information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice.

Information Collection

1. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Survey of Retail Prices; *Use:* This information collection request provides for a survey of the average acquisition costs of all covered outpatient drugs purchased by retail community pharmacies. CMS may contract with a vendor to conduct monthly surveys of retail prices for covered outpatient drugs. Such prices represent a nationwide average of consumer purchase prices, net of discounts and rebates. The contractor shall provide notification when a drug product becomes generally available and that the contract includes such terms and conditions as the Secretary shall specify, including a requirement that the vendor monitor the marketplace. CMS has developed a National Average Drug Acquisition Cost (NADAC) for states to consider when developing reimbursement methodology. The NADAC is a pricing benchmark that is based on the national average costs that pharmacies pay to acquire Medicaid covered outpatient drugs. This pricing benchmark is based on drug acquisition costs collected directly from pharmacies through a nationwide survey process. This survey is conducted on a monthly basis to ensure that the NADAC reference file remains current and up-to-date. *Form Number:* CMS–10241 (OMB control number 0938–1041); *Frequency:* Monthly; *Affected Public:* Private sector (Business or other for-profits); *Number of Respondents:* 72,000; *Total Annual Responses: 72,000; Total Annual Hours:* 36,000. (For policy questions regarding this collection contact: Robert Giles at 667–290–8626.)

Dated: July 27, 2023.

William N. Parham, III,

Director, Paperwork Reduction Staff, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2023–16281 Filed 7–31–23; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Statement of Organization, Functions, and Delegations of Authority

AGENCY: Centers for Medicare & Medicaid Services, HHS.

ACTION: Notice.

SUMMARY: The Centers for Medicare and Medicaid Services, Center for Medicare and Medicaid Innovation (CMMI), has modified its organizational structure.

DATES: These new organizational structures were approved by the Secretary of Health and Human Services and took effect on July 27, 2023.

FOR FURTHER INFORMATION CONTACT: Joe Kane at (410) 786–0655; 7500 Security Blvd., Baltimore, MD.

SUPPLEMENTARY INFORMATION: Part F of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) (last amended at **Federal Register**, Vol. 88, No. 107, pp. 36586–36587, dated June 5, 2023) is further amended to reflect the establishment of the Division of Drug Innovation within the Center for Medicare and Medicaid Innovation (CMMI). Part F, Section FC. 10 (Organization) is revised as follows:

Center for Medicare and Medicaid Innovation (CMMI), Seamless Care Models Group, Seamless Care Models Group, Division of Health Plan Innovations

Part F, Section FC. 20 (Functions) for the new organization is as follows:

Centers for Medicare & Medicaid Services

Office of the Administrator

Center for Medicare and Medicaid Innovation

Seamless Care Models Group

Division of Drug Innovation

- Directs, designs and implements models to test alternative approaches to payment for drugs in Medicare Part B, Part D, and Medicaid to optimize access to high quality, affordable drugs.
- Seeks and develop opportunities to include Part B and Part D drugs in alternative payment models, including accountable care models, and addresses regulatory and operational issues that arise when trying to develop a model crossing different parts of the Medicare program.
- Builds relationships within CMS and HHS, with States and Medicaid agencies, and with both governmental and non-governmental entities to develop, implement, and operate innovative Medicare Part B, Part D, and Medicaid models.
- Meets with model participants and other interested parties, including relevant Government officials, representatives from the pharmaceutical industry, payers, providers, academia, and consumer advocates regarding their perspectives on innovative models, research, and ideas for new models.
- Conducts formative research studies to inform innovative payment models.
- Provides technical expertise to various CMS and non-Governmental entities on innovative Medicare Part B, Part D, and Medicaid payment and service delivery models to optimize access to affordable drugs.

Authority: 44 U.S.C. 3101.

Xavier Becerra,

Secretary of Health and Human Services.

[FR Doc. 2023–16280 Filed 7–31–23; 8:45 am]

BILLING CODE 4150–28–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2023–P–1574]

Determination That Progesterone Injection, USP, 50 Milligrams/Milliliter, Was Not Withdrawn From Sale for Reasons of Safety or Effectiveness

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA or Agency) has determined that Progesterone Injection, USP, 50 milligrams/milliliter (mg/mL), was not withdrawn from sale for reasons of safety or effectiveness. This determination means that FDA will not begin procedures to withdraw approval of abbreviated new drug applications (ANDAs) that refer to this drug product, and it will allow FDA to continue to approve ANDAs that refer to the product as long as they meet relevant legal and regulatory requirements.

FOR FURTHER INFORMATION CONTACT: Iris Masucci, Center for Drug Evaluation and Research, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 51, Silver Spring, MD 20993–0002, 301–796–3600, *Iris.Masucci@fda.hhs.gov.*

SUPPLEMENTARY INFORMATION: Section 505(j) of the Federal Food, Drug, and