

**CENTER FOR DRUG EVALUATION AND
RESEARCH**

APPLICATION NUMBER:

21-802

**ADMINISTRATIVE and CORRESPONDENCE
DOCUMENTS**

EXCLUSIVITY SUMMARY

NDA # 21-802

SUPPL #

HFD # 120

Trade Name Focalin XR

Generic Name dexmethylphenidate hydrochloride

Applicant Name Novartis Pharmaceuticals Corporation

Approval Date, If Known May 26, 2005

PART I IS AN EXCLUSIVITY DETERMINATION NEEDED?

1. An exclusivity determination will be made for all original applications, and all efficacy supplements. Complete PARTS II and III of this Exclusivity Summary only if you answer "yes" to one or more of the following questions about the submission.

a) Is it a 505(b)(1), 505(b)(2) or efficacy supplement?

YES NO

If yes, what type? Specify 505(b)(1), 505(b)(2), SE1, SE2, SE3, SE4, SE5, SE6, SE7, SE8

505(b)(1)

c) Did it require the review of clinical data other than to support a safety claim or change in labeling related to safety? (If it required review only of bioavailability or bioequivalence data, answer "no.")

YES NO

If your answer is "no" because you believe the study is a bioavailability study and, therefore, not eligible for exclusivity, EXPLAIN why it is a bioavailability study, including your reasons for disagreeing with any arguments made by the applicant that the study was not simply a bioavailability study.

If it is a supplement requiring the review of clinical data but it is not an effectiveness supplement, describe the change or claim that is supported by the clinical data:

d) Did the applicant request exclusivity?

YES NO

If the answer to (d) is "yes," how many years of exclusivity did the applicant request?

e) Has pediatric exclusivity been granted for this Active Moiety?

YES NO

If the answer to the above question in YES, is this approval a result of the studies submitted in response to the Pediatric Written Request?

IF YOU HAVE ANSWERED "NO" TO ALL OF THE ABOVE QUESTIONS, GO DIRECTLY TO THE SIGNATURE BLOCKS AT THE END OF THIS DOCUMENT.

2. Is this drug product or indication a DESI upgrade?

YES NO

IF THE ANSWER TO QUESTION 2 IS "YES," GO DIRECTLY TO THE SIGNATURE BLOCKS ON PAGE 8 (even if a study was required for the upgrade).

PART II FIVE-YEAR EXCLUSIVITY FOR NEW CHEMICAL ENTITIES

(Answer either #1 or #2 as appropriate)

1. Single active ingredient product.

Has FDA previously approved under section 505 of the Act any drug product containing the same active moiety as the drug under consideration? Answer "yes" if the active moiety (including other esterified forms, salts, complexes, chelates or clathrates) has been previously approved, but this particular form of the active moiety, e.g., this particular ester or salt (including salts with hydrogen or coordination bonding) or other non-covalent derivative (such as a complex, chelate, or clathrate) has not been approved. Answer "no" if the compound requires metabolic conversion (other than deesterification of an esterified form of the drug) to produce an already approved active moiety.

YES NO

If "yes," identify the approved drug product(s) containing the active moiety, and, if known, the NDA #(s).

NDA# NDA 21-278

Focalin (dexmethylphenidate hydrochloride) Tablets

NDA#

NDA#

2. Combination product.

If the product contains more than one active moiety(as defined in Part II, #1), has FDA previously approved an application under section 505 containing any one of the active moieties in the drug product? If, for example, the combination contains one never-before-approved active moiety and one previously approved active moiety, answer "yes." (An active moiety that is marketed under an OTC monograph, but that was never approved under an NDA, is considered not previously approved.)

YES NO

If "yes," identify the approved drug product(s) containing the active moiety, and, if known, the NDA #(s).

NDA#

NDA#

NDA#

IF THE ANSWER TO QUESTION 1 OR 2 UNDER PART II IS "NO," GO DIRECTLY TO THE SIGNATURE BLOCKS ON PAGE 8. (Caution: The questions in part II of the summary should only be answered "NO" for original approvals of new molecular entities.)
IF "YES," GO TO PART III.

PART III THREE-YEAR EXCLUSIVITY FOR NDAs AND SUPPLEMENTS

To qualify for three years of exclusivity, an application or supplement must contain "reports of new clinical investigations (other than bioavailability studies) essential to the approval of the application and conducted or sponsored by the applicant." This section should be completed only if the answer to PART II, Question 1 or 2 was "yes."

1. Does the application contain reports of clinical investigations? (The Agency interprets "clinical investigations" to mean investigations conducted on humans other than bioavailability studies.) If the application contains clinical investigations only by virtue of a right of reference to clinical investigations in another application, answer "yes," then skip to question 3(a). If the answer to 3(a) is "yes" for any investigation referred to in another application, do not complete remainder of summary for that investigation.

YES NO

IF "NO," GO DIRECTLY TO THE SIGNATURE BLOCKS ON PAGE 8.

2. A clinical investigation is "essential to the approval" if the Agency could not have approved the application or supplement without relying on that investigation. Thus, the investigation is not essential to the approval if 1) no clinical investigation is necessary to support the supplement or application in light of previously approved applications (i.e., information other than clinical trials, such as bioavailability data, would be sufficient to provide a basis for approval as an ANDA or 505(b)(2) application because of what is already known about a previously approved product), or 2) there are published reports of studies (other than those conducted or sponsored by the applicant) or other publicly available data that independently would have been sufficient to support approval of the application, without reference to the clinical investigation submitted in the application.

(a) In light of previously approved applications, is a clinical investigation (either conducted by the applicant or available from some other source, including the published literature) necessary to support approval of the application or supplement?

YES NO

If "no," state the basis for your conclusion that a clinical trial is not necessary for approval AND GO DIRECTLY TO SIGNATURE BLOCK ON PAGE 8:

(b) Did the applicant submit a list of published studies relevant to the safety and effectiveness of this drug product and a statement that the publicly available data would not independently support approval of the application?

YES NO

(1) If the answer to 2(b) is "yes," do you personally know of any reason to disagree with the applicant's conclusion? If not applicable, answer NO.

YES NO

If yes, explain:

(2) If the answer to 2(b) is "no," are you aware of published studies not conducted or sponsored by the applicant or other publicly available data that could independently demonstrate the safety and effectiveness of this drug product?

YES NO

If yes, explain:

c) If the answers to 3(a) and 3(b) are no, identify each "new" investigation in the application or supplement that is essential to the approval (i.e., the investigations listed in #2(c), less any that are not "new"):

Study 2301 and 2302

4. To be eligible for exclusivity, a new investigation that is essential to approval must also have been conducted or sponsored by the applicant. An investigation was "conducted or sponsored by" the applicant if, before or during the conduct of the investigation, 1) the applicant was the sponsor of the IND named in the form FDA 1571 filed with the Agency, or 2) the applicant (or its predecessor in interest) provided substantial support for the study. Ordinarily, substantial support will mean providing 50 percent or more of the cost of the study.

a) For each investigation identified in response to question 3(c): if the investigation was carried out under an IND, was the applicant identified on the FDA 1571 as the sponsor?

Investigation #1
IND # 63885 YES ! NO
! Explain:

Investigation #2
IND # 63885 YES ! NO
! Explain:

(b) For each investigation not carried out under an IND or for which the applicant was not identified as the sponsor, did the applicant certify that it or the applicant's predecessor in interest provided substantial support for the study?

Investigation #1
YES ! NO
Explain: ! Explain:

Investigation #2

YES

Explain:

!

!

! NO

! Explain:

(c) Notwithstanding an answer of "yes" to (a) or (b), are there other reasons to believe that the applicant should not be credited with having "conducted or sponsored" the study? (Purchased studies may not be used as the basis for exclusivity. However, if all rights to the drug are purchased (not just studies on the drug), the applicant may be considered to have sponsored or conducted the studies sponsored or conducted by its predecessor in interest.)

YES

NO

If yes, explain:

Name of person completing form: Richardae Taylor, Pharm.D.
Title: Project Manager
Date: 5/26/05

Name of Office/Division Director signing form: Thomas Laughren, M.D.
Title: Division Director

Form OGD-011347; Revised 05/10/2004; formatted 2/15/05

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

/s/

Thomas Laughren
8/3/05 07:22:47 AM

Taylor, Richardae

From: Taylor, Richardae
Sent: Tuesday, May 24, 2005 11:57 AM
To: 'roy.dodsworth@pharma.novartis.com'
Subject: Labeling and Dissolution Specs

Importance: High

Hello Roy,
I have attached the Division's draft labeling for NDA 21-802/Focalin XR. In addition, I have attached the Dissolution Specifications that the Division asks you to adopt for Focalin XR.

Labeling: Attached. Please note that this labeling includes adult data, however a decision HAS NOT been made regarding whether or not the adult portion of the application will be approved.

Dissolution Specifications:

- Dissolution:** We ask that you adopt the following regulatory dissolution method and specifications for Focalin XR 5mg, 10 mg and 20 mg Capsules (see Table 1).

Table 1:

Parameter	Proposed Dissolution Method and Specifications
Apparatus type:	USP Apparatus I (basket)
Media:	Medium I: First 2 hours 0.01N HCL Medium II: Hours 2 – 10 Phosphate buffer pH 6.8
Volume:	500 ml for both medium I and medium II
Temperature:	37 ± 0.5 °C
Speed of rotation:	100 rpm
Sampling Times:	0.5, 4, 6, and 10 hours
Specifications % of Label Claim	30 minutes 240 minutes (4 hours) 360 minutes (6 hours) 600 minutes (10 hours) Not less than
Acceptance Criteria:	As per USP XXVIII - NF 23 <724> Drug Release Acceptance Table 1

Kind regards,
Chardae



FDA Label
alin XR 5 24 05.

*Richardae C. Taylor, Pharm.D., LT USPHS
Regulatory Project Manager
Division of Neuropharmacological Drug Products, HFD-120
Center For Drug Evaluation and Research, FDA
Office of Drug Evaluation I
Ph: (301) 594-5793
Fax: (301) 594-2859
Email: taylorr@cderr.fda.gov*

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

/s/

Richardae Taylor
5/26/05 01:31:48 PM
CSO

Division of Scientific Investigations
Office of Medical Policy
Center for Drug Evaluation and Research
Food and Drug Administration
Rockville MD 20855

CLINICAL INSPECTION SUMMARY

DATE: 3/24/05

TO: Richardae Taylor, Pharm.D., Regulatory Project Manager
Roberta Glass, M.D., Medical Officer
Division of Neuropharmacological Drug Products, HFD-120

THROUGH: Ni Khin, M.D., Branch Chief
Good Clinical Practice Branch I, HFD-46

FROM: Robert S. Stasko, M.D., Medical Officer
Good Clinical Practice Branch I, HFD-46
Division of Scientific Investigations

SUBJECT: Evaluation of Clinical Inspections

RE: **Drug: Focalin LA**
Therapeutic Classification: Type S
Sponsor: Novartis
NDA#: 21-802
Protocol: 2301 (pediatric)
Protocol: 2302 (adult)
Proposed Indication: ADHD in pediatrics and adults

CONSULTATION REQUEST DATE: 9/22/04

PDUFA DATE: 5/28/05

I. BACKGROUND:

This was a PDUFA inspection for NDA No. 21-802. In this NDA application, the Sponsor included results from Protocol # 2302, "A 5-week, multicenter, double-blind, randomized, parallel-group, fixed-dose study of the efficacy and safety of Focalin™ LA (dexmehtylphenidate HCL extended-release capsules) administered once daily in adults with ADHD" and Protocol # 2301, "A Multicenter, double-blind, randomized, placebo-controlled parallel-group, study of the efficacy and safety of Focalin LA (dexmehtylphenidate HCL extended-release capsules) at 5-30 mg/day administered once daily in pediatric patients 6-17 years of age with ADHD". (There were 4 US sites that were selected for inspection on 11/8/04).

The objective of the study in adults with ADHD (2302) was to determine safety and efficacy of Focalin LA in a 5 week randomized, parallel-group, at three fixed-doses of 20mg, 30 mg, and 40 mg compared to placebo. The objective of the study in children with ADHD (2301) was to determine safety and efficacy of Focalin LA (5-30 mg/day) administered once daily over a 7 week double-blind period. This study allowed for flexible rather than fixed dosing as in the adult trial.

II. RESULTS (by Center):

NAME	Protocol (Center #)	Location	ASSIGNED DATE	DATE EIR RECEIVED	CLASSIFICATION
Beal Essink, M.D.	2302, Center 0506 2301, Center 0506	Portland, OR	11/8/04	1/31/05	VAI-RR
Alan Levine, M.D.	2302, Center 0501 2301, Center 0516	Boulder, CO	11/8/04	12/30/04	VAI
Katherine Toups, M.D.	2302, Center 0503	Lafayette, CA	11/8/04	1/12/05	NAI
Paul Winner, D.O.	2302, Center 0504	West Palm Beach, FL	11/8/04	12/22/04	VAI

1. Beal Essink, M.D.

(Adult Protocol 2301, Center 0506 with 20 subjects)

(Peds Protocol 2302, Center 0505 with 7 subjects)

a. What was inspected: Dr. Essink conducts studies for Oregon Center for Clinical Investigations, Inc. At this site, for the adult protocol there were 24 subjects screened, four screen failures, four subjects discontinued from the study and 16 completed the study. For the pediatric protocol there were 13 subjects screened, four screen failures, two discontinuations; seven subjects completed the study. This inspection consisted of a review of 14 of the adult protocol subject records and all of the pediatric protocol subject records. All subjects signed the informed consent.

b. Limitations of inspection: None

c. General observations/commentary:

Inspectional findings included:

- i. Protocol # 2302 specified that 7 double-blind visits were necessary in order to complete the trial. From the "Enrollment Log" and Visit 7 "Study conclusion" CRF, Subject #00012 is marked as completing the protocol. However, the "Drug Accountability Log" is checked as "zero" compliance for the last week's study medication and the "Progress Note" of July 3, 2003 states that the (subject) "got a lot accomplished this week 'off meds' ". A CRF was supplied by Dr. Essink noting that the reason for study termination was "withdrew consent" rather than non-compliance.
 - ii. Protocol # 2302 specified that "If for any patient either study treatment or observations were discontinued the reason will be recorded." Subject #00016 is listed on the "Enrollment Log" and in the CRF as having discontinued the study due to "withdrew consent". However, the source documents describe multiple adverse events (racing thoughts, paranoid, irritability, nervous and jittery, etc.) at the time the subject terminated from the study.
- d. Recommendation: There were some issues of inadequate documentation which would not have an overall effect on the primary efficacy measure. Subject #00016 appears to have terminated the study due to AEs. Otherwise, data from this site appear acceptable.

2. Alan Levine, M.D.

(Adult Protocol 2301, Center 0516 with 11 subjects)

(Peds Protocol 2302, Center 0501 with 12 subjects)

- a. What was inspected: Dr. Levine conducts the studies for Alpine Clinical Research Center. The audit at this site included pediatric (12 subjects randomized) and adult (11 subjects randomized) records.
- b. Limitations of inspection: None
- c. General observations/commentary:

Inspectional findings included:

- i. A minor record keeping violation was found at this site. On 6/26/03, Subject 0009 reported that jitteriness and nausea were "unbearable", causing severe impairment. Subject terminated early as a result of symptoms. Adverse Event reporting did not capture the intensity of severity of these side effects. Despite this report in the source documents, it was not recorded as "severe" in the CRF.

- d. Recommendation: As stated above, there was one issue of record keeping which should not have a major impact on safety measures.

3. Katherine Toups, M.D.

(Adult Protocol 2302, Center 0503 with 18 subjects)

- a. What was inspected: Dr. Toups conducts research for the Bay Area Research Institute. This site had screened 25 prospective subjects, of which 18 subjects were enrolled and randomized. Fifteen subjects completed the adult study and all went into the open-label study; only 3 subjects withdrew early (due to inability to tolerate AEs). No SAEs occurred at this site. 100% of informed consent forms and inclusion and exclusion criteria were reviewed for all subjects. In general, study records were found to be satisfactorily organized.
- b. Limitations of inspection: None
- c. General observations/commentary: No Form FDA-483 was issued at the end of inspection. All subjects signed the informed consent. All randomized subjects met the eligibility criteria. No significant discrepancies noted between the source documents, CRF and data listings.
- d. Recommendation: Data Acceptable

4. Paul Winner, D.O.

(Adult Protocol 2302, Center 0504 with 11 subjects)

- a. What was inspected: Dr. Winner conducts studies for Premier Research Institute. The records of 8 of 11 subjects randomized were reviewed in depth. In general, study records were found to be satisfactorily organized and data were accurately reported. At the conclusion of the inspection, the FDA investigator discussed various items including, but was limited to, one verbal observation.
- b. Limitations of inspection: None
- c. General observations/commentary: No Form FDA-483 was issued at the end of the inspection. One protocol deviation was not recorded in the electronic CRF. A concomitant medication, Wellbutrin was not reported to the electronic CRF for subject #00010. The subject began a few doses of medication herself after experiencing aggression. This medication was prohibited per protocol. (This subject was not discontinued from the study).

d. Recommendation: Except for a record keeping discrepancy regarding the use of Wellbutrin by subject #0010 not being reported in the electronic CRF, the data from this site are acceptable.

III. OVERALL ASSESSMENT OF FINDINGS AND GENERAL RECOMMENDATIONS

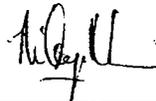
For the study sites that were inspected, there was sufficient documentation to assure that all audited subjects did exist, that all enrolled subjects received the assigned study medication, and had their primary efficacy endpoint captured as specified in the protocol. All enrolled subjects fulfilled the eligibility criteria. No underreporting of adverse events was noted.

The review division should note above protocol deviation and record keeping deficiencies. Overall, data from these centers that had been inspected appear acceptable for use in support of this NDA.

 3/24/05

Robert S. Stasko, M.D., Medical Officer
Good Clinical Practice Branch I, HFD-46
Division of Scientific Investigations

CONCURRENCE:

 3/25/05

Ni Khin, M.D, Branch Chief
Good Clinical Practice Branch I, HFD-46
Division of Scientific Investigations

Key to Classifications

NAI = No deviation from regulations. Data acceptable

VAI = Minor deviations(s) from regulations. Data acceptable

VAI-RR= Deviation(s) form regulations, response received and reviewed. Data acceptable

Page 6 of 7 CIS NDA21802 Focalin XR Levine.Essink.Toups.Winner
OAI = Significant deviations for regulations. Data unreliable

cc:

NDA 21-802

HFD-45/Division File/Reading File

HFD-45/Program Management Staff (electronic copy)

HFD-46/Khin

HFD-46/Stasko

HFD-46/Patague GCPB1 File

rd:RSS/3/24/05

O:Stasko\CIS\CIS NDA21802 FocalinXR Levine.Essink.Toups.Winner 3.05.doc

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

/s/

Julie Unger
3/31/05 02:46:21 PM
TECHNICAL

Ni Aye Khin
4/4/05 02:43:09 PM
MEDICAL OFFICER

- | | | |
|--|------------|----|
| If yes, has OC/DMPQ been notified of the submission? | YES | NO |
| • Does the submission contain an accurate comprehensive index? | YES | NO |
| • Was form 356h included with an authorized signature?
If foreign applicant, both the applicant and the U.S. agent must sign. | YES | NO |
| • Submission complete as required under 21 CFR 314.50?
If no, explain: | YES | NO |
| • If an electronic NDA, does it follow the Guidance?
If an electronic NDA, all certifications must be in paper and require a signature.
Which parts of the application were submitted in electronic format?
All certifications were provided in paper with signature. All other parts of application were submitted electronically. | N/A
YES | NO |
| • If in Common Technical Document format, does it follow the guidance? | N/A
YES | NO |
| • Is it an electronic CTD?
If an electronic CTD, all certifications must be in paper and require a signature.
Which parts of the application were submitted in electronic format? | N/A
YES | NO |
| • Patent information submitted on form FDA 3542a? | YES | NO |
| • Exclusivity requested?
Note: An applicant can receive exclusivity without requesting it; therefore, requesting exclusivity is not required. | YES | NO |
| • Correctly worded Debarment Certification included with authorized signature?
If foreign applicant, both the applicant and the U.S. Agent must sign the certification. | YES | NO |
| NOTE: Debarment Certification should use wording in FD&C Act section 306(k)(1) i.e.,
“ <i>[Name of applicant] hereby certifies that it did not and will not use in any capacity the services of any person debarred under section 306 of the Federal Food, Drug, and Cosmetic Act in connection with this application.</i> ” Applicant may not use wording such as “To the best of my knowledge” | | |
| • Financial Disclosure forms included with authorized signature?
(Forms 3454 and 3455 must be used and must be signed by the APPLICANT.) | YES | NO |
| • Field Copy Certification (that it is a true copy of the CMC technical section)? | YES | NO |

Refer to 21 CFR 314.101(d) for Filing Requirements

- | | | |
|--|-----|----|
| • PDUFA and Action Goal dates correct in COMIS?
If not, have the document room staff correct them immediately. These are the dates EES uses for calculating inspection dates. | YES | NO |
|--|-----|----|

- Drug name/Applicant name correct in COMIS? If not, have the Document Room make the corrections.
Yes
- List referenced IND numbers: **IND 63,885**
- End-of-Phase 2 Meeting(s)? Date(s) _____ **NO**
 If yes, distribute minutes before filing meeting.
- Pre-NDA Meeting(s)? Date(s) 12/15/04 **NO**
 If yes, distribute minutes before filing meeting.

Project Management

- All labeling (PI, PPI, MedGuide, carton and immediate container labels) consulted to DDMAC?
N/A **YES** **NO**
- Trade name (plus PI and all labels and labeling) consulted to ODS/DMETS? **YES** **NO**
- MedGuide and/or PPI (plus PI) consulted to ODS/DSRCS? N/A **YES** **NO**
- If a drug with abuse potential, was an Abuse Liability Assessment, including a proposal for scheduling, submitted?
N/A **YES** **NO**

If Rx-to-OTC Switch application: N/A

- OTC label comprehension studies, all OTC labeling, and current approved PI consulted to ODS/DSRCS?
N/A **YES** **NO**
- Has DOTCDP been notified of the OTC switch application? **YES** **NO**

Clinical

- If a controlled substance, has a consult been sent to the Controlled Substance Staff?
N/A **YES** **NO**

Chemistry

- Did applicant request categorical exclusion for environmental assessment? **YES** **NO**
 If no, did applicant submit a complete environmental assessment? **YES** **NO**
 If EA submitted, consulted to Nancy Sager (HFD-357)? **YES** **NO**
- Establishment Evaluation Request (EER) submitted to DMPQ? **YES** **NO**
- If a parenteral product, consulted to Microbiology Team (HFD-805)? **YES** **NO**

If 505(b)(2) application, complete the following section:

- Name of listed drug(s) and NDA/ANDA #:

- Describe the change from the listed drug(s) provided for in this (b)(2) application (for example, “This application provides for a new indication, otitis media” or “This application provides for a change in dosage form, from capsules to solution”).
- Is the application for a duplicate of a listed drug and eligible for approval under section 505(j) as an ANDA? (Normally, FDA will refuse-to-file such NDAs.)

YES NO
- Is the extent to which the active ingredient(s) is absorbed or otherwise made available to the site of action less than that of the reference listed drug (RLD)? (See 314.54(b)(1)). If yes, the application should be refused for filing under 314.101(d)(9).

YES NO
- Is the rate at which the product’s active ingredient(s) is absorbed or otherwise made available to the site of action unintentionally less than that of the RLD? (See 314.54(b)(2)). If yes, the application should be refused for filing under 314.101(d)(9).

YES NO
- Which of the following patent certifications does the application contain? Note that a patent certification must contain an authorized signature.

_____ 21 CFR 314.50(i)(1)(i)(A)(1): The patent information has not been submitted to FDA.

_____ 21 CFR 314.50(i)(1)(i)(A)(2): The patent has expired.

_____ 21 CFR 314.50(i)(1)(i)(A)(3): The date on which the patent will expire.

_____ 21 CFR 314.50(i)(1)(i)(A)(4): The patent is invalid, unenforceable, or will not be infringed by the manufacture, use, or sale of the drug product for which the application is submitted.

IF FILED, and if the applicant made a “Paragraph IV” certification [21 CFR 314.50(i)(1)(i)(A)(4)], the applicant must submit a signed certification that the patent holder was notified the NDA was filed [21 CFR 314.52(b)]. Subsequently, the applicant must submit documentation that the patent holder(s) received the notification ([21 CFR 314.52(e)].

_____ 21 CFR 314.50(i)(1)(ii): No relevant patents.

_____ 21 CFR 314.50(i)(1)(iii): The patent on the listed drug is a method of use patent and the labeling for the drug product for which the applicant is seeking approval does not include any indications that are covered by the use patent. Applicant must provide a statement that the method of use patent does not claim any of the proposed indications.

_____ 21 CFR 314.50(i)(3): Statement that applicant has a licensing agreement with the patent owner (must also submit certification under 21 CFR 314.50(i)(1)(i)(A)(4) above.)

_____ Written statement from patent owner that it consents to an immediate effective date upon approval of the application.

- Did the applicant:

- Identify which parts of the application rely on information the applicant does not own or to which the applicant does not have a right of reference?

	YES	NO
--	-----	----

- Submit a statement as to whether the listed drug(s) identified has received a period of marketing exclusivity?

	YES	NO
--	-----	----

- Submit a bioavailability/bioequivalence (BA/BE) study comparing the proposed product to the listed drug?

	N/A	YES	NO
--	-----	-----	----

- Certify that it is seeking approval only for a new indication and not for the indications approved for the listed drug if the listed drug has patent protection for the approved indications and the applicant is requesting only the new indication (21 CFR 314.54(a)(1)(iv)).?

	N/A	YES	NO
--	-----	-----	----

- If the (b)(2) applicant is requesting exclusivity, did the applicant submit the following information required by 21 CFR 314.50(j)(4):
 - Certification that each of the investigations included meets the definition of "new clinical investigation" as set forth at 314.108(a).

	YES	NO
--	-----	----

 - A list of all published studies or publicly available reports that are relevant to the conditions for which the applicant is seeking approval.

	YES	NO
--	-----	----

 - EITHER
 The number of the applicant's IND under which the studies essential to approval were conducted.

	IND # _____	NO
--	-------------	----

 - OR
 A certification that it provided substantial support of the clinical investigation(s) essential to approval if it was not the sponsor of the IND under which those clinical studies were conducted?

	N/A	YES	NO
--	-----	-----	----

- Has the Director, Div. of Regulatory Policy II, HFD-007, been notified of the existence of the (b)(2) application?

	YES	NO
--	-----	----

ATTACHMENT

MEMO OF FILING MEETING

DATE: 9/22/04

BACKGROUND:

This application is for an extended-release formulation of an already marketed drug (Focalin).
 (Provide a brief background of the drug, e.g., it was already approved and this NDA is for an extended-release formulation; whether another Division is involved; foreign marketing history; etc.)

ATTENDEES:

Russell Katz, M.D.	Division Director
Paul Andreason, M.D.	Clinical Team Leader
Roberta Glass, M.D.	Clinical Reviewer
Chhagan Tele, Ph.D.	Chemistry Reviewer
Thomas Oliver, Ph.D.	Chemistry Team Leader
Ronald Kavanagh, Ph.D.	Biopharmaceutics Reviewer
Sally Yasuda, Pharm.D.	Acting Biopharmaceutics Team Leader
Ni Khin, M.D.	DSI

ASSIGNED REVIEWERS:

<u>Discipline</u>	<u>Reviewer</u>
Medical:	Roberta Glass, M.D.
Secondary Medical:	
Statistical:	Yeh-Fong Chen, Ph.D.
Pharmacology:	
Statistical Pharmacology:	
Chemistry:	Chhagan Tele, Ph.D.
Environmental Assessment (if needed):	
Biopharmaceutical:	Ronald Kavanagh, Ph.D.
Microbiology, sterility:	
Microbiology, clinical (for antimicrobial products only):	
DSI:	Ni Khin, M.D.
Regulatory Project Management:	Richardae Taylor, Pharm.D.
Other Consults:	

Per reviewers, are all parts in English or English translation? **YES** **NO**
 If no, explain:

CLINICAL FILE X REFUSE TO FILE _____

- Clinical site inspection needed: **YES** **NO**
- Advisory Committee Meeting needed? YES, date if known _____ **NO**

- If the application is affected by the AIP, has the division made a recommendation regarding whether or not an exception to the AIP should be granted to permit review based on medical necessity or public health significance?

	N/A	YES	NO
CLINICAL MICROBIOLOGY	NA _____	FILE _____	REFUSE TO FILE _____
STATISTICS		FILE <input checked="" type="checkbox"/>	REFUSE TO FILE _____
BIOPHARMACEUTICS		FILE <input checked="" type="checkbox"/>	REFUSE TO FILE _____
• Biopharm. inspection needed:		YES	NO
PHARMACOLOGY	NA _____	FILE <input checked="" type="checkbox"/>	REFUSE TO FILE _____
• GLP inspection needed:		YES	NO
CHEMISTRY		FILE <input checked="" type="checkbox"/>	REFUSE TO FILE _____
• Establishment(s) ready for inspection?		YES	NO
• Microbiology		YES	NO

ELECTRONIC SUBMISSION:
 Any comments:

REGULATORY CONCLUSIONS/DEFICIENCIES:

- _____ The application is unsuitable for filing. Explain why:
- The application, on its face, appears to be well organized and indexed. The application appears to be suitable for filing.
- _____ No filing issues have been identified.
- Filing issues to be communicated by Day 74. List (optional):

ACTION ITEMS:

1. If RTF, notify everybody who already received a consult request of the RTF action. Cancel the EER.
2. If filed and the application is under the AIP, prepare a letter either granting (for signature by Center Director) or denying (for signature by ODE Director) an exception for review.
3. Document filing issues/no filing issues conveyed to applicant by Day 74.

Richardae Taylor, Pharm.D.
Regulatory Project Manager, HFD-120

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

/s/

Richardae Taylor
11/23/04 03:19:15 PM
CSO

**Division of Medication Errors and Technical Support (DMETS)
Office of Drug Safety
HFD-420; PKLN Rm. 6-34
Center for Drug Evaluation and Research**

PROPRIETARY NAME REVIEW

DATE OF REVIEW: September 13, 2004

NDA#: 21-802

NAME OF DRUG: Focalin XR (Dexmethylphenidate HCl Extended-Release Capsules)
5 mg, 10 mg, 20 mg, [REDACTED]

NDA HOLDER: Novartis Pharmaceuticals Corporation

I. INTRODUCTION:

This consult was written in response to a request from the Division of Neuropharmacologic Drug Products (HFD-120), for assessment of the proprietary name, Focalin XR, regarding potential name confusion with other proprietary or established drug names. Container labels, carton and insert labeling were provided for review and comment.

PRODUCT INFORMATION

Focalin XR is an extended-release formulation of Dexmethylphenidate HCl, a central nervous system stimulant. Focalin XR is indicated for the treatment of Attention Deficit Hyperactivity Disorder. The usual dose of Focalin XR is one capsule once daily in the morning. The recommended starting dose for methylphenidate naïve patients is 5 mg/day for pediatric patients and 10 mg/day for adult patients. The dosage may be adjusted in 5 mg increments to a maximum of [REDACTED] mg/day for pediatric patients and in 10 mg increments to a maximum of [REDACTED] mg/day for adult patients. In general, dosage adjustments may proceed at approximately weekly intervals. For patients currently receiving methylphenidate, the recommended starting dose of Focalin XR is half the dose of racemic methylphenidate. Patients currently using Focalin may be switched to the same daily dose of Focalin XR. Focalin XR is supplied as 5 mg, 10 mg, 20 mg [REDACTED] capsules in bottles of 100 capsules.

II. RISK ASSESSMENT:

The medication error staff of DMETS conducted a search of several standard published drug product reference texts^{1,2} as well as several FDA databases³ for existing drug names which sound-alike or look-alike to Focalin XR to a degree where potential confusion between drug names could occur under the usual clinical practice settings. A search of the electronic online version of the U.S. Patent and Trademark Office's Text and Image Database was also conducted⁴. The Saegis⁵ Pharma-In-Use

¹ MICROMEDEX Integrated Index, 2004, MICROMEDEX, Inc., 6200 South Syracuse Way, Suite 300, Englewood, Colorado 80111-4740, which includes all products/databases within ChemKnowledge, DrugKnowledge, and RegsKnowledge Systems.

² Facts and Comparisons, online version, Facts and Comparisons, St. Louis, MO.

³ AMF Decision Support System [DSS], the Division of Medication Errors and Technical Support [DMETS] database of Proprietary name consultation requests, New Drug Approvals 98-04, and the electronic online version of the FDA Orange Book.

⁴ WWW location <http://www.uspto.gov/tmdb/index.html>.

⁵ Data provided by Thomson & Thomson's SAEGIS™ Online Service, available at www.thomson-thomson.com

database was searched for drug names with potential for confusion. An expert panel discussion was conducted to review all findings from the searches. In addition, DMETS conducted three prescription analysis studies consisting of two written prescription studies (inpatient and outpatient) and one verbal prescription study, involving health care practitioners within FDA. This exercise was conducted to simulate the prescription ordering process in order to evaluate potential errors in handwriting and verbal communication of the name.

A. EXPERT PANEL DISCUSSION (EPD)

An Expert Panel discussion was held by DMETS to gather professional opinions on the safety of the proprietary name Focalin XR. Potential concerns regarding drug marketing and promotion related to the proposed name were also discussed. This group is composed of DMETS Medication Errors Prevention Staff and representation from the Division of Drug Marketing, Advertising, and Communications (DDMAC). The group relies on their clinical and other professional experiences and a number of standard references when making a decision on the acceptability of a proprietary name.

1. DDMAC has no objections to the proposed proprietary name Focalin XR from a promotional perspective.
2. The Expert Panel identified two proprietary names that were thought to have the potential for confusion with Focalin XR. These products are listed in table 1 (see below), along with the dosage forms available and usual dosage.

Table 1: Potential Sound-Alike/Look-Alike Names Identified by DMETS Expert Panel

Product Name	Dosage form(s), Established name	Usual adult dose*	Other**
Focalin XR	Dexamethylphenidate HCl Extended-release Capsules 5 mg, 10 mg, 20 mg	10 mg to 20 mg by mouth once daily.	
Focalin	Dexamethylphenidate HCl Capsules 2.5 mg, 5 mg, and 10 mg	2.5 mg to 10 mg by mouth twice daily.	
Voltaren XR	Diclofenac Extended-Release Tablets 100 mg	100 mg by mouth once or twice daily.	SA

*Frequently used, not all-inclusive.
 **L/A (look-alike), S/A (sound-alike)

B. PHONETIC and ORTHOGRAPHIC COMPUTER ANALYSIS (POCA)

As part of the name similarity assessment, proposed names are evaluated via a phonetic/orthographic algorithm. The proposed proprietary name is converted into its phonemic representation before it runs through the phonetic algorithm. The phonetic search module returns a numeric score to the search engine based on the phonetic similarity to the input text. Likewise, an orthographic algorithm exists which operates in a similar fashion. All names considered to have significant phonetic or orthographic similarities to Focalin XR were discussed by the Expert Panel (EPD).

C. ADVERSE EVENT REPORTING SYSTEM (AERS)

DMETS searched the Adverse Event Reporting System for cases of medication errors caused by name confusion with the root name Focalin. The search did not return any evidence of postmarketing confusion between Focalin and any other marketed products.

D. PRESCRIPTION ANALYSIS STUDIES

1. Methodology:

Three separate studies were conducted within the Centers of the FDA for the proposed proprietary name to determine the degree of confusion of Focalin XR with marketed U.S. drug names (proprietary and established) due to similarity in visual appearance with handwritten prescriptions or verbal pronunciation of the drug name. These studies employed a total of 123 health care professionals (pharmacists, physicians, and nurses). This exercise was conducted in an attempt to simulate the prescription ordering process. An inpatient order and outpatient prescriptions were written, each consisting of a combination of marketed and unapproved drug products and a prescription for Focalin XR (see below). These prescriptions were optically scanned and one prescription was delivered to a random sample of the participating health professionals via e-mail. In addition, the outpatient orders were recorded on voice mail. The voice mail messages were then sent to a random sample of the participating health professionals for their interpretations and review. After receiving either the written or verbal prescription orders, the participants sent their interpretations of the orders via e-mail to the medication error staff.

HANDWRITTEN PRESCRIPTION	VERBAL PRESCRIPTION
<p><u>Outpatient RX:</u></p> <p>Focalin XR 20mg 1 po QAM #30</p>	<p>“Please give Focalin XR 20 mg. Take 1 by mouth every morning. #30. No refills.”</p>
<p><u>Inpatient RX:</u></p> <p>Focalin XR 20mg 1 po QAM</p>	

2. Results:

None of the interpretations of the proposed name overlap, sound similar, or look similar to any currently marketed U.S. product. See appendix A for the complete listing of interpretations from the verbal and written studies.

E. SAFETY EVALUATOR RISK ASSESSMENT

In reviewing the proprietary name Focalin XR, the primary concerns related to look-alike and sound-alike confusion with Focalin and Voltaren XR. Additionally, DMETS conducted prescription studies to simulate the prescription ordering process. In this case, there was no confirmation that the proposed name could be confused with any of the aforementioned names. However, negative findings are not predicative as to what may occur once the drug is widely prescribed, as these studies have limitations primarily due to a small sample size. The majority of misinterpretations were misspelled/phonetic variations of the proposed name, Focalin XR.

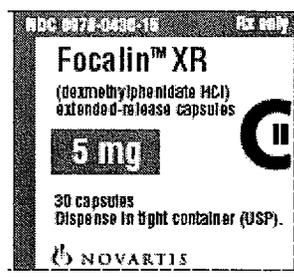
1. With the introduction of this product line extension into the marketplace, there is potential that Focalin XR will be confused with Focalin. Focalin XR can sound and look similar to Focalin when scripted and pronounced. Focalin is a central nervous system stimulant, indicated for the treatment of Attention Deficit Hyperactivity Disorder. Focalin contains the same active ingredient and has the same root name as Focalin XR. Focalin XR and Focalin overlap in several product characteristics (dosage form, route of administration, product strength, usual dose), with the only difference being that Focalin XR capsules are extended-release and are taken once daily while Focalin capsules are immediate-release and are taken twice daily. There is potential, as demonstrated by the prescription studies, that the modifier 'XR' may be omitted from a prescription. If the modifier is omitted, Focalin may be dispensed instead of Focalin XR. While the patient will be receiving the same active ingredient, the patient will be receiving the immediate release product once daily instead of the twice-daily dosing frequency for which it was intended. Therefore the dose of medication the patient is receiving will be subtherapeutic. There is potential for medication errors due to name confusion, however, it is possible for both Focalin XR and Focalin to be marketed safely, provided healthcare practitioners and patients are educated about the differences between Focalin XR and Focalin before and after the product is launched into the marketplace.
2. Focalin XR can sound similar to Voltaren XR when pronounced. Voltaren XR is a nonsteroidal anti-inflammatory agent indicated for chronic therapy in the treatment of osteoarthritis rheumatoid arthritis. The root names of each name both have three syllables. The first and third syllables in Focalin rhyme with the corresponding syllable in Voltaren ('Fo' vs. 'Vol', 'ca' vs. 'ta', and 'lin' vs. 'ren'), causing the two names to sound similar. Focalin XR and Voltaren XR have identical modifiers (XR), which further contributes to the sound-alike characteristics of the names. Focalin XR and Voltaren XR overlap in product characteristics such route of administration (oral) and dosing frequency (once daily). Even though Focalin XR is a capsule and Voltaren XR is a tablet, they are both solid oral dosage forms. Therefore, the dosage form does not help to distinguish one product from the other. Although Focalin XR and Voltaren XR could both have the directions, "1 po qd," due to the differing strengths available for Focalin XR, a strength would have to be specified in order for a product to be dispensed. Futhermore, neither the product strengths (5 mg, 10 mg, 20 mg, 30 mg, and 40 mg vs. 100 mg) or usual doses (10 mg to 40 mg vs. 100 mg) of Focalin XR overlap with Voltaren XR. Additionally, since Focalin XR is a category II narcotic, Focalin XR will very rarely be prescribed verbally. Moreover, DMETS has not found any evidence of postmarketing confusion between the root names Focalin and Voltaren. Overall, the differences between the product strengths and conditions of use reduce the potential for mediation errors due to name confusion between Focalin XR and Voltaren XR.

III. LABELING, PACKAGING, AND SAFETY RELATED ISSUES:

In the review of the container labels, carton and insert labeling of Focalin XR, DMETS has attempted to focus on safety issues relating to possible medication errors. DMETS has identified the following areas of possible improvement, which might minimize potential user error.

A. GENERAL COMMENTS

The colors used to differentiate Focalin XR 5 mg and Focalin XR 10 mg are too similar (see below). This similarity may contribute to and result in selection errors. Please revise one of the colors to a more distinguishable color.



B. INSERT LABELING

PRECAUTIONS SECTION, Information for Patient Subsection

In accordance with 21 CFR 201.57(2), include, in this section, the information that is to be given to patients for safe and effective use of the drug (e.g. "Focalin XR and/or their contents should not be crushed, chewed, or divided).

V. RECOMMENDATIONS:

- A. DMETS has no objections to the use of the proprietary name Focalin XR. This is considered a tentative decision and the firm should be notified that this name with its associated labels and labeling must be re-evaluated approximately 90 days prior to the expected approval of the NDA. A re-review of the name prior to NDA approval will rule out any objections based upon approvals of other proprietary or established names from the signature date of this document.
- B. DMETS recommends implementation of the label and labeling revisions outlined in section III of this review that might lead to safer use of the product. We would be willing to revisit these issues if the Division receives another draft of the labeling from the manufacturer.
- C. DDMAC finds the proprietary name Focalin XR acceptable from a promotional perspective.

DMETS would appreciate feedback of the final outcome of this consult. We would be willing to meet with the Division for further discussion, if needed. If you have further questions or need clarifications, please contact Sammie Beam, project manager, at 301-827-2102.

Kristina C. Arnwine, PharmD
Safety Evaluator
Division of Medication Errors and Technical Support
Office of Drug Safety

Attachment A

Outpatient Written	Inpatient Written	Verbal
Focalin XR	Focalin XR	Faquelin XR
Focalin XR	Focalin XR	Focalin XR
Focalin XR	Focalin XR	Focalin XR
Focalin XR	Focalin XR	Focalin XR
FoCalin XR	Focalin XR	Focalin XR
Focalin XR	Focalin XR	Focalin XR
Focalin XR	Focalin XR	Foccolin XR
Focalin XR	Focalin XR	Focolin XR
Focalin XR	Focalin XR	Focolin XR
Focalin XR	Focalin XR	
FoCalm XR	Focalin XR	
Focalm XR	Focalin XR	
Focalm XR	Focalin XR	
FoCalm XR	Focalin XR	
Focalm XR	Focalin XR	
Focalm XR	Focalin XR	
Focaln XR	Focalin XR	
Focalyn	Focalin XR	
Folcalm	Focalin XR	
Socalm XR	FOCalin XR	

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

/s/

Kristina Arnwine
11/17/04 01:20:24 PM
DRUG SAFETY OFFICE REVIEWER

Denise Toyer
11/17/04 02:52:46 PM
DRUG SAFETY OFFICE REVIEWER

Carol Holquist
11/17/04 03:53:01 PM
DRUG SAFETY OFFICE REVIEWER



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

FILING COMMUNICATION

NDA 21-802

Novartis Pharmaceuticals Corporation
Attention: Mara Stiles
Senior Associate Director
Drug Regulatory Affairs
One Health Plaza
East Hanover, New Jersey 07936-1080

Dear Ms. Stiles:

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: Focalin XR (dexmethylphenidate hydrochloride) Extended-Release Capsules

Review Priority Classification: Standard (S)

Date of Application: July 28, 2004

Date of Receipt: July 28, 2004

Our Reference Number: NDA 21-802

We have completed our filing review and determined that your application is sufficiently complete to permit a substantive review. Therefore, this application has been filed under section 505(b) of the Act on September 24, 2004 in accordance with 21 CFR 314.101(a).

In our filing review, we identified the following potential review issues and request that you submit the information below:

Chemistry Manufacturing and Controls

1. Provide an account and justification of Overage of drug substance in the manufacturing of drug product (CTD format Section: 3.2.P.2.2.2).
2. Provide information on the Physicochemical and Biological Properties of the drug product (CTD format Section: 3.2.P.2.2.3).
3. IR and DR Beads: Provide information about in-process controls, batch analysis, stability data, and hold time.

4. Provide information on control of Critical Steps and Intermediates in the manufacturing of drug product (CTD format Section: 3.2.P.3.4).
5. Provide Process Validation and/or Evaluation of manufacturing of drug product (CTD format Section: 3.2.P.3.5).
6. Provide information or cross reference for the Characterization of Impurities in drug product (CTD format Section: 3.2.P.5.5).
7. Provide information for the Reference Standards or Materials used in quality control of drug substance and drug product (CTD format Section: 3.2.P.6).
8. Please clarify in Regional Information whether Comparability Protocol has been included (CTD format Section Regional Information: R2).

We are providing the above comments to give you preliminary notice of potential review issues. Our filing review is only a preliminary evaluation of the application and is not indicative of deficiencies that may be identified during our review. Issues may be added, deleted, expanded upon, or modified as we review the application.

Please respond only to the above requests for additional information. While we anticipate that any response submitted in a timely manner will be reviewed during this review cycle, such review decisions will be made on a case-by-case basis at the time of receipt of the submission.

Pediatric Research Equity Act (PREA)

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. We acknowledge receipt of your request for a deferral of pediatric studies for this application. In addition, we note that you have completed studies in pediatric patients with Focalin XR. Therefore a waiver or deferral of pediatric studies is no longer necessary since you have fulfilled the requirement.

In addition, we note your plan to submit a proposed pediatric study request (PPSR) to this application. At this time, we will not issue a Written Request for Focalin XR because there is no apparent public health benefit to issuing a Written Request for Focalin XR in the treatment of attention deficit hyperactivity disorder (ADHD) and Focalin XR does not provide a significant public health benefit over existing therapies.

Please cite the NDA number listed above at the top of the first page of any communications concerning this application. Address all communications concerning this NDA as follows:

U.S. Postal Service:

Food and Drug Administration
Center for Drug Evaluation and Research
Division of Neuropharmacological Drug Products, HFD-120
Attention: Division Document Room, 4008

NDA 21-802

Page 3

5600 Fishers Lane
Rockville, Maryland 20857

Courier/Overnight Mail:

Food and Drug Administration
Center for Drug Evaluation and Research
Division of Neuropharmacological Drug Products, HFD-120
Attention: Division Document Room, 4008
1451 Rockville Pike
Rockville, Maryland 20852

If you have any questions, call Richardae C. Taylor, Pharm.D., Regulatory Health Project Manager, at (301) 594-5793.

Sincerely,

{See appended electronic signature page}

Russell Katz, M.D.
Director
Division of Neuropharmacological Drug Products
Office of Drug Evaluation I
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/

Russell Katz
10/7/04 04:55:23 PM

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION		REQUEST FOR CONSULTATION		
TO (Division/Office): HFD- 420 Division of Medication Errors and Technical Support (DMETS)		FROM: HFD-120/ Division of Neuropharmacological Drug Products		
DATE August 5, 2004	IND NO.	NDA NO. 21-802	TYPE OF DOCUMENT New NDA: Proposed Tradename	DATE OF DOCUMENT July 28, 2004
NAME OF DRUG Focalin XR (dexamethylphenidate HCL) Extended-Release Capsules		PRIORITY CONSIDERATION	CLASSIFICATION OF DRUG	DESIRED COMPLETION DATE 4/1/05
NAME OF FIRM: Novartis Pharmaceuticals Corporation				
REASON FOR REQUEST				
I. GENERAL				
<input type="checkbox"/> NEW PROTOCOL <input type="checkbox"/> PROGRESS REPORT <input type="checkbox"/> NEW CORRESPONDENCE <input type="checkbox"/> DRUG ADVERTISING <input type="checkbox"/> ADVERSE REACTION REPORT <input type="checkbox"/> MANUFACTURING CHANGE/ADDITION <input type="checkbox"/> MEETING PLANNED BY <input type="checkbox"/> PRE-NDA MEETING <input type="checkbox"/> END OF PHASE II MEETING <input type="checkbox"/> RESUBMISSION <input type="checkbox"/> SAFETY/EFFICACY <input type="checkbox"/> PAPER NDA <input type="checkbox"/> CONTROL SUPPLEMENT <input type="checkbox"/> RESPONSE TO DEFICIENCY LETTER <input type="checkbox"/> FINAL PRINTED LABELING <input type="checkbox"/> LABELING REVISION <input type="checkbox"/> ORIGINAL NEW CORRESPONDENCE <input type="checkbox"/> FORMULATIVE REVIEW <input checked="" type="checkbox"/> OTHER (SPECIFY BELOW):				
II. BIOMETRICS				
STATISTICAL EVALUATION BRANCH		STATISTICAL APPLICATION BRANCH		
<input type="checkbox"/> TYPE A OR B NDA REVIEW <input type="checkbox"/> END OF PHASE II MEETING <input type="checkbox"/> CONTROLLED STUDIES <input type="checkbox"/> PROTOCOL REVIEW <input type="checkbox"/> OTHER (SPECIFY BELOW):		<input type="checkbox"/> CHEMISTRY REVIEW <input type="checkbox"/> PHARMACOLOGY <input type="checkbox"/> BIOPHARMACEUTICS <input type="checkbox"/> OTHER (SPECIFY BELOW):		
III. BIOPHARMACEUTICS				
<input type="checkbox"/> DISSOLUTION <input type="checkbox"/> BIOAVAILABILITY STUDIES <input type="checkbox"/> PHASE IV STUDIES		<input type="checkbox"/> DEFICIENCY LETTER RESPONSE <input type="checkbox"/> PROTOCOL-BIOPHARMACEUTICS <input type="checkbox"/> IN-VIVO WAIVER REQUEST		
IV. DRUG EXPERIENCE				
<input type="checkbox"/> PHASE IV SURVEILLANCE/EPIDEMIOLOGY PROTOCOL <input type="checkbox"/> DRUG USE e.g. POPULATION EXPOSURE, ASSOCIATED DIAGNOSES <input type="checkbox"/> CASE REPORTS OF SPECIFIC REACTIONS (List below) <input type="checkbox"/> COMPARATIVE RISK ASSESSMENT ON GENERIC DRUG GROUP		<input type="checkbox"/> REVIEW OF MARKETING EXPERIENCE, DRUG USE AND SAFETY <input type="checkbox"/> SUMMARY OF ADVERSE EXPERIENCE <input type="checkbox"/> POISON RISK ANALYSIS		
V. SCIENTIFIC INVESTIGATIONS				
<input type="checkbox"/> CLINICAL		<input type="checkbox"/> PRECLINICAL		
COMMENTS/SPECIAL INSTRUCTIONS:				
<p>The Division has received a new NDA 21-802 for dexamethylphenidate hydrochloride extended-release capsules. During the IND phase (IND 63,885) this drug was Focalin LA. The sponsor is now proposing a new tradename, Focalin XR. Please review the attached submission to determine if the name Focalin XR is acceptable. The EDR location for this submission is: <u>\\CDSESUB1\N21802\N_000\2004-07-28</u></p> <p>Thanks!</p>				
SIGNATURE OF REQUESTER Richardae Taylor, Pharm.D. Regulatory Project Manager 301-594-5793 taylorr@cder.fda.gov		METHOD OF DELIVERY (Check one) MAIL <input type="checkbox"/> HAND <input type="checkbox"/>		

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

/s/

Richardae Taylor
8/5/04 02:15:29 PM