

**CENTER FOR DRUG EVALUATION AND
RESEARCH**

APPLICATION NUMBER: 21-249

CHEMISTRY REVIEW(S)

DIVISION OF METABOLISM AND ENDOCRINE DRUG PRODUCTS - HFD-510
Review of Chemistry, Manufacturing and Controls

NDA #: 21-249

CHEMISTRY REVIEW #: 1

DATE REVIEWED: 07-19-01

<u>SUBMISSION TYPE</u>	<u>DOCUMENT DATE</u>	<u>CDER DATE</u>	<u>ASSIGNED DATE</u>
ORIGINAL	09-21-00	09-22-00	10-02-00
AMENDMENT	02-14-01	02-15-01	
AMENDMENT	04-17-01	04-18-01	
AMENDMENT	07-16-01	07-17-01	

NAME & ADDRESS OF APPLICANT: Kos Pharmaceuticals, Inc.
1001 Brickell Bay Drive
25th Floor
Miami, FL 33131

DRUG PRODUCT NAME

Proprietary: Nicostatin (tentative) / Advicor

Nonproprietary/Established/USAN: Niacin/Lovastatin

Code Name/#: Nicostatin

Chem.Type/Ther.Class: Vitamin, HMG-CoA Red. Inhibitor

ANDA Suitability Petition / DESI / Patent Status: N/A

PHARMACOLOGICAL CATEGORY/INDICATION: Lipid lowering agent

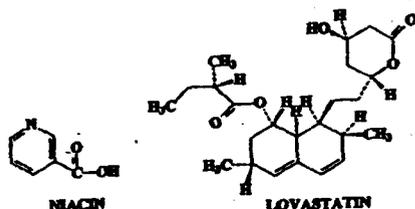
DOSAGE FORM: Tablets, ER Niacin — IR Lovastatin —

STRENGTHS: 500/20, 750/20, 1000/20 mg (Niacin/Lovastatin)

ROUTE OF ADMINISTRATION: Oral DISPENSED: Rx

SPECIAL PRODUCTS: NO

CHEMICAL NAME, STRUCTURAL FORMULA, MOLECULAR FORMULA, MOL. WT.:



Nicotinic acid: $C_6H_5NO_2$; Mol.Wt. 123.11, pyridine-3-carboxylic acid, niacin.

Lovastatin: $C_{24}H_{36}O_5$; Mol.Wt. 404.55; mevinolin, monacolinK, 6 α methyl compactin.

CONCLUSIONS & RECOMMENDATIONS:

From the Chemistry perspective, the application is Not Approvable. EES issued an overall Withhold decision for this application based on numerous FDA 483 issues. Minor deficiencies in this review are noted. See Draft Deficiencies Letter.

cc:

Org. NDA 21-249

HFD-510/Division File

HFD-510/SKelly, SMOore

HFD-510/WKoch

**APPEARS THIS WAY
ON ORIGINAL**

Sharon Kelly, Review Chemist

NA

SUPPORTING DOCUMENTS: DMF

DMF	Subject	Holder	Status	Rev. Date	Letter Date
			Adequate	May 4, 2000	May 17, 2000
			Adequate	March 6, 2000	May 10, 2000
			USP Product		May 26, 1999
			Adequate	July 16, 2001	March 3, 1999
			Adequate	July 16, 2001	March 3, 1999
			Adequate	May 29, 2001	March 3, 1999
			Adequate	Feb. 10, 2000	May 6, 1998
			Adequate	Sept. 12, 2000	August 16, 1999
			Adequate	Sept. 10, 1997	February 12, 1999
			Adequate	July 19, 2001	August 31, 1999
			Adequate	Dec. 4, 2000	August 27, 1999
			Adequate	Aug. 11, 2000	June 12, 2000
			Adequate	May 24, 2000	February 5, 1999
			Adequate	Sept. 29, 1994	November 1, 1999

SUPPORTING DOCUMENTS: NDA

20-381	Niaspan	Kos Pharmaceuticals, Inc.	Approved July 29, 1997
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RELATED DOCUMENTS (if applicable):

IND — for Nicostatin

CONSULTS: Biopharm (for dissolution specifications); OPDRA (for labeling); EER

REMARKS/COMMENTS:

The applicant proposed a two year expiry period on all packaging configurations, and to support this expiry period, updated stability data was received on February 14, 2001.

N 000 BC.

Two years is granted for tablets packaged into _____ since 18 months of stability data at 25°C/60%RH is presented.

Two years is granted for the 90 count in the 200 cc bottle size, since 18 months of stability data at 25°C/60%RH is presented.

Eighteen months is granted for the following packaging configurations- 30 count in 90 cc, 180 count in 200 cc, 180 count in 325 cc since only 12 months of stability data at 25°C/60%RH is presented.

This NDA application received an NA due to a withhold recommendation from EES. Most of the CMC site deficiencies observed in the FDA-483 were not evident in the NDA submission. When the applicant adequately responds to the FDA-483, this application can receive an AP recommendation based on CMC issues.

SUMMARY:

Kos Pharmaceuticals, Inc. (Kos) has developed a single-tablet, oral solid-dose, fixed-combination product comprised of a niacin extended-release (ER) _____ with immediate-release lovastatin. The working name of the product is Nicostatin for the treatment of dyslipidemia. The niacin _____ in Nicostatin are equivalent to Niaspan, niacin ER tablets (NDA 20-381, approved July 28, 1997). The niacin ER _____

_____ Four different tablet strengths of Nicostatin were formulated for use in clinical development: 500/10, 500/20, 750/20, and 1000/20. The Nicostatin 500/20, 750/20, and 1000/20 tablet strengths are proposed for commercial use.

The Niacin USP _____; and the Lovastatin USP _____. The niacin _____ tablets are manufactured by Kos in Edison, NJ, and _____ at either Kos in Edison, NJ or _____

There are no unsatisfactory CMC issues regarding the two drug substances. There are no unsatisfactory CMC issues regarding the manufacture of the drug product; however, cGMP issues were identified by EES and an FDA 483 was issued.

Appropriate stability studies are being performed on large-scale batches of Nicostatin tablets from the _____ proposed _____ sites and _____ at the proposed _____. The initial proposed expiry period is _____ months, however, insufficient stability data is available to grant _____ months for all strengths.

filename: 21249#00

**APPEARS THIS WAY
ON ORIGINAL**

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/s/

Sharon Kelly
7/20/01 10:53:26 AM
CHEMIST

Paper copy signed 7/20/01

Stephen Moore
7/20/01 11:01:19 AM
CHEMIST

**APPEARS THIS WAY
ON ORIGINAL**

DIVISION OF METABOLISM AND ENDOCRINE DRUG PRODUCTS - HFD-510
Review of Chemistry, Manufacturing and Controls

NDA #: 21-249
CHEMISTRY REVIEW #: 2

DATE REVIEWED: 10-30-01

<u>SUBMISSION TYPE</u>	<u>DOCUMENT DATE</u>	<u>CDER DATE</u>	<u>ASSIGNED DATE</u>
ORIGINAL	09-21-00	09-22-00	10-02-00
AMENDMENT	02-14-01	02-15-01	
AMENDMENT	04-17-01	04-18-01	
AMENDMENT	07-16-01	07-17-01	
AMENDMENT	09-12-01	09-17-01	

NAME & ADDRESS OF APPLICANT: Kos Pharmaceuticals, Inc.
1001 Brickell Bay Drive
25th Floor
Miami, FL 33131

DRUG PRODUCT NAME

Proprietary: Advicor
Nonproprietary/Established/USAN: Niacin/Lovastatin
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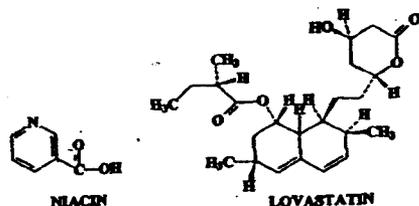
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Lovastatin: $C_{24}H_{36}O_5$; Mol.Wt. 404.55; mevinolin, monacolinK, 6 α methyl compactin.

CONCLUSIONS & RECOMMENDATIONS:

The September 12, 2001 amendment N 000 AZ supplies satisfactory updated stability information for all bottle configurations. From the Chemistry perspective, this NDA can be approved. See comment to be communicated to the sponsor in the stability section.

cc:

Org. NDA 21-249
HFD-510/Division File
HFD-510/SKelly, S Moore
HFD-510/WKoch

Sharon Kelly, Review Chemist

AP

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

/s/

Sharon Kelly
10/30/01 05:42:57 PM
CHEMIST

paper copy signed Oct. 30, 2001.

Stephen Moore
10/30/01 06:10:45 PM
CHEMIST

30-OCT-2001

FDA CDER EES
ESTABLISHMENT EVALUATION REQUEST
SUMMARY REPORT

Page 1 of 4

Application: **NDA 21249/000** Priority: **4S** Org Code: **510**
Stamp: **22-SEP-2000** Regulatory Due: **17-NOV-2001** Action Goal: District Goal: **23-**

MAY-2001

Applicant: **KOS PHARMS**
ER/LOVASTATIN)
801 BRICKELL AVE STE 1006
MIAMI, FL 33131

Brand Name: **ADVICOR (NIACIN**
Established Name:
Generic Name: **NIACIN ER/LOVASTATIN**
Dosage Form: **EXT (EXTENDED-**

RELEASE TABLET)

FDA Contacts: **S. KELLY (HFD-510)**
S. MOORE (HFD-510)

Strength: **500/20, 750/20, 1000/20**
301-827-6394 , Review Chemist
301-827-6430 , Team Leader

Overall Recommendation:

ACCEPTABLE on 06-AUG-2001 by J. D AMBROGIO (HFD-324) 301-827-0062
WITHHOLD on 19-JUL-2001 by J. D AMBROGIO (HFD-324) 301-827-0062

Establishment:
[]

DMF No:
AADA No:

Profile: **CFN** OAI Status: **NONE**
Last Milestone:
OC RECOMMENDATION
Milestone Date: **13-OCT-2000**
Decision: **ACCEPTABLE**
Reason: **BASED ON PROFILE**

Responsibilities: []

Establishment: []

DMF No:
AADA No:

Profile: **CTL** OAI Status: **NONE**
Last Milestone: **OC RECOMMENDATION**
Milestone Date: **12-OCT-2000**
Decision: **ACCEPTABLE**
Reason: **BASED ON PROFILE**

Responsibilities: _____

Establishment: []

DMF No:
AADA No:

Profile: **CTL** OAI Status: **NONE**
Last Milestone: **OC RECOMMENDATION**
Milestone Date: **16-JUL-2001**
Decision: **ACCEPTABLE**

Responsibilities: _____

FDA CDER EES
ESTABLISHMENT EVALUATION REQUEST

Reason: **DISTRICT RECOMMENDATION**

Establishment: **1054801**
KOS PHARMACEUTICALS INC
2 OAKWOOD BLVD
HOLLYWOOD, FL 33020

DMF No:
AADA No:

Profile: **CTL** OAI Status: **NONE**
Last Milestone: **OC RECOMMENDATION**
Milestone Date: **12-OCT-2000**
Decision: **ACCEPTABLE**
Reason: **BASED ON PROFILE**

Responsibilities: **FINISHED DOSAGE STABILITY**
TESTER

Establishment: **2248571**
KOS PHARMACEUTICALS INC
18 MAYFIELD AVE CAMPUS 9 RARITA
EDISON, NJ 08818

DMF No:
AADA No:

Profile: **TTR** OAI Status: **NONE**
Last Milestone: **OC RECOMMENDATION**
Milestone Date: **06-AUG-2001**
Decision: **ACCEPTABLE**
Reason: **DISTRICT RECOMMENDATION**

Responsibilities: **FINISHED DOSAGE**
MANUFACTURER

Establishment: []

DMF No:
AADA No:

Profile: **CTL** OAI Status: **NONE**
Last Milestone: **OC RECOMMENDATION**
Milestone Date: **12-OCT-2000**
Decision: **ACCEPTABLE**
Reason: **BASED ON PROFILE**

Responsibilities: _____

Establishment: []

DMF No:
AADA No:

Profile: **CTL** OAI Status: **NONE**

Responsibilities: _____

FDA CDER EES
ESTABLISHMENT EVALUATION REQUEST

Last Milestone: **OC RECOMMENDATION**
Milestone Date: **12-OCT-2000**
Decision: **ACCEPTABLE**
Reason: **BASED ON PROFILE**

Establishment

I I

DMF No:
AADA No: _____

Profile: **CTL** OAI Status: **NONE**
Last Milestone: **OC RECOMMENDATION**
Milestone Date: **02-MAY-2001**
Decision: **ACCEPTABLE**
Reason:

Responsibilities: _____

Establishment:

[]

DMF No:
AADA No: _____

Profile: **TTR** OAI Status: **NONE**
Last Milestone: **OC RECOMMENDATION**
Milestone Date: **12-OCT-2000**
Decision: **ACCEPTABLE**
Reason: **BASED ON PROFILE**

Responsibilities: _____

Establishment:

[]

DMF No:
AADA No: _____

Profile: **TTR** OAI Status: **NONE**
Last Milestone: **OC RECOMMENDATION**
Milestone Date: **07-MAY-2001**
Decision: **ACCEPTABLE**
Reason: **DISTRICT RECOMMENDATION**

Responsibilities: _____

Establishment:

[]

DMF No:
AADA No: _____

Profile: **CTL** OAI Status: **NONE**

Responsibilities: _____

30-OCT-2001

FDA CDER EES Page 4 of 4
ESTABLISHMENT EVALUATION REQUEST

Last Milestone: **OC RECOMMENDATION**
Milestone Date: **19-JUL-2001**
Decision: **ACCEPTABLE**
Reason: **DISTRICT RECOMMENDATION**

**APPEARS THIS WAY
ON ORIGINAL**