



NDA 22544

NDA APPROVAL

Abbott Products, Inc.
901 Sawyer Road
Marletta, GA 30062

Attention: Michael Hare
Assistant Director, Regulatory Affairs

Dear Mr. Hare:

Please refer to your New Drug Application (NDA) dated March 30, 2010, received March 30, 2010, submitted pursuant to section 505(b)(2) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Gralise (gabapentin) Tablets 300 mg and 600 mg.

We acknowledge receipt of your amendments dated April 16, 20, and 30, May 26, June 17, July 21 and 28, August 9, 19, 24, and 25, September 3, 9, and 30, October 21, 28, and 29(2), November 12, December 7 and 29, 2010, and January 7, 11, 25, and 27, 2011.

This new drug application provides for the use of Gralise (gabapentin) Tablets for the management of postherpetic neuralgia.

We have completed our review of this application, as amended, and it is approved, effective on the date of this letter, for use as recommended in the enclosed agreed-upon labeling text for the Package Insert and the Medication Guide.

In your January 28, 2011, telephone conversation with Ms. Parinda Jani and Ms. Allison Meyer of this Division; you have agreed to make the following revisions to the carton and container labels.

1. You will increase the prominence of the established name so that the font size is ½ of the proprietary name.
2. You will delete the patent information from the 300 mg X 30 count labels and increase the font size of the other information.
3. The following comments pertain to the 300 mg and 600 mg unit dose cartons:
 - a. You will add and bold the statement "Take with evening meal."

- b. You will bold the statement “Swallow tablet whole. Do not crush, split, or chew.”

CONTENT OF LABELING

As soon as possible, but no later than 14 days from the date of this letter, submit, via the FDA automated drug registration and listing system (eLIST), the content of labeling [21 CFR 314.50(l)] in structured product labeling (SPL) format, as described at <http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm>, that is identical to the enclosed labeling (text for the package insert). Information on submitting SPL files using eLIST may be found in the guidance for industry titled “SPL Standard for Content of Labeling Technical Qs and As” at <http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM072392.pdf>.

The SPL will be accessible via publicly available labeling repositories.

CARTON AND IMMEDIATE CONTAINER LABELS

Submit final printed carton and container labels that are identical to the enclosed carton and container labels, except for the revisions listed above, as soon as they are available, but no more than 30 days after they are printed. Please submit these labels electronically according to the guidance for industry titled “Providing Regulatory Submissions in Electronic Format – Human Pharmaceutical Product Applications and Related Submissions Using the eCTD Specifications (June 2008).” Alternatively, you may submit 12 paper copies, with 6 of the copies individually mounted on heavy-weight paper or similar material. For administrative purposes, designate this submission “**Final Printed Carton and Container Labels for approved NDA 022544.**” Approval of this submission by FDA is not required before the labeling is used.

Marketing the product with FPL that is not identical to the approved labeling text may render the product misbranded and an unapproved new drug.

REQUIRED PEDIATRIC ASSESSMENTS

Under the Pediatric Research Equity Act (PREA) (21 U.S.C. 355c), all applications for new active ingredients, new indications, new dosage forms, new dosing regimens, or new routes of administration are required to contain an assessment of the safety and effectiveness of the product for the claimed indication(s) in pediatric patients unless this requirement is waived, deferred, or inapplicable.

We are waiving the pediatric study requirement for this application because the necessary studies are impossible or highly impracticable. Postherpetic neuralgia is generally not a condition that occurs in pediatric patients.

RISK EVALUATION AND MITIGATION STRATEGY REQUIREMENTS

Section 505-1 of the FDCA authorizes FDA to require the submission of a risk evaluation and mitigation strategy (REMS), if FDA determines that such a strategy is necessary to ensure that the benefits of the drug outweigh the risks [section 505-1(a)].

In accordance with section 505-1 of FDCA, we have determined that a REMS is necessary for Gralise (gabapentin) to ensure the benefits of the drug outweigh the risks of suicidal thoughts and behavior associated with the class of antiepileptic drugs, of which Gralise (gabapentin) is a member.

In accordance with section 505-1 of FDCA, as one element of a REMS, FDA may require the development of a Medication Guide as provided for under 21 CFR 208. Pursuant to 21 CFR 208, FDA has determined that Gralise (gabapentin) poses a serious and significant public health concern requiring the distribution of a Medication Guide. The Medication Guide is necessary for patients' safe and effective use of Gralise. FDA has determined that Gralise (gabapentin) is a product for which patient labeling could help prevent serious adverse effects and that has serious risks (relative to benefits) of which patients should be made aware because information concerning the risks could affect patients' decisions to use, or continue to use Gralise (gabapentin).

Under 21 CFR 208, you are responsible for ensuring that the Medication Guide is available for distribution to patients who are dispensed Gralise (gabapentin).

Your proposed REMS, submitted on March 30, 2010, and appended to this letter, is approved. The REMS consists of a Medication Guide and a timetable for submission of assessments of the REMS.

The REMS assessment plan should include, but is not limited to, the following:

- An evaluation of patients' understanding of the serious risks of Gralise (gabapentin).
- A report on periodic assessments of the distribution and dispensing of the Medication Guide in accordance with 21 CFR 208.24.
- A report on failures to adhere to distribution and dispensing requirements, and corrective actions taken to address noncompliance

Assessments of an approved REMS must also include, under section 505-1(g)(3)(B) and (C), information on the status of any postapproval study or clinical trial required under section 505(o) or otherwise undertaken to investigate a safety issue. With respect to any such postapproval study, you must include the status of such study, including whether any difficulties completing the study have been encountered. With respect to any such postapproval clinical trial, you must include the status of such clinical trial, including whether enrollment has begun, the number of participants enrolled, the expected completion date, whether any difficulties completing the clinical trial have been encountered, and registration information with respect to requirements

under subsections (i) and (j) of section 402 of the Public Health Service Act. You can satisfy these requirements in your REMS assessments by referring to relevant information included in the most recent annual report required under section 506B and 21 CFR 314.81(b)(2)(vii) and including any material or significant updates to the status information since the annual report was prepared. Failure to comply with the REMS assessments provisions in section 505-1(g) could result in enforcement action.

We remind you that in addition to the assessments submitted according to the timetable included in the approved REMS, you must submit a REMS assessment and may propose a modification to the approved REMS when you submit a supplemental application for a new indication for use as described in section 505-1(g)(2)(A) of the FDCA.

If you plan to distribute an authorized generic product under this NDA, you must submit a complete proposed REMS that relates only to the authorized generic product. Submit a proposed REMS, REMS supporting document, and any required appended documents as a prior approval supplement. Approval of the proposed REMS is required before you may market your authorized generic product.

Prominently identify the submission containing the REMS assessments or proposed modifications with the following wording in bold capital letters at the top of the first page of the submission:

NDA 022544 REMS ASSESSMENT

**NEW SUPPLEMENT FOR NDA 022544
PROPOSED REMS MODIFICATION
REMS ASSESSMENT**

**NEW SUPPLEMENT (NEW INDICATION FOR USE)
FOR NDA 022544
REMS ASSESSMENT
PROPOSED REMS MODIFICATION (if included)**

If you do not submit electronically, please send 5 copies of REMS-related submissions.

PROMOTIONAL MATERIALS

You may request advisory comments on proposed introductory advertising and promotional labeling. To do so, submit, in triplicate, a cover letter requesting advisory comments, the proposed materials in draft or mock-up form with annotated references, and the package insert to:

Food and Drug Administration
Center for Drug Evaluation and Research
Division of Drug Marketing, Advertising, and Communications
5901-B Ammendale Road
Beltsville, MD 20705-1266

As required under 21 CFR 314.81(b)(3)(i), you must submit final promotional materials, and the package insert, at the time of initial dissemination or publication, accompanied by a Form FDA 2253. For instruction on completing the Form FDA 2253, see page 2 of the Form. For more information about submission of promotional materials to the Division of Drug Marketing, Advertising, and Communications (DDMAC), see <http://www.fda.gov/AboutFDA/CentersOffices/CDER/ucm090142.htm>.

Please submit one market package of the drug product when it is available.

EXPIRATION DATING PERIOD

An expiration dating period of 24 months is granted to the tablets of both strengths (300 and 600 mg) packaged in either the HDPE bottles or blisters stored at 25°C (77°F); excursions permitted to 15° to 30°C (59° to 86°F) [see USP Controlled Room Temperature].

COMPARABILITY PROTOCOL

The comparability protocol to support an alternate drug product manufacturer is insufficient. Addition of a drug product manufacturing site may require a bioequivalence study. You may discuss with the Agency and submit the alternate drug product manufacturing site and supporting data post-approval.

LETTERS TO HEALTH CARE PROFESSIONALS

If you decide to issue a letter communicating important safety-related information about this drug product (i.e., a “Dear Health Care Professional” letter), we request that you submit, at least 24 hours prior to issuing the letter, an electronic copy of the letter to this NDA to the following address:

MedWatch Program
Office of Special Health Issues
Food and Drug Administration
10903 New Hampshire Ave
Building 32, Mail Stop 5353
Silver Spring, MD 20993

REPORTING REQUIREMENTS

We remind you that you must comply with reporting requirements for an approved NDA (21 CFR 314.80 and 314.81).

If you have any questions, call Allison Meyer, Regulatory Project Manager, at (301) 796-1258.

Sincerely,

{See appended electronic signature page}

Bob A. Rappaport, M.D.
Director
Division of Anesthesia and Analgesia Products
Office of Drug Evaluation II
Center for Drug Evaluation and Research

ENCLOSURES:

Content of Labeling
Carton and Container Labeling
REMS

This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.

/s/

BOB A RAPPAPORT
01/28/2011