

**CENTER FOR DRUG EVALUATION AND
RESEARCH**

APPLICATION NUMBER:

22-118

**ADMINISTRATIVE and
CORRESPONDENCE
DOCUMENTS**

2/5/07 amendment

Department of Health and Human Services
Food and Drug Administration

Form Approved: OMB No. 0910-0513
Expiration Date: 07/31/06
See OMB Statement on Page 3.

**PATENT INFORMATION SUBMITTED WITH THE
FILING OF AN NDA, AMENDMENT, OR SUPPLEMENT**

*For Each Patent That Claims a Drug Substance
(Active Ingredient), Drug Product (Formulation and
Composition) and/or Method of Use*

NDA NUMBER

22-118

NAME OF APPLICANT / NDA HOLDER

LifeCycle Pharma A/S

The following is provided in accordance with Section 505(b) and (c) of the Federal Food, Drug, and Cosmetic Act.

TRADE NAME (OR PROPOSED TRADE NAME)

LCP-FenoChol (fenofibrate) Tablets

ACTIVE INGREDIENT(S)

fenofibrate

STRENGTH(S)

40 mg and 120 mg

DOSAGE FORM

Tablets

This patent declaration form is required to be submitted to the Food and Drug Administration (FDA) with an NDA application, amendment, or supplement as required by 21 CFR 314.53 at the address provided in 21 CFR 314.53(d)(4).

Within thirty (30) days after approval of an NDA or supplement, or within thirty (30) days of issuance of a new patent, a new patent declaration must be submitted pursuant to 21 CFR 314.53(c)(2)(ii) with all of the required information based on the approved NDA or supplement. The information submitted in the declaration form submitted upon or after approval will be the only information relied upon by FDA for listing a patent in the Orange Book.

For hand-written or typewriter versions (only) of this report: If additional space is required for any narrative answer (i.e., one that does not require a "Yes" or "No" response), please attach an additional page referencing the question number.

FDA will not list patent information if you file an incomplete patent declaration or the patent declaration indicates the patent is not eligible for listing.

For each patent submitted for the pending NDA, amendment, or supplement referenced above, you must submit all the information described below. If you are not submitting any patents for this pending NDA, amendment, or supplement, complete above section and sections 5 and 6.

1. GENERAL

a. United States Patent Number

b. Issue Date of Patent

c. Expiration Date of Patent

d. Name of Patent Owner

Address (of Patent Owner)

City/State

ZIP Code

FAX Number (if available)

Telephone Number

E-Mail Address (if available)

e. **Name of agent or representative** who resides or maintains a place of business within the United States authorized to receive notice of patent certification under section 505(b)(3) and (j)(2)(B) of the Federal Food, Drug, and Cosmetic Act and 21 CFR 314.52 and 314.95 (if patent owner or NDA applicant/holder does not reside or have a place of business within the United States)

Address (of agent or representative named in 1.e.)

City/State

ZIP Code

FAX Number (if available)

Telephone Number

E-Mail Address (if available)

f. Is the patent referenced above a patent that has been submitted previously for the approved NDA or supplement referenced above?

Yes

No

g. If the patent referenced above has been submitted previously for listing, is the expiration date a new expiration date?

Yes

No

For the patent referenced above, provide the following information on the drug substance, drug product and/or method of use that is the subject of the pending NDA, amendment, or supplement.

2. Drug Substance (Active Ingredient)

2.1 Does the patent claim the drug substance that is the active ingredient in the drug product described in the pending NDA, amendment, or supplement? Yes No

2.2 Does the patent claim a drug substance that is a different polymorph of the active ingredient described in the pending NDA, amendment, or supplement? Yes No

2.3 If the answer to question 2.2 is "Yes," do you certify that, as of the date of this declaration, you have test data demonstrating that a drug product containing the polymorph will perform the same as the drug product described in the NDA? The type of test data required is described at 21 CFR 314.53(b). Yes No

2.4 Specify the polymorphic form(s) claimed by the patent for which you have the test results described in 2.3.

2.5 Does the patent claim only a metabolite of the active ingredient pending in the NDA or supplement? (Complete the information in section 4 below if the patent claims a pending method of using the pending drug product to administer the metabolite.) Yes No

2.6 Does the patent claim only an intermediate? Yes No

2.7 If the patent referenced in 2.1 is a product-by-process patent, is the product claimed in the patent novel? (An answer is required only if the patent is a product-by-process patent.) Yes No

3. Drug Product (Composition/Formulation)

3.1 Does the patent claim the drug product, as defined in 21 CFR 314.3, in the pending NDA, amendment, or supplement? Yes No

3.2 Does the patent claim only an intermediate? Yes No

3.3 If the patent referenced in 3.1 is a product-by-process patent, is the product claimed in the patent novel? (An answer is required only if the patent is a product-by-process patent.) Yes No

4. Method of Use

Sponsors must submit the information in section 4 separately for each patent claim claiming a method of using the pending drug product for which approval is being sought. For each method of use claim referenced, provide the following information:

4.1 Does the patent claim one or more methods of use for which approval is being sought in the pending NDA, amendment, or supplement? Yes No

4.2 Patent Claim Number (as listed in the patent) Does the patent claim referenced in 4.2 claim a pending method of use for which approval is being sought in the pending NDA, amendment, or supplement? Yes No

4.2a If the answer to 4.2 is "Yes," identify with specificity the use with reference to the proposed labeling for the drug product. Use: (Submit indication or method of use information as identified specifically in the approved labeling.)

5. No Relevant Patents

For this pending NDA, amendment, or supplement, there are no relevant patents that claim the drug substance (active ingredient), drug product (formulation or composition) or method(s) of use, for which the applicant is seeking approval and with respect to which a claim of patent infringement could reasonably be asserted if a person not licensed by the owner of the patent engaged in the manufacture, use, or sale of the drug product. Yes

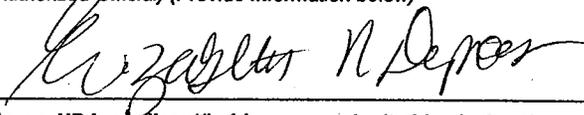
6. Declaration Certification

6.1 The undersigned declares that this is an accurate and complete submission of patent information for the NDA, amendment, or supplement pending under section 505 of the Federal Food, Drug, and Cosmetic Act. This time-sensitive patent information is submitted pursuant to 21 CFR 314.53. I attest that I am familiar with 21 CFR 314.53 and this submission complies with the requirements of the regulation. I verify under penalty of perjury that the foregoing is true and correct.

Warning: A willfully and knowingly false statement is a criminal offense under 18 U.S.C. 1001.

6.2 Authorized Signature of NDA Applicant/Holder or Patent Owner (Attorney, Agent, Representative or other Authorized Official) (Provide Information below)

Date Signed
2/5/2007



NOTE: Only an NDA applicant/holder may submit this declaration directly to the FDA. A patent owner who is not the NDA applicant/holder is authorized to sign the declaration but may not submit it directly to FDA. 21 CFR 314.53(c)(4) and (d)(4).

Check applicable box and provide information below.

NDA Applicant/Holder

NDA Applicant's/Holder's Attorney, Agent (Representative) or other Authorized Official

Patent Owner

Patent Owner's Attorney, Agent (Representative) or Other Authorized Official

Name
Elizabeth N. Dupras, RAC
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B&H Consulting Services, Inc.

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The public reporting burden for this collection of information has been estimated to average 9 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

Food and Drug Administration
CDER (HFD-007)
5600 Fishers Lane
Rockville, MD 20857

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

8/13/07

PEDIATRIC PAGE
(Complete for all filed original applications and efficacy supplements)

NDA/BLA #: 22-118 Supplement Type (e.g. SE5): _____ Supplement Number: _____

Stamp Date: 9/29/06 PDUFA Goal Date: 8/10/07

HFD 510 Trade and generic names/dosage form: Fenofibrate Tablets 40 mg, 120 mg

Applicant: LifeCycle Pharma A/S Therapeutic Class: PPAR
Alpha _____

Does this application provide for new active ingredient(s), new indication(s), new dosage form, new dosing regimen, or new route of administration? *

- Yes. Please proceed to the next question.
- No. PREA does not apply. Skip to signature block.

* SE5, SE6, and SE7 submissions may also trigger PREA. If there are questions, please contact the Rosemary Addy or Grace Carmouze.

Indication(s) previously approved (please complete this section for supplements only): _____

Each indication covered by current application under review must have pediatric studies: *Completed, Deferred, and/or Waived.*

Number of indications for this application(s): 2

Indication #1: Adjunct to diet to reduct elevated LDL-C, Total-C, TG, and Apo B and to increase HDL-C in patients with primary hyperlipidemia or mixed dyslipidemia when response to diet and non-pharmacological intervenetions alone has been inadequate

Is this an orphan indication?

- Yes. PREA does not apply. Skip to signature block.

XNo. Please proceed to the next question.

Is there a full waiver for this indication (check one)?

XYes: Please proceed to Section A.

- No: Please check all that apply: Partial Waiver Deferred Completed

NOTE: More than one may apply

Please proceed to Section B, Section C, and/or Section D and complete as necessary.

Section A: Fully Waived Studies

Reason(s) for full waiver:

- Products in this class for this indication have been studied/labeled for pediatric population
- Disease/condition does not exist in children
- Too few children with disease to study
- There are safety concerns

XOther: another class of comounds is more effective than fenofibrate

If studies are fully waived, then pediatric information is complete for this indication. If there is another indication, please see Attachment A. Otherwise, this Pediatric Page is complete and should be entered into DFS.

Section B: Partially Waived Studies

Age/weight range being partially waived (fill in applicable criteria below):

Min _____ kg _____ mo. _____ yr. _____ Tanner Stage _____
Max _____ kg _____ mo. _____ yr. _____ Tanner Stage _____

Reason(s) for partial waiver:

- Products in this class for this indication have been studied/labeled for pediatric population
- Disease/condition does not exist in children
- Too few children with disease to study
- There are safety concerns
- Adult studies ready for approval
- Formulation needed
- Other: _____

If studies are deferred, proceed to Section C. If studies are completed, proceed to Section D. Otherwise, this Pediatric Page is complete and should be entered into DFS.

Section C: Deferred Studies

Age/weight range being deferred (fill in applicable criteria below):

Min _____ kg _____ mo. _____ yr. _____ Tanner Stage _____
Max _____ kg _____ mo. _____ yr. _____ Tanner Stage _____

Reason(s) for deferral:

- Products in this class for this indication have been studied/labeled for pediatric population
- Disease/condition does not exist in children
- Too few children with disease to study
- There are safety concerns
- Adult studies ready for approval
- Formulation needed

Other: _____

Date studies are due (mm/dd/yy): _____

If studies are completed, proceed to Section D. Otherwise, this Pediatric Page is complete and should be entered into DFS.

Section D: Completed Studies

Age/weight range of completed studies (fill in applicable criteria below):

Min _____ kg _____ mo. _____ yr. _____ Tanner Stage _____
Max _____ kg _____ mo. _____ yr. _____ Tanner Stage _____

Comments:

If there are additional indications, please proceed to Attachment A. Otherwise, this Pediatric Page is complete and should be entered into DFS.

NDA 22-118

Page 3

This page was completed by:

{See appended electronic signature page}

Regulatory Project Manager

**FOR QUESTIONS ON COMPLETING THIS FORM CONTACT THE PEDIATRIC AND MATERNAL HEALTH
STAFF at 301-796-0700**

(Revised: 10/10/2006)

APPEARS THIS WAY ON ORIGINAL

APPEARS THIS WAY ON ORIGINAL

Attachment A

(This attachment is to be completed for those applications with multiple indications only.)

Indication #2: hypertriglyceridemia

Is this an orphan indication?

Yes. PREA does not apply. Skip to signature block.

No. Please proceed to the next question.

Is there a full waiver for this indication (check one)?

Yes: Please proceed to Section A.

No: Please check all that apply: Partial Waiver Deferred Completed

NOTE: More than one may apply

Please proceed to Section B, Section C, and/or Section D and complete as necessary.

Section A: Fully Waived Studies

Reason(s) for full waiver:

Products in this class for this indication have been studied/labeled for pediatric population

Disease/condition does not exist in children

Too few children with disease to study

There are safety concerns

Other: _____

If studies are fully waived, then pediatric information is complete for this indication. If there is another indication, please see Attachment A. Otherwise, this Pediatric Page is complete and should be entered into DFS.

Section B: Partially Waived Studies

Age/weight range being partially waived (fill in applicable criteria below)::

Min _____ kg _____ mo. _____ yr. _____ Tanner Stage _____

Max _____ kg _____ mo. _____ yr. _____ Tanner Stage _____

Reason(s) for partial waiver:

Products in this class for this indication have been studied/labeled for pediatric population

Disease/condition does not exist in children

Too few children with disease to study

There are safety concerns

Adult studies ready for approval

Formulation needed

Other: _____

If studies are deferred, proceed to Section C. If studies are completed, proceed to Section D. Otherwise, this Pediatric Page is complete and should be entered into DFS.

Section C: Deferred Studies

Age/weight range being deferred (fill in applicable criteria below)::

Min _____ kg _____ mo. _____ yr. _____ Tanner Stage _____
Max _____ kg _____ mo. _____ yr. _____ Tanner Stage _____

Reason(s) for deferral:

- Products in this class for this indication have been studied/labeled for pediatric population
- Disease/condition does not exist in children
- Too few children with disease to study
- There are safety concerns
- Adult studies ready for approval
- Formulation needed
- Other: _____

Date studies are due (mm/dd/yy): _____

If studies are completed, proceed to Section D. Otherwise, this Pediatric Page is complete and should be entered into DFS.

Section D: Completed Studies

Age/weight range of completed studies (fill in applicable criteria below):

Min _____ kg _____ mo. _____ yr. _____ Tanner Stage _____
Max _____ kg _____ mo. _____ yr. _____ Tanner Stage _____

Comments:

If there are additional indications, please copy the fields above and complete pediatric information as directed. If there are no other indications, this Pediatric Page is complete and should be entered into DFS.

This page was completed by:

{See appended electronic signature page}

Regulatory Project Manager

FOR QUESTIONS ON COMPLETING THIS FORM CONTACT THE PEDIATRIC AND MATERNAL HEALTH STAFF at 301-796-0700

(Revised: 10/10/2006)

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

/s/

Kati Johnson
8/13/2007 08:17:36 AM

NDA REGULATORY FILING REVIEW
(Including Memo of Filing Meeting)

NDA # 22-118 Supplement # N/A Efficacy Supplement Type SE- N/A

Proprietary Name: FenoChol (per US Agent, this will NOT be the final proposed tradename)
Established Name: fenofibrate
Strengths: 40 mg, 120 mg

Applicant: LifeCycle Pharma A/S
Agent for Applicant (if applicable): B & H Consulting Services, Inc.

Date of Application: September 28, 2006
Date of Receipt: September 29, 2006
Date clock started after UN: 10/10/06
Date of Filing Meeting: 12/4/07
Filing Date: 12/9/06
Action Goal Date (optional):

User Fee Goal Date: 8/10/07

Indication(s) requested:

1. adjunctive therapy to diet to reduce elevated LDL-C, Total-C, Triglycerides and Apo B, and to increase HDL-C in adult patients with primary hypercholesterolemia or mixed dyslipidemia
2. adjunctive therapy to diet for treatment of adult patients with hypertriglyceridemia

b(4)

Type of Original NDA: (b)(1) (b)(2) X
AND (if applicable)
Type of Supplement: (b)(1) (b)(2)

NOTE:

(1) If you have questions about whether the application is a 505(b)(1) or 505(b)(2) application, see Appendix A. A supplement can be either a (b)(1) or a (b)(2) regardless of whether the original NDA was a (b)(1) or a (b)(2). If the application or efficacy supplement is a (b)(2), complete Appendix B.

Review Classification: S X P
Resubmission after withdrawal? N/A Resubmission after refuse to file? N/A
Chemical Classification: (1,2,3 etc.) 5
Other (orphan, OTC, etc.) N/A

Form 3397 (User Fee Cover Sheet) submitted: YES X NO

User Fee Status: Did not pay Exempt (orphan, government)
Paid
Waived (e.g., small business, public health)

NOTE: If the NDA is a 505(b)(2) application, and the applicant did not pay a fee in reliance on the 505(b)(2) exemption (see box 7 on the User Fee Cover Sheet), confirm that a user fee is not required by contacting the User Fee staff in the Office of Regulatory Policy. The applicant is required to pay a user fee if: (1) the product described in the 505(b)(2) application is a new molecular entity or (2) the applicant claims a new

indication for a use that that has not been approved under section 505(b). Examples of a new indication for a use include a new indication, a new dosing regime, a new patient population, and an Rx-to-OTC switch. The best way to determine if the applicant is claiming a new indication for a use is to compare the applicant's proposed labeling to labeling that has already been approved for the product described in the application. Highlight the differences between the proposed and approved labeling. If you need assistance in determining if the applicant is claiming a new indication for a use, please contact the User Fee staff.

- Is there any 5-year or 3-year exclusivity on this active moiety in any approved (b)(1) or (b)(2) application? YES NO

If yes, explain: 3 year exclusivity by NDA 21-695 (Antara) for taking without regard to meals

Note: If the drug under review is a 505(b)(2), this issue will be addressed in detail in appendix B.

- Does another drug have orphan drug exclusivity for the same indication? YES NO

- If yes, is the drug considered to be the same drug according to the orphan drug definition of sameness [21 CFR 316.3(b)(13)]? N/A YES NO

If yes, consult the Director, Division of Regulatory Policy II, Office of Regulatory Policy (HFD-007).

- Is the application affected by the Application Integrity Policy (AIP)? YES NO

If yes, explain:

- If yes, has OC/DMPQ been notified of the submission? N/A YES NO

- Does the submission contain an accurate comprehensive index? YES NO

If no, explain:

- Was form 356h included with an authorized signature? Will Request YES NO

If foreign applicant, both the applicant and the U.S. agent must sign.

- Submission complete as required under 21 CFR 314.50? YES NO

If no, explain:

- Answer 1, 2, or 3 below (do not include electronic content of labeling as an partial electronic submission).

1. This application is a paper NDA YES

2. This application is an eNDA or combined paper + eNDA YES
 This application is: All electronic Combined paper + eNDA
 This application is in: NDA format CTD format
 Combined NDA and CTD formats

Does the eNDA, follow the guidance?
(<http://www.fda.gov/cder/guidance/2353fnl.pdf>)

YES NO

If an eNDA, all forms and certifications must be in paper and require a signature.

If combined paper + eNDA, which parts of the application were submitted in electronic format?

Additional comments:

3. This application is an eCTD NDA.

X No X

If an eCTD NDA, all forms and certifications must either be in paper and signed or be electronically signed.

Additional comments:

• Patent information submitted on form FDA 3542a? **submitted 2/5/07** NO X
YES

• Exclusivity requested? YES, _____ Years NO X

NOTE: An applicant can receive exclusivity without requesting it; therefore, requesting exclusivity is not required.

• Correctly worded Debarment Certification included with authorized signature? YES X[NO
If foreign applicant, both the applicant and the U.S. Agent must sign the certification.

NOTE: Debarment Certification should use wording in FD&C Act section 306(k)(1) i.e., "[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." Applicant may not use wording such as "To the best of my knowledge"

• Are the required pediatric assessment studies and/or deferral/partial waiver/full waiver of pediatric studies (or request for deferral/partial waiver/full waiver of pediatric studies) included? YES X NO

• If the submission contains a request for deferral, partial waiver, or full waiver of studies, does the application contain the certification required under FD&C Act sections 505B(a)(3)(B) and (4)(A) and (B)? YES X NO

• Is this submission a partial or complete response to a pediatric Written Request? YES NO X

If yes, contact PMHT in the OND-IO

• Financial Disclosure forms included with authorized signature? YES X NO

(Forms 3454 and/or 3455 must be included and must be signed by the APPLICANT, not an agent.)

NOTE: Financial disclosure is required for bioequivalence studies that are the basis for approval.

• Field Copy Certification (that it is a true copy of the CMC technical section) YES X NO

- PDUFA and Action Goal dates correct in tracking system? YES NO
If not, have the document room staff correct them immediately. These are the dates EES uses for calculating inspection dates.
- Drug name and applicant name correct in COMIS? If not, have the Document Room make the corrections. Ask the Doc Rm to add the established name to COMIS for the supporting IND if it is not already entered.
- List referenced IND numbers: PIND 73,213
- Are the trade, established/proper, and applicant names correct in COMIS? YES NO
If no, have the Document Room make the corrections.
- End-of-Phase 2 Meeting(s) Date(s) _____ NO
If yes, distribute minutes before filing meeting.
- Pre-NDA Meeting(s) Date(s) 6/22/06 NO
If yes, distribute minutes before filing meeting.
- Any SPA agreements? Date(s) _____ NO
If yes, distribute letter and/or relevant minutes before filing meeting.

Project Management

- If Rx, was electronic Content of Labeling submitted in SPL format? YES NO
If no, request in 74-day letter.
- If Rx, for all new NDAs/efficacy supplements submitted on or after 6/30/06:
Was the PI submitted in PLR format? YES NO
If no, explain. Was a waiver or deferral requested before the application was received or in the submission? If before, what is the status of the request:
- If Rx, all labeling (PI, PPI, MedGuide, carton and immediate container labels) has been consulted to DDMAC? **1. Identical PI text to innovator product 2. Tradename not finalized 3. no graphics or modified fonts on bottle labels** YES NO
- If Rx, trade name (and all labeling) consulted to OSE/DMETS? **Firm has said that FenoChol will NOT be the final tradename** YES NO
- If Rx, MedGuide and/or PPI (plus PI) consulted to ODE/DSRCS? N/A Yes NO

- Risk Management Plan consulted to OSE/IO? N/A YES NO
- If a drug with abuse potential, was an Abuse Liability Assessment, including a proposal for scheduling submitted? NA YES NO

If Rx-to-OTC Switch or OTC application: Not applicable

- Proprietary name, all OTC labeling/packaging, and current approved PI consulted to OSE/DMETS? YES NO
- If the application was received by a clinical review division, has DNPCE been notified of the OTC switch application? Or, if received by DNPCE, has the clinical review division been notified? 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?
If EA submitted, consulted to EA officer, OPS? YES NO
- Establishment Evaluation Request (EER) submitted to DMPQ? YES NO
- If a parenteral product, consulted to Microbiology Team? YES NO

ATTACHMENT

MEMO OF FILING MEETING

DATE: 12/4/06

NDA #: 22-118

DRUG NAMES: FenoChol (fenofibrate) Tablets, 40 mg, 120 mg.

APPLICANT: LifeCycle Pharma A/S

BACKGROUND: Purported to be bioequivalent to NDA 21-695, Antara (fenofibrate) Capsules, 43 mg and 130 mg.

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

ATTENDEES: Eric Colman, MD-Deputy Division Director, Lipid Team Leader
 Julie Golden, MD-Medical Officer
 Karen Davis Bruno, PhD-PharmTox Supervisor
 Kati Johnson, Chief, Project Management Staff
 Su Tran, PhD-PAL, Office of New Drug Chemistry
 Wei Qiu, PhD-Clinical Pharmacology reviewer

ASSIGNED REVIEWERS (including those not present at filing meeting) :

| <u>Discipline/Organization</u> | <u>Reviewer</u> |
|---|-------------------|
| Medical: | Julie Golden |
| Secondary Medical: | Eric Colman |
| Statistical: | N/A |
| Pharmacology: | Karen Davis Bruno |
| Statistical Pharmacology: | N/A |
| Chemistry: | John Hill, PhD |
| Environmental Assessment (if needed): | N/A |
| Biopharmaceutical: | Sally Choe |
| Microbiology, sterility: | N/A |
| Microbiology, clinical (for antimicrobial products only): | N/A |
| DSI: | |
| OPS: | |
| Regulatory Project Management: | Kati Johnson |
| Other Consults: | |

Per reviewers, are all parts in English or English translation? YES NO

If no, explain:

CLINICAL FILE REFUSE TO FILE

- Clinical site audit(s) needed? N/A YES NO
If no, explain:
- 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 N/A FILE REFUSE TO FILE

STATISTICS N/A FILE REFUSE TO FILE

BIOPHARMACEUTICS FILE REFUSE TO FILE

- Biopharm. study site audits(s) needed? YES NO

PHARMACOLOGY/TOX N/A FILE REFUSE TO FILE

- GLP audit needed? YES NO

CHEMISTRY FILE REFUSE TO FILE

- Establishment(s) ready for inspection? YES NO
 - Sterile product? YES NO
- If yes, was microbiology consulted for validation of sterilization?N/A
 YES NO

ELECTRONIC SUBMISSION:

Any comments: N/A

REGULATORY CONCLUSIONS/DEFICIENCIES:

(Refer to 21 CFR 314.101(d) for filing requirements.)

- 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. Ensure that the review and chemical classification codes, as well as any other pertinent classification codes (e.g., orphan, OTC) are correctly entered into COMIS.
2. If RTF, notify everybody who already received a consult request of RTF action. Cancel the EER.
3. 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.
4. If filed, complete the Pediatric Page at this time. (If paper version, enter into DFS.)
5. Convey document filing issues/no filing issues to applicant by Day 74.

Kati Johnson
 Regulatory Project Manager

Appendix A to NDA Regulatory Filing Review

NOTE: The term "original application" or "original NDA" as used in this appendix denotes the NDA submitted. It does not refer to the reference drug product or "reference listed drug."

An original application is likely to be a 505(b)(2) application if:

- (1) it relies on published literature to meet any of the approval requirements, and the applicant does not have a written right of reference to the underlying data. If published literature is cited in the NDA but is not necessary for approval, the inclusion of such literature will not, in itself, make the application a 505(b)(2) application,
- (2) it relies for approval on the Agency's previous findings of safety and efficacy for a listed drug product and the applicant does not own or have right to reference the data supporting that approval, or
- (3) it relies on what is "generally known" or "scientifically accepted" about a class of products to support the safety or effectiveness of the particular drug for which the applicant is seeking approval. (Note, however, that this does not mean *any* reference to general information or knowledge (e.g., about disease etiology, support for particular endpoints, methods of analysis) causes the application to be a 505(b)(2) application.)

Types of products for which 505(b)(2) applications are likely to be submitted include: fixed-dose combination drug products (e.g., heart drug and diuretic (hydrochlorothiazide) combinations); OTC monograph deviations (see 21 CFR 330.11); new dosage forms; new indications; and, new salts.

An efficacy supplement can be either a (b)(1) or a (b)(2) regardless of whether the original NDA was a (b)(1) or a (b)(2).

An efficacy supplement is a 505(b)(1) supplement if the supplement contains all of the information needed to support the approval of the change proposed in the supplement. For example, if the supplemental application is for a new indication, the supplement is a 505(b)(1) if:

- (1) The applicant has conducted its own studies to support the new indication (or otherwise owns or has right of reference to the data/studies),
- (2) No additional information beyond what is included in the supplement or was embodied in the finding of safety and effectiveness for the original application or previously approved supplements is needed to support the change. For example, this would likely be the case with respect to safety considerations if the dose(s) was/were the same as (or lower than) the original application, and,
- (3) All other "criteria" are met (e.g., the applicant owns or has right of reference to the data relied upon for approval of the supplement, the application does not rely for approval on published literature based on data to which the applicant does not have a right of reference).

An efficacy supplement is a 505(b)(2) supplement if:

- (1) Approval of the change proposed in the supplemental application would require data beyond that needed to support our previous finding of safety and efficacy in the approval of the

original application (or earlier supplement), and the applicant has not conducted all of its own studies for approval of the change, or obtained a right to reference studies it does not own. For example, if the change were for a new indication AND a higher dose, we would likely require clinical efficacy data and preclinical safety data to approve the higher dose. If the applicant provided the effectiveness data, but had to rely on a different listed drug, or a new aspect of a previously cited listed drug, to support the safety of the new dose, the supplement would be a 505(b)(2),

- (2) The applicant relies for approval of the supplement on published literature that is based on data that the applicant does not own or have a right to reference. If published literature is cited in the supplement but is not necessary for approval, the inclusion of such literature will not, in itself, make the supplement a 505(b)(2) supplement, or
- (3) The applicant is relying upon any data they do not own or to which they do not have right of reference.

If you have questions about whether an application is a 505(b)(1) or 505(b)(2) application, consult with your ODE's Office of Regulatory Policy representative.

APPEARS THIS WAY ON ORIGINAL

APPEARS THIS WAY ON ORIGINAL

**Appendix B to NDA Regulatory Filing Review
Questions for 505(b)(2) Applications**

1. Does the application reference a listed drug (approved drug)? YES NO

If "No," skip to question 3.

2. Name of listed drug(s) referenced by the applicant (if any) and NDA/ANDA #(s):
NDA 21-695, Antara (fenofibrate) Capsules, 43 mg, 130 mg.

3. Is this application for a drug that is an "old" antibiotic (as described in the draft guidance implementing the 1997 FDAMA provisions? (Certain antibiotics are not entitled to Hatch-Waxman patent listing and exclusivity benefits.)

YES NO

If "Yes," skip to question 7.

4. Is this application for a recombinant or biologically-derived product?

YES NO

If "Yes" contact your ODE's Office of Regulatory Policy representative.

5. The purpose of the questions below (questions 5 to 6) is to determine if there is an approved drug product that is equivalent or very similar to the product proposed for approval that should be referenced as a listed drug in the pending application.

- (a) Is there a pharmaceutical equivalent(s) to the product proposed in the 505(b)(2) application that is already approved?

YES NO

(Pharmaceutical equivalents are drug products in identical dosage forms that: **(1)** contain identical amounts of the identical active drug ingredient, i.e., the same salt or ester of the same therapeutic moiety, or, in the case of modified release dosage forms that require a reservoir or overage or such forms as prefilled syringes where residual volume may vary, that deliver identical amounts of the active drug ingredient over the identical dosing period; **(2)** do not necessarily contain the same inactive ingredients; **and (3)** meet the identical compendial or other applicable standard of identity, strength, quality, and purity, including potency and, where applicable, content uniformity, disintegration times, and/or dissolution rates. (21 CFR 320.1(c))

If "No," to (a) skip to question 6. Otherwise, answer part (b and (c)).

- (b) Is the pharmaceutical equivalent approved for the same indication for which the 505(b)(2) application is seeking approval?

YES NO

- (c) Is the approved pharmaceutical equivalent(s) cited as the listed drug(s)?

YES NO

If "Yes," (c), list the pharmaceutical equivalent(s) and proceed to question 6.

If "No," to (c) list the pharmaceutical equivalent and contact your ODE's Office of Regulatory Policy representative.

Pharmaceutical equivalent(s):

6. (a) Is there a pharmaceutical alternative(s) already approved? YES NO

(Pharmaceutical alternatives are drug products that contain the identical therapeutic moiety, or its precursor, but not necessarily in the same amount or dosage form or as the same salt or ester. Each such drug product individually meets either the identical or its own respective compendial or other applicable standard of identity, strength, quality, and purity, including potency and, where applicable, content uniformity, disintegration times and/or dissolution rates. (21 CFR 320.1(d)) Different dosage forms and strengths within a product line by a single manufacturer are thus pharmaceutical alternatives, as are extended-release products when compared with immediate- or standard-release formulations of the same active ingredient.)

If "No," to (a) skip to question 7. Otherwise, answer part (b and (c)).

- (b) Is the pharmaceutical alternative approved for the same indication for which the 505(b)(2) application is seeking approval? YES NO

- (c) Is the approved pharmaceutical alternative(s) cited as the listed drug(s)? YES NO

If "Yes," to (c), proceed to question 7.

NOTE: If there is more than one pharmaceutical alternative approved, consult your ODE's Office of Regulatory Policy representative to determine if the appropriate pharmaceutical alternatives are referenced.

If "No," to (c), list the pharmaceutical alternative(s) and contact your ODE's Office of Regulatory Policy representative. Proceed to question 7.

Pharmaceutical alternative(s):

7. (a) Does the application rely on published literature necessary to support the proposed approval of the drug product (i.e. is the published literature necessary for the approval)? YES NO

If "No," skip to question 8. Otherwise, answer part (b).

(b) Does any of the published literature cited reference a specific (e.g. brand name) product? Note that if yes, the applicant will be required to submit patent certification for the product, see question 12.

8. 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").
- a. FenoChol is a Tablet, Antara is a Capsule
 - b. FenoChol is proposing to market a 40 mg and 120 mg tablet, Antara is approved as 43 mg and 130 mg Capsules

c. The Dosage and Administration section of the Antara PI states that it can be taken without regard to meals.

9. Is the application for a duplicate of a listed drug and eligible for approval under section 505(j) as an ANDA? (Normally, FDA may refuse-to-file such NDAs (see 21 CFR 314.101(d)(9)).
- YES NO
10. Is the application for a duplicate of a listed drug whose only difference is that 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 may be refused for filing under 21 CFR 314.101(d)(9)).
- YES NO
11. Is the application for a duplicate of a listed drug whose only difference is that the rate at which the product's active ingredient(s) is absorbed or made available to the site of action is unintentionally less than that of the RLD (see 21 CFR 314.54(b)(2))? If yes, the application may be refused for filing under 21 CFR 314.101(d)(9).
- YES NO
12. Are there certifications for each of the patents listed in the Orange Book for the listed drug(s) referenced by the applicant (see question #2)? (This is different from the patent declaration submitted on form FDA 3542 and 3542a.)
- YES NO
13. Which of the following patent certifications does the application contain? (Check all that apply and identify the patents to which each type of certification was made, as appropriate.)
- Not applicable (e.g., solely based on published literature. See question # 7
 - 21 CFR 314.50(i)(1)(i)(A)(1): The patent information has not been submitted to FDA. (Paragraph I certification)
Patent number(s):
 - 21 CFR 314.50(i)(1)(i)(A)(2): The patent has expired. (Paragraph II certification)
Patent number(s):
 - 21 CFR 314.50(i)(1)(i)(A)(3): The date on which the patent will expire. (Paragraph III certification)
Patent number(s): 4,800,079, expires 8/10/07 (Antara)
 - 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. (Paragraph IV certification)
Patent number(s): 7,101,574 (Antara)
4,895,726 (Tricor, NDA 19-304)
4,895,726B2 (Tricor, NDA 19-304)

NOTE: IF FILED, and if the applicant made a "Paragraph IV" certification [21 CFR 314.50(i)(1)(i)(A)(4)], the applicant must **subsequently** submit a signed certification stating that the NDA holder and patent owner(s) were notified the NDA was filed [21 CFR

314.52(b)]. The applicant must also submit documentation showing that the NDA holder and patent owner(s) received the notification [21 CFR 314.52(e)]. OND will contact you to verify that this documentation was received.

- 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).
Patent number(s):
- Written statement from patent owner that it consents to an immediate effective date upon approval of the application.
Patent number(s):
- 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 as described in the corresponding use code in the Orange Book. Applicant must provide a statement that the method of use patent does not claim any of the proposed indications. (Section viii statement)
Patent number(s):

14. Did the applicant:

- Identify which parts of the application rely on the finding of safety and effectiveness for a listed drug or published literature describing a listed drug or both? For example, pharm/tox section of application relies on finding of preclinical safety for a listed drug.

YES NO

If "Yes," what is the listed drug product(s) and which sections of the 505(b)(2) application rely on the finding of safety and effectiveness or on published literature about that listed drug NDA 21-695 (Antara) Clinical, ClinPharm, PharmTox

Was this listed drug product(s) referenced by the applicant? (see question # 2)

YES NO

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

N/A YES NO

15. (a) Is there unexpired exclusivity on this listed drug (for example, 5 year, 3 year, orphan or pediatric exclusivity)? Note: this information is available in the Orange Book.

YES NO

If "Yes," please list:

| Application No. | Product No. | Exclusivity Code | Exclusivity Expiration |
|-----------------|-------------|------------------|------------------------|
| 21-695 | 001, 003 | M-47 | 10/21/08 |
| | | | |
| | | | |

APPEARS THIS WAY ON ORIGINAL

APPEARS THIS WAY ON ORIGINAL

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

/s/

Kati Johnson
5/17/2007 03:30:37 PM
CSO



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

1/22/07

NDA 22-118

B & H Consulting Services
US Agent for LifeCycle Pharma A/S
Attention: Elizabeth Dupras, Project Manager
55 North Gaston Avenue
Somerville, NJ 08876

Dear Ms. Dupras:

Please refer to your New Drug Application (NDA) submitted September 28, 2006, under section 505(b) of the Federal Food, Drug, and Cosmetic Act for FenoChol (fenofibrate) Tablets

We have reviewed the proposed package insert in the PLR (physician labeling rule) format and have the following comments.

Highlights:

[A large diagonal line is drawn across the page, indicating that the content has been redacted.]

b(4)

1 Page(s) Withheld

 Trade Secret / Confidential (b4)

 ✓ Draft Labeling (b4)

 Draft Labeling (b5)

 Deliberative Process (b5)

b(4)

If you have any questions, call Kati Johnson, Chief, Project Management Staff, at (301) 796-1234.

Sincerely,

{See appended electronic signature page}

Mary H. Parks, M.D.
Director
Division of Metabolism and Endocrinology Products
Office of Drug Evaluation II
Center for Drug Evaluation and Research

APPEARS THIS WAY ON ORIGINAL

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203303118! 17; 48; 61! BN

06 July 2007

Food and Drug Administration
Center for Drug Evaluation and Research
Office of Drug Evaluation II
Division of Metabolism and Endocrinology Products
5901-B Ammendale Road
Beltsville, MD 20705

RECEIVED

JUL 09 2007

CDER CDR

RECEIVED

RE: NDA 22-118: LCP-FenoChol (fenofibrate) Tablets, 40 mg and 120 mg
Response to Labeling Deficiencies

JUL 10 2007

N-000-13 CDER White Oak DR 1

Dear Sir or Madam:

Reference is made to NDA 22-118 for LCP-FenoChol (fenofibrate) Tablets, 40 mg and 120 mg, accepted for filing on 9 December 2006, and the subsequent Agency comments regarding the package insert in Physician Labeling Rule (PLR) format received on 25 January 2007.

This amendment to NDA 22-118 provides responses to the Agency's comments, as well as the package insert updated to reflect the requested changes.

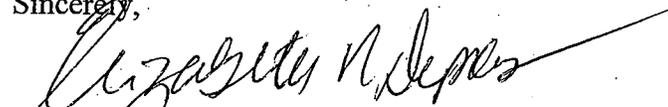
Please note that LifeCycle Pharma A/S (LifeCycle) has entered into a license agreement with Sciele™ Pharma, Inc. (Sciele) for LCP-FenoChol (fenofibrate) Tablets, 40 mg and 120 mg. At this time, the proposed trade name is pending review. Therefore, the trade name in the current draft package insert has not been updated.

b(4)

A CD containing electronic copies of the proposed labeling is also included in the archival copy. B&H Consulting Services, Inc. certifies that we have taken precautions to ensure that the electronic labeling is free of computer viruses, and authorizes the Agency to use antivirus software, as appropriate. As discussed with Ms. Kati Johnson, Chief, Project Management Staff, Division of Metabolism and Endocrinology Products, the Structured Product Labeling (SPL) files have not been updated for this draft. The SPL files will be updated once all comments regarding the content of the PLR have been addressed.

If you should require further information, please contact me at 908-704-1691, ext. 223.

Sincerely,



Elizabeth N. Dupras, RAC
Senior Project Manager
B&H Consulting Services, Inc.
US Agent for LifeCycle Pharma A/S
edupras@bhconsultingservices.com

04 June 2007

Food and Drug Administration
Center for Drug Evaluation and Research
Office of Drug Evaluation II
Division of Metabolism and Endocrinology Products
5901-B Amundale Road
Beltsville, MD 20705

ORIGINAL
N-0222-BC

RECEIVED

JUN 05 2007

CDR / CDER RECEIVED

JUN - 6 2007

RE: NDA 22-118; LCP-FenoChol (fenofibrate) Tablets, 40 mg and 120 mg
TELEPHONE AMENDMENT: Response to Chemistry Comment and Updated Stability Report

CDER White Oak DR 1

Dear Sir or Madam:

Reference is made to NDA 22-118, accepted for filing on 09 December 2006, for LCP-FenoChol (fenofibrate) Tablets, 40 mg and 120 mg.

Response to Chemistry Comment

Reference is also made to a telephone request received 11 May 2007 from Dr. Xavier Ysern, Chemistry Reviewer from the Division of Metabolic and Endocrine Drug Products, Office of New Drugs. Dr. Ysern requested the following changes to the drug product specifications:

- a. Tighten the acceptance criterion for single unknown impurity from _____
- b. Tighten the dissolution specification from _____ Q = _____ at 45 minutes.

b(4)

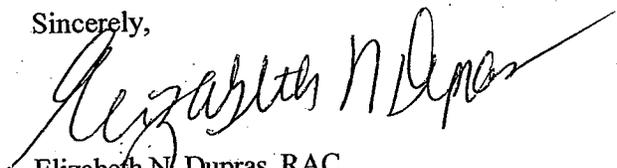
This telephone amendment to NDA 22-118 provides a complete response to this request. The comment, along with the associated response and supporting documentation are included within this submission.

Updated Stability Report

A stability report, detailing up to 12 months' stability for FenoChol (fenofibrate) Tablets, 40 mg and 120 mg, is provided. These stability data were collected before receipt of the request to tighten the drug product specifications for single unknown impurity and dissolution. Therefore, the report reflects the specifications in place at the time of testing. The revised specifications will be applied to all future testing of the drug product (release and stability).

If you should require further information, please contact me at 908-704-1691, ext. 223.

Sincerely,



Elizabeth N. Dupras, RAC
Senior Project Manager
B&H Consulting Services, Inc.
US Agent for LifeCycle Pharma A/S
edupras@bhconsultingservices.com

JUN 05 2007

CDER White Oak DR1

1 June 2007

Food and Drug Administration
Center for Drug Evaluation and Research
Office of Drug Evaluation II
Division of Metabolism and Endocrinology Products
5901-B Ammendale Road
Beltsville, MD 20705

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JUN 04 2007

CDR / CDER

RE: NDA 22-118: LCP-FenoChol (fenofibrate) Tablets, 40 mg and 120 mg
Trade Name Proposal

Dear Sir or Madam:

Reference is made to NDA 22-118 for LCP-FenoChol (fenofibrate) Tablets, 40 mg and 120 mg, accepted for filing on 9 December 2006.

LifeCycle Pharma A/S (LifeCycle) has entered into a license agreement with Sciele™ Pharma, Inc. (Sciele) for LCP-FenoChol (fenofibrate) Tablets, 40 mg and 120 mg.

As part of the licensing agreement, Sciele has granted LifeCycle permission to use the _____ trademark. **b(4)**

Accordingly, LifeCycle hereby proposes the following possible trade names in place of the "LCP-FenoChol" trade name currently included in NDA 22-118:

- _____ (fenofibrate) Tablets, 40 mg and _____ (fenofibrate) Tablets, 120 mg **b(4)**
- _____ (fenofibrate) Tablets, 40 mg and 120 mg

A letter describing the details of this license agreement and Sciele's consent to LifeCycle's request to use the _____ trademark is appended.

If these proposed trade names are not acceptable, LifeCycle respectfully requests consideration of the following trade names:

- _____ (fenofibrate) Tablets, 40 mg and 120 mg **b(4)**
- _____ (fenofibrate) Tablets, 40 mg and 120 mg
- _____ (fenofibrate) Tablets, 40 mg and 120 mg
- _____ (fenofibrate) Tablets, 40 mg and 120 mg

These names have been evaluated for "sound alike and look alike" properties vs. currently marketed products. A report including the "sound alike and look alike" of these proposed trade names is also amended to this submission. Further detailed market analysis is available upon request to aid in the Agency's evaluation of these trade names.

If necessary, LifeCycle and Sciele welcome the opportunity to participate in a short teleconference to discuss possible trade names with the Agency.

A desk copy of this submission has been sent directly to the Division of Metabolism and Endocrinology Products Project Manager, Ms. Kati Johnson. One archival copy and one review copy are enclosed.

If you should require further information, please contact me at 908-704-1691, ext. 223.

Sincerely,



Elizabeth N. Dupras, RAC
Senior Project Manager
B&H Consulting Services, Inc.
US Agent for LifeCycle Pharma A/S
edupras@bhconsultingservices.com

RECEIVED

FEB 06 2007

H Consulting Services, Inc.

CDER White Oak DR 1

55 North Gaston Avenue
Somerville, New Jersey 08876
Phone: 908-704-1691 • Fax: 908-704-1693

5 February 2007

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FEB 06 2007

CDR / CDER

Food and Drug Administration
Center for Drug Evaluation and Research
Office of Drug Evaluation II
Division of Metabolism and Endocrinology Products
5901-B Ammendale Road
Beltsville, MD 20705

RE: NDA 22-118: LCP-FenoChol (fenofibrate) Tablets, 40 mg and 120 mg
Response to Filing Communication

Dear Sir or Madam:

Reference is made to NDA 22-118 for LCP-FenoChol (fenofibrate) Tablets, 40 mg and 120 mg, accepted for filing on 9 December 2006, and the subsequent Filing Communication received on 22 December 2006.

This Filing Communication requested the following:

1. A statement that all clinical studies were conducted under the supervision of an IRB and with adequate informed consent procedures, or notify us of where this can be found in the application.
2. Patent information as required under 21 CFR 314.50.

1. IRB and Informed Consent

For each clinical study report, the IRB and informed consent information is referenced in Section 5 and detailed in Section 16.1.3. The following table lists the page numbers from Module 5 of the original NDA that provided the IRB and informed consent information. For ease of review, copies of these pages are included in this amendment. In addition, statements of compliance with the International Conference on Harmonisation Good Clinical Practices are included for each study.

| Study Report | Report Section | CTD Volume | Overall NDA Volume | Tab Identifier | Page(s) |
|---|----------------|------------------------|--------------------|---------------------------------|---------------|
| Final Clinical Study Report FenoChol PK 120-04 | 5 | Module 5 Volume 1.1 | Volume 7 of 49 | 5.3.1.2.1 FenoChol PK 120-04 | 14 |
| | 16.1.3 | Module 5 Volume 1.1 | Volume 7 of 49 | 5.3.1.2.1 FenoChol PK 120-04 | 188 to 218 |

| Study Report | Report Section | CTD Volume | Overall NDA Volume | Tab Identifier | Page(s) |
|---|----------------|-------------------------|--------------------|---|---------------|
| Final Clinical Study Report FenoChol PK 120-01 | 5 | Module 5 Volume 1.15 | Volume 21 of 49 | 5.3.1.2.2 FenoChol PK 120-01 | 22 |
| | 16.1.3 | Module 5 Volume 1.16 | Volume 22 of 49 | 5.3.1.2.2 FenoChol PK 120-01 (Continued) Appendix 16.1.3 to Appendix 16.2.3 | 312 to 327 |
| Final Clinical Study Report FenoChol PK 120-03 | 5 | Module 5 Volume 1.31 | Volume 37 of 49 | 5.3.1.2.3 FenoChol PK 120-03 | 13 |
| | 16.1.3 | Module 5 Volume 1.31 | Volume 37 of 49 | 5.3.1.2.3 FenoChol PK 120-03 | 162 to 199 |

2. Patent Information

At this time, LifeCycle Pharma A/S does not hold any patents related to this drug product. FDA Form 3542a (Patent Information Submitted with the Filing of an NDA, Amendment, or Supplement), reflecting that "no relevant patents" apply to this NDA, is included in this submission. LifeCycle will submit an updated FDA Form 3542a if any patents relevant to this NDA are obtained.

If you should require further information, please contact me at 908-704-1691, ext. 223.

Sincerely,



Elizabeth N. Dupras, RAC
Project Manager
B&H Consulting Services, Inc.
US Agent for LifeCycle Pharma A/S
edupras@bhconsultingservices.com

RECEIVED

2 February 2007

Food and Drug Administration
Center for Drug Evaluation and Research
Office of Drug Evaluation II
Division of Metabolism and Endocrinology Products
5901-B Ammendale Road
Beltsville, MD 20705

FEB 06 2007

CDER/CDR

CDER White Oak DR 1

FEB 05 2007

RECEIVED

RE: NDA 22-118: LCP-FenoChol (fenofibrate) Tablets, 40 mg and 120 mg
Updated Patent Certification
Correction to Submission Sequence Numbering

NEW CORRESPONDENCE

Dear Sir or Madam:

Reference is made to NDA 22-118 for LCP-FenoChol (fenofibrate) Tablets, 40 mg and 120 mg, accepted for filing on 9 December 2006. N/C

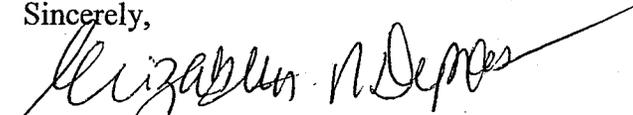
Enclosed please find a revision to the patent certification. The certification for US Patent No. 4,800,079 has been changed from a Paragraph IV certification to a Paragraph III certification, since this patent will expire on 10 August 2007.

Please note that the submission sequence numbering in CTD format was incorrectly labeled on recent amendments to this NDA. The following table summarizes the amendments submitted to date, the labeled sequence numbering, and the corrected sequence numbering, if applicable.

| Submission Description | Labeled Sequence Numbering | Corrected Sequence Numbering |
|---|----------------------------|------------------------------|
| Updated PDUFA User Fee Cover Sheet | Module 1 Volume 2.1 | Module 1 Volume 2.1 |
| Statement of Paragraph IV Notification to Patent Holders/Applicants | Module 1 Volume 2.1 | Module 1 Volume 3.1 |
| Receipt of Notice of Certification to Patent Holders/Applicants | Module 1 Volume 3.1 | Module 1 Volume 4.1 |
| Updated Patent Certification Correction to Submission Sequence | Module 1 Volume 5.1 | Module 1 Volume 5.1 |

If you should require further information, please contact me at 908-704-1691, ext. 223.

Sincerely,



Elizabeth N. Dupras, RAC
Project Manager
B&H Consulting Services, Inc.
US Agent for LifeCycle Pharma A/S
edupras@bhconsultingservices.com

BH Consulting
& Services, Inc.

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JAN 23 2007

55 North Gaston Avenue
Somerville, New Jersey 08876
Phone: 908-704-1691 • Fax: 908-704-1693

CDER White Oak DRI

19 January 2007

Food and Drug Administration
Center for Drug Evaluation and Research
Office of Drug Evaluation II
Division of Metabolism and Endocrinology Products
5901-B Ammendale Road
Beltsville, MD 20705

ORIGINAL CDER/CDR

JAN 22 2007

RECEIVED

RE: Receipt of Notice of Certification to Patent Holders/Applicants
NDA 22-118
LCP-FenoChol (fenofibrate) Tablets, 40 mg and 120 mg

Dear Sir or Madam:

NEW CORRESPONDENCE
N(c)

Reference is made to NDA 22-118 for LCP-FenoChol (fenofibrate) Tablets, 40 mg and 120 mg, accepted for filing on 9 December 2006.

Attached please find the 18 January 2007 certification of compliance with the requirements under 21 CFR 314.52(a) with respect to providing notice to the applicable patent holders/applicants. Also attached are copies of the corresponding tracking receipts from _____

b(4)

If you should require further information, please contact me at 908-704-1691, ext. 223.

Sincerely,

Bridgette Kunet for Elizabeth N. Dupras

Elizabeth N. Dupras, RAC
Project Manager
B&H Consulting Services, Inc.
US Agent for LifeCycle Pharma A/S
edupras@bhconsultingservices.com

22 December 2006

Food and Drug Administration
Center for Drug Evaluation and Research
Office of Drug Evaluation II
Division of Metabolism and Endocrinology Products
5901-B Ammendale Road
Beltsville, MD 20705

RECEIVED

DEC 27 2006

CDER White Oak DR 1

RECEIVED

DEC 26 2006

CDR / CDER

RE: Statement of Paragraph IV Notification to Patent Holders/Applicants
NDA 22-118
LCP-FenoChol (fenofibrate) Tablets, 40 mg and 120 mg

Dear Sir or Madam:

Reference is made to NDA 22-118 for LCP-FenoChol (fenofibrate) Tablets, 40 mg and 120 mg, accepted for filing on 9 December 2006.

Attached please find the 22 December 2006 certification of compliance with the requirements under 21 CFR 314.52(a) with respect to providing notice to the applicable patent holders/applicants.

If you should require further information, please contact me at 908-704-1691, ext. 223.

Sincerely,



Elizabeth N. Dupras, RAC
Project Manager
B&H Consulting Services, Inc.
US Agent for LifeCycle Pharma A/S
edupras@bhconsultingservices.com

B&H Consulting Services, Inc.

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DEC 06 2006

55 North Gaston Avenue
Somerville, New Jersey 08876
Phone: 908-704-1691 • Fax: 908-704-1693

CDER White Oak DRI

4 December 2006

Food and Drug Administration
Center for Drug Evaluation and Research
Office of Drug Evaluation II
Division of Metabolism and Endocrinology Products
5901-B Ammendale Road
Beltsville, MD 20705

RECEIVED
DEC 05 2006
CDR / CDER
NEW CORRESPONDENCE
N-000-C

**RE: Updated PDUFA User Fee Cover Sheet
NDA 22-118 for LCP-FenoChol (fenofibrate) Tablets, 40 mg and 120 mg**

Dear Sir or Madam:

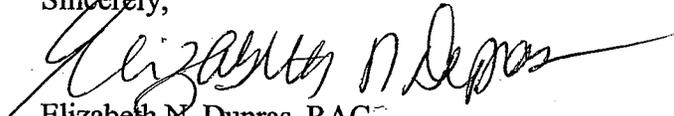
Reference is made to the 505(b)(2) New Drug Application 22-118 for LCP-FenoChol (fenofibrate) Tablets, 40 mg and 120 mg submitted to the Agency on 29 September 2006; accepted 10 October 2006.

The PDUFA User Fee Cover Sheet submitted in the original application reflected an exemption based on the interpretation that the 505(b)(2) application is NOT for a new molecular entity which is an active ingredient (including any salt or ester of an active ingredient); and it is NOT a new indication for a use. We were notified on 5 October 2006 that a full User Fee (\$896,200) was required for the application. The User Fee was paid, and the application accepted on 10 October 2006.

Enclosed please find the updated PDUFA User Fee Cover Sheet reflecting the full User Fee of \$896,200.

If you should require further information, please contact me at 908-704-1691, ext. 223.

Sincerely,



Elizabeth N. Dupras, RAC
Project Manager
B&H Consulting Services, Inc.
US Agent for LifeCycle Pharma A/S
edupras@bhconsultingservices.com

cc: Kati Johnson, FDA Project Manager (Desk Copy)

B&H Consulting Services, Inc.

RECEIVED

NDA 22-118 (C)
55 North Gaston Avenue
Somerville, New Jersey 08876
Phone: 908-704-1691 • Fax: 908-704-1693

OCT 13 2006

05 October 2006

CDER White Oak DR 1

RECEIVED

OCT 12 2006

CDER CDR

Food and Drug Administration
Center for Drug Evaluation and Research
Office of Drug Evaluation II
Division of Metabolism and Endocrinology Products
5901-B Ammendale Road
Beltsville, MD 20705

**RE: Authorization for David L. Rosen, Foley & Lardner LLP
505(b)(2) New Drug Application
LCP-FenoChol (fenofibrate) Tablets, 40 mg and 120 mg**

ORIGINAL

Dear Sir or Madam:

On behalf of LifeCycle Pharma A/S (LifeCycle), B&H Consulting Services Inc., hereby authorizes the Agency to communicate with David L. Rosen of Foley & Lardner LLP with regards to the 505(b)(2) New Drug Application for LCP-FenoChol (fenofibrate) Tablets, 40 mg and 120 mg submitted to the Agency on 29 September 2006.

A copy of the letter designating B&H Consulting Services, Inc. to act as US Agent on behalf of LifeCycle is appended to this letter.

If you should require further information, please contact me at 908-704-1691, ext. 223.

Sincerely,



Elizabeth N. Dupras, RAC
Project Manager
B&H Consulting Services, Inc.
US Agent for LifeCycle Pharma A/S
edupras@bhconsultingservices.com

cc: David L. Rosen

RECEIVED

OCT 11 2006

DRLS

N 22-118

28 September 2006

Food and Drug Administration
Center for Drug Evaluation and Research
Office of Drug Evaluation II
Division of Metabolism and Endocrinology Products
5901-B Ammendale Road
Beltsville, MD 20705

RECEIVED

SEP 2 2006

CDER White Oak DR 1

RECEIVED

SEP 29 2006

CDER CDR

N-000

**RE: 505(b)(2) New Drug Application
LCP-FenoChol (fenofibrate) Tablets, 40 mg and 120 mg**

Dear Sir or Madam:

Pursuant to 21 CFR 314.50, on behalf of LifeCycle Pharma A/S (LifeCycle), we are submitting a New Drug Application (NDA) for LCP-FenoChol (fenofibrate) Tablets, 40 mg and 120 mg.

LCP-FenoChol (fenofibrate) Tablets, 40 mg and 120 mg, are indicated as adjunctive therapy to diet to reduce elevated LDL-C, Total-C, Triglycerides and Apo B, and to increase HDL-C in adult patients with primary hypercholesterolemia or mixed dyslipidemia

b(4)

LCP-FenoChol (fenofibrate) Tablets, 40 mg and 120 mg, are also indicated as adjunctive therapy to diet for treatment of adult patients with hypertriglyceridemia

b(4)

The above indications are the same indications listed for the marketed product Antara™ (fenofibrate) Capsules.

The drug substance, fenofibrate, is manufactured by _____ The manufacture of fenofibrate is considered confidential information to LifeCycle. A letter authorizing FDA to review _____ is included in Module 1.

b(4)

Reference is made to the Type B, Pre-NDA Meeting held on Thursday, 22 June 2006 to discuss the submission for LCP-FenoChol (fenofibrate) Tablets, 40 mg and 120 mg, and the subsequent Agency meeting minutes received 17 July 2006. These meeting minutes are included in Module 1, and summarize agreements reached during this meeting.

The application consists of 49 volumes in CTD format. A Reviewer's Guide is included in Module 1 detailing the copies provided for each CTD Module and overall organization and content of the application.

A letter designating B&H Consulting Services, Inc. to act as US Agent on behalf of LifeCycle is appended to this letter.

If you should require further information, please contact me at 908-704-1691, ext. 223.

Sincerely,



Elizabeth N. Dupras, RAC
Project Manager
B&H Consulting Services, Inc.
US Agent for LifeCycle Pharma A/S
edupras@bhconsultingservices.com

12/21/06

**Study Endpoints and Label Development (SEALD) Team
Review of PLR Labeling**

Application Number: NDA 22-118

Applicant: LifeCycle Pharma

Drug Names: LCP-FenoChol (fenofibrate)

Receipt Date: September 28, 2006

SEALD Review Date: December 19, 2006

Project Manager: Kati Johnson, Chief Project Management Staff

Review Division: Division of Metabolism and Endocrinology Products

SEALD Reviewer(s): Jeanne M. Delasko, RN, MS/Label Initiatives Specialist

Concurrence(s): Laurie B. Burke, RPh, MPH/Director, SEALD

Executive Summary

This memo provides a list of revisions for the proposed labeling that should be conveyed to the applicant. These comments are based on Title 21 of the Code of Federal Regulations (201.56 and 201.57), the preamble to the Final Rule, Guidance(s), and FDA recommendations to provide for labeling quality and consistency across review divisions. When a reference is not cited, consider these comments as recommendations only.

Review of PLR labeling

Highlights:

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b(4)

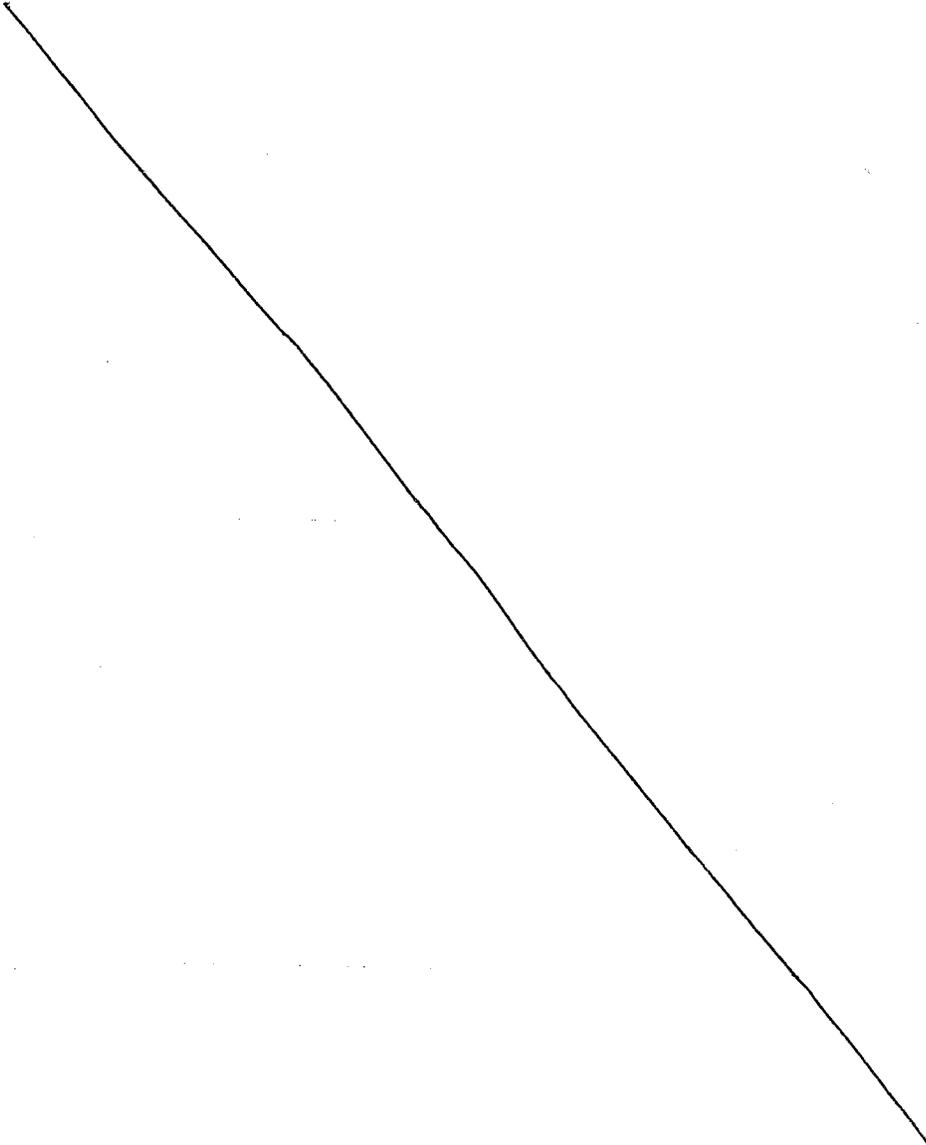
1 Page(s) Withheld

 Trade Secret / Confidential (b4)

 ✓ Draft Labeling (b4)

 Draft Labeling (b5)

 Deliberative Process (b5)



b(4)

Recommendations

After the comments are conveyed to the applicant and revised labeling is submitted, please check to ensure that SEALD labeling comments have been addressed and incorporated into the labeling. At the first labeling meeting, use the applicant's updated (revised) draft labeling for review.

Appendix A: Applicant's Proposed Labeling

7 Page(s) Withheld

Trade Secret / Confidential (b4)

Draft Labeling (b4)

Draft Labeling (b5)

Deliberative Process (b5)

Withheld Track Number: Administrative- 3

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

/s/

Jeanne Delasko
12/20/2006 11:21:00 AM
CSO

Laurie Burke
12/21/2006 05:09:24 PM
INTERDISCIPLINARY



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

12/19/06

FILING COMMUNICATION

NDA 22-118

B & H Consulting Services, Inc.
US Agent for LifeCycle Pharma A/S
Attention: Elizabeth Dupras, Project Manager
55 North Gaston Avenue
Somerville, NJ 08876

Dear Ms. Dupras:

Please refer to your September 28, 2006 new drug application (NDA) submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for FenoChol (fenofibrate) Tablets 40, 120 mg.

We have completed our filing review and have 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 December 9, 2006 in accordance with 21 CFR 314.101(a).

In our filing review, we have identified the following potential review issues:

- We note your acknowledgment that dissolution of the 40 mg strength packaged in the 7-count bottle shows significant decreasing trend during the stability study under the accelerated conditions (40 °C/75% RH). In addition, available stability data appear to show that this trend also occurs, to the same or a lesser extent, in the 40 mg strength packaged in the 30-count and 100-count bottles and in the 120 mg strength packaged in all three bottle presentations, under all stability storage conditions. While the results may be within your proposed dissolution acceptance criteria of $Q = \text{---}$ at 45 minutes, the regulatory criteria will be finalized as part of FDA's review of the NDA, and be advised that this time point may not be adequately discriminating because the earlier time points may show more significant changes in dissolution with respect to storage time under all stability conditions. Because dissolution is shown to be an attribute critical to the performance of the product, and a decreasing trend in dissolution is observed during the stability study that has a matrix design, an extrapolation of shelf life beyond the period covered by long-term data may not be appropriate.

- Clarify your statement regarding the head-space volume of the 7-count bottle being a possible cause for the decreasing trend in dissolution. If the head-space volume of the 7-count bottle is a stability issue, then the stability of the product in the open larger-count bottles (i.e., during patient use) should present concerns.

b(4)

b(4)

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.

We also request that you submit the following information:

- A statement that all clinical studies were conducted under the supervision of an IRB and with adequate informed consent procedures, or notify us of where this can be found in the application.
- Patent information as required under 21 CFR 314.50.

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.

If you have any questions, call me at 301-796-1234.

Sincerely,

{See appended electronic signature page}

Kati Johnson
Chief, Project Management Staff
Division of Metabolism & Endocrinology Products
Office of Drug Evaluation II
Center for Drug Evaluation and Research

12/4/06

CLINICAL FILING CHECKLIST FOR A NEW NDA/BLA

| | Yes | No | N/A | Comment |
|---|-----|----|-----|---|
| FORMAT/ORGANIZATION/LEGIBILITY | | | | |
| 1. On its face, is the clinical section of the application organized in a manner to allow substantive review to begin? | X | | | As this is a 505b2 application (RLD: Antara), the clinical section is limited to the safety of the submitted clinical pharmacology studies. |
| 2. Is the clinical section of the application indexed (using a table of contents) and paginated in a manner to allow substantive review to begin? | X | | | |
| 3. For an electronic submission, is it possible to navigate the application in order to allow a substantive review to begin (e.g., are the bookmarks adequate)? | | | X | |
| 4. Are all documents submitted in English, or are English translations provided when necessary? | X | | | |
| 5. On its face, is the clinical section of the application legible so that substantive review can begin? | X | | | |
| LABELING | | | | |
| 6. Has the applicant submitted draft labeling in electronic format consistent with 21 CFR 201.56 ¹ and 201.57, current divisional and Center policies, and the design of the development package? | X | | | |
| SUMMARIES | | | | |
| 7. Has the applicant submitted all the required discipline summaries (i.e., Module 2 summaries)? | X | | | |
| 8. Has the applicant submitted the integrated summary of safety (ISS)? | X | | | Submitted as Summary of Clinical Safety (safety was not pooled; taken from 3 biopharm studies) |
| 9. Has the applicant submitted the integrated summary of efficacy (ISE)? | X | | | Submitted as Summary of Clinical Efficacy, although efficacy will be bridged to Antara label |
| 10. Has the applicant submitted a benefit-risk analysis for the product? | X | | | |
| DOSE | | | | |
| 11. If needed, has the sponsor made an appropriate attempt to determine the correct dosage and schedule for this product (i.e., appropriately designed dose-ranging studies)? | | | X | Dosing bridged to RLD |
| EFFICACY | | | | |
| 12. On its face, do there appear to be the requisite number of adequate and well controlled studies in the application? | | | X | No efficacy studies were done |
| 13. Do all pivotal efficacy studies appear to be adequate and well-controlled within current divisional policies (or to the extent agreed to previously with the applicant by the Division) for approvability of this product based on proposed draft labeling? | | | X | |
| SAFETY | | | | |
| 14. Has the applicant presented the safety data in a manner consistent with Center guidelines and/or in a manner previously requested by the Division? | X | | | Based on review of Module 2 (summaries) |
| 15. Has the applicant submitted adequate information to assess the | | | X | |

¹ http://www.access.gpo.gov/nara/cfr/waisidx_01/21cfr201_01.html

| | | | | |
|---|---|---|---|---|
| arrythmogenic potential of the product (e.g., QT interval studies, if needed?) | | | | |
| 16. Has the applicant presented a safety assessment based on all current world-wide knowledge regarding this product? | | | X | Relying on safety of Antara product |
| OTHER STUDIES | | | | |
| 17. Has the applicant submitted all special studies/data requested by the Division during the pre-submission discussions with the sponsor? | X | | | From a clinical perspective; ultimate determination deferred to other disciplines |
| 18. For an Rx-to-OTC switch application, are the necessary special OTC studies included (e.g., labeling comprehension)? | | | X | |
| PEDIATRIC USE | | | | |
| 19. Has the applicant submitted the pediatric assessment, or provided documentation for a waiver and/or deferral? | X | | | Requested waiver |
| ABUSE LIABILITY | | | | |
| 20. If relevant, has the applicant submitted information to assess the abuse liability of the product? | | | X | |
| FOREIGN STUDIES | | | | |
| 21. Has the applicant submitted a rationale for assuming the applicability of foreign data in the submission to the U.S. population? | | X | | Studies done in Canada |
| DATASETS | | | | |
| 22. Has the applicant submitted datasets in a format to allow reasonable review of the patient data? | | | X | Data to be reviewed by biopharm |
| 23. Has the applicant submitted datasets in the format agreed to previously by the Division? | | | X | |
| 24. Are all datasets for pivotal efficacy studies available and complete for all indications requested? | | | X | |
| 25. Are all datasets to support the critical safety analyses available and complete? | | | X | |
| 26. For the major derived or composite endpoints, are all of the raw data needed to derive these endpoints? | | | X | |
| CASE REPORT FORMS | | | | |
| 27. Has the applicant submitted all required Case Report forms in a legible format (deaths, serious adverse events, and adverse dropouts)? | X | | | These have been submitted in volume 49 |
| 28. Has the applicant submitted all additional Case Report Forms (beyond deaths, serious adverse events, and adverse drop-outs) as previously requested by the Division? | | | X | |
| FINANCIAL DISCLOSURE | | | | |
| 29. Has the applicant submitted the required Financial Disclosure information? | X | | | |
| GOOD CLINICAL PRACTICE | | | | |
| 30. Is there a statement of Good Clinical Practice; that all clinical studies were conducted under the supervision of an IRB and with adequate informed consent procedures? | | X | | Not found by this reviewer in Modules 1 or 2 |
| CONCLUSION | | | | |
| 31. From a clinical perspective, is this application fileable? If "no", please state why it is not? | X | | | |

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

10/17/06

NDA 22-118

B & H Consulting Services, Inc.
US Agent of LifeCycle Pharma A/S
Attention: Elizabeth Dupras
Project Manager
55 North Gaston Avenue
Somerville, NJ 08876

Dear Ms. Dupras:

Please refer to your new drug application (NDA) submitted under section 505(b) of the Federal Food, Drug and Cosmetic Act for LCP-FenoChol (fenofibrate) Tablets, 40 mg and 120 mg.

This is to notify you that the Agency has received all fees owed and your application has been accepted as of October 10, 2006.

b(4)

The review priority classification for this application is standard(S).

Unless we notify you within 60 days of the above 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 9, 2006** in accordance with 21 CFR 314.101(a). If the application is filed, the user fee goal date will be **August 10, 2006**.

Please cite the NDA number listed above at the top of the first page of all submissions to this application. Send all submissions, electronic or paper, including those sent by overnight mail or courier, to the following address:

Food and Drug Administration
Center for Drug Evaluation and Research
Division of Metabolism & Endocrinology Products
5901-B Ammendale Road
Beltsville, MD 20705-1266

If you have any questions, call me at (301) 796-1234.

Sincerely,

{See appended electronic signature page}

Kati Johnson
Chief, Project Management Staff
Division of Metabolism and Endocrinology Products
Office of Drug Evaluation II
Center for Drug Evaluation and Research

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Department of Health and Human Services

Public Health Service

Food and Drug Administration
Rockville, MD 20857

OCT 27 2006

Elizabeth N. Dupras, RAC
U.S. Agent for LifeCycle Pharma A/S
B&H Consulting Services, Inc.
55 North Gaston Avenue
Somerville, NJ 08876

**RE: LifeCycle Pharma A/S, Small Business Application Fee Waiver Request 2006.051,
New Drug Application for FenoChol (fenofibrate)**

Dear Ms. Dupras:

This responds to your July 7, 2006, letter on behalf of LifeCycle Pharma A/S (LifeCycle) requesting a waiver of the human drug application fee for a new drug application (NDA) for FenoChol (fenofibrate) tablets (NDA 22-118), under the small business waiver provision, section 736(d)(1)(D)¹ of the Federal Food, Drug, and Cosmetic Act (the Act) (Waiver Request 2006.051). For the reasons described below, the Food and Drug Administration (FDA) denies the LifeCycle request for a small business waiver of the application fee for the LifeCycle NDA 22-118 for FenoChol.

I. LifeCycle's Waiver Request

According to your letter, LifeCycle has approximately 40 employees. You also stated that LifeCycle is a spin-off organization from H. Lundbeck A/S, Denmark. You stated that the FenoChol application would be submitted in September 2006. You also claim that you have no products on the market in any country, have no market authorizations or pending market authorizations in any country, and have not submitted applications for any product on any market. You state that you have no affiliates in the United States.

¹ 21 U.S.C. 379h(d)(1)(D).

II. Criteria for Small Business Waivers

Under section 736(d)(3) of the Act,² a waiver of the application fee is granted to a small business for the first human drug application that a small business or its affiliate³ submits to the FDA for review. The small business waiver provision entitles a small business to a waiver when the business meets the following criteria: (1) the business must employ fewer than 500 persons, including employees of its affiliates, and (2) the marketing application must be the first human drug application, within the meaning of the Act, that a company or its affiliate submits to FDA.

III. Evaluation of LifeCycle's Waiver Request

According to the Small Business Administration (SBA) size determination letter dated September 22, 2006, LifeCycle is found to be "other than small" under the size standard defined for FDA in the Act. FDA's decision to deny LifeCycle's request for a small business waiver for its NDA 22-118 for Fenochol is based on the SBA statement that LifeCycle and its affiliate, H. Lundbeck A/S, have a combined number of employees that exceeds the applicable size standard of fewer than 500 employees. Based on the evidence considered, SBA concluded that LifeCycle is "other than a small business concern" with more than 500 employees.

For FDA to grant a waiver, LifeCycle must satisfy both criteria under the waiver provision. Because you do not satisfy the first criterion for a small business waiver, FDA denies the LifeCycle request for a waiver of the application fee for Fenochol. FDA did not determine whether LifeCycle meets the second criterion under the waiver provision, whether NDA 22-118 for Fenochol is the first human drug application, within the meaning of the Act, that LifeCycle or its affiliates have submitted to FDA.

IV. Reconsideration

You may request reconsideration of this denial of your fee waiver. Any request for reconsideration should be made within 15 days of receipt of this letter and should state your reasons for believing that this decision is in error. A request for reconsideration should be sent to this office either by facsimile (301-827-1226) or to one of the following addresses:

² 21 U.S.C. 379h(d)(3).

³ "The term 'affiliate' means a business entity that has a relationship with a second business entity if, directly or indirectly — (A) one business entity controls, or has the power to control, the other business entity; or (B) a third party controls, or has the power to control, both of the business entities" (21 U.S.C. 379g(9)).

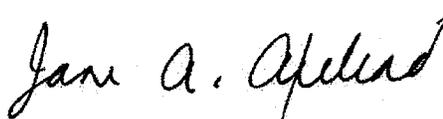
| If sent by U.S. Postal Service | If sent by courier service |
|--|--|
| Associate Director for Policy Attention: User Fee Waiver Office, HFD-5 Center for Drug Evaluation and Research Food and Drug Administration 5600 Fishers Lane Rockville, MD 20857 | Associate Director for Policy Attention: User Fee Waiver Office, HFD-5 Center for Drug Evaluation and Research Food and Drug Administration 5515 Security Lane, Room 1101 Rockville, MD 20852 |

V. Disclosure of Public Information

FDA plans to disclose to the public information about its actions granting or denying waivers and reductions of user fees. This disclosure will be consistent with the laws and regulations governing the disclosure of confidential commercial or financial information.

If you have any questions about this matter, please contact Beverly Friedman or Michael Jones at 301-594-2041.

Sincerely,



Jane A. Axelrad
Associate Director for Policy
Center for Drug Evaluation and Research

cc: Michael Beckert, MD
Life Cycle Pharma A/S
Kogle Alle 4
2970 Hørsholm
DENMARK

BCC:

HFD-5 M. Jones

HFD-7 B. Friedman

HFD-7 Chron file

HFD-5 LifeCycle waiver file

HFD- Kati Johnson, Project Manager for Application NDA 22-118, FenoChol (fenofibrate)

HFM-110 C. Vincent/R. Eastep

HFA-100 M. Louviere (Waiver Denied)

HF-20 F. Claunts

HFV-3 T. Forfa

HFV-100 D. Newkirk

Drafted: B. Friedman 9/27/2006

CDER Application Check: N/A

CBER Application Check: N/A

Reviewed: M. Jones 9/28/2006

Edited: S. O'Malley 10/23/2006

Reviewed: J. Axelrad

Date: 9/28/2006

P:\waiver\Pending\LifeCycle Pharma\2006.051\SBA-final letter.doc



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

9/13/06

IND 73,213

B & H Consulting Services
US Agent for LifeCycle Pharma A/S
Attention: Elizabeth Dupras, Project Manager
55 North Gaston Avenue
Somerville, NJ 08876

Dear Ms. Dupras:

Please refer to your PIND file for FenoChol (fenofibrate) Tablets, 40 and 120 mg.

We also refer to the pre-IND meeting held on June 22, 2006 and the official minutes that were forwarded to you on July 13, 2006. In these minutes we stated that the proposed excipient Polyethylene glycol 600 is present at concentrations that exceed those used in previously approved products, and would have to be qualified.

Lastly, we refer to your amendment dated August 9, 2006, requesting Agency agreement that the minutes incorrectly referred to Polyethylene Glycol 600 instead of the correct Polyethylene Glycol 6000.

We have completed the review of your submission and agree that we were incorrect referencing the wrong excipient and that the excipient proposed for use in the future NDA has been previously used in currently approved products.

If you have any questions, call Kati Johnson, Chief, Project Management Staff, at (301) 796-1234.

Sincerely,

{See appended electronic signature page}

Mary H. Parks, M.D.
Director
Division of Metabolism and Endocrinology Products
Office of Drug Evaluation II
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/

Mary Parks
9/13/2006 02:25:42 PM



DEPARTMENT OF HEALTH & HUMAN SERVICES

7/13/06

Public Health Service

Food and Drug Administration
Rockville, MD 20857

PIND 73,213

B & H Consulting Services, Inc.
US Agent for LifeCycle Pharma A/S
Attention: Elizabeth Dupras, Project Manager
55 North Gaston Avenue
Somerville, NJ 08876

Dear Ms. Dupras:

Please refer to your Pre-Investigational New Drug Application (PIND) file for Fenofibrate Tablets, 40 mg and 120 mg.

We also refer to the meeting between representatives of your firm and the FDA on June 22, 2006. The purpose of the meeting was to discuss your proposal for submitting a 505(b)(2) application.

The official minutes of that meeting are enclosed. You are responsible for notifying us of any significant differences in understanding regarding the meeting outcomes.

If you have any questions, call me at (301) 796-1234.

Sincerely,

{See appended electronic signature page}

Kati Johnson
Chief, Project Management Staff
Division of Metabolism & Endocrinology Products
Office of Drug Evaluation II
Center for Drug Evaluation and Research

Enclosure

MEMORANDUM OF MEETING MINUTES

TELECON DATE: June 22, 2006
TIME: 11:00 am – 12 noon
APPLICATION: PIND 73,213
DRUG NAME: Fenofibrate Tablets
TYPE OF MEETING: pre-NDA

MEETING CHAIR: Eric Colman, MD

MEETING RECORDER: Kati Johnson

FDA ATTENDEES: (Title and Office/Division)

Office of Drug Evaluation II

Robert J. Meyer, MD-Director

Division of Metabolism & Endocrinology Products

Mary Parks, MD-Acting Director

Eric Colman, MD-Acting Deputy Director/Lipid Clinical Team Leader

Julie Golden, MD-Clinical Reviewer

Karen Davis Bruno, PhD-Supervisory Pharmacology/Toxicology

Kati Johnson-Chief, Project Management Staff

Enid Galliers-Chief, Project Management Staff

Office of New Drug Quality Assessment

Suong Tran, PhD-Product Assessment Lead

Office of Clinical Pharmacology/Biopharmaceutics

Hae Young Ahn, PhD-Team Leader

Wei Qiu, PhD-Reviewer

Office of Regulatory Policy

Janice Weiner, JD, MPH-Regulatory Counsel

Office of Chief Counsel

Kim Dettelbach, JD-Regulatory Counsel

EXTERNAL CONSTITUENT ATTENDEES:

- Michael Beckert, MD; Executive Vice President and Chief Operating Officer; LifeCycle Pharma A/S
- Margrethe Erbou Andersen, MSc (Pharm); Manager Regulatory Affairs; LifeCycle Pharma A/S
- Helen M. Ribbans, RAC; President; B&H Consulting Services, Inc.
- Elizabeth N. Dupras, RAC; Project Manager; B&H Consulting Services, Inc. (US Agent for LifeCycle Pharma A/S)

BACKGROUND:

On May 11, 2006, the firm requested a pre-NDA meeting to discuss submission of a 505(b)(2) application for FenoChol (fenofibrate) Tablets, 40 mg and 120 mg. The firm proposes to rely, in part, on the Agency's finding of safety and effectiveness for Antara (NDA 21-695), which was approved through the 505(b)(2) pathway on November 30, 2004, in 43, 87 and 130 mg capsules.

MEETING OBJECTIVES:

Obtain FDA concurrence that the information to be provided is adequate to support a 505(b)(2) application for the proposed drug product.

DISCUSSION POINTS:

The firm was provided draft comments prior to the meeting. The firm's questions are followed by our **bolded** responses. Discussions at the meeting and post-meeting comments are **bolded** and *italicized*.

8.1 General

- 8.1.1 LifeCycle Pharma A/S (LifeCycle) is proposing a drug product [FenoChol (fenofibrate) Tablets, 40 mg and 120 mg] that contains the same active ingredient and same indications as the currently marketed product, Antara™ (fenofibrate) Capsules. The proposed drug product strengths are 40 mg and 120 mg, which differ from the Antara™ (fenofibrate) Capsules marketed product strengths of 43 mg and 130 mg, respectively.

We believe that a 505(b)(2) application is appropriate for the proposed drug product. Does the Agency agree?

Response: Yes, assuming there are no patent issues. You will have to certify against Antara (NDA 21-695) and Tricor (NDA 19-304).

Discussion at the meeting:

None

8.2 Chemistry, Manufacturing and Controls

- 8.2.1 The proposed drug product formulation contains Poloxamer 188 as an excipient at a level of _____ and _____ in the 40 mg and 120 mg strengths, respectively. These levels are higher than the maximum level for oral tablet formulations (18 mg) listed in the FDA's Inactive Ingredients Guide. LifeCycle has performed a safety assessment based on available literature of the toxicity of Poloxamer 188. The safety assessment is provided in Appendix 1. Because only limited data were found on the safety of Poloxamer 188 following oral dosing, the majority of the safety data are based on IV administration. In addition, the safety assessment includes a risk assessment of the maximum daily exposure to Poloxamer 188 at doses up to 100 mg/day compared to the no effect level doses reported in the literature.

b(4)

The safety assessment concludes that there is no safety concern with the levels of Poloxamer 188 in the proposed formulation for FenoChol (fenofibrate) Tablets. Does the Agency agree?

Response: With regard to the safety assessment of Poloxamer 188, the pivotal article provided in Appendix 1 (Carr 1952) for oral administration presented in the background package does not appear to have been published. Polyethylene glycol— is also present at concentrations that exceed those used in previously approved products. For these and any other impurities, degradants, and novel excipients present in concentrations higher than in any approved product, they must be qualified.

b(4)

Discussion during the meeting:

The sponsor e-mailed an article to the project manager the morning of the meeting. Dr. Davis Bruno says that it appeared to address the Poloxamer 188 issue, but a comprehensive review would only take place when the NDA is submitted.

Post-meeting notes: In relooking at the Inactive ingredients guide, Dr. Davis Bruno reiterated that the concentration of polyethylene glycol — proposed is present at concentrations that exceed those used in previously approved products. The firm should focus on orally administered products when looking at the guide. Therefore, the polyethylene glycol will need to be qualified either by published literature or by toxicology studies.

b(4)

8.2.2 LifeCycle intends to submit the application with stability data from 3 commercial scale batches of each strength (40 mg and 120 mg) stored for 3 months under long-term ($25^{\circ}\text{C} \pm 2^{\circ}\text{C}/60\% \text{RH} \pm 5\% \text{RH}$) and accelerated ($40^{\circ}\text{C} \pm 2^{\circ}\text{C}/75\% \text{RH} \pm 5\% \text{RH}$) conditions. The two strengths are dose proportional. LifeCycle will provide up to 12-month updated stability data prior to final approval of the application in support of the proposed expiry dating period.

Does the Agency agree with the proposal for submission of stability data?

Response: No, the submission of 3-month stability data will not be acceptable for filing of the application. Submit the NDA with at least 6-month primary stability data for initial filing. A total of 12-month primary stability data should be provided within 6 months of the NDA submission. The expiration dating period of the to-be-marketed product will be determined based on the available primary stability data, as part of FDA's review of the NDA.

Discussion during the meeting:

The firm agreed to submit the application with at least 6 months of stability data.

8.2.3 FenoChol (fenofibrate) Tablets will be provided in 7-count, 30-count and 100-count bottles. Stability testing frequency is being conducted according to a matrix design, as described in Section 9.2.7.

Does the Agency agree with the proposed matrix design for stability testing?

Response: Yes, we agree with the proposed matrix design for stability testing.

Additional comment: Add Content testing to the stability protocol unless an adequate justification for the omission is provided in the NDA.

b(4)

Discussion during the meeting:

The firm stated that this is currently being monitored, so the NDA will contain the information in addition to a specification and limit.

8.3 Nonclinical

8.3.1 Fenofibrate has been shown to be safe in nonclinical studies. These studies are documented in the Antara™ (fenofibrate) Capsules labeling provided in Appendix 2, the references included in the labeling¹⁻³ and the nonclinical section of NDA 21-695. No additional studies are planned.

Does the Agency agree that no additional nonclinical studies are required to support the 505(b)(2) application?

Response: See response to 8.2.1. Otherwise, no additional studies are required.

8.4 Clinical

8.4.1 Fenofibrate has been shown to be safe and effective in clinical studies. These studies are documented in the Antara™ (fenofibrate) Capsules labeling provided in Appendix 2, the references included in the labeling¹⁻³ and the clinical section of NDA 21-695.

LifeCycle plans to submit one pivotal, single-dose bioequivalence study conducted on a commercial scale production batch of FenoChol (fenofibrate) Tablets, 120 mg, and two supportive studies conducted on pilot scale production batches of FenoChol (fenofibrate) Tablets, 120 mg. The pilot scale production batches were manufactured with a slightly lower amount of magnesium stearate compared to the commercial production scale batches (magnesium stearate).

b(4)

The pivotal study will examine the comparative bioavailability of FenoChol (fenofibrate) Tablets, 120 mg to Antara™ (fenofibrate) Capsules, 130 mg under fasting and high-fat fed conditions, as well as the comparative bioavailability of FenoChol (fenofibrate) Tablets, 120 mg under fasting conditions to FenoChol (fenofibrate) Tablets, 120 mg under high-fat fed conditions. The study is designed as a single-dose, open-label, four-period, randomized cross-over study enrolling 36 subjects (Study No. FenoChol PK120-04).

In addition, two supportive studies were conducted on pilot scale production batches:

1. A single-dose, open-label, four-period, randomized cross-over study to demonstrate comparative bioavailability of FenoChol (fenofibrate) Tablets, 120 mg to Antara™ (fenofibrate) Capsules, 130 mg under fed conditions (bioequivalence part) and to demonstrate the same extent of absorption of FenoChol (fenofibrate) Tablets, 120 mg under fasting and high-fat conditions (food-effect part) (Study No. FenoChol PK120-01; N = 42).

2. A multi-dose, open-label, two-period, randomized cross-over study to demonstrate bioequivalence between FenoChol (fenofibrate) Tablets, 120 mg under low-fat fed conditions compared to Antara™ (fenofibrate) Capsules, 130 mg under low-fat fed conditions (Study No. FenoChol 120-03; N = 42).

Does the Agency agree that this clinical program and the studies conducted are sufficient to support the 505(b)(2) application?

Response: Yes. However, please be aware that the administration of FenoChol without regard to meals can not be approved in the Dosage & Administration section of the package insert at this time, due to Antara exclusivity. However, the food effects can be described in the Clinical Pharmacology section.

Discussion during the meeting:

After some discussion, it was agreed that the Dosage & Administration section of the package insert can be silent on the food effect, and the study could be described under the Clinical Pharmacology section.

- 8.4.2 In the clinical development program, LifeCycle has demonstrated bioequivalence of FenoChol (fenofibrate) Tablets, 120 mg taken under fasting conditions compared to FenoChol (fenofibrate) Tablets, 120 mg taken under high-fat fed conditions for the extent of absorption [80% to 125% bioequivalence range for 90% Confidence Interval(CI)]. The rate of absorption was lower for the fasting condition compared to the high-fat fed condition (90% CI below 80%) (Study No. FenoChol PK120-01).

Based on these results, LifeCycle proposes to add the following statement to the DOSAGE AND ADMINISTRATION section of the labeling for FenoChol (fenofibrate) Tablets:

b(4)

Does the Agency agree that the clinical data from Study No. FenoChol PK120-01 support this labeling statement?

Response: see response to 8.4.1

Discussion during the meeting: none

- 8.4.3 LifeCycle has successfully shown bioequivalence of FenoChol (fenofibrate) Tablets, 120 mg to Antara™ (fenofibrate) Capsules, 130 mg. LifeCycle intends to request a waiver for providing evidence of *in-vivo* bioequivalence for FenoChol (fenofibrate) Tablets, 40 mg based on similarity of the dissolution profiles. Comparative, — dissolution profiles will be provided for FenoChol (fenofibrate) Tablets, 40 mg vs. FenoChol (fenofibrate) Tablets, 120 mg. The similarity of the profiles will be determined based on similarity factor (f_2 value) calculations.

b(4)

Does the Agency agree that the proposed dissolution profile comparison supports a request for a waiver to provide evidence of in-vivo bioequivalence for FenoChol (fenofibrate) Tablets, 40 mg?

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

/s/

Kati Johnson

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