

**FERRING**  
PHARMACEUTICALS

April 3, 2001

**ARCHIVE**

Susan Allen, M.D.  
Director  
Division of Reproductive & Urologic Drug Products (HFD-580)  
Office of Drug Evaluation II  
Center for Drug Evaluation and Research  
Food and Drug Administration  
5600 Fishers Lane  
Rockville, MD 20857

RE: OVANEX, NDA 21,289 Amendment #005

Dear Dr. Allen:

This amendment responds to queries received by Ferring from Drs. Al Habet and Parekh concerning the Pharmacokinetic report for Purified Human FSH. The enclosed NDA amendment contains:

- A revised and more detailed Table of Contents for the Pharmacokinetic report beginning with Volume 6B. Each table and figure is identified with its relevant section in the report. Please note the organization of the Table of Contents reflects the report format which describes Single Dose SC Administration first, then Multiple Dose SC followed by Single and Multiple Dose IM. Within each section, the raw individual data are presented first, e.g., Tables 1, 4, 9, 12, followed by observed mean values for the PK parameters, e.g., Figures 3, 4, 5 and 6 and Tables 2, 5, 10 and 13 and finally values derived from the P-Pharm fit models for Single Dose, Multiple Dose and combined Single and Multiple Doses, e.g., Tables 3, 6, 7, 11, 14 and 16.

We believe this organization is logical and clear but will be happy to reorganize the report in any way you direct to assist in your review.

- Complete annotated PK section from the original package insert with each PK value reference specific to Volume, Page and Table in Reference Map 1. This provides you with the precise origin of each value in the original labeling as a point of reference. Per our discussion you requested we revise certain of these PK values from ones derived from the P-Pharm program models to actual observed values. This is represented in the next bullet point.

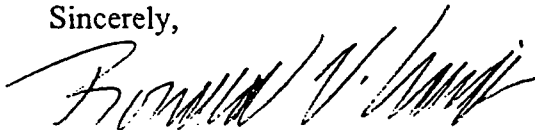
- Complete revised PK section for the package label with selected PK values changed to reflect observed values rather than model fits, wherever possible as you requested. These 13 revised PK values are annotated by Volume, Page and Table in Reference Map 2. The subsection entitled Excretion has been revised with the header "Elimination" and the stated half-lives for SC and IM are observed mean values for Single Dose Administration, consistent with Table 1 in the Label.
- As described above, Reference Maps 1 and 2 are provided to specifically annotate each original and revised PK value in the labeling.

Please refer only to Volumes 6B, C and D in Section 6 of the NDA which constitute the formal PK Report. Volume 6A is the clinical report meant for the medical reviewer which contains only highly excerpted summary PK results.

We believe these revisions reflect your preferences as stated during the teleconference but are prepared to incorporate whichever values you think most appropriate and revise the labeling to reflect your preference. Please let us know.

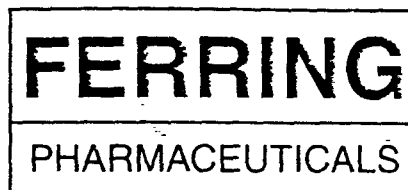
Finally we trust this package of revisions and references is fully responsive to the questions posed and to your reviewing requirements. Please contact us immediately with any remaining questions.

Sincerely,



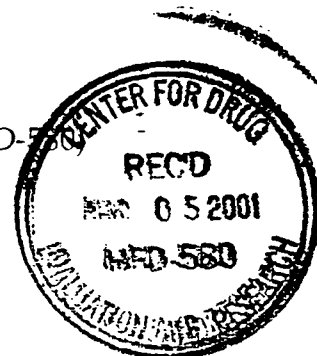
Ronald V. Nardi, Ph.D.  
Vice President, Regulatory & Scientific Affairs -

**APPEARS THIS WAY  
ON ORIGINAL**



March 1, 2001

Susan Allen, MD  
 Director  
 Division of Reproductive and Urologic Drug Products (HFD-580)  
 Office of Drug Evaluation II  
 Center for Drug Evaluation and Research  
 Food and Drug Administration  
 5600 Fishers Lane  
 Rockville, MD 20857



RE: Ovanex™ NDA# 21,289 -S004

Dear Dr. Allen:

Enclosed is amendment S004 to NDA# 21,289 for Ovanex™. This document contains:

- The final clinical study report for FPI FSH 99-05 – An Open Label, Multi-Center Efficacy Study of Purified FSH Given Subcutaneously To Female Patients Participating in a Donor Egg IVF Program.
- Pharmacokinetic report on the population pharmacokinetic data and modeling requested by the biopharmaceutics division
- Updated summaries for efficacy and safety reflecting the data from the FSH 99-05 study
- Pregnancy outcome data for the ovulation induction and IVF studies
- Revised package insert reflecting additional clinical data

Please note that the 99-05 study report has appropriate submissions for the statistics, data listings, and case report form sections of the NDA.

Please contact me at 914-333-8932 with any questions.

Thank you.

Sincerely,

Ronald V. Nardi, Ph.D.  
 Vice President,  
 Scientific & Regulatory Affairs

914-333-8932

**FERRING**  
PHARMACEUTICALS

**ARCHIVE**

February 15, 2001

Susan Allen, M.D.  
Director  
Division of Reproductive and Urologic Drug Products  
HFD-580  
Office of Drug Evaluation III  
Center for Drug Evaluation and Research  
Food and Drug Administration  
5600 Fishers Lane  
Rockville, MD 20857

Re: NDA 21-289, Ovanex™ (urofollitropin for injection)  
Amendment No. 003

Dear Dr. Allen:

Enclosed please find our response to the third point raised by Dr. Rhee in the Information Request Letter of January 24, 2001 (we responded to the first two points in Amendment 002, February 9, 2001).

3. Based on the maximum recommended product dose of 450 IU and the release specification of not more than \_\_\_\_\_ endotoxin/IU FSH, the resulting patient endotoxin dose exceeds the recommended \_\_\_\_\_ kg/hr (based on a 70 kg adult) maximum endotoxin dose. Therefore, the maximum endotoxin specification for this product should be decreased.

The release specification of \_\_\_\_\_ endotoxin/IU FSH is changed to \_\_\_\_\_/IU FSH. We trust this fully responds to the points raised in the Information Request Letter of January 24, 2001.

We are also including revised drug substance analytical methods for \_\_\_\_\_  
Although these are submitted in Spanish we are translating them into English should you need English versions. If you have any questions regarding this amendment you may contact me at (914) 333-8958 or Dr. Ronald Nardi at (914) 333-8932.

Sincerely,



Michael I. Bernhard, Ph.D.  
Senior Director, Regulatory Affairs

**FERRING**

PHARMACEUTICALS

February 9, 2001

Susan Allen, M.D.  
 Director  
 Division of Reproductive and Urologic Drug Products  
 HFD-580  
 Office of Drug Evaluation III  
 Center for Drug Evaluation and Research  
 Food and Drug Administration  
 5600 Fishers Lane  
 Rockville, MD 20857

ORIG AMENDMENT  
 13!



Re: NDA 21-289, (urofollitropin for injection)  
 Amendment No. 002

Dear Dr. Allen:

Enclosed please find our responses to the microbiology comments raised by Dr. Rhee in the Information Request Letter of January 24, 2001.

- 1. Descriptions and data demonstrating the endotoxin removal efficacy of the stopper washing process should be provided. Alternatively, if the stoppers are purchased "endotoxin-free" from the vendor, this should be stated. In this case, limits for endotoxin remaining on the stoppers as received should be specified. A schedule for testing incoming stoppers and data demonstrating the amount of residual endotoxin on the stoppers, as received, should also be provided.**

The stoppers are not purchased "endotoxin-free" from the vendor. Therefore, they are cleaned and validated for endotoxin removal at SP Pharmaceuticals via validation protocols. The stoppers are washed and validated in the \_\_\_\_\_

\_\_\_\_\_

The process is validated once every year on SP Pharmaceuticals' worst case stopper following the Performance Qualification. A validation protocol was initiated for the \_\_\_\_\_ The purpose of the test was to document that the \_\_\_\_\_ wash cycle will reduce the endotoxin burden on this type of closure. There were two acceptance criteria:

1. At least a three log reduction of the endotoxin challenge on the closures based on recovery values and
2. A record of the \_\_\_\_\_ of unwashed closures, for information only.

SP Pharmaceuticals passed these criteria with a log reduction greater than \_\_\_\_\_ and  
\_\_\_\_\_ of less than \_\_\_\_\_. The raw data are provided in Attachment A.

The procedure for implementing the validation protocol is as follows:

- \_\_\_\_\_
- \_\_\_\_\_
2. **Since the goal of any media fill should be the absence of contamination, we recommend that any positive container be investigated to determine possible causes of the contamination.**

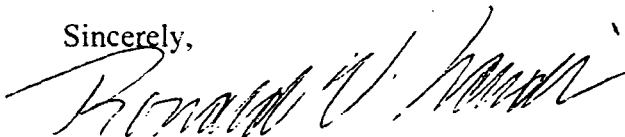
All positive media containers are investigated per SOP 05-999 "Visual Inspection of Media-Fill Units for Fill Line Validations". This SOP is included as Attachment B. Please also note that from November 1997 to May 1999, SP Pharmaceuticals did not register any positive media vials for room 252.

3. **Based on the maximum recommended product dose of 450 IU and the release specification of not more than \_\_\_\_\_ endotoxin/IU FSH, the resulting patient endotoxin dose exceeds the recommended \_\_\_\_\_ kg/hr (based on a 70 kg adult) maximum endotoxin dose. Therefore, the maximum endotoxin specification for this product should be decreased.**

The release specification of \_\_\_\_\_ endotoxin/IU FSH will be lowered. We are analyzing our data and will respond shortly with a lower specification.

If you have any questions regarding this amendment you may contact me at (914) 333-8932.

Sincerely,



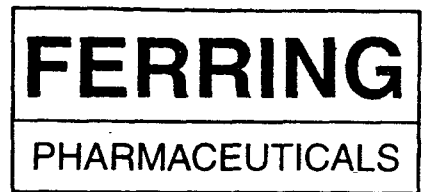
Ronald V. Nardi, Ph.D.

Vice President, Regulatory and Scientific Affairs

Attachments A and B

cc: Ovanex™ correspondence file

DUPLICATE



December 6, 2000

Susan Allen, M.D.

Director,

Division of Reproductive &amp; Urologic Drug Products (HFD-580)

Office of Drug Evaluation II

Center for Drug Evaluation and Research

Food and Drug Administration

5600 Fishers Lane

Rockville, MD 20857



RE: NDA #21-289 OVANEX™ (Urofollitropin for Injection)

— FSH (Urofollitropin)

Amendment #001- Electronic NDA Submission

NEW CORRESP

NIC

Dear Dr. Allen:

Please find enclosed a digital tape formatted at 35GB/70GB DLT 7000 containing our electronic submission for NDA #21-289 OVANEX™, which was submitted in paper form on September 29, 2000. The electronic files contained herein are exact duplicates of the paper version and only minor revisions to formatting of the document and Tables of Contents have been changed for clarity. No typographical or content changes have been made to these files in their electronic form.

All editorial and content changes will be submitted as an errata amendment in the near future both in paper and electronic form. If you have any questions concerning this electronic submission, please contact me at 914-333-8932.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald V. Nardi".

Ronald V. Nardi, Ph.D.

Vice President, Regulatory and Scientific Affairs

Enclosures: Digital Tape (35GB/70GB DLT 7000)

Attachments: FDA Form 356H

NDA Table of Contents

November 9, 2000

ORIGINAL

Susan Allen, M.D.  
Director  
Division of Reproductive and Urologic Drug Products (HFD-580)  
Office of Drug Evaluation II  
Center for Drug Evaluation and Research  
Food and Drug Administration  
5600 Fishers Lane  
Rockville, MD 20857

NEW CORRESP

*N/C*



RE: NDA # 21-289 OVANEX™ (Urofollotripin for Injection)  
FSH (Urofollitropin)  
Amendment # 001 - Electronic NDA Submission

Dear Dr. Allen:

Enclosed please find a digital tape containing the Archive copy of our electronic submission for NDA #21-289, OVANEX™, which was submitted in paper form on September 29, 2000. The electronic files contained herein are exact duplicates of the paper version and only minor revisions to formatting of the document and Tables of Contents have been changed for clarity. No typographical or content changes have been made to these files in their electronic form.

All editorial and content changes will be submitted as an errata amendment in the near future both in paper and electronic form. If you have any questions concerning this electronic submission, please contact me at 914-333-8933.

Sincerely,

Ronald V. Nardi, Ph.D  
Vice President, Regulatory and Scientific Affairs

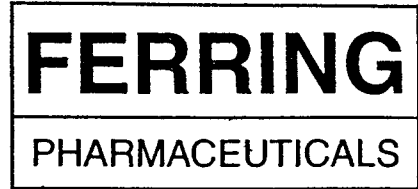
Enclosures: Digital Tape  
Attachments: FDA Form 356H  
NDA Table of Contents

REVIEWS COMPLETED
CSO ACTION:
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<i>ED</i> <i>11/21/00</i>
CSO INITIALS DATE



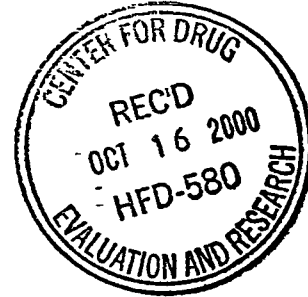
ORIGINAL

US



October 13, 2000

Ms. Eufrecina DeGuia  
Food and Drug Administration  
Division of Reproductive & Urologic Drug Products (HFD-580)  
Office of Drug Evaluation II  
Center for Drug Evaluation and Research  
5600 Fishers Lane  
Rockville, MD 20857-1706



**NEW CORRESP**

*NIC*

Dear Ms. DeGuia:

As per our conversation regarding our recent NDA submission, NDA 21-289, I am enclosing several items which you requested:

- \* Four (4) Staff Copies of our Volume 1A including the additional materials (Sections 13-19),
- \* Original (signed) FDA Form 3454 which was omitted in our original submission and is now incorporated into Volume 1A Section 19A (Financial Disclosure), and
- \* Four (4) copies of the \_\_\_\_\_ letter which was omitted from our CMC section and should be inserted in Volume 4B (Name/Address, Manufacturer(s) as page 130A, following the \_\_\_\_\_

If I can be of additional assistance, please contact me at 914-333-8930.

Sincerely,

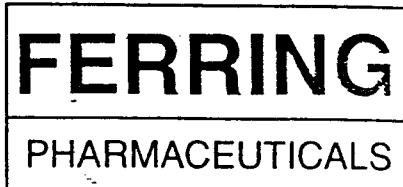
Michele G. Cobham  
Manager, Regulatory Documentation

REVIEWS COMPLETED	
CSO ACTION:	
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CSO INITIALS	DATE

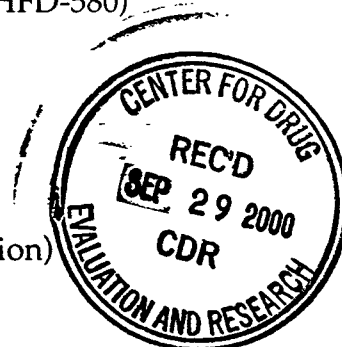
enclosures

September 28, 2000

Susan Allen, M.D.  
Director  
Division of Reproductive and Urologic Drug Products (HFD-580)  
Office of Drug Evaluation II  
Center for Drug Evaluation and Research  
Food and Drug Administration  
5600 Fishers Lane  
Rockville, MD 20857



RE: NDA # 21-289 Ovanex™ (urofollitropin for injection)  
, FSH (urofollitropin)



Dear Dr. Allen,

Enclosed please find NDA #21-289, which is respectfully submitted, for your review as a 505 (b)(1) application. Ovanex is a preparation of Follide Stimulating Hormone (FSH) purified to near homogeneity from the urine of postmenopausal women. The data contained in this application demonstrate that Ovanex is safe and effective therapy for women being treated for infertility.

Per the agreements at the pre-NDA meeting this application seeks the approval of a new product based on data from clinical trials in the United States. Controlled trials in the US compared Ovanex administered via subcutaneous and intramuscular routes to Follistim® (an approved recombinant FSH product) administered via a subcutaneous route. The studies were parallel group, randomized, open-label trials. The study in the *in vitro* fertilization patients (FPI 99-04) demonstrated Ovanex:

- was at least therapeutically equivalent to Follistim
- had a significant advantage over Follistim with respect to injection site tolerance
- had a benefit/risk ratio similar to or better than Follistim.

The study in ovulation induction (FPI 99-03) demonstrated that Ovanex had:

- an efficacy profile equal to the efficacy of Follistim
- a safety profile similar to the safety of Follistim.

The study in oocyte donor patients is continuing. An interim report is included in this application. We commit to providing timely updates to this study. Per the agreements at the pre-NDA meeting, we are not requesting a separate indication for this patient population.

Pharmacokinetic data from a US study in normal volunteers are presented in Section 6. These data are descriptive. They were not intended to demonstrate bioequivalence of the different routes of administration. They do demonstrate pharmacokinetic profiles consistent with the literature for other FSH containing products.

Data in Section 4 demonstrate that both drug substance and drug product can be made under appropriate control and with acceptable reproducibility. Per our agreements at the pre-NDA meeting please note the following:

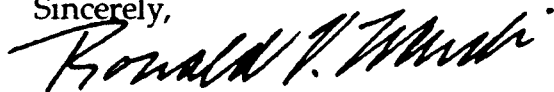
- The oxidation issue has been investigated and the oxidized species identified. Interestingly, mild oxidation does not appear to alter the biological activity. A                      method has been added to the analytical methods and the proportion of oxidized protein has been characterized. The method is applicable to both drug substance and drug product. Some stability data are included and this test has been added to the ongoing stability programs.
- Characterization of the carbohydrate content of the drug substance is included in this submission.
- Sequencing of the FSH is nearing completion although the submission only contains the data previously submitted. For both the  $\alpha$  and  $\beta$  chains one internal peptide remains to be sequenced before confirming that the complete sequences agree with the expected amino acid sequence for the FSH subunits.
- Specifications have been established consistent with the requests of the Chemistry reviewers

Please note that the application contains a total of 58 volumes. Volume numbers correspond to each of the Sections of the NDA (i.e.1-19). Within a Section volumes are identified further with letters in alphabetical sequence (e.g. Volumes 8a, 8b, etc. correspond to Section 8 items). Individual reviewing disciplines have appropriately color-coded volumes including the administrative Sections 1-3. Each page of the original has a unique two-part page number that includes both the volume number and page number within that volume (e.g. Vol. 8a page 010).

A User Fee Cover Sheet is also attached. User fee payments were made using user fee #4033.

We acknowledge the requirement for periodic updates during the review of this application. If you need any other information please feel free to contact me at 914-333-8932 or by fax at 914-631-5120. If you have specific questions concerning the clinical data you may also contact Dr. Seymour Fein at 914-333-8947 or by fax at 914-631-5120.

Sincerely,



Ronald V. Nardi, Ph.D.

Vice President, Scientific and Regulatory Affairs

Enclosures: NDA #21-289

Attachments: User Fee Cover sheet

ORIGINAL

US

**FERRING**

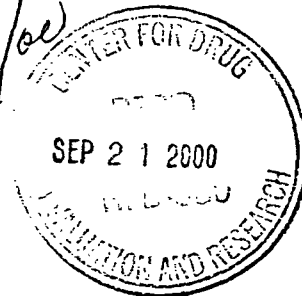
PHARMACEUTICALS

*noted  
9/23/00  
RLZ*

September 14, 2000

*N 004-PC, PE*

*AJ 9/26/00*



Susan Allen, M.D.  
Acting Director  
Division of Reproductive & Urologic Drug Products (HFD-580)  
Office of Drug Evaluation II  
Center for Drug Evaluation and Research  
Food and Drug Administration  
5600 Fishers Lane  
Rockville, MD 20857

Re: \_\_\_\_\_ Amendment No. 004, FSH (urofollitropin)

Dear Dr. Allen:

Enclosed is a submission amending \_\_\_\_\_ for Ferring's purified FSH. The submission consists of the following:

- Two statistical modifications to Protocol # FPI FSH 99-03 dated March 29, 2000 and June 6, 2000.
- Two statistical modifications to Protocol # FPI FSH 99-04 dated March 29, 2000 and June 6, 2000.
- One protocol amendment to Protocol # FPI FSH 99-05 dated June 5, 2000.
- Required regulatory documentation for study FPI FSH 99-05: Dr. Crain (FDA form 1572 & CV), Dr. Kaufmann (revised FDA Form 1572 & CV).

The statistical modifications for studies FPI FSH 99-03 and FPI FSH 99-04 dated March 29, 2000 were made prior to the pre-NDA meeting held on April 24, 2000. At that meeting the FDA's biostatistician and Ferring's consulting biostatistician agreed to further modifications in the statistical plans for these studies which became the amendments dated June 6, 2000 and which supercede the March 29, 2000 versions. All these amendments received IRB approvals.

REVIEWS COMPLETED
CSO ACTION:
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<i>AD</i> <i>11/3/01</i>
CSO INITIALS DATE



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration  
Rockville, MD 20857

NDA 21-289

**INFORMATION REQUEST LETTER**

Ferring Pharmaceuticals  
Attention: Ronald Nardi, Ph.D.  
Vice President, Scientific and Regulatory Affairs  
120 White Plains Road  
Suite 400  
Tarrytown, New York 10591  
USA

Dear Dr. Nardi:

Please refer to your September 28, 2000 new drug application (NDA) submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Bravelle (urofollitropin for injection, purified).

We also refer to your submissions dated February 9 and 15, March 1 and 3, April 3, 5, 20 23 and 25, May 1, 15, 14 and 24, June 8, 14, and 29, 2001.

\_\_\_\_\_

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**THIS SECTION  
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TO BE  
RELEASABLE**

*4 pages*

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/s/  
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Moo-Jhong Rhee  
7/9/01 02:52:09 PM

**APPEARS THIS WAY  
ON ORIGINAL**

TELEFAX

TO: Dr. Nardi  
Chem IR letter

FAX: 914 631 5120

PHONE: 914 333-8932

FROM: Dornette Spell-lesane  
Food and Drug Administration  
Division of Reproductive and Urologic Drug Products  
5600 Fishers Lane, HFD-580  
Rockville, Maryland 20857-1706

FAX: (301) 827-4267

PHONE: (301) 827-4260

DATE: 7/9/01

PAGES: 7 (Inclusive)

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Food and Drug Administration  
Division of Reproductive and Urologic Drug Products  
5600 Fishers Lane-HFD-580  
Rockville, Maryland 20857-1706



NDA 21-289

**INFORMATION REQUEST LETTER**

Ferring Laboratories, Inc.  
Attention: Ronald Nardi Ph.D.  
Vice President, Scientific and Regulatory Affairs  
120 White Plane's Road, Suite 400  
Tarrytown, NY 10591

Dear Dr. Nardi:

Please refer to your September 28, 2001, new drug application (NDA) submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Bravelle™ (urofollitropin for injection).

We also refer to your April 25 and May 24, 2001 draft labeling amendments.

We have completed the review of this draft labeling and have several comments. Revisions have been incorporated directly into the enclosed Physician Package Insert. Additions have been noted in double underline, deletions have been noted as ~~strikeouts~~. Additional comments requiring response are in bracketed [**14 pt bold face type**].

Please submit your revised package insert as soon as available so that we can continue the evaluation of your NDA.

If you have any questions, please contact Dornette Spell-LeSane, NP-C, Regulatory Project Manager, at (301) 827-4260.

Sincerely,

Terri Rumble, B.S.N., RN,  
Chief, Regulatory Project Management Staff  
Division of Reproductive and Urologic Drug  
Products (HFD-580)  
Office of Drug Evaluation II  
Center for Drug Evaluation and Research

Enclosure: Revised Physician Insert

**Number of Pages  
Redacted** 11



Draft Labeling  
(not releasable)

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

/s/

-----  
Terri F. Rumble  
6/1/01 04:14:11 PM

**APPEARS THIS WAY  
ON ORIGINAL**

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END=JUN-05 12:35

FILE NO.=679

STN NO.	COMM.	ABBR NO.	STATION NAME/TEL NO.	PAGES	DURATION
001	OK	*	919146315120	014/014	00:02:59

-FDA/DRUDP

\*\*\*\*\* -FDA/DRUDP - \*\*\*\*\* 301 827 4267-\*\*\*\*\*

TELEFAX

TO: Michael Bernhard

re Labeling Comments

FAX: 914-631-5120

PHONE: 914-333-8932

FROM: Donette Spell-Lesone

Food and Drug Administration  
Division of Reproductive and Urologic Drug Products  
5600 Fishers Lane, HFD-580  
Rockville, Maryland 20857-1706

FAX: (301) 827-4267

PHONE: (301) 827-4260

DATE: 6/5/01

PAGES: 14 (Inclusive)

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Food and Drug Administration  
Division of Reproductive and Urologic Drug Products  
5600 Fishers Lane-HFD-580  
Rockville, Maryland 20857-1706

TELEFAX

TO: Michael Bernhard

re Labeling Comments

FAX: 914-631-5120

PHONE: 914-333-8932

FROM: Donette Spell-Lesane

Food and Drug Administration  
Division of Reproductive and Urologic Drug Products  
5600 Fishers Lane, HFD-580  
Rockville, Maryland 20857-1706

FAX: (301) 827-4267

PHONE: (301) 827-4260

DATE: 6/5/01

PAGES: 14 (Inclusive)

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Food and Drug Administration  
Division of Reproductive and Urologic Drug Products  
5600 Fishers Lane-HFD-580  
Rockville, Maryland 20857-1706



NDA 21-289

**INFORMATION REQUEST LETTER**

Ferring Laboratories, Inc.  
Attention: Ronald Nardi Ph.D.  
Vice President, Scientific and Regulatory Affairs  
120 White Plains Road, Suite 400  
Tarrytown, NY 10591

Dear Dr. Nardi:

Please refer to your September 28, 2001, new drug application (NDA) submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Ovanex™ (urofollitropin for injection).

We also refer to our January 24, 2001, information request letter and your response dated February 9, 2001.

We have reviewed your submission regarding the microbiological issues concerning sterility assurance and the following issue was not completely addressed.

Please provide the new final product endotoxin specification for this drug product.

We request a prompt written response in order to continue our evaluation of your NDA.

If you have any questions, call Domette Spell-LeSane, Regulatory Project Manager, at (301) 827-4260.

Sincerely,

*{See appended electronic signature page}*

Moo-Jhong Rhee, Ph.D.  
Chemistry Team Leader, for the  
Division of Reproductive and Urologic Drug Products,  
HFD-580  
DNDC 2, Office of New Drug Chemistry  
Center for Drug Evaluation and Research

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

/s/

-----  
Moo-Jhong Rhee  
5/11/01 04:04:06 PM

**APPEARS THIS WAY  
ON ORIGINAL**

TELEFAX

TO: Ronald Nardi  
N21-289 IR letter

FAX: 914-631-5120

PHONE: 914-333-8932

FROM: Dornette Spell-Sane

Food and Drug Administration  
Division of Reproductive and Urologic Drug Products  
5600 Fishers Lane, HFD-580  
Rockville, Maryland 20857-1706

FAX: (301) 827-4267

PHONE: (301) 827-4260

DATE: 5/14/01

PAGES: 3 (Inclusive)

rec'd  
**151**

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Food and Drug Administration  
Division of Reproductive and Urologic Drug Products  
5600 Fishers Lane-HFD-580  
Rockville, Maryland 20857-1706





NDA 21-289

## INFORMATION REQUEST LETTER

Ferring Pharmaceuticals, Inc.  
Attention: Ronald Nardi  
Vice President, Scientific and Regulatory Affairs  
120 White Plains Road, Suite 400  
Tarrytown, NY 10591

Dear Dr. Nardi:

Please refer to your new drug application (NDA) submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Ovanex™ (urofollitropin for injection).

We are reviewing the Microbiology section of your submission and have the following comments and information requests. We need your prompt written response to continue our evaluation of your NDA. The submission was reviewed for microbiological issues concerning sterility assurance and the following issues were not completely addressed:

1. Descriptions and data demonstrating the endotoxin removal efficacy of the stopper washing process should be provided. Alternatively, if the stoppers are purchased "endotoxin-free" from the vendor, this should be stated. In this case, limits for endotoxin remaining on the stoppers as received should be specified. A schedule for testing incoming stoppers and data demonstrating the amount of residual endotoxin on the stoppers, as received, should also be provided.
2. Since the goal of any media fill should be the absence of contamination, we recommend that any positive container be investigated to determine possible causes of the contamination.
3. Based on the maximum recommended product dose of 450 IU and the release specification of not more than \_\_\_\_\_ the resulting patient endotoxin dose exceeds the recommended 5 EU/kg/hr (based on a 70 kg adult) maximum endotoxin dose. Therefore, the maximum endotoxin specification for this product should be decreased.

If you have any questions, call Eufrecina DeGuia, Regulatory Project Manager, at (301) 827-4260.

Sincerely,

*{See appended electronic signature page}*

Moo-Jhong Rhee, Ph.D.  
Chemistry Team Leader, for the  
Division of Reproductive and Urologic Drug Products,  
(HFD-580)  
DNDC II, Office of New Drug Chemistry  
Center for Drug Evaluation and Research

**APPEARS THIS WAY  
ON ORIGINAL**

/s/

-----  
Moo-Jhong Rhee  
1/24/01 03:16:21 PM

**APPEARS THIS WAY  
ON ORIGINAL**

De Guina

OCT 4 2000

NDA 21-289

Ferring Pharmaceuticals, Inc.  
Attention: Ronald Nardi, Ph.D.  
Vice President, Scientific and Regulatory Affairs  
120 White Plains Road, Suite 400  
Tarrytown, NY 10591

Dear Dr. Nardi:

We have received your new drug application (NDA) submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for the following:

Name of Drug Product: Ovanex™ (urofollitropin for injection)  
Therapeutic Classification: Standard (S)  
Date of Application: September 28, 2000  
Date of Receipt: September 29, 2000  
Our Reference Number: NDA 21-289

Unless we notify you within 60 days of our receipt date that the application is not sufficiently complete to permit a substantive review, this application will be filed under section 505(b) of the Act on December 2, 2000 in accordance with 21 CFR 314.101(a). If the application is filed, the primary user fee goal date will be July 29, 2001, and the secondary user fee goal date will be September 29, 2001.

Be advised that, as of April 1, 1999, all applications for new active ingredients, new dosage forms, new indications, new routes of administration, and new dosing regimens are required to contain an assessment of the safety and effectiveness of the product in pediatric patients unless this requirement is waived or deferred (63 FR 66632). If you have not already fulfilled the requirements of 21 CFR 314.55 (or 601.27), please submit your plans for pediatric drug development within 120 days from the date of this letter unless you believe a waiver is appropriate. Within approximately 120 days of receipt of your pediatric drug development plan, we will review your plan and notify you of its adequacy.

If you believe that this drug qualifies for a waiver of the pediatric study requirement, you should submit a request for a waiver with supporting information and documentation in accordance with the provisions of 21 CFR 314.55 within 60 days from the date of this letter. We will make a determination whether to grant or deny a request for a waiver of pediatric studies during the review of the application. In no case, however, will the determination be made later than the date action is taken on the application. If a waiver is not granted, we will ask you to submit your pediatric drug development plans within 120 days from the date of denial of the waiver.

Pediatric studies conducted under the terms of section 505A of the Federal Food, Drug, and Cosmetic Act may result in additional marketing exclusivity for certain products (pediatric exclusivity). You should refer to the *Guidance for Industry on Qualifying for Pediatric Exclusivity* (available on our web site at

NDA 21-289

Page 2

[www.fda.gov/cder/pediatric](http://www.fda.gov/cder/pediatric) for details. If you wish to qualify for pediatric exclusivity you should submit a "Proposed Pediatric Study Request" (PPSR) in addition to your plans for pediatric drug development described above. We recommend that you submit a Proposed Pediatric Study Request within 120 days from the date of this letter. If you are unable to meet this time frame but are interested in pediatric exclusivity, please notify the division in writing. FDA generally will not accept studies submitted to an NDA before issuance of a Written Request as responsive to a Written Request. Sponsors should obtain a Written Request before submitting pediatric studies to an NDA. If you do not submit a PPSR or indicate that you are interested in pediatric exclusivity, we will review your pediatric drug development plan and notify you of its adequacy. Please note that satisfaction of the requirements in 21 CFR 314.55 alone may not qualify you for pediatric exclusivity. FDA does not necessarily ask a sponsor to complete the same scope of studies to qualify for pediatric exclusivity as it does to fulfill the requirements of the pediatric rule.

Please cite the NDA number listed above at the top of the first page of any communications concerning this application. All communications concerning this NDA should be addressed as follows:

U.S. Postal/Courier/Overnight Mail:

Food and Drug Administration  
Center for Drug Evaluation and Research  
Division of Reproductive and Urologic Drug Products, HFD-580  
Attention: Division Document Room  
5600 Fishers Lane  
Rockville, Maryland 20857

If you have any questions, please call Eufrecina DeGuia, Regulatory Project Manager, at (301) 827-4260.

Sincerely,

*IS/* *10/3/00*  
Terri Rumble  
Chief, Project Management Staff  
Division of Reproductive and Urologic Drug Products  
Office of Drug Evaluation III  
Center for Drug Evaluation and Research

APPEARS THIS WAY  
ON ORIGINAL

cc:

Archival NDA 21-289

HFD-580/Div. Files

HFD-580/E.DeGuia/TRumble

HFD-580/SSlaughters/RBennett/MRhee/AParekh/SAllen/DShames/AJordan/Kammerman

HFD-510/DWu/MHaber

DISTRICT OFFICE

Drafted by: ED/10.03.00

Initialed by: EDeGuia

final: EdEGuia

filename: ACKLTR.DOC

ACKNOWLEDGEMENT (AC)

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**MEMORANDUM OF TELECONFERENCE**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
FOOD AND DRUG ADMINISTRATION  
CENTER FOR DRUG EVALUATION AND RESEARCH

**DATE:** June 21, 2001

**BETWEEN:**  
**Name:** Ronald Nardi, Ph.D., Vice President, Regulatory Affairs, Ferring  
Pharmaceuticals

**AND:**  
**Name:** Duu-Gong Wu, Ph.D., Chemistry Team Leader,  
Division of Metabolic and Endocrine Drug Products  
(HFD-510)

**SUBJECT:** USAN name  
NDA 21-289, Bravelle (urofolitropin, purified)

Discussion:

- the Agency has decided that a totally different USAN name is not acceptable; we will permit the use of "urofolitropin for injection, purified" for now in conjunction with the NDA review
- it is possible that a modifier may be used within the context of USP monograph in the future, depending on the additional data we received and analyzed
- Dr. Nardi indicated that the USAN name application will not go forward, he further indicated that a alfa or beta system to type A or B would be preferred

**APPEARS THIS WAY  
ON ORIGINAL**

**MEMORANDUM OF TELECONFERENCE**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
FOOD AND DRUG ADMINISTRATION  
CENTER FOR DRUG EVALUATION AND RESEARCH

**DATE:** June 15, 2001; 11:00 a.m.

**BETWEEN:**  
**Name:** Ronald Nardi, Ph.D., Vice President, Regulatory Affairs, Ferring Pharmaceuticals

**AND:**  
**Name:** Duu-Gong Wu, Ph.D., Chemistry Team Leader, Division of Metabolic and Endocrine Drug Products (HFD-510)

**SUBJECT:** USAN name  
NDA 21-289, Bravelle (urofolitropin, purified)

**Background:**

The telephone call was initiated by Ferring following an earlier inquiry concerning Ferring's approach to obtain an USAN name for their urofollitropin product. Ferring has approached USAN and was told that unless an identical CAS number was assigned, their product will not be given an identical name "urofollitropin". Ferring subsequently went to get a CAS number and verbally informed the person who handled the CAS number that Ferring's product has a different specific biological activity. They were told that possibly a different CAS number would be given. With this, Ferring apparently is expecting a different name other than urofollitropin from USAN. The Agency was not told these activities until last week.

**Discussion:**

- the Agency has requested that Ferring provide a side-by-side comparison on \_\_\_\_\_ for Serono's Fertinex and Ferring's product so that the data can be used by the Agency to consider the name issues; these issues will be communicated to both USAN Council and USP at a later date
- in addition, Dr. Nardi was informed that:
  - the agency would be holding an internal meeting to discuss the issues related to the established name for their product; the initial thinking was that the Agency prefers not to have a completely different name for their product
  - a specification for the \_\_\_\_\_ needs to be established for the release and the acceptance criteria for the oxidized form should be re-calculated only for the alfa subunit

Dr. Nardi agrees that they will try to do all these as soon as possible.



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this page is the manifestation of the electronic signature.**

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/s/

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Dornette Spell-LeSane  
7/31/01 09:14:09 AM  
CSO

Duu-gong Wu  
8/1/01 12:21:08 PM  
CHEMIST

**APPEARS THIS WAY  
ON ORIGINAL**

MEMORANDUM OF TELECON

DATE: March 26, 2001

APPLICATION NUMBER: NDA 21-289, Cvanex (urofollitropin, purified)

BETWEEN:

Name: Ronald Nardi, Ph.D., Vice President, Regulatory Affairs  
Seymour Fein, M.D., Clinical Head

Representing: Ferring Pharmaceuticals

AND

Name: Eufrecina DeGuia, Regulatory Project Manager  
Ameeta Parekh, Ph.D., Team Leader  
Sayed Al-Habet, Ph.D., Reviewer  
Division of Reproductive and Urologic Drug Products, HFD-580

SUBJECT: Pharmacokinetic (PK) Data clarification

The sponsor was asked to clarify and resolve the following issues:

1. On Volume 6B, Page 29: There are no individual data for  $C_{max}$ ,  $T_{max}$ , and AUC for SC single. A table similar to that in page 23 is missing.
2. Table in labeling: The  $K_{e1}$ ,  $V_d$ , and  $K_a$  data do not match with the data in the reports. For example, page 23 for SC single dose.
3. On Volume 6B, pages 23 and 27 (Tables 2 and 5): Please check the calculation of the half-life calculation. For examples:
  - Half life =  $0.693/K_{e1} = 0.693/0.0362 = 19$  hours not 24 hours
  - Labeling (Vol 3A, page 2): The half-lives in the Table do not match to the statement under "Excretion"
4. Page 31 (Volume 6B, Table 9): AUC is 331 but in labeling (page page 2, vol 3A), in summary report (Vol 3A page 39), and in page 33 (Vol 6B) is 343. Also note the differences in  $C_{max}$  and  $T_{max}$  among these tables.
5. Volume 6 B (page 31): The mean data for single dose SC IM do not match with the data in the labeling. For example,  $C_{max}$ ,  $T_{max}$ , and AUC are 8.8, 17.4, and 331 in page 31 (vol. 6B) whereas in labeling are: 7, 17.8, and 343. However, they do match to those shown in PK summary report (see page 39 in volume 3A) and computer output (volume 6C pages 14-16).

6. Computer generated data for SC multiple dose for  $C_{max}$ ,  $T_{max}$ , and AUC are missing (see page 158, vol. 6B)
7. Unless we know the absolute bioavailability of the drug after SC and IM, the clearance and volume of distribution should be referred to as "apparent" parameters. The absolute bioavailability of the drug is important that can be used for correction factor to estimate the clearance and volume of distribution.

Conclusion:

- The sponsor explained that a lot of discrepancy may be due to the Vol. 6A, as well as Vol. 6B that contain information for the Biopharmaceutics reviewer. Vol. 6A is purely clinical (integrated clinical report) and explicitly refer to appropriate appendix. Although the Vol. 6A follows the ICH format, it created some confusion in the review. The reviewer was advised to concentrate review on Vol. 6B, C, D which contain the full PK report and ignore Volume 6A for the purpose of primary review.
- The sponsor agreed to provide the clarification and information for the above requests.
- Annotated labeling will also be provided; the location of where every number comes from will be indicated.

*(See appended electronic signature page)*

\_\_\_\_\_  
Eufrecina DeGuia  
Regulatory Project Manager

\_\_\_\_\_  
Ameeta Parekh, Ph.D.  
Team Leader, OCPB @ DRUDP

**APPEARS THIS WAY  
ON ORIGINAL**

\_\_\_\_\_  
Ameeta Parekh, Ph.D.  
Team Leader

/s/

-----  
Eufrecina deGuia  
4/4/01 09:45:02 AM  
CSO

Ameeta Parekh  
4/5/01 11:49:04 AM  
BIOPHARMACEUTICS  
I concur

**APPEARS THIS WAY  
ON ORIGINAL**

## TELEFAX

TO: \_\_\_ Dr. Ronald Nardi \_\_\_  
\_\_\_ Vice President, Scientific and Regulatory Affairs \_\_\_  
\_\_\_ Ferring Pharmaceuticals, Inc. \_\_\_

FAX: \_\_\_ (914) 631-5120 \_\_\_

PHONE: \_\_\_ (914) 333-8932 \_\_\_

FROM: \_\_\_ Freshnie DeGuia, Regulatory Project Manager \_\_\_

Food and Drug Administration  
Division of Reproductive and Urologic Drug Products  
5600 Fishers Lane, HFD-580  
Rockville, Maryland 20857-1706

FAX: (301) 827-4267

PHONE: (301) 827-4260

DATE: \_\_\_ April 12, 2001 \_\_\_

PAGES: \_\_\_ 4 \_\_\_ ( Inclusive)

**Comments:** Memorandum of Telecon on March 26, 2001

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Food and Drug Administration  
Division of Reproductive and Urologic Drug Products  
5600 Fishers Lane-HFD-580  
Rockville, Maryland 20857-1706

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Approved for telefacsimile \_\_\_\_\_

## MINUTES of TELECONFERENCE

**Date:** December 4, 2000 **Time:** 11:30 AM– 12:00 PM **Location:** Parklawn; Ms. DeGuia's Office

**NDA:** 21-289 **Drug Name:** Ovanex (urofollitropin, purified)

**External Participant:** Ferring Pharmaceuticals, Inc.

**Type of Meeting:** Information Request (Clinical Pharmacology and Biopharmaceutics)

**FDA Lead:** Dr. Ron Kavanagh

**External Participant Lead:** Dr. Ronald V. Nardi

**Meeting Recorder:** Ms. Diane Moore

### **FDA Attendees:**

Diane Moore - Project Manager, Division of Reproductive and Urologic Drug Products (DRUDP; HFD-580)

Ron Kavanagh, B.S. Pharm., Pharm.D., Ph.D. - Pharmacokinetic Reviewer, Office of Clinical Pharmacology and Biopharmaceutics (OCPB) @ DRUDP (HFD-580)

### **External Constituents:**

Ronald V. Nardi, Ph.D. – President, Scientific and Regulatory Affairs

Seymore Fine, M.D. – Medical Director

Michele Cobham – Manager of Scientific Information

\_\_\_\_\_ – Consultant

**Meeting Objectives:** To clarify FDA request of Ferring to provide pharmacokinetic data at the upper end of the proposed dose range, including population data with sparse sampling, if desired.

**Background Information:** On December 1, 2000, Ferring Pharmaceuticals provided the Division, via telefacsimile, copies of the data sheet with individual FSH plasma levels post-FSH dosing in patients from Study FPI FSH 99-04, a published paper describing formal PK profiles for a single-dose of 450 IU of FSH (in Pergonal) administered IM and SC, and the synopsis of the final study report for Study FPI REP 97-01 which analyzed single- and multiple-dose pharmacokinetics and population pharmacokinetics for FSH in patients receiving Repronex intramuscular (IM) or subcutaneous (SQ) for ovulation induction.

### **Discussion Points:**

- Section 8 of the NDA submission for Ovanex did not include complete pharmacokinetic (PK) study reports as claimed; they should be submitted as an amendment to both Section 8 and Section 6; data interpretation should also be included in the study report
- in the Pre-NDA meeting minutes, it was suggested that the sponsor could use sparse sampling from the Phase 3 studies to address some of the pharmacokinetic parameters in the NDA review; complete study reports were requested by the Division
- Study report 9902, that was submitted to the NDA, did not address dose linearity and time invariance issues

- the company did not submit the PK study report initially because the company felt that a coherent report would be difficult with the small amount of data obtained from the PK study; in addition, the sponsor felt that the Division would be requesting the information during the NDA review
- the sponsor noted that a complete validation report from [redacted] was submitted to the NDA; the sponsor feels that the same validation should apply to the requested information because the same assays and laboratory were used in PK Study 9902 as were used in the data submitted by [redacted]
- the sponsor is planning to run a single-dose study utilizing the 450 IU strength; the Division noted that some parameters e.g., time invariance, would not be addressed in a single-dose, 450 IU study

**Decisions reached:**

- the literature reference to Pergonal can be added to the NDA as supportive data
- the sponsor should complete a study report on the available data and submit it; the report should include complete bioanalytical validation on the drug substance, subject information, timing of doses, and sampling; whether these values were in the expected ranges compared with other doses should be evaluated
- once the reports have been submitted to the NDA, the sponsor may request a follow-up teleconference for verification as to whether the submitted reports are acceptable
- a population analysis should be included in the study reports
- if the information for the assay validation has been submitted to the NDA, it could be cross-referenced when the sparse study report is submitted
- a pharmacokinetic review will not be initiated until all requested information has been received

**Action Items:**

<b>Item:</b>	<b>Responsible Person:</b>	<b>Due Date:</b>
• provide the Division with the timeline for study report submission	Ferring Pharmaceuticals	1-week
• provide meeting minutes	Ms. Moore	1-month

\_\_\_\_\_  
Signature, minutes preparer

\_\_\_\_\_  
Concurrence, Chair

**Note to sponsor:** These minutes are the official minutes of the meeting. You are responsible for notifying us of any significant differences in understanding you may have regarding the meeting outcomes.

drafted: dm/December 4, 2000/NDA 21-289TC12400.doc

cc:

NDA Arch:

HFD-580

HFD-580/SAllen/DShames/DMoore/TRumble/RKavanagh/AParekh

Concurrences:

T.Rumble 12.19.00/RKavanagh 1.2.01

/s/

-----  
Diane V. Moore  
1/8/01 01:40:28 PM

Ron Kavanagh  
1/8/01 04:02:44 PM

**APPEARS THIS WAY  
ON ORIGINAL**



# Teleconference Minutes

**Date:** May 1, 2000

**Time:** 10:00-11:00 AM

**Location:** PKLN; 17B-45

**IND:** \_\_\_\_\_

**Drug Name:** FSH (urofollitropin, purified) Injection

**Indication:** ovulation induction and stimulation of follicular development in women undergoing *in-vitro* fertilization

**Sponsor:** Ferring Pharmaceuticals, Inc.

**Type of Meeting:** Guidance (Chemistry)

**Meeting Chair:** Dr. Moo Jhong Rhee

**External Participant Lead:** Dr. Ronald Nardi

**Meeting Recorder:** Ms. Eufrecina DeGuia

**FDA Attendees:**

Eufrecina De Guia - Regulatory Project Manager, Division of Reproductive and Urologic Drug Products (DRUDP; HFD-580)

Moo-Jhong Rhee, Ph.D. - Chemistry Team Leader, Division of New Drug Chemistry II (DNDC II) @ DRUDP (HFD-580)

Duu Gong Wu, Ph.D. - Chemistry Team Leader, Division of Metabolic and Endocrine Drug Products (DMEDP; HFD-510)

Martin Haber, Ph.D. - Chemist, DMEDP; HFD-510

**External Participants:**

Ronald Nardi, Ph.D. - Vice-President, Scientific and Regulatory Affairs

Michele Cobham - Manager, Scientific Information Systems

**Meeting Objectives:** To clarify and continue discussion of the CMC issues related to the two Phase 3 protocols, FPI FSH 99-03 and FPI FSH 99-04 that were not discussed at the face-to-face meeting on April 24, 2000 between the Division and Ferring Pharmaceuticals.

**Background:** These Phase 3 protocols of this IND were submitted on November 4, 1999.

**Decisions reached:**

- regarding the range of the specific activity of the drug substance; the Division indicated that the sponsor propose a range of the limits for the specific activity of the drug substance, not just the lower limit, should be set based on the sponsor's experience with as many batches as possible by the time of the NDA submission
- \_\_\_\_\_
- \_\_\_\_\_

come with the excipient, lactose, the Division will accept specifications only for drug substance based on analysis of clinical lots and the oxidation analysis of the drug product may be waived

- if sponsor can provide data on the full sequencing of the alpha and beta chains that is currently on-going then the Division not need peptide mapping to be included in the characterization of the drug substance
- sponsor will attempt to perform \_\_\_\_\_ of the drug substance for oxidation products and results will be discussed further with the Division
- the sponsor was asked to clarify what they mean by 95% purity; how is it determined; the purity profile needs to be better defined; is hCG present; the sponsor replied that hCG was not detected immunochemically and that it is difficult to determine protein purity absolutely; the Division stated that this should be discussed in detail in another submission

**General Comments:**

- characterization of protein structure in the IND is inadequate; not adequately identified;
- the following tests were recommended:

\_\_\_\_\_  
\_\_\_\_\_

Also, additional information regarding the specificity of monoclonal antibodies used for western blots and \_\_\_\_\_ should be provided.

Additional testing to establish purity profile is also required (i.e., is hCG present in the drug substance?) The sponsor noted their test was negative but more data needs to be provided

**Action Items: none**

\_\_\_\_\_  
Signature, minutes preparer

\_\_\_\_\_  
Concurrence, Chair

**NOTE:** These minutes are the official minutes of the meeting. You are responsible for notifying us of any significant differences in understanding you have regarding the meeting outcome.

**APPEARS THIS WAY  
ON ORIGINAL**

drafted: EDeGuia/05.09.00

cc:

NDA Arch:

HFD-580/Division File

HFD-580/DeGuia/Rhee

HFD-510/DWu/MHaber

Concurrences: MRhee,MHaber,DWu05.10.00

Final: EDeGuia

**Teleconference Minutes**

**APPEARS THIS WAY  
ON ORIGINAL**

# Meeting Minutes

**Date:** April 24, 2000

**Time:** 2:30 – 4:15 PM

**Location:** Conference Room “K”

**Drug Name:** FSH (urofollitropin, purified) Injection

**Indication:** ovulation induction (OI) and stimulation of follicular development in women undergoing *in-vitro* fertilization

**Sponsor:** Ferring Pharmaceuticals, Inc.

**Type of Meeting:** pre-NDA meeting

**Meeting Chair:** Dr. Shelley Slaughter

**Participant Lead:** Dr. Ronald Nardi

**Meeting Recorder:** Ms. Eufrecina DeGuia

**FDA Attendees:**

Susan Allen, M.D., M.P.H. – Acting Director, Division of Reproductive and Urologic Drug Products  
DRUDP (HFD-580)

Shelley Slaughter, M.D., Ph.D., Team Leader, Division of Reproductive and Urologic Drug  
Products; DRUDP (HFD-580)

Ridgely Bennett, M.D. – Medical Officer, DRUDP (HFD-580)

Eufrecina De Guia - Regulatory Project Manager, DRUDP (HFD-580)

Terri Rumble - Chief, Project Management Staff, DRUDP (HFD-580)

Moo-Jhong Rhee, Ph.D. - Chemistry Team Leader, Division of New Drug Chemistry II (DNDC II)  
@ DRUDP (HFD-580)

Ameeta Parekh, Ph.D. – Team Leader, OCPB @DRUDP (HFD-580)

David Hoberman, Ph.D. - Statistician, Division of Biometrics II (DBII) @ DRUDP (HFD-580)

Martin Haber, Ph.D. - Chemistry Reviewer, Division of Metabolic and Endocrine Drug Products,  
DMEDP (HFD-510)

Duu Gong Wu, Ph.D. – Chemistry Team Leader, DNDC II @ DMEDP (HFD-510)

Laurie McLeod, Ph.D. – Pharmacologist, DRUDP (HFD-580)

**Ferring Pharmaceuticals Attendees:**

Ronald Nardi, Ph.D. – Vice President, Scientific and Regulatory Affairs

Seymour Fine, M.D. – Medical Director

Michael Zudiker, Ph.D. – Executive Director, Manufacturing

Michael Bernhard, Ph.D. – Senior Director, Regulatory Affairs

**Meeting Objectives:** To determine whether the Agency agrees that the studies that are in progress will provide data required to assess the efficacy and safety of the product and to initiate discussions regarding the NDA preparation to make sure that the Agency's requirements are met.

**Background:** Purified Follicle stimulating hormone (FSH) is extracted from urine of postmenopausal women and has undergone multiple purification steps. It has been shown that FSH is effective in stimulating follicular development. It has also been shown to be effective in stimulating multiple follicular development in ovulatory women undergoing Assisted Reproductive Technology (ART) such as *in-vitro* fertilization. The intended routes of administration for purified FSH are subcutaneous and intramuscular. The sponsor expects to be done with data collection in June or July 2000 and anticipates submission of the NDA in electronic format in late August or early September 2000. The sponsor provided some slides with additional CMC data for drug substance and product.

**Decisions reached:**

**CMC Drug Substance**

**1. Does the Agency agree that the test methods proposed to set release specifications are adequate?**

- no, additional methods for identification and purity determination, such as \_\_\_\_\_ should be developed
- other safety tests such as monitoring for the Hepatitis A and C antibody, (sponsor is already doing Hepatitis B and HIV) pyrogens, and total microbial count should also be added
- the sponsor needs to define a range (upper and lower limits) of specific activity (IU FSH/mg), not just the lower limit and add it to the tests and specifications
- the sponsor argued that \_\_\_\_\_ shows many peaks that are difficult to interpret so it was not used but agreed to provide more data on batches of drug substance and to continue to develop the method
- the Division noted that urofollitropin because of its nature as a urinary product, has a significant amount of oxidation products (which are known to have reduced biological activity) the amount of these products is a critical factor for determining batch-to-batch consistency
- sponsor emphasized their proposal to use \_\_\_\_\_ as fingerprinting for \_\_\_\_\_ to show batch to batch consistency; the test is sensitive to changes in the charge of very large molecules
- the Division indicated that \_\_\_\_\_ only detects the degree of \_\_\_\_\_ of protein molecules, not other changes in the polypeptide backbone
- the sponsor was asked to test oxidized products from clinical batches, determine the stability and submit a proposal for the Division to review
- further discussion between the chemists and the sponsor will continue after the meeting to resolve issues related to test methods and oxidation products

**2. We believe the drug substance stability protocol is suitable to determine the retest interval of the drug substance and to extend the retest interval as supported by data. We propose to \_\_\_\_\_**

\_\_\_\_\_ -8° stability becomes the accelerated storage condition. Currently available data show no loss of potency when the drug substance is stored at 8° for \_\_\_\_\_. By the end of the NDA review period, we anticipate having 24-month stability data at the accelerated condition (\_\_\_\_\_, -8°) and more than \_\_\_\_\_

Assuming these data support continued drug substance stability and that extrapolation of the data permit, we anticipate a \_\_\_\_\_ Do you agree?

- it will depend on the data; NDA should have 12 months of normal stability data and at least 6 months of accelerated data at time of submission
  - 2-8° C storage condition is acceptable; stress testing for further degradation of proteins should be performed ( i.e., degradation occurring at room temperature or upon forced oxidation)
- 3. As described in the summary, we plan to prepare a single reference standard for use in all assays that require a reference standard, including the bioassay. The primary reference standard will be**

stored at \_\_\_\_\_ as a lyophilized powder and the secondary standards will be frozen at \_\_\_\_\_

Do you agree?

- one reference standard for all test is acceptable, storage conditions will depend on the data available to demonstrate stability

### CMC Drug Product

**1. Do you agree that the test methods proposed to set release specifications are adequate?**

- no, additional identification methods, such as \_\_\_\_\_ are needed; \_\_\_\_\_ is not specific enough for identification since other macromolecules co-elute on \_\_\_\_\_ several tests together may provide more assurance; the sponsor expressed concern that the small amount of protein in the drug product may make it difficult to develop accurate tests

**2. We believe the drug product stability protocol is suitable to determine the expiration dating of the drug product and to extend the expiration dating as supported by data. We anticipate having \_\_\_\_\_ month stability data at the time the NDA is submitted and \_\_\_\_\_ month data by the end of the review period. Assuming the data show the drug substance is stable for 21 months at 5° C and 25° C and for 6 months at 30° C and that extrapolation of the data permit, we anticipate \_\_\_\_\_ expiration dating. Do you agree?**

- real-time data is required (12-month real-time data at time of submission) to set expiration date
- submission of stability data during the review cycle is considered a major amendment; it should be submitted three months before the goal date; if after that, it will extend the review clock for three more months

### Pre-Clinical Pharmaceuticals/Tox

**1. Based on the fact that Purified FSH is derived from the menotropin drug substance for Repronex, the two single dose toxicology studies in rats and dogs and the single dose cardiovascular study dogs are adequate to support NDA approval? Do you agree?**

- The data from the studies described would support NDA filing; the Division would need to review data and QA statements; no additional animal studies are required

### Clinical/Biopharmaceutics

**1. The single and multiple dose PK study in normal female subjects is adequate to support NDA approval. Do you agree?**

- sponsor needs to consider sparse blood sampling trough levels for FSH pharmacokinetics (PK) over the dose range of 75 to 450 IU
- complete bioanalytical assay report with assay validation report for FSH should be provided
- complete final PK reports with synopses should also be provided
- electronic PK and PD data in ASCII format with user guide should be submitted
- in the studies performed, OI patients have higher higher Body Mass Index (BMI) than ART patients and the analysis of this data will be submitted (dose in relation to weight of patients)

**2. The Ovulation Induction and IVF studies totaling approximately 300 patients are adequate to demonstrate the efficacy and safety of FSH SC and IM and to support NDA approval? Do you agree?**

- this is sufficient for filing the NDA

**3. The open label, non-comparative Donor IVF in 40 patients is adequate to support NDA labeling for the use of Purified FSH SC in Donor IVF programs. Do you agree?**

- the Division does not view the proposed study as evidence for a new indication but as supportive data for the IVF indication
- depending upon the review of the data, it may be appropriate to include some information in the clinical studies portion of the label

**Statistics:**

- the sponsor must explicitly describe primary analyses for both trials; if covariates are used, they should be specified in the sponsor's next protocol submission
- in general, the sponsor should state what statistical hypotheses and propose methodology for testing those hypotheses that are consistent with the way they are formulated

**Note:** The Division understands each trial's (99-03 and 99-04) purpose to be the demonstration of the non-inferiority of either delivery method (IM and SC) of the sponsor's product (FSH) compared to Follistim. These should not be trials which simply test for a difference between the treatment groups and then regard a non-statistically significant result as informative. In trial 99-03, the Division takes the 35% relative difference in ovulation incidence (favoring Follistim) to be worse case scenario to be ruled out by either a properly constructed hypothesis tests or confidence intervals for the ratio of the incidences in the two groups. A simple Chi-Square test will not be adequate. Logistic regression is not useful for estimating the incidence ratio, but would be useful for an analysis based on the odds ratio. In order to control for the two comparisons to Follistim, the Division mentioned one possibility for a hypothesis test in conjunction with Hochberg's procedure for controlling the Type I error at 5%, since Hochberg's procedure does not facilitate construction of confidence intervals; use the estimate of the log-odds ratio from a logistics regression model to construct a z-test by subtracting the log-odds ratio of the worse case scenario, then dividing by the standard error of the estimate. However, the sponsor is free to use any other adequate procedure to demonstrate non-inferiority. Similarly, in trial 99-04, the Division takes the worse case scenario to be that Follistim produces mean of at least 1.2 more oocytes than either delivery method of FSH.

**Additional Comments:**

- more emphasis will be given to clinical (not chemical) and on-going pregnancies
- incidence of Ovarian Hyperstimulation Syndrome (OHSS) and severity should be included in Adverse Events; analysis of multiple gestation should also be reported
- the sponsor is not asking for a male indication
- the sponsor noted that race will not be analyzed if enrollment of women of more than one ethnic group is not possible

**Action Items:**

- a teleconference between the Chemistry team and the sponsor will be scheduled
- a teleconference between the Statistician and the sponsor will also be scheduled after the sponsor submits a revised statistical plan
- minutes will be provided to the sponsor in 30 days

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Signature, minutes preparer

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Concurrence, Chair

**NOTE:** These minutes are the official minutes of the meeting. You are responsible for notifying us of any significant differences in understanding you have regarding the meeting outcomes.

drafted: EDeGuia/04.28.00

cc:

NDA Arch:

HFD-580/Division File

HFD-580/SSlaughter/DHoberman/RBennett/SAllen/MRhee/LMcLeod/AParekh/JLau

HFD-510/DWu/MHaber

Concurrences: TRumble05.01.00/DHoberman05.02.00/JLau,AParekh05.03.00/DWu,MHaber05.08.00

LMcLeod05.02.00/SSlaughters05.10.00/SAllen05.12.00

**APPEARS THIS WAY  
ON ORIGINAL**



NDA 21-289

An Advisory Committee meeting was not held to discuss this application.

**APPEARS THIS WAY  
ON ORIGINAL**

NDA 21-289

No Federal Register Notices were published for this application.

**APPEARS THIS WAY  
ON ORIGINAL**



DEPARTMENT OF HEALTH & HUMAN SERVICES

12101510N FILE

NDA 21289

JUN 13 2001

Food and Drug Administration  
Rockville MD 20857

Richard P. Dickey, M.D.  
Fertility Institute of New Orleans  
6020 Bullard Avenue  
New Orleans, Louisiana 70128

Dear Dr. Dickey:

Between March 5 and March 9, 2001, Ms. Dana Daigle representing the Food and Drug Administration (FDA), met with you to review your conduct of a clinical study (Protocol FPI FSH #99-04; NDA 21,289) of the investigational drug, urofollitropin, performed for Ferring Pharmaceuticals. This inspection is a part of FDA's Bioresearch Monitoring Program, which includes inspections designed to validate clinical studies on which drug approval may be based and to assure that the rights and welfare of the human subjects of those studies have been protected.

From our evaluation of the inspection report and the documents submitted with that report, we conclude that you did not adhere to all U.S. Federal regulations and/or good clinical investigational practices governing the conduct of clinical investigations and the protection of human subjects. Specifically:

1. You failed to conduct your study in accordance with the approved protocol.

-Laboratory tests were not performed as required by the protocol for several subjects:

-Early follicular phase prolactin, testosterone, and DHEA-S were not performed for Subject 03S015. In your March 22 response to the observations in FDA Form 483 you noted that these tests were obtained, only 4 days earlier than specified in the protocol.

-Semen analyses for the partners of subjects 03S033 and 03S040 were not performed within 6 months prior to the baseline visit. You note in your response that these analyses were obtained, only outside of the time limitation specified in the protocol.

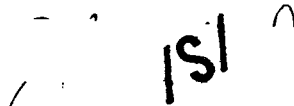
-A urinalysis was not performed for subject 03S040 prior to treatment with leuprolide. You note in your response that the urinalysis was performed, but not until the day of egg retrieval.

-Rubella screening tests were not performed within 60 days prior to leuprolide treatment for 3 of 8 subjects reviewed (03S003, 03S014, 03S017). You note in your response that the sponsor, at initiation of the study, had approved this deviation.

At the conclusion of the inspection, Ms. Daigle discussed her findings with you and Ms. Susie White, study coordinator.

We appreciate the cooperation shown Ms. Daigle during the inspection and your prompt written response to her observations. Please make appropriate corrections/changes in your procedures to assure that the findings noted above are not repeated in any ongoing or future studies. Should you have any questions or concerns regarding this letter or the inspection, please contact me by letter at the address given below.

Sincerely yours,

  
John R. Martin, M.D.  
Branch Chief  
Good Clinical Practice I, HFD-46  
Division of Scientific Investigations  
Office of Medical Policy  
Center for Drug Evaluation and Research  
7520 Standish Place, Suite 103  
Rockville, Maryland 20855

**APPEARS THIS WAY  
ON ORIGINAL**



DEPARTMENT OF HEALTH & HUMAN SERVICES

DIVISION FILE

NDA 21-289

Food and Drug Administration  
Rockville MD 20857

Mail - 1 2001

Melvin Thornton, M.D.  
23861 McBean Parkway, Suite C-6  
Valencia, California 91355

Dear Dr. Thornton:

Between March 22 and March 29, 2001, Mr. Ronald Koller representing the Food and Drug Administration (FDA), met with you to review your conduct of a clinical study (Protocol #FPI FSH 99-04) of the investigational drug, urofollitropin, performed for Ferring Pharmaceuticals. This inspection is a part of FDA's Bioresearch Monitoring Program, which includes inspections designed to validate clinical studies on which drug approval may be based and to assure that the rights and welfare of the human subjects of those studies have been protected.

From our evaluation of the inspection report and the documents submitted with that report, we conclude that you did not adhere to all U.S. Federal regulations and/or good clinical investigational practices governing the conduct of clinical investigations and the protection of human subjects. Specifically:

1. You failed to conduct your study in accordance with the approved protocol.

One subject (013), who did not meet inclusion criteria, was enrolled in the study.

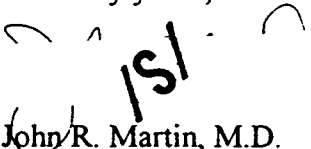
2. You failed to maintain adequate and accurate records.

No source documents could be located for subject 001.

At the conclusion of the inspection, Mr. Koller discussed his findings with \_\_\_\_\_  
and Ms. Nanette Bahl, Clinical and Office Manager.

We appreciate the cooperation shown Mr. Koller during the inspection. Please make appropriate corrections/changes in your procedures to assure that the findings noted above are not repeated in any ongoing or future studies. Should you have any questions or concerns regarding this letter or the inspection, please contact me by letter at the address given below.

Sincerely yours,

  
John R. Martin, M.D.  
Branch Chief  
Good Clinical Practice I, HFD-46  
Division of Scientific Investigations  
Office of Medical Policy  
Center for Drug Evaluation and Research  
7520 Standish Place, Suite 103  
Rockville, MD 20855cc:

**APPEARS THIS WAY  
ON ORIGINAL**



DIF

Doc Rm N2128

APR - 4 2001

Paul B. Miller, M.D.  
880 West Faris Street  
Greenville Hospital Systems  
Greenville, South Carolina 29605

Dear Dr. Miller:

Between February 27 and 28, 2001, Ms. Myla Chapman representing the Food and Drug Administration (FDA), met with you to review your conduct of a clinical study (Protocol #99-03) of the investigational drug, urofollitropin, performed for Ferring Pharmaceuticals. This inspection is a part of FDA's Bioresearch Monitoring Program, which includes inspections designed to validate clinical studies on which drug approval may be based and to assure that the rights and welfare of the human subjects of those studies have been protected.

From our evaluation of the inspection report and the documents submitted with that report, we conclude that you adhered to all U.S. Federal regulations and/or good clinical investigational practices governing the conduct of clinical investigations and the protection of human subjects, with the exception of one minor objectionable condition involving a transcription error from a subject's laboratory results into the case report form. At the conclusion of the inspection, Ms. Chapman discussed her findings with you.

We appreciate the cooperation shown Ms. Chapman during the inspection. Should you have any questions or concerns regarding this letter or the inspection, please contact me by letter at the address given below.

Sincerely yours,

*[Signature]*  
John R. Martin, M.D.  
Branch Chief  
Good Clinical Practice I, HFD-46  
Division of Scientific Investigations  
Office of Medical Policy  
Center for Drug Evaluation and Research  
7520 Standish Place, Suite 103  
Rockville, Maryland 20855



D/H

Public Health Service  
Doc Rm N21289

Food and Drug Administration  
Rockville MD 20857

APR - 4 2001

John E. Nichols, M.D.  
890 West Faris St.  
Greenville Hospital Systems  
Greenville, South Carolina 29605

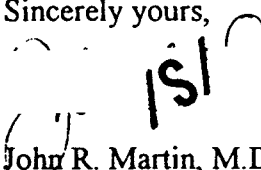
Dear Dr. Nichols:

Between February 28 and March 2, 2001, Ms. Myla Chapman representing the Food and Drug Administration (FDA), met with you to review your conduct of a clinical study (Protocol #99-04) of the investigational drug, urofollitropin, performed for Ferring Pharmaceuticals. This inspection is a part of FDA's Bioresearch Monitoring Program, which includes inspections designed to validate clinical studies on which drug approval may be based and to assure that the rights and welfare of the human subjects of those studies have been protected.

From our evaluation of the inspection report and the documents submitted with that report, we conclude that you adhered to all U.S. Federal regulations and/or good clinical investigational practices governing the conduct of clinical investigations and the protection of human subjects, with the exception of one minor objectionable condition involving transcription errors from study subject records into the case report form. At the conclusion of the inspection, Ms. Chapman discussed her findings with you.

We appreciate the cooperation shown Ms. Chapman during the inspection. Should you have any questions or concerns regarding this letter or the inspection, please contact me by letter at the address given below.

Sincerely yours,

  
John R. Martin, M.D.  
Branch Chief  
Good Clinical Practice I, HFD-46  
Division of Scientific Investigations  
Office of Medical Policy  
Center for Drug Evaluation and Research  
7520 Standish Place, Suite 103  
Rockville, Maryland 20855



**MEMORANDUM**  
SERVICES

DEPARTMENT OF HEALTH AND HUMAN  
PUBLIC HEALTH SERVICE  
FOOD AND DRUG ADMINISTRATION  
CENTER FOR DRUG EVALUATION AND

RESEARCH

**Date:** November 28, 2000  
**To:** Roy Blay, GCPB Reviewer/HFD-46  
**From:** Eufrecina DeGuia, Regulatory Project Manager, HFD-580  
**Subject:** **Request for Clinical Inspections**  
NDA 21-289  
Ferring Pharmaceuticals  
Ovanex (urofollitropin for injection)

**Protocol/Site Identification:**

As discussed with you, the following protocols/sites essential for approval have been identified for inspection. These sites are listed in order of priority.

Indication	Protocol #	Site (Name and Address)
Assisted Reproductive Technology (ART)	99-04	Richard Dickey, M.D. Fertility Institute of New Orleans 6020 Bullard Ave. New Orleans, LA 70128 Tel: (504) 246-8971 Fax: (504) 246-9778
Assisted Reproductive Technology (ART)	99-04	Melvin Thornton, M.D. Center for Reproductive Health and Gynecology 23861 McBean Parkway Suite C-6 Valencia, CA 91355 Tel: (661) 254-0545 Fax: (661) 254-3221

Request for Clinical Inspections

Assisted Reproductive Technology (ART)	99-04	Benjamin Gocial, M.D. Penn Reproductive Associates 5217 Militia Hill Road Plymouth Meeting, PA 19462 Tel: (610) 834-1140 Fax: (610) 834-0962
Assisted Reproductive Technology (ART)	99-04	John Nichols, M.D. Greenville Hospital Division of Reproductive Endocrinology and Infertility 890 West Faris Road, Suite 470 Greenville, SC 29605 Tel: (864) 455-8487 Fax: (864) 455-8489

**Note: International inspection requests or requests for five or more inspections require sign-off by the ORM Division Director and forwarding through the Director, DSI.**

**Goal Date for Completion:**

We request that the inspections be performed and the Inspection Summary Results be provided by (inspection summary goal date) **June 29, 2001**. We intend to issue an action letter on this application by (action goal date) **July 29, 2001**.

Should you require any additional information, please contact Eufrecina DeGuia at (301) 827-4260.

Concurrence: (if necessary)

Shelley Slaughter, M.D., Ph.D., Medical Team Leader

Ridgely Bennett, M.D., Medical Reviewer

**APPEARS THIS WAY  
ON ORIGINAL**

/s/

-----  
Eufrecina deGuia  
11/28/00 04:00:09 PM

**APPEARS THIS WAY  
ON ORIGINAL**

**Division of Reproductive and Urologic Drug Products**  
**ADMINISTRATIVE REVIEW OF APPLICATION**

**Application Number:** NDA 21-289

**Name of Drug:** Ovanex (purified urofollitropin) 75 IU Injectable

**Sponsor:** Ferring Pharmaceuticals

**Material Reviewed:**

**Submission Date:** September 28, 2000

**Receipt Date:** September 29, 2001

**Filing Date:** December 2, 2000

**User-Fee Goal Date(s):** July 29, 2001 (10-month goal date)  
September 29, 2001 (12-month goal date)

**Proposed Indication:** Ovulation Induction and Multiple follicular maturation

**Other Background Information:** Related IND: —

**Review**

**PART I: OVERALL FORMATTING\***

Y=Yes (Present), N=No (Absent)

	Y	N	COMMENTS (list volume & page numbers)
1. Cover Letter (original signature)	X		Vol. 1A
2. Form FDA 356h (original signature)	X		Vol. 1A
a. Reference to DMF(s) & Other Applications			Vol. 1A
3. Patent information & certification	X		Vol. 13A and 14A
4. Debarment certification (note: must have a definitive statement)	X		Vol. 16A
5. Financial Disclosure	X		Vol. 18A
6. Comprehensive Index	x		Vol. 1A, 2A, 3A

7. Pagination	x		Vol. 1A, 2A, 3A
8. Summary Volume	x		Vol. 1A, 2A, 3A
9. Review Volumes	x		Vol. 1.0 – Vol. 58
10. Labeling (PI, container, & carton labels)	x		Vol. 2A and 3A
a. unannotated PI	x		Vol. 2A, p. 2-12
b. annotated PI	x		Vol. 3A p. 1-11
c. immediate container	x		Vol. 2A p. 22
d. carton	x		Vol. 2A, p. 14
e. foreign labeling (English translation)		x	
11. Foreign Marketing History	x		Vol. 3A, p. 13
12. Case Report Tabulations (CRT) (paper or electronic) (by individual patient data listing or demographic)	x		Vol. 11A- HA- Vol. 12B
13. Case Report Forms (paper or electronic) (for death & dropouts due to adverse events)	x		Vol. 12

Y=Yes (Present), N=No (Absent)

**APPEARS THIS WAY  
ON ORIGINAL**

**PART II: SUMMARY<sup>b</sup>**

Y=Yes (Present), N=No (Absent)

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	Y	N	COMMENTS (list volume & page numbers)
1. Pharmacologic Class, Scientific Rationale, Intended Use, & Potential Clinical Benefits	X		Vol. 3A p. 12
2. Summary of Each Technical Section	X		Vol. 3A
a. Chemistry, Manufacturing, & Controls (CMC)	X		Vol. 3A p. 14-21
b. Nonclinical Pharmacology/Toxicology	X		Vol. 3A p. 31
c. Human Pharmacokinetic & Bioavailability	X		Vol. 3A p. 34-40
d. Microbiology	X		Vol. 3A p. 41-45
e. Clinical Data & Results of Statistical Analysis	X		Vol. 3A p. 46-62
3. Discussion of Benefit/Risk Relationship & Proposed Postmarketing Studies	X		Vol. 3A p. 73-78
4. Summary of Safety	X		Vol. 9
5. Summary of Efficacy	X		Vol. 9

Y=Yes (Present), N=No (Absent)

### PART III: CLINICAL/STATISTICAL SECTIONS<sup>c</sup>

Y=Yes (Present), N=No (Absent)

	Y	N	COMMENTS

		(list volume & page numbers)
1. List of Investigators	X	Vol. 8 and Vol. 19A
2. Controlled Clinical Studies	X	Vol. 3A p. 48 (summary)
a. Table of all studies	X	Vol. 8
b. Synopsis, protocol, related publications, list of investigators, & integrated clinical & statistical report for each study (including completed, ongoing, & incomplete studies)	X	
c. Optional overall summary & evaluation of data from controlled clinical studies	X	
3. Integrated Summary of Efficacy (ISE)	X	Vol. 8
4. Integrated Summary of Safety (ISS)	X	Vol. 8
5. Drug Abuse & Overdosage Information	X	Vol. 9 p. 10
6. Integrated Summary of Benefits & Risks of the Drug	X	Vol. 8
7. Gender/Race/Age Safety & Efficacy Analysis Studies		X

Y=Yes (Present), N=No (Absent)

**PART IV: MISCELLANEOUS**

Y=Yes (Present), N=No (Absent)

	Y	N	COMMENTS (list volume & page numbers)

1. Written Documentation Regarding Drug Use in the Pediatric Population			Statement is in the label
2. Diskettes			
a. Proposed unannotated labeling in MS WORD 8.0	X		
b. Stability data in SAS data set format		X	
c. Efficacy data in SAS data set format		X	
d. Biopharmacological information & study summaries in MS WORD 8.0		X	
e. Animal tumorigenicity study data in SAS data set format		X	
3. User-fee payment receipt	X		Vol. 18A

Y=Yes (Present), N=No (Absent)

<sup>a</sup>"GUIDELINE ON FORMATTING, ASSEMBLING, AND SUBMITTING NEW DRUG AND ANTIBIOTIC APPLICATIONS" (FEBRUARY 1987).

<sup>b</sup>"GUIDELINE FOR THE FORMAT AND CONTENT OF THE SUMMARY FOR NEW DRUG AND ANTIBIOTIC APPLICATIONS" (FEBRUARY 1987).

<sup>c</sup>"GUIDELINE FOR THE FORMAT AND CONTENT OF THE CLINICAL AND STATISTICAL SECTIONS OF NEW DRUG APPLICATIONS" (JULY 1988).

**Additional Comments:** Filing meeting was held on September 19, 2000.

**Conclusions:** This NDA is fileable.



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Regulatory Health Project Manager

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Concurrence, Chief, Project Management Staff

cc:

Original NDA

HFD-580/Div. Files

HFD-580/DeGuia/Rumble

HFD-580/Allen/DShames/Bennett/Slaughter/Rhee/RKavanagh/Parekh/Jordan/Raheja

final: DeGuia

**ADMINISTRATIVE REVIEW**

**APPEARS THIS WAY  
ON ORIGINAL**

/s/

-----  
Eufrecina deGuia  
2/20/01 01:09:07 PM  
CSO

Terri F. Rumble  
2/20/01 01:22:39 PM  
CSO

**APPEARS THIS WAY  
ON ORIGINAL**