

**TARGET  
RESEARCH  
ASSOCIATES**

CLINICAL RESEARCH, REGULATORY AFFAIRS & BIOSTATISTICS

October 9, 2000

Jonathan K. Wilkin, MD  
Director  
Division of Dermatologic and Dental Drug Products  
Food and Drug Administration  
9201 Corporate Boulevard  
North 214  
Rockville, MD 20850



RE: NDA 50-782  
Clindagel, LLC, Santa Rosa, CA  
Clindagel™ (Clindamycin Phosphate  gel), 1%  
Indication: Once a day treatment of acne vulgaris  
Response to FDA request for UVB data

NC

Dear Dr. Wilkin:

Reference is made to NDA 50-782 for Clindagel™ (Clindamycin Phosphate  gel) 1% for the once a day treatment of acne vulgaris submitted to FDA on January 27, 2000, and to the October 2, 2000 fax request of Ms. Indira Kumar in which she requested UVB data.

On behalf of Clindagel, LLC, Target Research is hereby submitting in duplicate, the attached information in response to the October 2, 2000 request. Please be advised that this information is located in NDA 50-782 Volume 1.5 pages 254-257. The Clindagel formulation, Lot 4CL-7A listed in the Absorbance Spectra report is the same as the to be marketed formulation of Clindagel.

Please let me know if you have any questions regarding the contents of this submission.

Sincerely,

Jill A. Powers, RAC  
Manager, Regulatory Affairs

APPEARS THIS WAY  
ON ORIGINAL

DUPLICATE

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FOOD AND DRUG ADMINISTRATION

APPLICATION TO MARKET A NEW DRUG, BIOLOGIC,  
OR AN ANTIBIOTIC DRUG FOR HUMAN USE

(Title 21, Code of Federal Regulations, 314 & 601)

Form Approved: OMB No. 0910-0338  
Expiration Date: March 31, 2003  
See OMB Statement on page 2.

FOR FDA USE ONLY

APPLICATION NUMBER

APPLICANT INFORMATION

NAME OF APPLICANT  
Clindagel, LLC

DATE OF SUBMISSION  
October 9, 2000

TELEPHONE NO. (Include Area Code)  
707-793-2600

FACSIMILE (FAX) Number (Include Area Code)  
707-793-0145

APPLICANT ADDRESS (Number, Street, City, State, Country, ZIP Code or Mail Code,  
and U.S. License number if previously issued):  
4189 Chaparral Court  
Santa Rosa, CA 95409

AUTHORIZED U.S. AGENT NAME & ADDRESS (Number, Street, City, State,  
ZIP Code, telephone & FAX number) IF APPLICABLE  
Target Research Associates  
554 Central Avenue  
New Providence, NJ 07974  
Telephone: 908-464-7500  
Fax: 908-464-3529

PRODUCT DESCRIPTION

NEW DRUG OR ANTIBIOTIC APPLICATION NUMBER, OR BIOLOGICS LICENSE APPLICATION NUMBER (If previously issued) 50-782

ESTABLISHED NAME (e.g., Proper name, USP/USAN name)  
1% Clindamycin Phosphate, USP

PROPRIETARY NAME (trade name) IF ANY  
Clindagel

CHEMICAL/BIOCHEMICAL/BLOOD PRODUCT NAME (if any)  
Clindamycin 2-(dihydrogen phosphate)

CODE NAME (if any)

DOSAGE FORM: Topical gel

STRENGTHS: 1% clindamycin phosphate

ROUTE OF ADMINISTRATION: Topical

(PROPOSED) INDICATION(S) FOR USE: Once a day treatment for acne vulgaris

APPLICATION INFORMATION

APPLICATION TYPE  
(check one)

NEW DRUG APPLICATION (21 CFR 314.50)

ABBREVIATED NEW DRUG APPLICATION (ANDA, 21 CFR 314.94)

BIOLOGICS LICENSE APPLICATION (21 CFR part 601)

IF AN NDA, IDENTIFY THE APPROPRIATE TYPE

505 (b)(1)

505 (b)(2)

IF AN ANDA, or 505(b)(2), IDENTIFY THE REFERENCE LISTED DRUG PRODUCT THAT IS THE BASIS FOR THE SUBMISSION

Name of Drug Cleocin-T gel

Holder of Approved Application

Pharmacia & Upjohn

TYPE OF SUBMISSION (check one)

ORIGINAL APPLICATION

AMENDMENT TO A PENDING APPLICATION

RESUBMISSION

PRESUBMISSION

ANNUAL REPORT

ESTABLISHMENT DESCRIPTION SUPPLEMENT

EFFICACY SUPPLEMENT

LABELING SUPPLEMENT

CHEMISTRY MANUFACTURING AND CONTROLS SUPPLEMENT

OTHER

IF A SUBMISSION OR PARTIAL APPLICATION, PROVIDE LETTER DATE OF AGREEMENT TO PARTIAL SUBMISSION:

IF A SUPPLEMENT, IDENTIFY THE APPROPRIATE CATEGORY

CBE

CBE-30

Prior Approval (PA)

REASON FOR SUBMISSION Response to FDA request for additional information

PROPOSED MARKETING STATUS (check one)

PRESCRIPTION PRODUCT (Rx)

OVER THE COUNTER PRODUCT (OTC)

NUMBER OF VOLUMES SUBMITTED

N/A

THIS APPLICATION IS

PAPER

PAPER AND ELECTRONIC

ELECTRONIC

ESTABLISHMENT INFORMATION (Full establishment information should be provided in the body of the Application.)

Provide locations of all manufacturing, packaging and control sites for drug substance and drug product (continuation sheets may be used if necessary). Include name, address, contact, telephone number, registration number (CFN), DMF number, and manufacturing steps and/or type of testing (e.g., Final dosage form, Stability/testing) conducted at the site. Please indicate whether the site is ready for inspection or, if not, when it will be ready.

See attachment

All sites ready for inspection

Cross References (list related License Applications, INDs, NDAs, PMAs, 510(k)s, IDEs, BMFs, and DMFs referenced in this application)

See attachment



This application contains the following items: (Check all that apply)

|                                     |  |   |   |
|-------------------------------------|--|---|---|
| <input type="checkbox"/>            | 1. Index   |   |   |
| <input type="checkbox"/>            | 2. Labeling (check one)  | <input type="checkbox"/> Draft Labeling | <input type="checkbox"/> Final Printed Labeling |
| <input type="checkbox"/>            | 3. Summary (21 CFR 314.50(c))  |   |   |
| <input type="checkbox"/>            | 4. Chemistry section   |   |   |
| <input type="checkbox"/>            | A. Chemistry, manufacturing, and controls information (e.g., 21 CFR 314.50(d)(1); 21 CFR 601.2)                |   |   |
| <input type="checkbox"/>            | B. Samples (21 CFR 314.50(e)(1); 21 CFR 601.2 (a)) (Submit only upon FDA's request)                            |   |   |
| <input type="checkbox"/>            | C. Methods validation package (e.g., 21 CFR 314.50(e)(2)(i); 21 CFR 601.2)                                     |   |   |
| <input type="checkbox"/>            | 5. Nonclinical pharmacology and toxicology section (e.g., 21 CFR 314.50(d)(2); 21 CFR 601.2)                   |   |   |
| <input type="checkbox"/>            | 6. Human pharmacokinetics and bioavailability section (e.g., 21 CFR 314.50(d)(3); 21 CFR 601.2)                |   |   |
| <input type="checkbox"/>            | 7. Clinical Microbiology (e.g., 21 CFR 314.50(d)(4))   |   |   |
| <input type="checkbox"/>            | 8. Clinical data section (e.g., 21 CFR 314.50(d)(5); 21 CFR 601.2)   |   |   |
| <input type="checkbox"/>            | 9. Safety update report (e.g., 21 CFR 314.50(d)(5)(vi)(b); 21 CFR 601.2)                                       |   |   |
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| <input type="checkbox"/>            | 12. Case report forms (e.g., 21 CFR 314.50(f)(2); 21 CFR 601.2)  |   |   |
| <input type="checkbox"/>            | 13. Patent information on any patent which claims the drug (21 U.S.C. 355(b) or (c))                           |   |   |
| <input type="checkbox"/>            | 14. A patent certification with respect to any patent which claims the drug (21 U.S.C. 355(b)(2) or (j)(2)(A)) |   |   |
| <input type="checkbox"/>            | 15. Establishment description (21 CFR Part 600, if applicable)   |   |   |
| <input type="checkbox"/>            | 16. Debarment certification (FD&C Act 306(k)(1))   |   |   |
| <input type="checkbox"/>            | 17. Field copy certification (21 CFR 314.50(k)(3))   |   |   |
| <input type="checkbox"/>            | 18. User Fee Cover Sheet (Form FDA 3397)   |   |   |
| <input type="checkbox"/>            | 19. Financial Information (21 CFR Part 54)   |   |   |
| <input checked="" type="checkbox"/> | 20. OTHER (Specify) Response to FDA request for additional information   |   |   |

**CERTIFICATION**

I agree to update this application with new safety information about the product that may reasonably affect the statement of contraindications, warnings, precautions, or adverse reactions in the draft labeling. I agree to submit safety update reports as provided for by regulation or as requested by FDA. If this application is approved, I agree to comply with all applicable laws and regulations that apply to approved applications, including, but not limited to the following:

1. Good manufacturing practice regulations in 21 CFR Parts 210, 211 or applicable regulations, Parts 606, and/or 820.
2. Biological establishment standards in 21 CFR Part 600.
3. Labeling regulations in 21 CFR Parts 201, 606, 610, 660 and/or 809.
4. In the case of a prescription drug or biological product, prescription drug advertising regulations in 21 CFR 202.
5. Regulations on making changes in application in FD&C Act Section 506A, 21 CFR 314.71, 314.72, 314.97, 314.99, and 601.12.
6. Regulations on Reports in 21 CFR 314.80, 314.81, 600.80 and 600.81.
7. Local, state and Federal environmental impact laws.

If this application applies to a drug product that FDA has proposed for scheduling under the Controlled Substances Act, I agree not to market the product until the Drug Enforcement Administration makes a final scheduling decision.

The data and information in this submission have been reviewed and, to the best of my knowledge are certified to be true and accurate.

Warning: A willfully false statement is a criminal offense, U.S. Code, title 18, section 1001.

|   |  |                                    |
|---|--|------------------------------------|
| SIGNATURE OF RESPONSIBLE OFFICIAL OR AGENT<br><i>Robert J. McCormack / JP</i>                 | TYPED NAME AND TITLE<br>Robert J. McCormack, Ph.D., VP, Regulatory Affairs<br>Target Research Associates | DATE<br>October 9, 2000            |
| ADDRESS (Street, City, State, and ZIP Code)<br>554 Central Avenue<br>New Providence, NJ 07974 |  | TELEPHONE NUMBER<br>(908)-464-7500 |

Public reporting burden for this collection of information is estimated to average 24 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

Department of Health and Human Services  
Food and Drug Administration  
CBER, HFM-99  
1401 Rockville Pike  
Rockville, MD 20852-1448  
FORM FDA 356h (4/00)

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**BEST POSSIBLE COPY**

## FDA/Target Research Associates/Fax Memo

**Date:** October 2, 2000

**To:** Jill Powers/Manager, Regulatory Affairs  
(908) 464-7500 (P)  
(908) 464-3529 (F)



**From:** Indira Kumar, Regulatory Project Manager

**Subject:** NDA 50-782 Clinical Information Request – UVB data

**Dear Ms. Powers,**

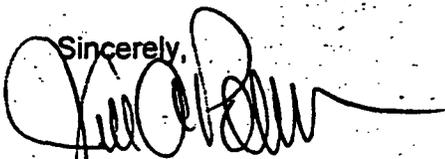
So that we may evaluate the need for clinical phototoxicity and photosensitivity testing, please submit a UV absorption spectrum for the drug product in the 280 to 700 nm range.

If you have questions, please call Indira Kumar at (301) 827-2020.

APPEARS THIS WAY  
ON ORIGINAL

Please let me know if you have any questions regarding the contents of this submission.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim Powers", with a long horizontal flourish extending to the right.

Jim A. Powers, RAC  
Manager, Regulatory Affairs

APPEARS THIS WAY  
ON ORIGINAL

BEST POSSIBLE COPY

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FOOD AND DRUG ADMINISTRATION

APPLICATION TO MARKET A NEW DRUG, BIOLOGIC,  
OR AN ANTIBIOTIC DRUG FOR HUMAN USE

(Title 21, Code of Federal Regulations, 314 & 601)

Form Approved: OMB No. 0910-0338  
Expiration Date: March 31, 2003  
See OMB Statement on page 2.

FOR FDA USE ONLY  
APPLICATION NUMBER

APPLICANT INFORMATION

|  |  |
|--|--|
| NAME OF APPLICANT<br>Clindagel, LLC  | DATE OF SUBMISSION<br>September 18, 2000   |
| TELEPHONE NO. (Include Area Code)<br>707-793-2600  | FACSIMILE (FAX) Number (Include Area Code)<br>707-793-0145   |
| APPLICANT ADDRESS (Number, Street, City, State, Country, ZIP Code or Mail Code, and U.S. License number if previously issued):<br>4189 Chaparral Court<br>Santa Rosa, CA 95409 | AUTHORIZED U.S. AGENT NAME & ADDRESS (Number, Street, City, State, ZIP Code, telephone & FAX number) IF APPLICABLE<br>Target Research Associates<br>554 Central Avenue<br>New Providence, NJ 07974<br>Telephone: 908-464-7500<br>Fax: 908-464-3529 |

PRODUCT DESCRIPTION

|  |   |                                  |
|--|---|----------------------------------|
| NEW DRUG OR ANTIBIOTIC APPLICATION NUMBER, OR BIOLOGICS LICENSE APPLICATION NUMBER (if previously issued) 50-782 |   |                                  |
| ESTABLISHED NAME (e.g., Proper name, USP/USAN name)<br>1% Clindamycin Phosphate, USP                             | PROPRIETARY NAME (trade name) IF ANY<br>Clindagel |                                  |
| CHEMICAL/BIOCHEMICAL/BLOOD PRODUCT NAME (if any)<br>Clindamycin 2-(dihydrogen phosphate)                         | CODE NAME (if any)                                |                                  |
| DOSAGE FORM: Topical gel   | STRENGTHS: 1% clindamycin phosphate               | ROUTE OF ADMINISTRATION: Topical |
| (PROPOSED) INDICATION(S) FOR USE: Once a day treatment for acne vulgaris   |   |                                  |

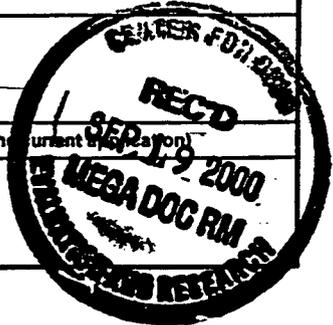
APPLICATION INFORMATION

|   |
|---|
| APPLICATION TYPE<br>(check one) <input checked="" type="checkbox"/> NEW DRUG APPLICATION (21 CFR 314.50) <input type="checkbox"/> ABBREVIATED NEW DRUG APPLICATION (AMDA, 21 CFR 314.94) <input type="checkbox"/> BIOLOGICS LICENSE APPLICATION (21 CFR part 601)   |
| IF AN NDA, IDENTIFY THE APPROPRIATE TYPE <input type="checkbox"/> 505 (b)(1) <input checked="" type="checkbox"/> 505 (b)(2)   |
| IF AN ANDA, or 505(b)(2), IDENTIFY THE REFERENCE LISTED DRUG PRODUCT THAT IS THE BASIS FOR THE SUBMISSION<br>Name of Drug Cleocin-T gel Holder of Approved Application Pharmacia & Upjohn   |
| TYPE OF SUBMISSION (check one) <input type="checkbox"/> ORIGINAL APPLICATION <input type="checkbox"/> AMENDMENT TO A PENDING APPLICATION <input type="checkbox"/> RESUBMISSION <input type="checkbox"/> PRESUBMISSION <input type="checkbox"/> ANNUAL REPORT <input type="checkbox"/> ESTABLISHMENT DESCRIPTION SUPPLEMENT <input type="checkbox"/> EFFICACY SUPPLEMENT <input type="checkbox"/> LABELING SUPPLEMENT <input type="checkbox"/> CHEMISTRY MANUFACTURING AND CONTROLS SUPPLEMENT <input checked="" type="checkbox"/> OTHER |
| IF A SUBMISSION OR PARTIAL APPLICATION, PROVIDE LETTER DATE OF AGREEMENT TO PARTIAL SUBMISSION: _____   |
| IF A SUPPLEMENT, IDENTIFY THE APPROPRIATE CATEGORY <input type="checkbox"/> CBE <input type="checkbox"/> CBE-30 <input type="checkbox"/> Prior Approval (PA)  |
| REASON FOR SUBMISSION Response to FDA request for additional information  |

|  |
|--|
| PROPOSED MARKETING STATUS (check one) <input checked="" type="checkbox"/> PRESCRIPTION PRODUCT (Rx) <input type="checkbox"/> OVER THE COUNTER PRODUCT (OTC)  |
| NUMBER OF VOLUMES SUBMITTED <u>N/A</u> THIS APPLICATION IS <input checked="" type="checkbox"/> PAPER <input type="checkbox"/> PAPER AND ELECTRONIC <input type="checkbox"/> ELECTRONIC   |
| ESTABLISHMENT INFORMATION (Full establishment information should be provided in the body of the Application.)<br>Provide locations of all manufacturing, packaging and control sites for drug substance and drug product (continuation sheets may be used if necessary). Include name, address, contact, telephone number, registration number (CFN), DMF number, and manufacturing steps and/or type of testing (e.g., Final dosage form, Stability/testing) conducted at the site. Please indicate whether the site is ready for inspection or, if not, when it will be ready. |

See attachment  
All sites ready for inspection

Cross References (list related License Applications, INDs, NDAs, PMAs, 510(k)s, IDEs, BMFs, and DMFs referenced in the current application)  
See attachment



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This application contains the following items: (Check all that apply)

- 1. Index
- 2. Labeling (check one)  Draft Labeling  Final Printed Labeling
- 3. Summary (21 CF. 314.50(c))
- 4. Chemistry section
  - A. Chemistry, manufacturing, and controls information (e.g., 21 CFR 314.50(d)(1); 21 CFR 601.2)
  - B. Samples (21 CFR 314.50(e)(1); 21 CFR 601.2 (a)) (Submit only upon FDA's request)
  - C. Methods validation package (e.g., 21 CFR 314.50(e)(2)(i); 21 CFR 601.2)
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- 7. Clinical Microbiology (e.g., 21 CFR 314.50(d)(4))
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- 18. User Fee Cover Sheet (Form FDA 3397)
- 19. Financial Information (21 CFR Part 54)
- 20. OTHER (Specify) Response to FDA request for additional information

**CERTIFICATION**

I agree to update this application with new safety information about the product that may reasonably affect the statement of contraindications, warnings, precautions, or adverse reactions in the draft labeling. I agree to submit safety update reports as provided for by regulation or as requested by FDA. If this application is approved, I agree to comply with all applicable laws and regulations that apply to approved applications, including, but not limited to the following:

1. Good manufacturing practice regulations in 21 CFR Parts 210, 211 or applicable regulations, Parts 606, and/or 820.
2. Biological establishment standards in 21 CFR Part 600.
3. Labeling regulations in 21 CFR Parts 201, 606, 510, 660 and/or 809.
4. In the case of a prescription drug or biological product, prescription drug advertising regulations in 21 CFR 202.
5. Regulations on making changes in application in FD&C Act Section 506A, 21 CFR 314.71, 314.72, 314.97, 314.99, and 601.12.
6. Regulations on Reports in 21 CFR 314.80, 314.81, 600.80 and 600.81.
7. Local, state and Federal environmental impact laws.

If this application applies to a drug product that FDA has proposed for scheduling under the Controlled Substances Act, I agree not to market the product until the Drug Enforcement Administration makes a final scheduling decision.  
 The data and information in this submission have been reviewed and, to the best of my knowledge are certified to be true and accurate.  
**Warning:** A willfully false statement is a criminal offense. U.S. Code, title 18, section 1001.

|  |  |                                    |
|--|--|------------------------------------|
| SIGNATURE OF RESPONSIBLE OFFICIAL OR AGENT<br> | TYPED NAME AND TITLE<br>Robert J. McCormack, Ph.D., VP, Regulatory Affairs<br>Target Research Associates | DATE<br>September 18, 2000         |
| ADDRESS (Street, City, State, and ZIP Code)<br>554 Central Avenue<br>New Providence, NJ 07974                                    |  | TELEPHONE NUMBER<br>(908)-464-7500 |

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|  |  |
|--|--|
| Department of Health and Human Services<br>Food and Drug Administration<br>CBER, HFM-99<br>1401 Rockville Pike<br>Rockville, MD 20852-1448 | An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. |
|--|--|



**TARGET  
RESEARCH  
ASSOCIATES**

NDA ORIG AMENDMENT

CLINICAL RESEARCH, REGULATORY AFFAIRS & BIOSTATISTICS

September 14, 2000

Jonathan K. Wilkin, MD  
Director  
Division of Dermatologic and Dental Drug Products  
Food and Drug Administration  
9201 Corporate Boulevard  
North 214  
Rockville, MD 20850



RE: NDA 50-782  
Clindagel, LLC, Santa Rosa, CA  
Clindagel™ (Clindamycin Phosphate 1 gel), 1%  
Indication: Once a day treatment of acne vulgaris  
Response to FDA request for additional pharmacokinetic information

BP

Dear Dr. Wilkin:

Reference is made to NDA 50-782, for Clindagel™ (Clindamycin Phosphate — gel), 1% for the once a day treatment of acne vulgaris which was submitted to FDA on January 27, 2000 and to the August 23, 2000 conference call between the agency and sponsor representatives in which additional information relating to study CGEL-005 was requested by biopharmaceutics personnel.

On behalf of Clindagel, LLC, Target Research is hereby submitting in duplicate the following information in response to the August 23, 2000 request:

- The calculated individual proportions and % total dose of clindamycin in urine from study CGEL-005. Analyses were carried out for both AUC and the sum of 0-12 hr and 12-24 hr urinary excretion (total excretion).
- Raw data used in the above calculations.
- The statistical analysis output.
- Summary of results.
- Electronic files containing the calculated proportions and the raw data.

Please let me know if you have any questions regarding the contents of this submission.

Sincerely,

Jill A. Powers, RAC  
Manager, Regulatory Affairs

ORIGINAL

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FOOD AND DRUG ADMINISTRATION

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DATE OF SUBMISSION  
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707-793-2600

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707-793-0145

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4189 Chaparral Court  
Santa Rosa, CA 95409

AUTHORIZED U.S. AGENT NAME & ADDRESS (Number, Street, City, State,  
ZIP Code, telephone & FAX number) IF APPLICABLE  
Target Research Associates  
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Telephone: 908-464-7500  
Fax: 908-464-3529

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CODE NAME (if any)

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Holder of Approved Application

Pharmacia & Upjohn

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ANNUAL REPORT

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CBE

CBE-30

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PROPOSED MARKETING STATUS (check one)

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OVER THE COUNTER PRODUCT (OTC)

NUMBER OF VOLUMES SUBMITTED

N/A

THIS APPLICATION IS

PAPER

PAPER AND ELECTRONIC

ELECTRONIC

ESTABLISHMENT INFORMATION (Full establishment information should be provided in the body of the Application.)

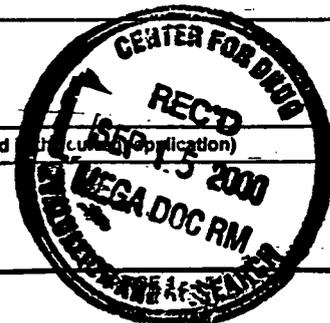
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  - A. Chemistry, manufacturing, and controls information (e.g., 21 CFR 314.50(d)(1); 21 CFR 601.2)
  - B. Samples (21 CFR 314.50(e)(1); 21 CFR 601.2 (a)) (Submit only upon FDA's request)
  - C. Methods validation package (e.g., 21 CFR 314.50(e)(2)(i); 21 CFR 601.2)
- 5. Nonclinical pharmacology and toxicology section (e.g., 21 CFR 314.50(d)(2); 21 CFR 601.2)
- 6. Human pharmacokinetics and bioavailability section (e.g., 21 CFR 314.50(d)(3); 21 CFR 601.2)
- 7. Clinical Microbiology (e.g., 21 CFR 314.50(d)(4))
- 8. Clinical data section (e.g., 21 CFR 314.50(d)(5); 21 CFR 601.2)
- 9. Safety update report (e.g., 21 CFR 314.50(d)(5)(vi)(b); 21 CFR 601.2)
- 10. Statistical section (e.g., 21 CFR 314.50(d)(6); 21 CFR 601.2)
- 11. Case report tabulations (e.g., 21 CFR 314.50(i)(1); 21 CFR 601.2)
- 12. Case report forms (e.g., 21 CFR 314.50(f)(2); 21 CFR 601.2)
- 13. Patent information on any patent which claims the drug (21 U.S.C. 355(b) or (c))
- 14. A patent certification with respect to any patent which claims the drug (21 U.S.C. 355(b)(2) or (j)(2)(A))
- 15. Establishment description (21 CFR Part 600, if applicable)
- 16. Debarment certification (FD&C Act 306(k)(1))
- 17. Field copy certification (21 CFR 314.50(k)(3))
- 18. User Fee Cover Sheet (Form FDA 3397)

- 19. Financial Information (21 CFR Part 54)
- 20. OTHER (Specify) Response to FDA request for additional information

**CERTIFICATION**

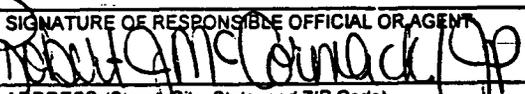
I agree to update this application with new safety information about the product that may reasonably affect the statement of contraindications, warnings, precautions, or adverse reactions in the draft labeling. I agree to submit safety update reports as provided for by regulation or as requested by FDA. If this application is approved, I agree to comply with all applicable laws and regulations that apply to approved applications, including, but not limited to the following:

1. Good manufacturing practice regulations in 21 CFR Parts 210, 211 or applicable regulations, Parts 606, and/or 820.
2. Biological establishment standards in 21 CFR Part 600.
3. Labeling regulations in 21 CFR Parts 201, 603, 610, 660 and/or 809.
4. In the case of a prescription drug or biological product, prescription drug advertising regulations in 21 CFR 202.
5. Regulations on making changes in application in FD&C Act Section 506A, 21 CFR 314.71, 314.72, 314.97, 314.99, and 601.12.
6. Regulations on Reports in 21 CFR 314.80, 314.81, 600.80 and 600.81.
7. Local, state and Federal environmental impact laws.

If this application applies to a drug product that FDA has proposed for scheduling under the Controlled Substances Act, I agree not to market the product until the Drug Enforcement Administration makes a final scheduling decision.

The data and information in this submission have been reviewed and, to the best of my knowledge are certified to be true and accurate.

Warning: A willfully false statement is a criminal offense, U.S. Code, title 18, section 1001.

|  |  |                            |
|--|--|----------------------------|
| SIGNATURE OF RESPONSIBLE OFFICIAL OR AGENT<br> | TYPED NAME AND TITLE<br>Robert J. McCormack, Ph.D., VP, Regulatory Affairs<br>Target Research Associates | DATE<br>September 14, 2000 |
| ADDRESS (Street, City, State, and ZIP Code)<br>554 Central Avenue<br>New Providence, NJ 07974                                    | TELEPHONE NUMBER<br>(908)-464-7500   |                            |

Public reporting burden for this collection of information is estimated to average 24 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing its burden to:

Department of Health and Human Services  
Food and Drug Administration  
CBER, HFM-99  
1401 Rockville Pike  
Rockville, MD 20852 1448

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.



**TARGET  
RESEARCH  
ASSOCIATES**

CLINICAL RESEARCH, REGULATORY AFFAIRS & BIOSTATISTICS

August 21, 2000

Jonathan K. Wilkin, MD  
Director  
Division of Dermatologic and Dental Drug Products  
Food and Drug Administration  
9201 Corporate Boulevard  
North 214  
Rockville, MD 20850

**RE: NDA 50-782  
Clindagel, LLC, Santa Rosa, CA  
Clindagel™ (Clindamycin Phosphate — gel), 1%  
Indication: Once a day treatment of acne vulgaris  
Response to FDA request for additional pharmacokinetic information**

Dear Dr. Wilkin:

Reference is made to NDA 50-782, for Clindagel™ (Clindamycin Phosphate — gel), 1% for the once a day treatment of acne vulgaris which was submitted to FDA on January 27, 2000 and to the August 17, 2000 telephone request of Ms. Indira Kumar for clarifications concerning pharmacokinetic information previously submitted.

On behalf of Clindagel, LLC, Target Research is hereby submitting in duplicate, the following information in response to the August 17, 2000 request. Listed below is the FDA request for information (in boldface type) followed by the response (*in italics*):

- 1. What do the Urinary Excretion values (ng/ml) given in Table 6 of the CGEL-005 report represent compared to the Urine AUC values submitted in Clindagel response to FDA dated August 18, 2000?**

*Both the urinary excretion value and the AUC value are variables which estimate the concentration of clindamycin in urine but are determined using different methods of calculation.*

*The urinary excretion values estimate the mean concentration (ng/ml) of clindamycin in urine from 0 to 24 hrs for both Clindagel™ and Cleocin-T® groups. This estimate is calculated by taking the individual means (0 to 12 hrs and 12 to 24 hrs) and combining them to estimate the concentration of clindamycin in urine from 0 to 24 hrs.*

*The calculated urinary AUC values are an estimate of the concentration of clindamycin in urine from 0 to 24 hrs using the linear assumption of time vs. concentration.*

Please let me know if you have any questions regarding the contents of this submission.

Sincerely,

A handwritten signature in black ink that reads "Robert J. McCormack" followed by a stylized flourish.

Robert J. McCormack, Ph.D.  
Vice President, Regulatory Affairs

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**APPEARS THIS WAY  
ON ORIGINAL**



**TARGET  
RESEARCH  
ASSOCIATES**

CLINICAL RESEARCH, REGULATORY AFFAIRS & BIOSTATISTICS

August 16, 2000

Jonathan K. Wilkin, MD  
Director  
Division of Dermatologic and Dental Drug Products  
Food and Drug Administration  
9201 Corporate Boulevard  
North 214  
Rockville, MD 20850

**BEST POSSIBLE COPY**

**RE: NDA 50-782  
Clindagel, LLC, Santa Rosa, CA  
Clindagel™ (Clindamycin Phosphate — gel), 1%  
Indication: Once a day treatment of acne vulgaris.  
Response to FDA request for additional pharmacokinetic information**

Dear Dr. Wilkin:

Reference is made to NDA 50-782, for Clindagel™ (Clindamycin Phosphate — gel), 1% for the once a day treatment of acne vulgaris which was submitted to FDA on January 27, 2000 and to the August 3, 2000 fax request of Ms. Indira Kumar for additional pharmacokinetic information.

Therefore, on behalf of Clindagel, LLC, Target Research is hereby submitting in duplicate the following information in response the August 3, 2000 request:

- Individual calculated AUC urine and plasma values from study CGEL-005.
- The statistical output used for the analysis of the individual pharmacokinetic parameters.

Please be advised that the statistical output contains information needed to compute the power of the test. We could not compute the power of the test for this response since we do not know what the biopharmaceutics reviewer considers a clinically meaningful difference in mean AUC values between treatment groups.

Please let me know if you have any questions regarding the contents of this submission.

Sincerely,

Robert J. McCormack, Ph.D.  
Vice President, Regulatory Affairs

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**THIS SECTION  
WAS  
DETERMINED  
NOT  
TO BE  
RELEASABLE**

15

## FDA/Target Research Associates/Fax Memo



**Date:** August 3, 2000

**To:** Jill Powers/Manager, Regulatory Affairs  
(908) 464-7500 (P)  
(908) 464-3529 (F)

**From:** Indira Kumar, Regulatory Project Manager

**Subject:**  Pharmacokinetic Information Request – Table of Individual AUC  
                  Values.

**Dear Ms. Powers,**

The reviewing pharmacokineticist wanted the following comments forwarded to you (This is for your NDA submission).

**Biopharm Comments:**

The information request submitted in response to the telephone contact of Ms. Indira Kumar on July 11, 2000 on behalf of the biopharm reviewer is acknowledged. However, as also noted on your cover letter (dated July 17th, 2000) attached to the information request, the request was for the Individual AUC urine and plasma values used for the statistical analysis of Study CGEL-005 entitled "An Open-Label Randomized Study of the Comparative Absorption of Clindagel™ (QD) versus Cleocin T (BID) in Subjects with Acne Vulgaris". The information you have submitted is the Individual urine and plasma concentration values and not the calculated Individual AUC (i.e. pharmacokinetic parameter) values. Please submit a table of the Individual pharmacokinetic parameters (which in your study report was specified as the AUC) used for the statistical analysis and, the statistical analysis output which should include information on the power of the test as well as the parameter estimates.

If you have questions, please call Indira Kumar at (301) 827-2020.

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ON ORIGINAL



CLINICAL RESEARCH, REGULATORY AFFAIRS & BIOSTATISTICS

July 31, 2000

Jonathan K. Wilkin, MD  
Director  
Division of Dermatologic and Dental Drug Products  
Food and Drug Administration  
9201 Corporate Boulevard  
North 214  
Rockville, MD 20850

**RE: NDA 50-782**  
**Clindagel, LLC, Santa Rosa, CA**  
**Clindagel™ (Clindamycin Phosphate ~~\_\_\_\_\_~~ gel), 1%**  
**Indication: Once a day treatment of acne vulgaris**  
**Response to FDA request for additional statistical information**

Dear Dr. Wilkin:

Reference is made to NDA 50-782, for Clindagel™ (Clindamycin Phosphate ~~\_\_\_\_\_~~ gel), 1% for the once a day treatment of acne vulgaris which was submitted to FDA on January 27, 2000 and to the July 26, 2000 fax request of Ms. Indira Kumar for additional statistical information.

Therefore, on behalf of Clindagel, LLC, Target Research is hereby submitting in duplicate, two new statistical tables, S7 and S8, attached, in the absence of a strong rationale for testing the ratio rather than the difference between pairs of treatment means.

In response to FDA Question 1:

Table 7, Summary results of noninferiority testing on percent change from baseline of inflammatory, non-inflammatory and total lesion count at week 12 (per protocol), contains the least squares means for the Clindagel QD, Clindagel BID, and Cleocin T BID treatment groups, along with the two-sided 95% confidence intervals for the differences between means comparing each Clindagel group to the Cleocin T group. Since percent change from baseline is a negative quantity in this study, noninferiority is based on the upper bound of the confidence interval for the difference between means rather than the lower bound of the confidence interval. Noninferiority of Clindagel to Cleocin T will be asserted if the upper confidence bound for difference in mean percent change from baseline between treatment groups is less than 10%.

By this rule, Clindagel QD and Clindagel BID are both noninferior to Cleocin T BID with respect to percent change from baseline at week 12 in inflammatory lesion count and total lesion count, though not in noninflammatory lesion count.

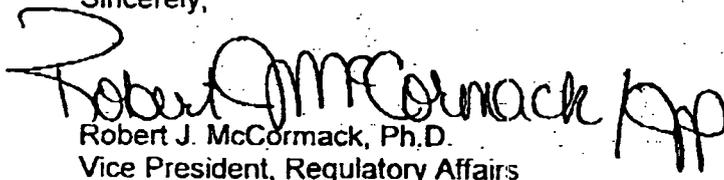
In response to FDA Question 2:

Table S8, Summary results of noninferiority testing on patients with grade 0 or 1 in physician's global severity assessment at week 12 (per protocol), contains the proportions of success for the Clindagel QD, Clindagel BID, and Cleocin T BID treatment groups, along with the two-sided 95% confidence intervals for the difference between proportions between each Clindagel group and the Cleocin T group. The lower bounds of the two-sided 95% confidence intervals are equivalent to the 97.5% lower confidence bounds that were requested. Noninferiority of Clindagel to Cleocin T will be asserted if the lower confidence bound for the difference in proportions is greater than -15%.

By this rule, Clindagel QD and Clindagel BID are both noninferior to Cleocin T BID with respect to the proportion of patients with success, defined as physician's Global Severity Assessment score of 0 or 1 at Week 12.

Please let me know if you have any questions regarding the contents of this submission.

Sincerely,

  
Robert J. McCormack, Ph.D.  
Vice President, Regulatory Affairs

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TABLE S7  
SUMMARY RESULTS OF NONINFERIORITY TESTING ON PERCENT CHANGE FROM BASELINE OF  
INFLAMMATORY, NONINFLAMMATORY AND TOTAL LESION COUNT AT WEEK 12  
(PER PROTOCOL)

|                        | TREATMENT GROUP              |       |                               |       |                              |       | 95% CONFIDENCE INTERVAL |       |       |       |
|------------------------|------------------------------|-------|-------------------------------|-------|------------------------------|-------|-------------------------|-------|-------|-------|
|                        | Clindagel OD (T1)<br>(N=139) |       | Clindagel BID (T2)<br>(N=140) |       | Cleocint BID (T5)<br>(N=140) |       | T1 - T5                 |       | T2-T5 |       |
|                        | LS MEAN                      | SE    | LS MEAN                       | SE    | LS MEAN                      | SE    | LB                      | UB    | LB    | UB    |
| INFLAMMATORY LESION    | -54.47                       | 2.710 | -55.76                        | 2.695 | -53.21                       | 2.722 | -8.55                   | 6.12  | -9.94 | 4.63  |
| NONINFLAMMATORY LESION | -27.50                       | 3.491 | -32.13                        | 3.471 | -34.59                       | 3.508 | -2.42                   | 16.60 | -7.04 | 11.97 |
| TOTAL LESION           | -40.75                       | 2.484 | -43.26                        | 2.470 | -43.14                       | 2.494 | -4.40                   | 9.14  | -6.89 | 6.64  |

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PERCENT CHANGE=100\*(POST-BASE)/BASELINE  
TWO-SIDED 95% CI FOR DIFFERENCE BETWEEN LS MEANS IN % CHANGE FROM BASELINE (CLINDAGEL - CLEOCINT)  
THE UPPER BOUND MUST BE < 10% TO DECLARE NONINFERIORITY.  
ANALYSIS BASED ON ANOVA WITH TREATMENT AND INVESTIGATOR AS FACTORS  
INVESTIGATORS 11 AND 12 WERE POOLED

TABLE S8  
SUMMARY RESULTS OF NONINFERICRITY TESTING ON PATIENTS WITH GRADE 0 OR 1  
IN PHYSICIAN'S GLOBAL SEVERITY ASSESSMENT AT WEEK 12  
(PER PROTOCOL)

|              | TREATMENT GROUP   |          |                    |          |                   |          | 95% CONFIDENCE INTERVAL |       |         |       |
|--------------|-------------------|----------|--------------------|----------|-------------------|----------|-------------------------|-------|---------|-------|
|              | Clindagel OD (T1) |          | Clindagel BID (T2) |          | Cleocint BID (T5) |          | T1 - T5                 |       | T2 - T5 |       |
|              | N                 | %        | N                  | %        | N                 | %        | LB                      | UB    | LB      | UB    |
| N            | 139               |          | 140                |          | 140               |          | -.134                   | 0.068 | -.102   | 0.102 |
| GSA = 0 OR 1 | 31                | ( 22.3%) | 36                 | ( 25.7%) | 36                | ( 25.7%) |                         |       |         |       |
| GSA > 1      | 108               | ( 77.7%) | 104                | ( 74.3%) | 104               | ( 74.3%) |                         |       |         |       |

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TWO-SIDED 95% CONFIDENCE INTERVAL FOR DIFFERENCES IN PROPORTION OF PATIENTS WITH GSA OF 0 OR 1, I.E., (CLINDAGEL - CLEOCINT)  
THE LOWER BOUND MUST BE > -.15 TO DECLARE NON-INFERIORITY,



**TARGET  
RESEARCH  
ASSOCIATES**

CLINICAL RESEARCH, REGULATORY AFFAIRS & BIOSTATISTICS

September 6, 2000

Jonathan K. Wilkin, MD  
Director  
Division of Dermatologic and Dental Drug Products  
Food and Drug Administration  
9201 Corporate Boulevard  
North 214  
Rockville, MD 20850

**RE: NDA 50-782  
Clindagel, LLC, Santa Rosa, CA  
Clindagel™ (Clindamycin Phosphate — gel), 1%  
Indication: Once a day treatment of acne vulgaris  
Response to FDA request for additional pharmacokinetic information**

Dear Dr. Wilkin:

Reference is made to NDA 50-782, for Clindagel™ (Clindamycin Phosphate — gel), 1% for the once a day treatment of acne vulgaris which was submitted to FDA on January 27, 2000 and to the August 23, 2000 conference call between the agency and sponsor representatives in which additional information relating to study CGEL-005 was requested by biopharmaceutics personnel.

Therefore, on behalf of Clindagel, LLC, Target Research is hereby submitting in duplicate the following information in response the August 23, 2000 request:

- The calculated individual proportions and % total dose of clindamycin in urine from study CGEL-005. Analyses were carried out for both AUC and the sum of 0-12 hr and 12-24 hr urinary excretion (total excretion).
- The statistical analysis output.
- Summary of results.

Please let me know if you have any questions regarding the contents of this submission.

Sincerely,

A handwritten signature in black ink, appearing to read "J. A. Powers", written over the word "Sincerely,".

J. A. Powers, RAC  
Manager, Regulatory Affairs

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**THIS SECTION  
WAS  
DETERMINED  
NOT  
TO BE  
RELEASABLE**

*12 pages*

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# FDA/Target Research Associates/Fax Memo



**Date:** July 26, 2000

**To:** Jill Powers/Manager, Regulatory Affairs  
(908) 464-7500 (P)  
(908) 464-3529 (F)

**From:** Indira Kumar, Regulatory Project Manager

**Subject:** ~~\_\_\_\_\_~~ Statistical Information Request - Relative to the non-inferiority testing.

**Dear Ms. Powers,**

The reviewing statistician wanted the following comments forwarded to you (This is for your NDA submission).

Statistical:

1. Please provide a rationale for using the confidence interval for the ratio of Clindagel divided by Cleocin T gel instead of the confidence interval for the difference between Clindagel and Cleocin T gel. (For therapeutic non-inferiority, the standard approach is using the confidence interval for the difference between the new drug and the reference drug).

In the absence of a strong rationale for using the ratio, the use of the difference is indicated.

Please provide the following two tables:

1. A table similar to Table 13 on page 260 of Volume 1.1 of the Statistical Report. The new table should provide the lower bound of the one-sided 97.5% confidence interval for the difference between least square means (Clindagel-Cleocin), instead of the ratio of least square means (Clindagel/Cleocin).
2. A table similar to Table 14 on page 261 of the same volume with results of non-inferiority testing on the proportion of patients with grades 0 or 1 in the Physician's Global Severity Assessment at Week 12 instead of the two-category improvement. The new table should provide the lower bound of the one-sided 97.5% confidence interval for the difference of proportions between Clindagel and Cleocin T (Clindagel-Cleocin) instead of the ratio of proportions (Clindagel/Cleocin).

If you have questions, please call Indira Kumar at (301) 827-2020.

**APPEARS THIS WAY  
ON ORIGINAL**



**TARGET  
RESEARCH  
ASSOCIATES**

CLINICAL RESEARCH, REGULATORY AFFAIRS & BIOSTATISTICS

July 20, 2000

Jonathan K. Wilkin, MD  
Director  
Division of Dermatologic and Dental Drug Products  
Food and Drug Administration  
9201 Corporate Boulevard  
North 214  
Rockville, MD 20850

**RE: NDA 50-782  
Clindagel, LLC, Santa Rosa, CA  
Clindagel™ (Clindamycin Phosphate  gel), 1%  
Indication: Once a day treatment of acne vulgaris  
Response to FDA request for additional statistical information**

Dear Dr. Wilkin:

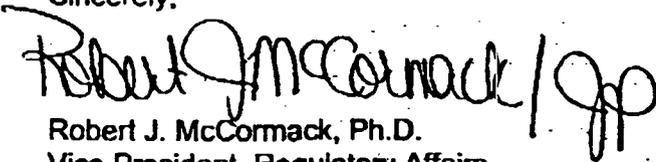
Reference is made to NDA 50-782, for Clindagel™ (Clindamycin Phosphate  gel), 1% for the once a day treatment of acne vulgaris which was submitted to FDA on January 27, 2000 and to the July 18, 2000 fax request of Ms. Indira Kumar for additional statistical information.

Therefore, on behalf of Clindagel, LLC, Target Research is hereby submitting in duplicate, the following information:

- A summary table similar to Table 13 on page 260 in volume 1.1 of NDA 50-783 but with the lower bound in the one-sided 97.5% Confidence Interval. This table is designated S6.
- A summary table similar to Table 14 on page 261 in volume 1.1 of NDA 50-783 but with results of non-inferiority testing on the proportion of patients with grades 0 or 1 in the Physician's Global Severity Assessment at Week 12 instead of a two-category improvement and the lower bound in the one-sided 97.5% Confidence Interval. This table is designated S5.

Please let me know if you have any questions regarding the contents of this submission.

Sincerely,

  
Robert J. McCormack, Ph.D.  
Vice President, Regulatory Affairs

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FOOD AND DRUG ADMINISTRATION

Form Approved: OMB No. 0910-0338  
Expiration Date: March 31, 2003  
See OMB Statement on page 2.

APPLICATION TO MARKET A NEW DRUG, BIOLOGIC,  
OR AN ANTIBIOTIC DRUG FOR HUMAN USE

(Title 21, Code of Federal Regulations, 314 & 601)

FOR FDA USE ONLY  
APPLICATION NUMBER

APPLICANT INFORMATION

|  |  |
|--|--|
| NAME OF APPLICANT<br>Clindagel, LLC  | DATE OF SUBMISSION<br>July 20, 2000  |
| TELEPHONE NO. (Include Area Code)<br>707-793-2600  | FACSIMILE (FAX) Number (Include Area Code)<br>707-793-0145   |
| APPLICANT ADDRESS (Number, Street, City, State, Country, ZIP Code or Mail Code, and U.S. License number if previously issued):<br>4189 Chaparral Court<br>Santa Rosa, CA 95409 | AUTHORIZED U.S. AGENT NAME & ADDRESS (Number, Street, City, State, ZIP Code, telephone & FAX number) IF APPLICABLE<br>Robert J. McCormack, Ph.D.<br>Target Research Associates<br>554 Central Avenue<br>New Providence, NJ 07974<br>Telephone: 908-464-7500<br>Fax: 908-464-3529 |

PRODUCT DESCRIPTION

NEW DRUG OR ANTIBIOTIC APPLICATION NUMBER, OR BIOLOGICS LICENSE APPLICATION NUMBER (if previously issued) 50-782

|  |   |                                  |
|--|---|----------------------------------|
| ESTABLISHED NAME (e.g., Proper name, USP/USAN name)<br>1% Clindamycin Phosphate, USP     | PROPRIETARY NAME (trade name) IF ANY<br>Clindagel |                                  |
| CHEMICAL/BIOCHEMICAL/BLOOD PRODUCT NAME (if any)<br>Clindamycin 2-(dihydrogen phosphate) | CODE NAME (if any)                                |                                  |
| DOSAGE FORM: Topical gel   | STRENGTHS: 1% clindamycin phosphate               | ROUTE OF ADMINISTRATION: Topical |

(PROPOSED) INDICATION(S) FOR USE: Once a day treatment for acne vulgaris

APPLICATION INFORMATION

APPLICATION TYPE (check one)  NEW DRUG APPLICATION (21 CFR 314.50)  ABBREVIATED NEW DRUG APPLICATION (ANDA, 21 CFR 314.94)  BIOLOGICS LICENSE APPLICATION (21 CFR part 601)

IF AN NDA, IDENTIFY THE APPROPRIATE TYPE  505 (b)(1)  505 (b)(2)

IF AN ANDA, or 505(b)(2), IDENTIFY THE REFERENCE LISTED DRUG PRODUCT THAT IS THE BASIS FOR THE SUBMISSION  
Name of Drug: Cleocin-T gel      Holder of Approved Application: Pharmacia & Upjohn

TYPE OF SUBMISSION (check one)  ORIGINAL APPLICATION  AMENDMENT TO A PENDING APPLICATION  RESUBMISSION  
 PRE-SUBMISSION  ANNUAL REPORT  ESTABLISHMENT DESCRIPTION SUPPLEMENT  EFFICACY SUPPLEMENT  
 LABELING SUPPLEMENT  CHEMISTRY MANUFACTURING AND CONTROLS SUPPLEMENT  OTHER

IF A SUBMISSION OR PARTIAL APPLICATION, PROVIDE LETTER DATE OF AGREEMENT TO PARTIAL SUBMISSION: \_\_\_\_\_

IF A SUPPLEMENT, IDENTIFY THE APPROPRIATE CATEGORY  CBE  CBE-30  Prior Approval (PA)

REASON FOR SUBMISSION: FDA request for additional information

PROPOSED MARKETING STATUS (check one)  PRESCRIPTION PRODUCT (Rx)  OVER THE COUNTER PRODUCT (OTC)

NUMBER OF VOLUMES SUBMITTED: N/A THIS APPLICATION IS  PAPER  PAPER AND ELECTRONIC  ELECTRONIC

ESTABLISHMENT INFORMATION (Full establishment information should be provided in the body of the Application.)  
Provide locations of all manufacturing, packaging and control sites for drug substance and drug product (continuation sheets may be used if necessary). Include name, address, contact, telephone number, registration number (CFN), DMF number, and manufacturing steps and/or type of testing (e.g., Final dosage form, Stability/testing) conducted at the site. Please indicate whether the site is ready for inspection or, if not, when it will be ready.

See attachment

All sites ready for inspection

Cross References (list related License Applications, INDs, NDAs, PMAs, 510(k)s, IDEs, BMFs, and DMFs referenced in the current application)

See attachment

This application contains the following items: (Check all that apply)

- 1. Index
- 2. Labeling (check one)  Draft Labeling  Final Printed Labeling
- 3. Summary (21 CFR 314.50(c))
- 4. Chemistry section
  - A. Chemistry, manufacturing, and controls information (e.g., 21 CFR 314.50(d)(1); 21 CFR 601.2)
  - B. Samples (21 CFR 314.50(e)(1); 21 CFR 601.2 (a)) (Submit only upon FDA's request)
  - C. Methods validation package (e.g., 21 CFR 314.50(e)(2)(i); 21 CFR 601.2)
- 5. Nonclinical pharmacology and toxicology section (e.g., 21 CFR 314.50(d)(2); 21 CFR 601.2)
- 6. Human pharmacokinetics and bioavailability section (e.g., 21 CFR 314.50(d)(3); 21 CFR 601.2)
- 7. Clinical Microbiology (e.g., 21 CFR 314.50(d)(4))
- 8. Clinical data section (e.g., 21 CFR 314.50(d)(5); 21 CFR 601.2)
- 9. Safety update report (e.g., 21 CFR 314.50(d)(5)(vi)(b); 21 CFR 601.2)
- 10. Statistical section (e.g., 21 CFR 314.50(d)(6); 21 CFR 601.2)
- 11. Case report tabulations (e.g., 21 CFR 314.50(f)(1); 21 CFR 601.2)
- 12. Case report forms (e.g., 21 CFR 314.50(f)(2); 21 CFR 601.2)
- 13. Patent information on any patent which claims the drug (21 U.S.C. 355(b) or (c))
- 14. A patent certification with respect to any patent which claims the drug (21 U.S.C. 355(b)(2) or (j)(2)(A))
- 15. Establishment description (21 CFR Part 600, if applicable)
- 16. Debarment certification (FD&C Act 306(k)(1))
- 17. Field copy certification (21 CFR 314.50(k)(3))
- 18. User Fee Cover Sheet (Form FDA 3397)

- 19. Financial Information (21 CFR Part 54)
- 20. OTHER (Specify) FDA request for additional information

**CERTIFICATION**

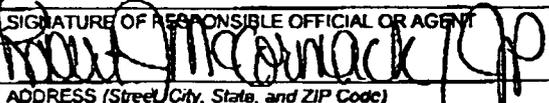
I agree to update this application with new safety information about the product that may reasonably affect the statement of contraindications, warnings, precautions, or adverse reactions in the draft labeling. I agree to submit safety update reports as provided for by regulation or as requested by FDA. If this application is approved, I agree to comply with all applicable laws and regulations that apply to approved applications, including, but not limited to the following:

1. Good manufacturing practice regulations in 21 CFR Parts 210, 211 or applicable regulations, Parts 606, and/or 820.
2. Biological establishment standards in 21 CFR Part 600.
3. Labeling regulations in 21 CFR Parts 201, 606, 610, 660 and/or 809.
4. In the case of a prescription drug or biological product, prescription drug advertising regulations in 21 CFR 202.
5. Regulations on making changes in application in FD&C Act Section 508A, 21 CFR 314.71, 314.72, 314.97, 314.99, and 601.12.
6. Regulations on Reports in 21 CFR 314.80, 314.81, 600.80 and 600.81.
7. Local, state and Federal environmental impact laws.

If this application applies to a drug product that FDA has proposed for scheduling under the Controlled Substances Act, I agree not to market the product until the Drug Enforcement Administration makes a final scheduling decision.

The data and information in this submission have been reviewed and, to the best of my knowledge are certified to be true and accurate.

Warning: A willfully false statement is a criminal offense, U.S. Code, title 18, section 1001.

|  |  |                       |
|--|--|-----------------------|
| SIGNATURE OF RESPONSIBLE OFFICIAL OR AGENT<br> | TYPED NAME AND TITLE<br>Robert J. McCormack, Ph.D., VP, Regulatory Affairs<br>Target Research Associates | DATE<br>July 20, 2000 |
| ADDRESS (Street, City, State, and ZIP Code)<br>554 Central Avenue<br>New Providence, NJ 07974                                    | TELEPHONE NUMBER<br>(908)-464-7500   |                       |

Public reporting burden for this collection of information is estimated to average 24 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

Department of Health and Human Services  
Food and Drug Administration  
CBER, HFM-99  
1401 Rockville Pike  
Rockville, MD 20852-1448

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

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**THIS SECTION  
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JUL 18

## FDA/Target Research Associates/Fax Memo



**Date:** July 18, 2000

**To:** Jill Powers/Manager, Regulatory Affairs  
(908) 464-7500 (P)  
(908) 464-3529 (F)

**From:** Indira Kumar, Regulatory Project Manager

**Subject:** NDA ~~\_\_\_\_\_~~ Statistical Information Request

**Dear Ms. Powers,**

The reviewing statistician wanted the following comments forwarded to you (This is for your NDA submission).

Statistical:

1. Please submit an additional table similar to Table 13 on page 260 in Volume 1.1 of the Statistical Report. The only change is the following: the lower bound in the one-sided 97.5% Confidence Interval instead of the lower bound in the one-sided 95% Confidence Interval.
2. Please provide us a table similar to Table 14 on page 261 of Volume 1.1 of the Statistical Report. The new table should differ from Table 14 in the following:
  - a. The new table provides summary results of non-inferiority testing on the proportion of patients with grades 0 or 1 in the Physician's Global Severity Assessment at Week 12 instead of a two-category improvement.
  - b. The new table provides the lower bound in the one-sided 97.5% Confidence interval instead of the 95% Confidence interval.

If you have questions, please call Indira Kumar at (301) 827-2020.

APPEARS TO  
ON ORIGINAL



**TARGET  
RESEARCH  
ASSOCIATES**

CLINICAL RESEARCH, REGULATORY AFFAIRS & BIostatISTICS

July 17, 2000

Jonathan K. Wilkin, MD  
Director  
Division of Dermatologic and Dental Drug Products  
Food and Drug Administration  
9201 Corporate Boulevard  
North 214  
Rockville, MD 20850

RE: NDA 50-782  
Clindagel, LLC, Santa Rosa, CA  
Clindagel™ (Clindamycin Phosphate — gel), 1%  
Indication: Once a day treatment of acne vulgaris  
Response to FDA request

Dear Dr. Wilkin:

Reference is made to NDA 50-782, for Clindagel™ (Clindamycin Phosphate — gel), 1% for the once a day treatment of acne vulgaris submitted to FDA on January 27, 2000, and to the July 11, 2000 telephone contact of Ms. Indira Kumar during which she requested additional information on behalf of the Biopharm reviewer.

Therefore, on behalf of Clindagel, LLC, Target Research is hereby submitting, in duplicate, the following information requested by Ms. Kumar.

- Individual AUC urine and plasma values used for the statistical analysis of Study CGEL-005 entitled "An Open-Label Randomized Study of the Comparative Absorption of Clindagel™ (QD) versus Cleocin T (BID) in Subjects with Acne Vulgaris".

Please let me know if you have any questions or require additional information.

Sincerely,

Robert J. McCormack, Ph.D.  
Vice President, Regulatory Affairs

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FOOD AND DRUG ADMINISTRATION

APPLICATION TO MARKET A NEW DRUG, BIOLOGIC,  
OR AN ANTIBIOTIC DRUG FOR HUMAN USE

(Title 21, Code of Federal Regulations, 314 & 601)

Form Approved: OMB No. 0910-0338  
Expiration Date: March 31, 2003  
See OMB Statement on page 2  
FOR FDA USE ONLY  
APPLICATION NUMBER

APPLICANT INFORMATION

|  |  |
|--|--|
| NAME OF APPLICANT<br>Clindagel, LLC  | DATE OF SUBMISSION<br>July 17, 2000  |
| TELEPHONE NO. (Include Area Code)<br>707-793-2600  | FACSIMILE (FAX) Number (Include Area Code)<br>707-793-0145   |
| APPLICANT ADDRESS (Number, Street, City, State, Country, ZIP Code or Mail Code, and U.S. License number if previously issued):<br>4189 Chaparral Court<br>Santa Rosa, CA 95409 | AUTHORIZED U.S. AGENT NAME & ADDRESS (Number, Street, City, State, ZIP Code, telephone & FAX number) IF APPLICABLE<br>Robert J. McCormack, Ph.D.<br>Target Research Associates<br>554 Central Avenue<br>New Providence, NJ 07974<br>Telephone: 908-464-7500<br>Fax: 908-464-3529 |

PRODUCT DESCRIPTION

NEW DRUG OR ANTIBIOTIC APPLICATION NUMBER, OR BIOLOGICS LICENSE APPLICATION NUMBER (if previously issued) 50-782

|  |   |                                  |
|--|---|----------------------------------|
| ESTABLISHED NAME (e.g., Proper name, USPI/USAN name)<br>1% Clindamycin Phosphate, USP    | PROPRIETARY NAME (trade name) IF ANY<br>Clindagel |                                  |
| CHEMICAL/BIOCHEMICAL/BLOOD PRODUCT NAME (if any)<br>Clindamycin 2-(dihydrogen phosphate) | CODE NAME (if any)                                |                                  |
| DOSAGE FORM: Topical gel   | STRENGTHS: 1% clindamycin phosphate               | ROUTE OF ADMINISTRATION: Topical |
| (PROPOSED) INDICATION(S) FOR USE: Once a day treatment for acne vulgaris                 |   |                                  |

APPLICATION INFORMATION

APPLICATION TYPE (check one)  NEW DRUG APPLICATION (21 CFR 314.60)  ABBREVIATED NEW DRUG APPLICATION (ANDA, 21 CFR 314.94)  BIOLOGICS LICENSE APPLICATION (21 CFR part 601)

IF AN NDA, IDENTIFY THE APPROPRIATE TYPE  505 (b)(1)  505 (b)(2)

IF AN ANDA, or 505(b)(2), IDENTIFY THE REFERENCE LISTED DRUG PRODUCT THAT IS THE BASIS FOR THE SUBMISSION  
Name of Drug Clencin-T gel Holder of Approved Application Pharmacia & Upjohn

TYPE OF SUBMISSION (check one)  ORIGINAL APPLICATION  AMENDMENT TO A PENDING APPLICATION  RESUBMISSION  PRECUBMISSION  ANNUAL REPORT  ESTABLISHMENT DESCRIPTION SUPPLEMENT  EFFICACY SUPPLEMENT  LABELING SUPPLEMENT  CHEMISTRY/MANUFACTURING AND CONTROLS SUPPLEMENT  OTHER

IF A SUBMISSION OR PARTIAL APPLICATION, PROVIDE LETTER DATE OF AGREEMENT TO PARTIAL SUBMISSION: \_\_\_\_\_

IF A SUPPLEMENT, IDENTIFY THE APPROPRIATE CATEGORY  CBE  CBE-30  Prior Approval (PA)

REASON FOR SUBMISSION FDA request for additional information

PROPOSED MARKETING STATUS (check one)  PRESCRIPTION PRODUCT (Rx)  OVER THE COUNTER PRODUCT (OTC)

NUMBER OF VOLUMES SUBMITTED ~~N/A~~ THIS APPLICATION IS  PAPER  PAPER AND ELECTRONIC  ELECTRONIC

ESTABLISHMENT INFORMATION (Full establishment information should be provided in the body of the Application.)  
Provide locations of all manufacturing, packaging and control sites for drug substance and drug product (continuation sheets may be used if necessary). Include name, address, contact, telephone number, registration number (CFR), DMF number, and manufacturing steps and/or type of testing (e.g., Final dosage form, Stability testing) conducted at the site. Please indicate whether the site is ready for inspection or, if not, when it will be ready.

See attachment  
All sites ready for inspection

Cross References (list related License Applications, NDAs, NDAs, PMAs, 510(k)s, IDEs, BMFs, and DMFs referenced in the current application)

See attachment

This application contains the following items: (Check all that apply)

- 1. Index
- 2. Labeling (check one)  Draft Labeling  Final Printed Labeling
- 3. Summary (21 CFR 314.50(c))
- 4. Chemistry section
  - A. Chemistry, manufacturing, and controls information (e.g., 21 CFR 314.50(d)(1); 21 CFR 601.2)
  - B. Samples (21 CFR 314.50(e)(1); 21 CFR 601.2 (a)) (Submit only upon FDA's request)
  - C. Methods validation package (e.g., 21 CFR 314.50(e)(2)(i); 21 CFR 601.2)
- 5. Nonclinical pharmacology and toxicology section (e.g., 21 CFR 314.50(d)(2); 21 CFR 601.2)
- 6. Human pharmacokinetics and bioavailability section (e.g., 21 CFR 314.50(d)(3); 21 CFR 601.2)
- 7. Clinical Microbiology (e.g., 21 CFR 314.50(d)(4))
- 8. Clinical data section (e.g., 21 CFR 314.50(d)(5); 21 CFR 601.2)
- 9. Safety update report (e.g., 21 CFR 314.50(d)(5)(vi)(b); 21 CFR 601.2)
- 10. Statistical section (e.g., 21 CFR 314.50(d)(6); 21 CFR 601.2)
- 11. Case report tabulations (e.g., 21 CFR 314.50(f)(1); 21 CFR 601.2)
- 12. Case report forms (e.g., 21 CFR 314.50(f)(2); 21 CFR 601.2)
- 13. Patent information on any patent which claims the drug (21 U.S.C. 355(b) or (c))
- 14. A patent certification with respect to any patent which claims the drug (21 U.S.C. 355(b)(2) or (i)(2)(A))
- 15. Establishment description (21 CFR Part 600, if applicable)
- 16. Debarment certification (FD&C Act 306(k)(1))
- 17. Field copy certification (21 CFR 314.50(k)(3))
- 18. User Fee Cover Sheet (Form FDA 3397)
- 19. Financial Information (21 CFR Part 54)

20. OTHER (Specify) FDA request for additional information

**CERTIFICATION**

I agree to update this application with new safety information about the product that may reasonably affect the statement of contraindications, warnings, precautions, or adverse reactions in the draft labeling. I agree to submit safety update reports as provided for by regulation or as requested by FDA. If this application is approved, I agree to comply with all applicable laws and regulations that apply to approved applications, including, but not limited to the following:

1. Good manufacturing practice regulations in 21 CFR Parts 210, 211 or applicable regulations, Parts 606, and/or 820.
2. Biological establishment standards in 21 CFR Part 600.
3. Labeling regulations in 21 CFR Parts 201, 606, 610, 660 and/or 809.
4. In the case of a prescription drug or biological product, prescription drug advertising regulations in 21 CFR 202.
5. Regulations on making changes in application in FD&C Act Section 505A, 21 CFR 314.71, 314.72, 314.97, 314.99, and 601.12.
6. Regulations on Reports in 21 CFR 314.80, 314.81, 600.80 and 600.81.
7. Local, state and Federal environmental impact laws.

If this application applies to a drug product that FDA has proposed for scheduling under the Controlled Substances Act, I agree not to market the product until the Drug Enforcement Administration makes a final scheduling decision.

The data and information in this submission have been reviewed and, to the best of my knowledge are certified to be true and accurate.

Warning: A willfully false statement is a criminal offense, U.S. Code, title 18, section 1001.

|   |  |                                    |
|---|--|------------------------------------|
| SIGNATURE OF RESPONSIBLE OFFICIAL OR AGENT<br> | TYPED NAME AND TITLE<br>Robert J. McCormack, Ph.D., VP, Regulatory Affairs<br>Target Research Associates | DATE<br>July 17, 2000              |
| ADDRESS (Street, City, State, and ZIP Code)<br>554 Central Avenue<br>New Providence, NJ 07974                                     |  | TELEPHONE NUMBER<br>(908)-464-7500 |

Public reporting burden for this collection of information is estimated to average 24 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing its burden to:

Department of Health and Human Services  
 Food and Drug Administration  
 CBFR, HFM-89  
 1401 Rockville Pike  
 Rockville, MD 20852-1448  
 FORM FDA 3626 (4/99)

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

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**THIS SECTION  
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12



**TARGET  
RESEARCH  
ASSOCIATES**

NDA ORIG AMENDMENT

CLINICAL RESEARCH, REGULATORY AFFAIRS & BIOSTATISTICS

May 25, 2000

Jonathan K. Wilkin, MD  
Director  
Division of Dermatologic and Dental Drug Products  
Food and Drug Administration  
9201 Corporate Boulevard  
North 214  
Rockville, MD 20850



BS

**RE: NDA 50-782  
Clindagel, LLC, Santa Rosa, CA  
Clindagel™ (Clindamycin Phosphate — gel), 1%  
Indication: Once a day treatment of acne vulgaris  
Response to FDA request for additional statistical information**

Dear Dr. Wilkin:

Reference is made to NDA 50-782, for Clindagel™ (Clindamycin Phosphate — gel), 1% for the once a day treatment of acne vulgaris which was submitted to FDA on January 27, 2000 and to the May 15, 2000 fax request of Ms. Indira Kumar for additional statistical information.

Therefore, on behalf of Clindagel, LLC, Target Research is hereby submitting in duplicate, the following information:

- Summary tables containing results of the requested analyses. Please be advised that the tables are numbered to correspond to the question number of the fax request.
- Statistical tables containing data used for the summary tables. Each statistical table is numbered to correspond to the appropriate summary table.
- Diskette containing one SAS file and one output file for each statistical table.

Please let me know if you have any questions regarding the contents of this submission.

Sincerely,

Robert J. McCormack, Ph.D.  
Vice President, Regulatory Affairs

ORIGINAL

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FOOD AND DRUG ADMINISTRATION  
APPLICATION TO MARKET A NEW DRUG, BIOLOGIC, OR AN  
ANTIBIOTIC DRUG FOR HUMAN USE**  
*(Title 21, Code of Federal Regulations, 314 & 601)*

Form Approved: OMB No. 0910-0338  
Expiration Date: April 30, 2000  
See OMB Statement on last page.

**FOR FDA USE ONLY**  
APPLICATION NUMBER

**APPLICANT INFORMATION**

|  |  |  |
|--|--|--|
| NAME OF APPLICANT<br>Clindagel, LLC  |  | DATE OF SUBMISSION<br>May 25, 2000                           |
| TELEPHONE NO. (Include Area Code)<br>(707) 793-2600  |  | FACSIMILE (FAX) Number (Include Area Code)<br>(707) 793-0145 |
| APPLICANT ADDRESS (Number, Street, City, State, Country, ZIP Code or Mail Code, and U.S. License number if previously issued):<br><br>4189 Chaparral Court<br>Santa Rosa, CA 95409 | AUTHORIZED U.S. AGENT NAME & ADDRESS (Number, Street, City, State, ZIP Code, telephone & FAX number) IF APPLICABLE<br><br>Robert J. McCormack, Ph.D.<br>Target Research Associates<br>554 Central Avenue<br>New Providence, NJ 07974<br>Telephone: 908-464-7500<br>Fax: 908-464-3529 |  |



**PRODUCT DESCRIPTION**

NEW DRUG OR ANTIBIOTIC APPLICATION NUMBER, OR BIOLOGICS LICENSE APPLICATION NUMBER (if previously issued)

|  |   |                                     |
|--|---|-------------------------------------|
| ESTABLISHED NAME (e.g., Proper name, USP/USAN name)<br>1% Clindamycin Phosphate, USP     | PROPRIETARY NAME (trade name) IF ANY<br>Clindagel |                                     |
| CHEMICAL/BIOCHEMICAL/BLOOD PRODUCT NAME (if any)<br>Clindamycin 2-(dihydrogen phosphate) | CODE NAME (if any)                                |                                     |
| DOSAGE FORM:<br>Topical gel  | STRENGTHS:<br>1% clindamycin phosphate            | ROUTE OF ADMINISTRATION:<br>Topical |
| PROPOSED INDICATION(S) FOR USE:<br>Once a day treatment of acne vulgaris                 |   |                                     |

**APPLICATION INFORMATION**

APPLICATION TYPE  
(check one)  NEW DRUG APPLICATION (21 CFR 314.50)  ABBREVIATED APPLICATION (ANDA, AADA, 21 CFR 314.94)  
 BIOLOGICS LICENSE APPLICATION (21 CFR part 601)

IF AN NDA, IDENTIFY THE APPROPRIATE TYPE  505 (b) (1)  505 (b) (2)  507

IF AN ANDA, OR AADA, IDENTIFY THE REFERENCE LISTED DRUG PRODUCT THAT IS THE BASIS FOR THE SUBMISSION  
Name of Drug \_\_\_\_\_ Holder of Approved Application \_\_\_\_\_

TYPE OF SUBMISSION (check one)  
 ORIGINAL APPLICATION  AMENDMENT TO A PENDING APPLICATION  RESUBMISSION  
 PRESUBMISSION  ANNUAL REPORT  ESTABLISHMENT DESCRIPTION SUPPLEMENT  SUPAC SUPPLEMENT  
 EFFICACY SUPPLEMENT  LABELING SUPPLEMENT  CHEMISTRY, MANUFACTURING AND CONTROLS SUPPLEMENT  OTHER

REASON FOR SUBMISSION  
Submission of additional statistical information

PROPOSED MARKETING STATUS (check one)  PRESCRIPTION PRODUCT (Rx)  OVER THE COUNTER PRODUCT (OTC)

NUMBER OF VOLUMES SUBMITTED 1 THIS APPLICATION IS  PAPER  PAPER AND ELECTRONIC  ELECTRONIC

**ESTABLISHMENT INFORMATION**

Provide locations of all manufacturing, packaging and control sites for drug substance and drug product (continuation sheets may be used if necessary). Include name, address, contact, telephone number, registration number (CFN), DMF number, and manufacturing steps and/or type of testing (e.g. Final dosage form, Stability testing) conducted at this site. Please indicate whether the site is ready for inspection or, if not, when it will be ready.

See Attachment

**s References (list related License Applications, INDs, NDAs, PMAs, 510(k)s, IDEs, BMFs, and DMFs referenced in the current application)**  
See Attachment

This application contains the following items: (Check all that apply)

|                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/>            | 1. Index   |
| <input type="checkbox"/>            | 2. Labeling (check one) <input type="checkbox"/> Draft Labeling <input type="checkbox"/> Final Printed Labeling    |
| <input type="checkbox"/>            | 3. Summary (21 CFR 314.50 (c))   |
| <input type="checkbox"/>            | 4. Chemistry section   |
| <input type="checkbox"/>            | A. Chemistry, manufacturing, and controls information (e.g. 21 CFR 314.50 (d) (1), 21 CFR 601.2)                   |
| <input type="checkbox"/>            | B. Samples (21 CFR 314.50 (e) (1), 21 CFR 601.2 (a)) (Submit only upon FDA's request)                              |
| <input type="checkbox"/>            | C. Methods validation package (e.g. 21 CFR 314.50 (e) (2) (i), 21 CFR 601.2)                                       |
| <input type="checkbox"/>            | 5. Nonclinical pharmacology and toxicology section (e.g. 21 CFR 314.50 (d) (2), 21 CFR 601.2)                      |
| <input type="checkbox"/>            | 6. Human pharmacokinetics and bioavailability section (e.g. 21 CFR 314.50 (d) (3), 21 CFR 601.2)                   |
| <input type="checkbox"/>            | 7. Clinical Microbiology (e.g. 21 CFR 314.50 (d) (4))  |
| <input type="checkbox"/>            | 8. Clinical data section (e.g. 314.50 (d) (5), 21 CFR 601.2)   |
| <input type="checkbox"/>            | 9. Safety update report (e.g. 21 CFR 314.50 (d) (5) (vi) (b), 21 CFR 601.2)  |
| <input type="checkbox"/>            | 10. Statistical section (e.g. 21 CFR 314.50 (d) (6), 21 CFR 601.2)   |
| <input type="checkbox"/>            | 11. Case report tabulations (e.g. 21 CFR 314.50 (f) (1), 21 CFR 601.2)   |
| <input type="checkbox"/>            | 12. Case report forms (e.g. 21 CFR 314.50 (f) (2), 21 CFR 601.2)   |
| <input type="checkbox"/>            | 13. Patent information on any patent which claims the drug (21 U.S.C. 355 (b) or (c))                              |
| <input type="checkbox"/>            | 14. A patent certification with respect to any patent which claims the drug (21 U.S.C. 355 (b) (2) or (j) (2) (A)) |
| <input type="checkbox"/>            | 15. Establishment description (21 CFR Part 600, if applicable)   |
| <input type="checkbox"/>            | 16. Debarment certification (FD&C Act 306 (k)(1))  |
| <input type="checkbox"/>            | 17. Field copy certification (21 CFR 314.5 (k) (3))  |
| <input type="checkbox"/>            | 18. User Fee Cover Sheet (Form FDA 3397)   |
| <input checked="" type="checkbox"/> | 19. OTHER (Specify) Submission of additional statistical information   |

**CERTIFICATION**

I agree to update this application with new safety information about the product that may reasonably affect the statement of contraindications, warnings, precautions, or adverse reactions in the draft labeling. I agree to submit safety update reports as provided for by regulation or as requested by FDA. If this application is approved, I agree to comply with all applicable laws and regulations that apply to approved applications, including, but not limited to following:

1. Good manufacturing practice regulations in 21 CFR 210 and 211, 606, and/or 820.
2. Biological establishment standards in 21 CFR Part 600.
3. Labeling regulations in 21 CFR 201, 606, 610, 660 and/or 809.
4. In the case of a prescription drug or biological product, prescription drug advertising regulations in 21 CFR 202.
5. Regulations on making changes in application in 21 CFR 314.70, 314.71, 314.72, 314.97, 314.99, and 601.12.
6. Regulations on reports in 21 CFR 314.80, 314.81, 600.80, and 600.81.
7. Local, state and Federal environmental impact laws.

If this application applies to a drug product that FDA has proposed for scheduling under the Controlled Substances Act I agree not to market the product until the Drug Enforcement Administration makes a final scheduling decision.

The data and information in this submission have been reviewed and, to the best of my knowledge are certified to be true and accurate.

Warning: a willfully false statement is a criminal offense, U.S. Code, title 18, section 1001.

|  |  |                                    |
|--|--|------------------------------------|
| SIGNATURE OF RESPONSIBLE OFFICIAL OR AGENT<br> | TYPED NAME AND TITLE<br>Robert J. McCormack, Ph.D.<br>Vice President, Regulatory Affairs<br>Target Research Associates | DATE<br>May 25, 2000               |
| ADDRESS (Street, City, State, and ZIP Code)<br>Target Research Associates<br>554 Central Avenue<br>New Providence, NJ 079747     |  | Telephone Number<br>(908) 464-7500 |

Public reporting burden for this collection of information is estimated to average 40 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

DHHS, Reports Clearance Officer  
Paperwork Reduction Project (0910-0338)  
Hubert H. Humphrey Building, Room 531-H  
Independence Avenue, S.W.  
Washington, DC 20201

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Please DO NOT RETURN this form to this address.

(E)

**THIS SECTION  
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TO BE  
RELEASABLE**

4

**TARGET  
RESEARCH  
ASSOCIATES**

CLINICAL RESEARCH, REGULATORY AFFAIRS & BIOSTATISTICS

May 16, 2000

Indira Kumar  
Regulatory Project Manager  
Division of Dermatologic and Dental Drug Products  
Food and Drug Administration  
9201 Corporate Boulevard  
North 214  
Rockville, MD 20850

**RE: NDA 50-782  
Clindagel, LLC, Santa Rosa, CA  
Clindagel™ (Clindamycin Phosphate — gel), 1%  
Indication: Once a day treatment of acne vulgaris  
Response to FDA request for additional copies of the Clindagel package  
insert**

Dear Ms. Kumar:

Reference is made to NDA 50-782, for Clindagel™ (Clindamycin Phosphate — gel), 1% for the once a day treatment of acne vulgaris which was submitted to FDA on January 27, 2000 and to your May 15, 2000 telephone contact. During the call you requested that an additional five copies of the Clindagel package insert be submitted to FDA in both paper and electronic format.

Therefore, on behalf of Clindagel, LLC, Target Research is hereby submitting five copies of the annotated and unannotated package insert for Clindagel™ (Clindamycin phosphate — gel), 1%. In addition this submission contains a diskette that contains both the annotated (file name: package insert final annotated) and unannotated (file name: package insert final) versions of the document.

Please let me know if you have any questions regarding the contents of this submission.

Sincerely,



Robert J. McCormack, Ph.D. —  
Vice President, Regulatory Affairs

**FDA/Target Research Associates/Fax Memo**

**Date:** May 15, 2000

**To:** Jill Powers/Manager, Regulatory Affairs  
(908) 464-7500 (P)  
(908) 464-3529 (F)



**From:** Indira Kumar, Regulatory Project Manager

**Subject:** NDA — Statistical Information Request

**Dear Ms. Powers,**

The reviewing statistician wanted the following comment forwarded to you (This is for your NDA submission).

Statistical:

Please provide the results of the efficacy analysis in the Phase 3 study comparing Clindagel QD versus Vehicle QD in all ITT patients at Endpoint (LOCF) relative to the following dichotomized variables:

1. Proportion of patients with the grade 0 in the Investigator's Global Severity Assessment at the final visit;
2. Proportion of patients with the grades 0 or 1 in the Investigator's Global Severity Assessment at the final visit.

In other words, we need a table that is similar to Table 8 on page 254 of Volume 1, but uses the above definitions of success in the Investigator's Global Severity Assessment.

Also please submit a Table similar to Table 14 on page 261 of Volume 1 with the only difference that we want comparisons relative to the following dichotomized variables:

1. Proportion of patients with the grade 0 in the Investigator's Global Severity Assessment at the final visit;
2. Proportion of patients with the grades 0 or 1 in the Investigator's Global Severity Assessment at the final visit.

If you have questions, please call Indira Kumar at (301) 827-2020.

APPEARS  
ON OR



**TARGET  
RESEARCH  
ASSOCIATES**

CLINICAL RESEARCH, REGULATORY AFFAIRS & BIOSTATISTICS

April 28, 2000

NDA ORIG AMENDMENT

Jonathan Wilkin, MD  
Director,  
Division of Dermatologic and Dental Drug Products  
Food and Drug Administration  
9201 Corporate Boulevard  
North 214  
Rockville, MD 20850



BM

RE: NDA 50-782  
Clindagel, LLC, Santa Rosa, CA  
Clindagel™ (Clindamycin Phosphate — gel), 1%  
Indication: Once a day treatment of acne vulgaris  
Submission of dermal carcinogenicity data sets

Dear Dr. Wilkin:

Reference is made to NDA 50-782, for Clindagel™ (Clindamycin Phosphate — gel), 1% for the once a day treatment of acne vulgaris which was submitted on January 27, 2000 and to the pre-NDA meeting held on November 15, 1999. At the pre-NDA meeting the division stated that the data from dermal carcinogenicity study # 451293 would be required to be submitted to the division in a format that would enable analysis of the data by the statistician.

Therefore, on behalf of Clindagel, LLC, we are submitting in duplicate, two diskettes which contain data and information pertaining to the above mentioned dermal carcinogenicity study. The diskettes contain the following information:

- Dermal carcinogenicity data sets formatted as SAS (v6.09) transport files
- Dataset transfer documents formatted in Word 97 which describe the aforementioned SAS transport files

For your convenience a printout of the dataset transfer documents is also included with this submission.

Please let me know if you have any questions about the enclosed information.

Sincerely,

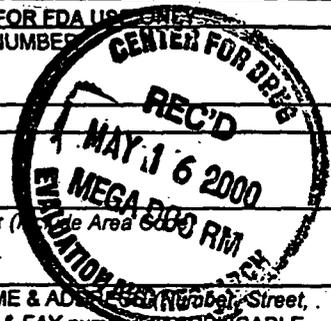
*Robert J. McCormack*  
Robert J. McCormack, Ph.D.  
Vice President, Regulatory Affairs

ORIGINAL

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 FOOD AND DRUG ADMINISTRATION  
**APPLICATION TO MARKET A NEW DRUG, BIOLOGIC, OR AN  
 ANTIBIOTIC DRUG FOR HUMAN USE**  
 (Title 21, Code of Federal Regulations, 314 & 601)

Form Approved: OMB No. 0910-0338  
 Expiration Date: April 30, 2000  
 See OMB Statement on last page.

FOR FDA USE ONLY  
 APPLICATION NUMBER



**APPLICANT INFORMATION**

|  |  |   |
|--|--|---|
| NAME OF APPLICANT<br>Clindagel, LLC  |  | DATE OF SUBMISSION<br>April 28, 2000  |
| TELEPHONE NO. (Include Area Code)<br>(707) 793-2600  |  | FACSIMILE (FAX) Number (Include Area Code)<br>(707) 793-0145  |
| APPLICANT ADDRESS (Number, Street, City, State, Country, ZIP Code or Mail Code, and U.S. License number if previously issued):<br><br>4189 Chaparral Court<br>Santa Rosa, CA 95409 |  | AUTHORIZED U.S. AGENT NAME & ADDRESS (Number, Street, City, State, ZIP Code, telephone & FAX number, if APPLICABLE)<br><br>Robert J. McCormack, Ph.D.<br>Target Research Associates<br>554 Central Avenue<br>New Providence, NJ 07974<br>Telephone: 908-464-7500<br>Fax: 908-464-3529 |

**PRODUCT DESCRIPTION**

|  |   |                                     |
|--|---|-------------------------------------|
| NEW DRUG OR ANTIBIOTIC APPLICATION NUMBER, OR BIOLOGICS LICENSE APPLICATION NUMBER (If previously issued) 50-782 |   |                                     |
| ESTABLISHED NAME (e.g., Proper name, USP/USAN name)<br>1% Clindamycin Phosphate, USP                             | PROPRIETARY NAME (trade name) IF ANY<br>Clindagel |                                     |
| CHEMICAL/BIOCHEMICAL/BLOOD PRODUCT NAME (If any)<br>Clindamycin 2-(dihydrogen phosphate)                         | CODE NAME (If any)                                |                                     |
| DOSAGE FORM:<br>Topical gel  | STRENGTHS:<br>1% clindamycin phosphate            | ROUTE OF ADMINISTRATION:<br>Topical |
| PROPOSED INDICATION(S) FOR USE:<br>Once a day treatment of acne vulgaris   |   |                                     |

**APPLICATION INFORMATION**

|   |   |  |
|---|---|--|
| APPLICATION TYPE (check one)<br><input checked="" type="checkbox"/> NEW DRUG APPLICATION (21 CFR 314.50) <input type="checkbox"/> ABBREVIATED APPLICATION (ANDA, AADA, 21 CFR 314.94)<br><input type="checkbox"/> BIOLOGICS LICENSE APPLICATION (21 CFR part 601)   |   |  |
| IF AN NDA, IDENTIFY THE APPROPRIATE TYPE <input type="checkbox"/> 505 (b) (1) <input checked="" type="checkbox"/> 505 (b) (2) <input type="checkbox"/> 507  |   |  |
| IF AN ANDA, OR AADA, IDENTIFY THE REFERENCE LISTED DRUG PRODUCT THAT IS THE BASIS FOR THE SUBMISSION<br>Name of Drug: _____ Holder of Approved Application: _____   |   |  |
| TYPE OF SUBMISSION (check one)<br><input type="checkbox"/> ORIGINAL APPLICATION <input type="checkbox"/> AMENDMENT TO A PENDING APPLICATION <input type="checkbox"/> RESUBMISSION<br><input type="checkbox"/> PRESUBMISSION <input type="checkbox"/> ANNUAL REPORT <input type="checkbox"/> ESTABLISHMENT DESCRIPTION SUPPLEMENT <input type="checkbox"/> SUPAC SUPPLEMENT<br><input type="checkbox"/> EFFICACY SUPPLEMENT <input type="checkbox"/> LABELING SUPPLEMENT <input type="checkbox"/> CHEMISTRY, MANUFACTURING AND CONTROLS SUPPLEMENT <input checked="" type="checkbox"/> OTHER |   |  |
| REASON FOR SUBMISSION<br>Submission of dermal carcinogenicity study data sets   |   |  |
| PROPOSED MARKETING STATUS (check one) <input checked="" type="checkbox"/> PRESCRIPTION PRODUCT (Rx) <input type="checkbox"/> OVER THE COUNTER PRODUCT (OTC)   |   |  |
| NUMBER OF VOLUMES SUBMITTED <u>N/A</u>  | THIS APPLICATION IS <input type="checkbox"/> PAPER <input checked="" type="checkbox"/> PAPER AND ELECTRONIC <input type="checkbox"/> ELECTRONIC |  |

**ESTABLISHMENT INFORMATION**

Provide locations of all manufacturing, packaging and control sites for drug substance and drug product (continuation sheets may be used if necessary). Include name, address, contact, telephone number, registration number (CFN), DMF number, and manufacturing steps and/or type of testing (e.g. Final dosage form, Stability testing) conducted at this site. Please indicate whether the site is ready for inspection or, if not, when it will be ready.

See Attachment

**Cross References (list related License Applications, INDs, NDAs, PMAs, 510(k)s, IDEs, BMFs, and DMFs referenced in the current application)**

See Attachment

This application contains the following items: (Check all that apply)

|                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/>            | 1. Index   |
| <input type="checkbox"/>            | 2. Labeling (check one) <input type="checkbox"/> Draft Labeling <input type="checkbox"/> Final Printed Labeling    |
| <input type="checkbox"/>            | 3. Summary (21 CFR 314.50 (c))   |
| <input type="checkbox"/>            | 4. Chemistry section   |
|                                     | A. Chemistry, manufacturing, and controls information (e.g. 21 CFR 314.50 (d) (1), 21 CFR 601.2)                   |
|                                     | B. Samples (21 CFR 314.50 (e) (1), 21 CFR 601.2 (a)) (Submit only upon FDA's request)                              |
|                                     | C. Methods validation package (e.g. 21 CFR 314.50 (e) (2) (i), 21 CFR 601.2)                                       |
| <input type="checkbox"/>            | 5. Nonclinical pharmacology and toxicology section (e.g. 21 CFR 314.50 (d) (2), 21 CFR 601.2)                      |
| <input type="checkbox"/>            | 6. Human pharmacokinetics and bioavailability section (e.g. 21 CFR 314.50 (d) (3), 21 CFR 601.2)                   |
| <input type="checkbox"/>            | 7. Clinical Microbiology (e.g. 21 CFR 314.50 (d) (4))  |
| <input type="checkbox"/>            | 8. Clinical data section (e.g. 314.50 (d) (5), 21 CFR 601.2)   |
| <input type="checkbox"/>            | 9. Safety update report (e.g. 21 CFR 314.50 (d) (5) (vi) (b), 21 CFR 601.2)  |
| <input type="checkbox"/>            | 10. Statistical section (e.g. 21 CFR 314.50 (d) (6), 21 CFR 601.2)   |
| <input type="checkbox"/>            | 11. Case report tabulations (e.g. 21 CFR 314.50 (f) (1), 21 CFR 601.2)   |
| <input type="checkbox"/>            | 12. Case report forms (e.g. 21 CFR 314.50 (f) (2), 21 CFR 601.2)   |
| <input type="checkbox"/>            | 13. Patent information on any patent which claims the drug (21 U.S.C. 355 (b) or (c))                              |
| <input type="checkbox"/>            | 14. A patent certification with respect to any patent which claims the drug (21 U.S.C. 355 (b) (2) or (j) (2) (A)) |
| <input type="checkbox"/>            | 15. Establishment description (21 CFR Part 600, if applicable)   |
| <input type="checkbox"/>            | 16. Debarment certification (FD&C Act 306 (k)(1))  |
| <input type="checkbox"/>            | 17. Field copy certification (21 CFR 314.5 (k) (3))  |
| <input type="checkbox"/>            | 18. User Fee Cover Sheet (Form FDA 3397)   |
| <input checked="" type="checkbox"/> | 19. OTHER (Specify) Submission of dermal carcinogenicity data sets   |

**CERTIFICATION**

I agree to update this application with new safety information about the product that may reasonably affect the statement of contraindications, warnings, precautions, or adverse reactions in the draft labeling. I agree to submit safety update reports as provided for by regulation or as requested by FDA. If this application is approved, I agree to comply with all applicable laws and regulations that apply to approved applications, including, but not limited to the following:

1. Good manufacturing practice regulations in 21 CFR 210 and 211, 606, and/or 820.
2. Biological establishment standards in 21 CFR Part 600.
3. Labeling regulations in 21 CFR 201, 606, 610, 660 and/or 809.
4. In the case of a prescription drug or biological product, prescription drug advertising regulations in 21 CFR 202.
5. Regulations on making changes in application in 21 CFR 314.70, 314.71, 314.72, 314.97, 314.99, and 601.12.
6. Regulations on reports in 21 CFR 314.80, 314.81, 600.80, and 600.81.
7. Local, state and Federal environmental impact laws.

If this application applies to a drug product that FDA has proposed for scheduling under the Controlled Substances Act I agree not to market the product until the Drug Enforcement Administration makes a final scheduling decision.

The data and information in this submission have been reviewed and, to the best of my knowledge are certified to be true and accurate.

**Warning: a willfully false statement is a criminal offense, U.S. Code, title 18, section 1001.**

|  |  |                        |
|--|--|------------------------|
| SIGNATURE OF RESPONSIBLE OFFICIAL OR AGENT<br> | TYPED NAME AND TITLE<br>Robert J. McCormack, Ph.D.<br>Vice President, Regulatory Affairs<br>Target Research Associates | DATE<br>April 28, 2000 |
|--|--|------------------------|

|  |                                      |
|--|--------------------------------------|
| ADDRESS (Street, City, State, and ZIP Code)<br>Target Research Associates<br>554 Central Avenue<br>New Providence, NJ 079747 | Telephone Number<br>( 908 ) 464-7500 |
|--|--------------------------------------|

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200 Independence Avenue, S.W.  
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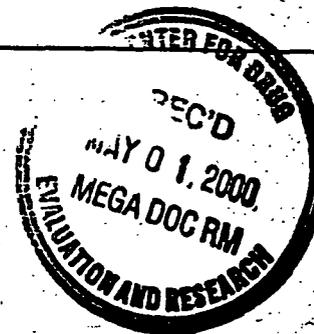
Do NOT RETURN this form to this address.



CLINICAL RESEARCH, REGULATORY AFFAIRS & BIOSTATISTICS

April 28, 2000

Jonathan Wilkin, MD  
Director,  
Division of Dermatologic and Dental Drug Products  
Food and Drug Administration  
9201 Corporate Boulevard  
North 214  
Rockville, MD 20850



## NDA ORIG AMENDMENT

RE: NDA 50-782  
Clindagel, LLC, Santa Rosa, CA  
Clindagel™ (Clindamycin Phosphate — gel), 1%  
Indication: Once a day treatment of acne vulgaris  
Submission of stability data update

BC

Dear Dr. Wilkin:

Reference is made to NDA 50-782 for Clindagel™ (Clindamycin phosphate — gel), 1% for the once a day treatment of acne vulgaris submitted on January 27, 2000, and the commitments made within.

The commitment made in the CMC section of this NDA, volume 1.5, page 010, was to submit 12 month primary stability data (protocol 115-G) and 9 month primary stability data (protocol 140-G) to the agency within 3 months, post submission. Based on the commitment, the following stability data are submitted:

- Primary stability study 115-G, month 12 stability tables and interim report. A copy of the protocol and all protocol amendments to date has also been included for reference.
- Primary stability study 140-G, month 12 stability tables and interim report. A copy of the protocol and all protocol amendments to date has also been included for reference. The commitment in the NDA was to submit month 9 data however, we were able to finalize the month 12 testing to include in this supplement.

Also committed in the CMC section of this NDA, volume 1.5, page 011, was to submit 18 month auxiliary stability data (protocols 087 and 091) to the agency within 3 months, post submission. Based on that commitment, the following stability data are submitted:

- Auxiliary stability study 087, month 18 stability tables and interim report. A copy of the protocol and all protocol amendments to date has also been included for reference.

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