in compliance with the Paperwork Reduction Act (Public Law 96–511).

1. Type of Information Collection:
New; Type of Review Requested:
Regular Submission; Title of
Information Collection: Criteria for
Medicare Coverage of Lung Transplants;
Form No.: HCFA-R-170; Use: Medicare
participating hospitals must file an
application to be approved for coverage
and payment of lung transplants
performed on Medicare beneficiaries;
Respondents: Business or other for
profit; Total Annual Responses: 15;

Number of Respondents: 15; Total Annual Hours Requested: 1,800.

- 2. Type of Information Collection: New; Type of Review Requested: Regular Submission; Title of Information Collection: Evaluation of the Drug Use Review Demonstrations Projects; Form No.: HCFA-R-171; Use: The Omnibus Budget Reconciliation Act of 1990 mandated drug utilization review demonstration projects to test the cost-effectiveness of both on-line prospective drug utilization review and payment to pharmacists for cognitive services. The survey will determine the attitudes, perceptions, and behavior of pharmacists relative to the two services mentioned. The survey is necessary to evaluate complex behavorial interactions; Respondents: Business or other for profit; Total Annual Responses: 670 (owner/manager) and 1,710 (pharmacist); Number of Respondents: 670 (owner/manager) and 1,710 (pharmacist); Total Annual Hours Requested: 55.61 (owner/manager) and 342.0 (pharmacist).
- 3. Type of Information Collection: New; Type of Review Requested: Regular Submission; Title of Information Collection: Evaluation of the Community Supported Living Arrangements Program (CSLA); Form No.: HCFA-R-172; Use: This survey will collect data on a sample of 240 persons receiving Medicaid CSLA services and about the agencies and individuals providing those services to them, in order to describe the nature. adequacy, cost, and quality of CSLA services, and the extent to which these contribute to community inclusion, desired lifestyles, health and safety, selfdetermination, and choice; Respondents: Business or other for profit; Total Annual Responses: 720; Number of Respondents: 240; Total Annual Hours Requested: 560.

Additional Information or Comments: Call the Reports Clearance Office on (410) 966–5536 for copies of the clearance request packages. Written comments and recommendations for the proposed information collections should be sent within 30 days of this notice directly to the OMB Desk Officer designated at the following address: OMB Human Resources and Housing Branch, Attention: Allison Eydt, New Executive Office Building, Room 10235, Washington, D.C. 20503