CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER:

22-067

ADMINISTRATIVE and CORRESPONDENCE DOCUMENTS

Taro Pharmaceuticals U.S.A., Inc.

DEBARMENT CERTIFICATION

Taro Pharmaceuticals U.S.A., Inc., 3 Skyline Drive, Hawthorne, NY, 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.

Kalpana Rao
GVP, Regulatory Affairs (Global)
Taro Pharmaceuticals U.S.A., Inc.

9/29/06
Date

Alexander I. Cossin, ESQ.
Secretary
Taro Pharmaceuticals Inc.

9/27/06
Date

PEDIATRIC PAGE

(Complete for all filed original applications and efficacy supplements)

NDA/BLA # : 22-067 **Supplement Type (e.g. SE5):** _____ **Supplement Number:**

Stamp Date: August 14, 2006 **Action Date:** January 18, 2008

HFD 170

Trade and generic names/dosage form: Flo-Pred (prednisolone acetate oral suspension)

Applicant: Taro Pharmaceuticals **Therapeutic Class:** 3S

Indication(s) previously approved: (See below)

Each approved indication must have pediatric studies: Completed, Deferred, and/or Waived.

Number of indications for this application: 50

Occurs in pediatrics	Not found or rare in pediatrics
Allergic Conditions	
Atopic Dermatitis	
Drug hypersensitivity reactions	
Seasonal and Perennial allergic rhinitis	
Serum sickness	
Dermatologic Diseases	
Bullous dermatitis herpetiformis	Pemphigus
Contact dermatitis	
Exfoliative erythroderma	
Mycosis fungoides	
Severe erythema multiforme (Steven-Johnson syndrome)	
Endocrine Conditions	
Congenital adrenal hyperplasia	Hypercalcemia of malignancy
Non-suppurative thyroiditis	
Primary or secondary adrenocortical insufficiency	
Gastrointestinal Diseases	
Crohn's disease	
Ulcerative colitis	
Hematologic Diseases	
Acquired (autoimmune) hemolytic anemia	Diamond-Blackfan anemia
Idiopathic thrombocytopenia purpura**	
Pure red cell aplasia	
Secondary thrombocytopenia	

Neoplastic Conditions	
Acute leukemia	
Aggressive lymphomas*	
Nervous System Conditions	
Multiple sclerosis	
Cerebral edema associated with primary or metastatic brain tumor, craniotomy, or head injury	
Ophthalmic Conditions	
Uveitis & ocular inflammatory conditions	
	Sympathetic Ophthalmia
Organ Transplantation	
Acute and Chronic solid organ rejection	
Pulmonary Diseases	
Allergic bronchopulmonary aspergillois	Chronic obstructive pulmonary disease
Aspiration pneuumonitis	Hypersensitivity pneumonitis
Asthma	Idiopathic eosinophilic Pneumonias
Fulminating or disseminated pulmonary tuberculosis	Idiopathic pulmonary fibrosis
Idiopathic bronchiolitis obliterans with organizing pneumonia	Symptomatic sarcoidosis
Pneumocystis carinii pneumonia (PCP) associated w/ hypoxemia occurring in HIV+ individuals who are also under treatment w/ appropriate anti-PCP antibiotics	
Renal Conditions	
Nephrotic syndrome	
Rheumatic Conditions	
Dermatomyositis/polymyositis	Acute gouty arthritis
Psoriatic arthritis	Ankylosing spondylitis
Rheumatoid arthritis*	Polymyalgia rheumatica
Systemic lupus erythematosus	Relapsing polychondritis
Vasculitis	Sjögren's syndrome
Specific Infectious Diseases	
Trichinosis with neurologic or myocardial involvement	
Tubercuous meningitis	

* RLD label indicates that these indications are approved in both adult and pediatric patients.
** RLD label indicates "in adults," but this condition also occurs in pediatric patients.

With several exceptions, the indications listing under the following categories are considered **FULFILLED**:

- Allergic Conditions
- Dermatologic Diseases
- Endocrine Conditions
- Gastrointestinal Diseases
- Hematologic diseases
- Nervous System conditions
- Specific Infectious diseases
- Neoplastic conditions
- Ophthalmic conditions
- Pulmonary diseases
- Renal conditions
- Rheumatic conditions

With respect to the above-mentioned exceptions, the following indications are **WAIVED** either because the disease/condition does not occur in the pediatric population or there are too few children with disease/condition to study:

- Acute gouty arthritis
- Ankylosing spondylitis
- Chronic obstructive pulmonary disease (COPD)
- Diamond-Blackfan anemia
- Dermatomyositis/polymyositis
- Hypercalcemia of malignancy
- Hypersensitivity pneumonitis
- Acute and chronic solid organ rejection
- Allergic bronchopulmonary aspergillosis
- Pneumocystis carinii pneumonia associated with hypoxemia occurring in HIV+ individuals who are also under treatment with appropriate anti-PCP antibiotics
- Idiopathic bronchiolitis obliterans with organizing pneumonia
- Vasculitis
- Idiopathic eosinophilic pneumonias
- Idiopathic pulmonary fibrosis
- Pemphigus
- Relapsing polychondritis
- Sjörgen's syndrome
- Sympathetic ophthalmia
- Symptomatic sacoidosis

This page was completed by:

{See appended electronic signature page}

Regulatory Project Manager

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

/s/

Parinda Jani
1/17/2008 09:25:26 AM

Department of Health and Human Services
Food and Drug Administration

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

Form Approved: OMB No. 0910-0513
Expiration Date: 7/31/06
See OMB Statement on Page 3.

NDA NUMBER
22-067

NAME OF APPLICANT / NDA HOLDER
Taro Pharmaceuticals U.S.A., Inc.

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)
Prednisolone Oral Suspension

ACTIVE INGREDIENT(S)	STRENGTH(S)
Prednisolone Acetate	5 mg/5 mL 15 mg/5 mL

DOSAGE FORM
Oral Suspension

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.

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FDA will not list patent information if you submit 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
5,881,926	03/16/1999	03/16/2016

d. Name of Patent Owner	Address *(of Patent Owner)*	
Taro Pharmaceuticals Industries Ltd.	14 Hakitor Street, Haifa Bay (Telephone: 972-4-8475700)	
	City/State Haifa, Israel	
	ZIP Code 26110	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.)*	
☞ Taro Pharmaceuticals U.S.A., Inc.	3 Skyline Drive	
	City/State Hawthorne, New York	
	ZIP Code 10532	FAX Number *(if available)* (914) 593-0078
	Telephone Number (914) 345-9001	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 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 proposed 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
	8/9/06

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 Taro Pharmaceuticals U.S.A., Inc.	
Address 3 Skyline Drive	City/State Hawthorne, New York
ZIP Code 10532	Telephone Number (914) 345-9001
FAX Number *(if available)* (914) 593-0078	E-Mail Address *(if available)*

Department of Health and Human Services
Food and Drug Administration

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

Form Approved: OMB No. 0910-0513
Expiration Date: 7/31/06
See OMB Statement on Page 3.

NDA NUMBER
22-067

NAME OF APPLICANT / NDA HOLDER
Taro Pharmaceuticals U.S.A., Inc.

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)
Prednisolone Oral Suspension

ACTIVE INGREDIENT(S)	STRENGTH(S)
Prednisolone Acetate	5 mg/5 mL 15 mg/5 mL

DOSAGE FORM
Oral Suspension

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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
6,071,523	06/06/2000	06/03/2018

d. Name of Patent Owner	Address *(of Patent Owner)*	
Taro Pharmaceuticals Industries Ltd.	14 Hakitor Street, Haifa Bay (Telephone: 972-4-8475700)	
	City/State Haifa, Israel	
	ZIP Code 26110	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) ☞ Taro Pharmaceuticals U.S.A., Inc.	Address *(of agent or representative named in 1.e.)* 3 Skyline Drive	
	City/State Hawthorne, New York	
	ZIP Code 10532	FAX Number *(if available)* (914) 593-0078
	Telephone Number (914) 345-9001	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

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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
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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 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 proposed labeling.)*		

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Address 3 Skyline Drive	City/State Hawthorne, New York
ZIP Code 10532	Telephone Number (914) 345-9001
FAX Number *(if available)* (914) 593-0078	E-Mail Address *(if available)*

Department of Health and Human Services
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1. GENERAL

a. United States Patent Number	b. Issue Date of Patent	c. Expiration Date of Patent
6,102,254	08/15/2000	08/15/2017

d. Name of Patent Owner	Address *(of Patent Owner)*	
Taro Pharmaceuticals Industries Ltd.	14 Hakitor Street, Haifa Bay (Telephone: 972-4-8475700)	
	City/State Haifa, Israel	
	ZIP Code 26110	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) ☞ Taro Pharmaceuticals U.S.A., Inc.	Address *(of agent or representative named in 1.e.)* 3 Skyline Drive	
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	ZIP Code 10532	FAX Number *(if available)* (914) 593-0078
	Telephone Number (914) 345-9001	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

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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
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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.**		
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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 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 proposed 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

0009

6. Declaration Certification

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Address 3 Skyline Drive	City/State Hawthorne, New York
ZIP Code 10532	Telephone Number (914) 345-9001
FAX Number *(if available)* (914) 593-0078	E-Mail Address *(if available)*

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.

Department of Health and Human Services
Food and Drug Administration

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

Form Approved: OMB No. 0910-0513
Expiration Date: 7/31/06
See OMB Statement on Page 3.

NDA NUMBER
22-067

NAME OF APPLICANT / NDA HOLDER
Taro Pharmaceuticals U.S.A., Inc.

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)
Prednisolone Oral Suspension

ACTIVE INGREDIENT(S)	STRENGTH(S)
Prednisolone Acetate	5 mg/5 mL 15 mg/5 mL

DOSAGE FORM
Oral Suspension

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 submit 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
6,399,079	06/04/2002	06/03/2018

d. Name of Patent Owner	Address *(of Patent Owner)*	
Taro Pharmaceuticals Industries Ltd.	14 Hakitor Street, Haifa Bay (Telephone: 972-4-8475700)	
	City/State Haifa, Israel	
	ZIP Code 26110	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) ☞ Taro Pharmaceuticals U.S.A., Inc.	Address *(of agent or representative named in 1.e.)* 3 Skyline Drive	
	City/State Hawthorne, New York	
	ZIP Code 10532	FAX Number *(if available)* (914) 593-0078
	Telephone Number (914) 345-9001	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 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 proposed 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
	8/9/06

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 Taro Pharmaceuticals U.S.A., Inc.	
Address 3 Skyline Drive	City/State Hawthorne, New York
ZIP Code 10532	Telephone Number (914) 345-9001
FAX Number *(if available)* (914) 593-0078	E-Mail Address *(if available)*

Taro Pharmaceuticals U.S.A., Inc.

PARAGRAPH I PATENT CERTIFICATION

In accordance with the Federal Food, Drug, and Cosmetic Act (the "Act"), as amended September 24, 1984, Patent Certification is hereby provided for Taro's New Drug Application for Prednisolone Oral Suspension, 5 mg/5 mL and 15 mg/5 mL.

Taro Pharmaceuticals U.S.A., Inc., hereby certifies, in its opinion and to the best of its knowledge, there are no patents listed under the *Approved Drug Products with Therapeutic Equivalence ("Orange Book")* that claim the drug, prednisolone, or the use thereof of said drug.

This certification is made in accordance with Section 505(b)(2)(A)(i) of the Federal Food, Drug, and Cosmetic Act and 21 CFR 314.50(i)(1)(i)(A)(1).

Michael Davitz, M.D., J.D.
Vice President, Intellectual Property
Taro Pharmaceuticals U.S.A., Inc.

Aug 10/2006
Date

3 Skyline Drive, Hawthorne, NY 10532 Tel. 914-345-9001 1-888-TARO-USA Fax: 914-345-8728 www.taro.com

ACTION PACKAGE CHECKLIST

Application Information			
BLA # NDA # 22-067	BLA STN# NDA Supplement #	If NDA, Efficacy Supplement Type	
Proprietary Name: Flo-Pred Established Name: prednisolone acetate oral suspension Dosage Form: suspension		Applicant: Taro Pharmaceuticals	
RPM: Parinda Jani		Division: HFD-170	Phone # (301) 796-1232

NDAs: NDA Application Type: ☐ 505(b)(1) X 505(b)(2) Efficacy Supplement: ☐ 505(b)(1) ☐ 505(b)(2) (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). Consult page 1 of the NDA Regulatory Filing Review for this application or Appendix A to this Action Package Checklist.)	505(b)(2) NDAs and 505(b)(2) NDA supplements: Listed drug(s) referred to in 505(b)(2) application (NDA #(s), Drug name(s)): ANDAs: 40-364, 40-423, 80-354 Provide a brief explanation of how this product is different from the listed drug. Listed drugs are Tablets and Solution. This one is viscous suspension ☐ If no listed drug, check here and explain: **Review and confirm the information previously provided in Appendix B to the Regulatory Filing Review. Use this Checklist to update any information (including patent certification information) that is no longer correct.** X Confirmed ☐ Corrected Date: 1-17-08

❖ User Fee Goal Date ❖ Action Goal Date (if different)	1-18-08 1-17-08
❖ Actions	
• Proposed action	X AP ☐ TA ☐ AE ☐ NA ☐ CR
• Previous actions *(specify type and date for each action taken)*	☐ None AE 9-14-07
❖ Advertising *(approvals only)* Note: If accelerated approval (21 CFR 314.510/601.41), advertising must have been submitted and reviewed *(indicate dates of reviews)*	X Requested in AP letter ☐ Received and reviewed

❖ Application Characteristics

Review priority: X Standard ☐ Priority
Chemical classification (new NDAs only): 3S

NDAs, BLAs and Supplements:
☐ Fast Track
☐ Rolling Review
☐ CMA Pilot 1
☐ CMA Pilot 2

☐ Orphan drug designation

NDAs: Subpart H
☐ Accelerated approval (21 CFR 314.510)
☐ Restricted distribution (21 CFR 314.520)
Subpart I
☐ Approval based on animal studies

BLAs: Subpart E
☐ Accelerated approval (21 CFR 601.41)
☐ Restricted distribution (21 CFR 601.42)
Subpart H
☐ Approval based on animal studies

NDAs and NDA Supplements:
☐ OTC drug

Other:

Other comments:

❖ Application Integrity Policy (AIP)	
• Applicant is on the AIP	☐ Yes X No
• This application is on the AIP	☐ Yes ☐ No
• Exception for review *(file Center Director's memo in* Administrative Documents *section)*	☐ Yes ☐ No
• OC clearance for approval *(file communication in* Administrative Documents *section)*	☐ Yes ☐ Not an AP action
❖ Public communications (approvals only)	
• Office of Executive Programs (OEP) liaison has been notified of action	☐ Yes X No
• Press Office notified of action	☐ Yes X No
• Indicate what types (if any) of information dissemination are anticipated	X None ☐ FDA Press Release ☐ FDA Talk Paper ☐ CDER Q&As ☐ Other

❖ Exclusivity	
• NDAs: Exclusivity Summary (approvals only) *(file Summary in* Administrative Documents *section)*	X Included
• Is approval of this application blocked by any type of exclusivity?	X No ☐ Yes
• NDAs/BLAs: Is there existing orphan drug exclusivity for the "same" drug or biologic for the proposed indication(s)? *Refer to 21 CFR 316.3(b)(13) for the definition of "same drug" for an orphan drug (i.e., active moiety). This definition is NOT the same as that used for NDA chemical classification.*	XNo ☐ Yes If, yes, NDA/BLA # and date exclusivity expires:
• NDAS: Is there remaining 5-year exclusivity that would bar effective approval of a 505(b)(2) application? *(Note that, even if exclusivity remains, the application may be tentatively approved if it is otherwise ready for approval.)*	X No ☐ Yes If yes, NDA # and date exclusivity expires:
• NDAs: Is there remaining 3-year exclusivity that would bar effective approval of a 505(b)(2) application? *(Note that, even if exclusivity remains, the application may be tentatively approved if it is otherwise ready for approval.)*	X No ☐ Yes If yes, NDA # and date exclusivity expires:
• NDAs: Is there remaining 6-month pediatric exclusivity that would bar effective approval of a 505(b)(2) application? *(Note that, even if exclusivity remains, the application may be tentatively approved if it is otherwise ready for approval.)*	X No ☐ Yes If yes, NDA # and date exclusivity expires:
❖ Patent Information (NDAs and NDA supplements only)	
• Patent Information: Verify that form FDA-3542a was submitted for patents that claim the drug for which approval is sought. If the drug is an old antibiotic, skip the Patent Certification questions.	**X** Verified ☐ Not applicable because drug is an old antibiotic.
• Patent Certification [505(b)(2) applications]: Verify that a certification was submitted for each patent for the listed drug(s) in the Orange Book and identify the type of certification submitted for each patent.	21 CFR 314.50(i)(1)(*i*)(A) **X** Verified 21 CFR 314.50(i)(1) ☐ (ii) ☐ (iii)
• [505(b)(2) applications] If the application includes a **paragraph III** certification, it cannot be approved until the date that the patent to which the certification pertains expires (but may be tentatively approved if it is otherwise ready for approval).	X No paragraph III certification Date patent will expire
• [505(b)(2) applications] For **each paragraph IV** certification, verify that the applicant notified the NDA holder and patent owner(s) of its certification that the patent(s) is invalid, unenforceable, or will not be infringed (review documentation of notification by applicant and documentation of receipt of notice by patent owner and NDA holder). *(If the application does not include any paragraph IV certifications, mark "N/A" and skip to the next section below (*Summary Reviews*)).*	**X** N/A (no paragraph IV certification) ☐ Verified
• [505(b)(2) applications] For **each paragraph IV** certification, based on the questions below, determine whether a 30-month stay of approval is in effect due to patent infringement litigation. Answer the following questions for **each** paragraph IV certification: (1) Have 45 days passed since the patent owner's receipt of the applicant's	☐ Yes ☐ No

notice of certification?

(Note: The date that the patent owner received the applicant's notice of certification can be determined by checking the application. The applicant is required to amend its 505(b)(2) application to include documentation of this date (e.g., copy of return receipt or letter from recipient acknowledging its receipt of the notice) (see 21 CFR 314.52(e))).

*If "**Yes**," skip to question (4) below. If "**No**," continue with question (2).*

(2) Has the patent owner (or NDA holder, if it is an exclusive patent licensee) submitted a written waiver of its right to file a legal action for patent infringement after receiving the applicant's notice of certification, as provided for by 21 CFR 314.107(f)(3)? ☐ Yes ☐ No

*If "**Yes**," there is no stay of approval based on this certification. Analyze the next paragraph IV certification in the application, if any. If there are no other paragraph IV certifications, skip to the next section below (*Summary Reviews*).*

*If "**No**," continue with question (3).*

(3) Has the patent owner, its representative, or the exclusive patent licensee filed a lawsuit for patent infringement against the applicant? ☐ Yes ☐ No

(Note: This can be determined by confirming whether the Division has received a written notice from the (b)(2) applicant (or the patent owner or its representative) stating that a legal action was filed within 45 days of receipt of its notice of certification. The applicant is required to notify the Division in writing whenever an action has been filed within this 45-day period (see 21 CFR 314.107(f)(2))).

*If "**No**," the patent owner (or NDA holder, if it is an exclusive patent licensee) has until the expiration of the 45-day period described in question (1) to waive its right to bring a patent infringement action or to bring such an action. After the 45-day period expires, continue with question (4) below.*

(4) Did the patent owner (or NDA holder, if it is an exclusive patent licensee) submit a written waiver of its right to file a legal action for patent infringement within the 45-day period described in question (1), as provided for by 21 CFR 314.107(f)(3)? ☐ Yes ☐ No

*If "**Yes**," there is no stay of approval based on this certification. Analyze the next paragraph IV certification in the application, if any. If there are no other paragraph IV certifications, skip to the next section below (*Summary Reviews*).*

*If "**No**," continue with question (5).*

(5) Did the patent owner, its representative, or the exclusive patent licensee bring suit against the (b)(2) applicant for patent infringement within 45 days of the patent owner's receipt of the applicant's notice of certification? ☐ Yes ☐ No

(Note: This can be determined by confirming whether the Division has received a written notice from the (b)(2) applicant (or the patent owner or its representative) stating that a legal action was filed within 45 days of receipt of its notice of certification. The applicant is required to notify the Division in writing whenever an action has been filed within this 45-day period (see 21 CFR 314.107(f)(2)). If no written notice appears in the NDA file, confirm with the applicant whether a lawsuit was commenced

within the 45-day period). *If "No," there is no stay of approval based on this certification. Analyze the next paragraph IV certification in the application, if any. If there are no other paragraph IV certifications, skip to the next section below (*Summary Reviews*).* *If "**Yes**," a stay of approval may be in effect. To determine if a 30-month stay is in effect, consult with the Director, Division of Regulatory Policy II, Office of Regulatory Policy (HFD-007) and attach a summary of the response.*	
Summary Reviews	
❖ Summary Reviews (e.g., Office Director, Division Director) *(indicate date for each review)*	X
❖ BLA approvals only: Licensing Action Recommendation Memo (LARM) *(indicate date)*	
Labeling	
❖ Package Insert	
• Most recent division-proposed labeling (only if generated after latest applicant submission of labeling)	
• Most recent applicant-proposed labeling (only if subsequent division labeling does not show applicant version)	X
• Original applicant-proposed labeling	X
• Other relevant labeling (e.g., most recent 3 in class, class labeling), if applicable	
Patient Package Insert	
• Most-recent division-proposed labeling (only if generated after latest applicant submission of labeling)	
• Most recent applicant-proposed labeling (only if subsequent division labeling does not show applicant version)	X
• Original applicant-proposed labeling	X
• Other relevant labeling (e.g., most recent 3 in class, class labeling), if applicable	
❖ Medication Guide	
• Most recent division-proposed labeling (only if generated after latest applicant submission of labeling)	
• Most recent applicant-proposed labeling (only if subsequent division labeling does not show applicant version)	
• Original applicant-proposed labeling	
• Other relevant labeling (e.g., most recent 3 in class, class labeling)	
❖ Labels (**full color** carton and immediate-container labels)	
• Most-recent division-proposed labels (only if generated after latest applicant submission)	
• Most recent applicant-proposed labeling	X
❖ Labeling reviews and minutes of any labeling meetings *(indicate dates of reviews and meetings)*	X DMETS X DSRCS XDDMAC X SEALD ☐ Other reviews X Memos of Mtgs

Administrative Documents	
Administrative Reviews (RPM Filing Review/Memo of Filing Meeting; ADRA) *(indicate date of each review)*	X
❖ NDA and NDA supplement approvals only: Exclusivity Summary *(signed by Division Director)*	X Included
❖ AIP-related documents • Center Director's Exception for Review memo • If AP: OC clearance for approval	--
❖ Pediatric Page (all actions)	X Included
❖ Debarment certification (original applications only): verified that qualifying language was not used in certification and that certifications from foreign applicants are cosigned by U.S. agent. *(Include certification.)*	X Verified, statement is acceptable
❖ Postmarketing Commitment Studies	X None
• Outgoing Agency request for post-marketing commitments *(if located elsewhere in package, state where located)*	
• Incoming submission documenting commitment	
❖ Outgoing correspondence (letters including previous action letters, emails, faxes, telecons)	X
❖ Internal memoranda, telecons, email, etc.	X
❖ Minutes of Meetings	
• Pre-Approval Safety Conference *(indicate date; approvals only)*	
• Pre-NDA/BLA meeting *(indicate date)*	☐ No mtg
• EOP2 meeting *(indicate date)*	☐ No mtg
• Other (e.g., EOP2a, CMC pilot programs)	
❖ Advisory Committee Meeting	X No AC meeting
• Date of Meeting	
• 48-hour alert or minutes, if available	
❖ Federal Register Notices, DESI documents, NAS/NRC reports (if applicable)	
CMC/Product Quality Information	
❖ CMC/Product review(s) *(indicate date for each review)*	X
❖ Reviews by other disciplines/divisions/Centers requested by CMC/product reviewer *(indicate date for each review)*	☐ None
❖ BLAs: Product subject to lot release (APs only)	☐ Yes ☐ No
❖ Environmental Assessment (check one) (original and supplemental applications)	
• ☐ Categorical Exclusion *(indicate review date)(all original applications and all efficacy supplements that could increase the patient population)*	X
• ☐ Review & FONSI *(indicate date of review)*	
• ☐ Review & Environmental Impact Statement *(indicate date of each review)*	
❖ NDAs: Microbiology reviews (sterility & apyrogenicity) *(indicate date of each review)*	☐ Not a parenteral product
❖ Facilities Review/Inspection	
❖ NDAs: Facilities inspections (include EER printout)	Date completed: X Acceptable ☐ Withhold recommendation

❖ BLAs: Facility-Related Documents • Facility review *(indicate date(s))* • Compliance Status Check (approvals only, both original and supplemental applications) *(indicate date completed, must be within 60 days prior to AP)*	☐ Requested ☐ Accepted ☐ Hold
❖ NDAs: Methods Validation	☐ Completed **X** Requested ☐ Not yet requested ☐ Not needed
Nonclinical Information	
❖ Pharm/tox review(s), including referenced IND reviews *(indicate date for each review)*	6/4/07
❖ Review(s) by other disciplines/divisions/Centers requested by P/T reviewer *(indicate date for each review)*	☐ None
❖ Statistical review(s) of carcinogenicity studies *(indicate date for each review)*	X No carc
❖ ECAC/CAC report/memo of meeting	
❖ Nonclinical inspection review Summary (DSI)	☐ None requested
Clinical Information	
❖ Clinical review(s) *(indicate date for each review)*	X 5/7/07
❖ Financial Disclosure reviews(s) or location/date if addressed in another review	In clinical review
❖ Clinical consult reviews from other review disciplines/divisions/Centers *(indicate date of each review)*	X None
❖ Microbiology (efficacy) reviews(s) *(indicate date of each review)*	☐ Not needed
❖ Safety Update review(s) *(indicate location/date if incorporated into another review)*	
Risk Management Plan review(s) (including those by OSE) *(indicate location/date if incorporated into another review)*	
❖ Controlled Substance Staff review(s) and recommendation for scheduling *(indicate date of each review)*	☐ Not needed
❖ DSI Inspection Review Summary(ies) *(include copies of DSI letters to investigators)*	☐ None requested
• Clinical Studies	
• Bioequivalence Studies	X
• Clin Pharm Studies	
❖ Statistical Review(s) *(indicate date for each review)*	X None
❖ Clinical Pharmacology review(s) *(indicate date for each review)*	None 5/23/2007

Appendix A to Action Package Checklist

NDA or NDA supplemental 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) **Or** 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.

(3) **Or** 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) **And** 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.

(3) **And** 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) **Or** 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.

(3) **Or** 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.

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

/s/

Parinda Jani
1/23/2008 11:16:23 AM

EXCLUSIVITY SUMMARY

NDA # 22067 SUPPL # HFD #

Trade Name Flo-Pred

Generic Name prednisolone acetate oral suspension

Applicant Name Taro Pharmaceuticals

Approval Date, If Known 01-18-2008

PART I IS AN EXCLUSIVITY DETERMINATION NEEDED?

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

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

YES ☒ NO ☐

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

505(b)(2)

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

YES ☐ NO ☒

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

Demonstration of bioequivalence of Flo-Pred to the reference listed drug products, (ANDAs 40-364, 40-423, and 80-354) is being relied upon for approval. There are no arguments from sponsor on this aspect.

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

d) Did the applicant request exclusivity?

YES ☒ NO ☐

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

Not specified

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

YES ☐ NO ☒

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

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

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

YES ☐ NO ☒

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

PART II FIVE-YEAR EXCLUSIVITY FOR NEW CHEMICAL ENTITIES
(Answer either #1 or #2 as appropriate)

1. Single active ingredient product.

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

YES ☒ NO ☐

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

NDA# See the attached list

NDA#

NDA#

2. Combination product.

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

YES ☐ NO ☐

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

NDA#

NDA#

NDA#

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

PART III THREE-YEAR EXCLUSIVITY FOR NDAs AND SUPPLEMENTS

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

1. Does the application contain reports of clinical investigations? (The Agency interprets "clinical investigations" to mean investigations conducted on humans other than bioavailability studies.) If the application contains clinical investigations only by virtue of a right of reference to clinical

investigations in another application, answer "yes," then skip to question 3(a). If the answer to 3(a) is "yes" for any investigation referred to in another application, do not complete remainder of summary for that investigation.

YES ☐ NO ☒

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

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

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

YES ☐ NO ☐

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

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

YES ☐ NO ☐

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

YES ☐ NO ☐

If yes, explain:

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

YES ☐ NO ☐

If yes, explain:

(c) If the answers to (b)(1) and (b)(2) were both "no," identify the clinical investigations submitted in the application that are essential to the approval:

Studies comparing two products with the same ingredient(s) are considered to be bioavailability studies for the purpose of this section.

3. In addition to being essential, investigations must be "new" to support exclusivity. The agency interprets "new clinical investigation" to mean an investigation that 1) has not been relied on by the agency to demonstrate the effectiveness of a previously approved drug for any indication and 2) does not duplicate the results of another investigation that was relied on by the agency to demonstrate the effectiveness of a previously approved drug product, i.e., does not redemonstrate something the agency considers to have been demonstrated in an already approved application.

a) For each investigation identified as "essential to the approval," has the investigation been relied on by the agency to demonstrate the effectiveness of a previously approved drug product? (If the investigation was relied on only to support the safety of a previously approved drug, answer "no.")

Investigation #1 YES ☐ NO ☐

Investigation #2 YES ☐ NO ☐

If you have answered "yes" for one or more investigations, identify each such investigation and the NDA in which each was relied upon:

b) For each investigation identified as "essential to the approval", does the investigation duplicate the results of another investigation that was relied on by the agency to support the effectiveness of a previously approved drug product?

Investigation #1 YES ☐ NO ☐

Investigation #2 YES ☐ NO ☐

If you have answered "yes" for one or more investigation, identify the NDA in which a similar investigation was relied on:

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

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

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

Investigation #1

IND # YES ☐ NO ☐

Explain:

Investigation #2

IND # YES ☐ NO ☐

Explain:

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

Investigation #1	!
	!
YES ☐	! NO ☐
Explain:	! Explain:

Investigation #2	!
	!
YES ☐	! NO ☐
Explain:	! Explain:

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

YES ☐ NO ☐

If yes, explain:

Name of person completing form:
Title:
Date:

Name of Office/Division Director signing form:
Title:

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

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/s/

Rigoberto Roca
1/17/2008 12:49:21 PM

Taro Pharmaceuticals U.S.A., Inc.

REQUEST FOR EXCLUSIVITY

Taro Pharmaceuticals U.S.A., Inc. hereby requests exclusivity for the finished dosage form, Prednisolone Oral Suspension 5 mg/5 mL and 15 mg/5 mL under the provisions of 21 CFR 314.108.

V. Lucic

Vesna Lucic
cutive Director, Regulatory Affairs
o Pharmaceuticals Inc.

Aug. 10, 2006
Date

0001

3 Skyline Drive, Hawthorne, NY 10532 Tel: 914-345-9001 1-888-TARO-USA Fax: 914-345-8728 www.taro.com

Jani, Parinda

From: Jani, Parinda
Sent: Wednesday, January 02, 2008 10:51 AM
To: 'kavita.srivastava@taro.com'
Subject: Comments for the Flo-Pred packaging labels

Hi Kavita:

As discussed, please revise the packaging labels and submit the revised labels ASAP, if possible by Monday January 6, 2008.

To minimize the potential for errors, and to improve readability, we recommend implementation of the container label and carton labeling revisions outlined below.

1. Increase the size of the product strength (5.6 mg/5 mL, 16.7 mg/5 mL) and the equivalency strength (5 mg/5 mL, 15 mg/5 mL) to at least the same size and boldness of the established name.

2. Revise the fading effect of the colored stripe containing the established name, product strength, and equivalency statement so that each stripe is one solid color without any fading.

Thanks

Parinda Jani
Chief, Project Management Staff
Division of Anesthesia, Analgesia and
Rheumatology Products
Office of Drug Evaluation II
Center for Drug Evaluation and Research
Tel # (301) 796-1232 or 2280
Fax # (301) 796-9713

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/s/

Parinda Jani
1/2/2008 11:05:03 AM
CSO

Food and Drug Administration
Center for Drug Evaluation and Research
Division of Drug Marketing, Advertising, and Communications

MEMORANDUM

****Pre-Decisional Agency Information****

Date: December 6, 2007

To: Parinda Jani – Chief Project Management Staff
Division of Anesthesia, Analgesia, and Rheumatology Products

From: Michelle Safarik, PA-C – Regulatory Review Officer
Division of Drug Marketing, Advertising, and Communications (DDMAC)

Subject: DDMAC labeling comments for Flo-Pred (prednisolone acetate oral suspension)
NDA 22-067

DDMAC has reviewed the revised proposed product labeling (PI) and revised proposed carton and container labeling for Flo-Pred (prednisolone acetate oral suspension) (Flo-Pred) submitted for consult on November 19, 2007.

Reference is made to the following DDMAC labeling consult responses:

- February 20, 2007 – Proposed PI, proposed carton and container labeling
- March 7, 2007 – Revised proposed carton and container labeling
- March 21, 2007 – Revised proposed PI
- September 12, 2007 (via e-mail) – Revised proposed carton and container labeling
- November 5, 2007 (via e-mail) – Revised proposed carton and container labeling

Reference is also made to the Not Approvable letter for Flo-Pred dated September 14, 2007, and the sponsor's response dated November 19, 2007.

We offer the following comments on the revised proposed PI and revised proposed carton and container labeling contained in the November 19, 2007, submission.

PI

We have reviewed the revised proposed PI and have no comments at this time.

1 Page(s) Withheld

_____ Trade Secret / Confidential (b4)

✓ Draft Labeling (b4)

_____ Draft Labeling (b5)

_____ Deliberative Process (b5)

Withheld Track Number: Administrative- 1

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/s/

Michelle Safarik
12/6/2007 11:37:06 AM
DDMAC REVIEWER

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

NDA 22-067

Taro Pharmaceuticals, USA, Inc.
3 Skyline Drive
Hawthorne, NY 10532

Attention: Kavita Srivastava
Director, Regulatory Affairs

Dear Ms. Srivastava:

We acknowledge receipt on November 21, 2007, of your November 19, 2007, resubmission to your new drug application for Flo-Pred (prednisolone acetate oral suspension) 5 mg/5 mL and 15 mg/5 mL.

We consider this a complete, class 1 response to our September 14, 2007, action letter. Therefore, the user fee goal date is January 21, 2008.

If you have any question, call me at (301) 796-1232.

Sincerely,

{See appended electronic signature page}

Parinda Jani
Chief, Project Management Staff
Division of Anesthesia, Analgesia and
Rheumatology Products
Office of Drug Evaluation II
Center for Drug Evaluation and Research

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/s/

Parinda Jani
12/5/2007 10:49:10 AM

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION

REQUEST FOR CONSULTATION

TO *(Office/Division)*: Pediatric and Maternal Health Staff

FROM *(Name, Office/Division, and Phone Number of Requestor)*: Parinda Jani, DAARP, HFD-170

DATE	IND NO.	NDA NO.	TYPE OF DOCUMENT	DATE OF DOCUMENT
11-30-07		22-067	BL	11-19-07

NAME OF DRUG	PRIORITY CONSIDERATION	CLASSIFICATION OF DRUG	DESIRED COMPLETION DATE
Flo-Pred	p	3S	12-19-07

NAME OF FIRM: Taro Pharmaceuticals

REASON FOR REQUEST

I. GENERAL

- ☐ NEW PROTOCOL
- ☐ PROGRESS REPORT
- ☐ NEW CORRESPONDENCE
- ☐ DRUG ADVERTISING
- ☐ ADVERSE REACTION REPORT
- ☐ MANUFACTURING CHANGE / ADDITION
- ☐ MEETING PLANNED BY
- ☐ PRE-NDA MEETING
- ☐ END-OF-PHASE 2a MEETING
- ☐ END-OF-PHASE 2 MEETING
- ☐ RESUBMISSION
- ☐ SAFETY / EFFICACY
- ☐ PAPER NDA
- ☐ CONTROL SUPPLEMENT
- ☐ RESPONSE TO DEFICIENCY LETTER
- ☐ FINAL PRINTED LABELING
- ☐ LABELING REVISION
- ☐ ORIGINAL NEW CORRESPONDENCE
- ☐ FORMULATIVE REVIEW
- ☒ OTHER *(SPECIFY BELOW)*:

II. BIOMETRICS

- ☐ PRIORITY P NDA REVIEW
- ☐ END-OF-PHASE 2 MEETING
- ☐ CONTROLLED STUDIES
- ☐ PROTOCOL REVIEW
- ☐ OTHER (SPECIFY BELOW):
- ☐ CHEMISTRY REVIEW
- ☐ PHARMACOLOGY
- ☐ BIOPHARMACEUTICS
- ☐ OTHER (SPECIFY BELOW):

III. BIOPHARMACEUTICS

- ☐ DISSOLUTION
- ☐ BIOAVAILABILTY STUDIES
- ☐ PHASE 4 STUDIES
- ☐ DEFICIENCY LETTER RESPONSE
- ☐ PROTOCOL - BIOPHARMACEUTICS
- ☐ IN-VIVO WAIVER REQUEST

IV. DRUG SAFETY

- ☐ PHASE 4 SURVEILLANCE/EPIDEMIOLOGY PROTOCOL
- ☐ DRUG USE, e.g., POPULATION EXPOSURE, ASSOCIATED DIAGNOSES
- ☐ CASE REPORTS OF SPECIFIC REACTIONS (List below)
- ☐ COMPARATIVE RISK ASSESSMENT ON GENERIC DRUG GROUP
- ☐ REVIEW OF MARKETING EXPERIENCE, DRUG USE AND SAFETY
- ☐ SUMMARY OF ADVERSE EXPERIENCE
- ☐ POISON RISK ANALYSIS

V. SCIENTIFIC INVESTIGATIONS

- ☐ CLINICAL
- ☐ NONCLINICAL

COMMENTS / SPECIAL INSTRUCTIONS: Please review the request for ped waiver and also the Ped page. Thanks
Contact: Parinda Jani (301) 796-1232

SIGNATURE OF REQUESTOR	METHOD OF DELIVERY (Check one)
Parinda Jani	☒ DFS ☐ EMAIL ☐ MAIL ☐ HAND
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/s/

Parinda Jani
11/30/2007 09:40:15 AM

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION

REQUEST FOR CONSULTATION

TO *(Office/Division)*: Division of Drug Marketing, Advertising, Communications. Michelle Safarik and Sam Iah

FROM *(Name, Office/Division, and Phone Number of Requestor)*: Parinda Jani, DAARP, HFD-170

DATE	IND NO.	NDA NO.	TYPE OF DOCUMENT	DATE OF DOCUMENT
11-28-07		22-067	BL	11-19-07

NAME OF DRUG	PRIORITY CONSIDERATION	CLASSIFICATION OF DRUG	DESIRED COMPLETION DATE
Flo-Pred	p	3S	12-19-07

NAME OF FIRM: Taro Pharmaceuticals

REASON FOR REQUEST

I. GENERAL

- ☐ NEW PROTOCOL
- ☐ PROGRESS REPORT
- ☐ NEW CORRESPONDENCE
- ☐ DRUG ADVERTISING
- ☐ ADVERSE REACTION REPORT
- ☐ MANUFACTURING CHANGE / ADDITION
- ☐ MEETING PLANNED BY
- ☐ PRE-NDA MEETING
- ☐ END-OF-PHASE 2a MEETING
- ☐ END-OF-PHASE 2 MEETING
- ☐ RESUBMISSION
- ☐ SAFETY / EFFICACY
- ☐ PAPER NDA
- ☐ CONTROL SUPPLEMENT
- ☐ RESPONSE TO DEFICIENCY LETTER
- ☐ FINAL PRINTED LABELING
- ☒ LABELING REVISION
- ☐ ORIGINAL NEW CORRESPONDENCE
- ☐ FORMULATIVE REVIEW
- ☐ OTHER *(SPECIFY BELOW)*:

II. BIOMETRICS

- ☐ PRIORITY P NDA REVIEW
- ☐ END-OF-PHASE 2 MEETING
- ☐ CONTROLLED STUDIES
- ☐ ROTOCOL REVIEW
- ☐ THER (SPECIFY BELOW):
- ☐ CHEMISTRY REVIEW
- ☐ PHARMACOLOGY
- ☐ BIOPHARMACEUTICS
- ☐ OTHER (SPECIFY BELOW):

III. BIOPHARMACEUTICS

- ☐ DISSOLUTION
- ☐ BIOAVAILABILTY STUDIES
- ☐ PHASE 4 STUDIES
- ☐ DEFICIENCY LETTER RESPONSE
- ☐ PROTOCOL - BIOPHARMACEUTICS
- ☐ IN-VIVO WAIVER REQUEST

IV. DRUG SAFETY

- ☐ PHASE 4 SURVEILLANCE/EPIDEMIOLOGY PROTOCOL
- ☐ DRUG USE, e.g., POPULATION EXPOSURE, ASSOCIATED DIAGNOSES
- ☐ CASE REPORTS OF SPECIFIC REACTIONS (List below)
- ☐ COMPARATIVE RISK ASSESSMENT ON GENERIC DRUG GROUP
- ☐ REVIEW OF MARKETING EXPERIENCE, DRUG USE AND SAFETY
- ☐ SUMMARY OF ADVERSE EXPERIENCE
- ☐ POISON RISK ANALYSIS

V. SCIENTIFIC INVESTIGATIONS

- ☐ CLINICAL
- ☐ NONCLINICAL

COMMENTS / SPECIAL INSTRUCTIONS: This is response to the AE letter dated 9-14-07. The submission is not loaded in EDR yet. Contact: Parinda Jani (301) 796-1232

SIGNATURE OF REQUESTOR	METHOD OF DELIVERY (Check one)
Parinda Jani	☒ DFS ☐ EMAIL ☐ MAIL ☐ HAND
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/s/

Parinda Jani
11/28/2007 10:38:15 AM

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION

REQUEST FOR CONSULTATION

TO *(Division/Office)*:
Director, Division of Medication Errors and nical Support (DMETS), HFD-420
022, RM 4447

FROM: Parinda Jani, DAARP, HFD-170

DATE	IND NO.	NDA NO.	TYPE OF DOCUMENT	DATE OF DOCUMENT
11-28-07		22-067	BL	11-19-07

NAME OF DRUG	PRIORITY CONSIDERATION	CLASSIFICATION OF DRUG	DESIRED COMPLETION DATE
FLO-PRED	P	3S	12-19-07

NAME OF FIRM:

REASON FOR REQUEST

I. GENERAL

- ☐ NEW PROTOCOL
- ☐ PROGRESS REPORT
- ☐ NEW CORRESPONDENCE
- ☐ DRUG ADVERTISING
- ☐ ADVERSE REACTION REPORT
- ☐ MANUFACTURING CHANGE/ADDITION
- ☐ MEETING PLANNED BY
- ☐ PRE--NDA MEETING
- ☐ END OF PHASE II MEETING
- ☐ RESUBMISSION
- ☐ SAFETY/EFFICACY
- ☐ PAPER NDA
- ☐ CONTROL SUPPLEMENT
- ☐ RESPONSE TO DEFICIENCY LETTER
- ☐ FINAL PRINTED LABELING
- ☐ LABELING REVISION
- ☐ ORIGINAL NEW CORRESPONDENCE
- ☐ FORMULATIVE REVIEW
- ☐ OTHER *(SPECIFY BELOW)*: **Trade name review**

II. BIOMETRICS

STATISTICAL EVALUATION BRANCH	STATISTICAL APPLICATION BRANCH
☐ TYPE A OR B NDA REVIEW ☐ END OF PHASE II MEETING ☐ CONTROLLED STUDIES ☐ PROTOCOL REVIEW ☐ OTHER (SPECIFY BELOW):	☐ CHEMISTRY REVIEW ☐ PHARMACOLOGY ☐ BIOPHARMACEUTICS ☐ OTHER (SPECIFY BELOW):

III. BIOPHARMACEUTICS

- ☐ DISSOLUTION
- ☐ BIOAVAILABILTY STUDIES
- ☐ PHASE IV STUDIES
- ☐ DEFICIENCY LETTER RESPONSE
- ☐ PROTOCOL-BIOPHARMACEUTICS
- ☐ IN-VIVO WAIVER REQUEST

IV. DRUG EXPERIENCE

- ☐ PHASE IV SURVEILLANCE/EPIDEMIOLOGY PROTOCOL
- ☐ DRUG USE e.g. POPULATION EXPOSURE, ASSOCIATED DIAGNOSES
- ☐ CASE REPORTS OF SPECIFIC REACTIONS (List below)
- ☐ COMPARATIVE RISK ASSESSMENT ON GENERIC DRUG GROUP
- ☐ REVIEW OF MARKETING EXPERIENCE, DRUG USE AND SAFETY
- ☐ SUMMARY OF ADVERSE EXPERIENCE
- ☐ POISON RISK ANALYSIS

V. SCIENTIFIC INVESTIGATIONS

- ☐ CLINICAL
- ☐ PRECLINICAL

COMMENTS/SPECIAL INSTRUCTIONS: This submission is in response to the AE letter of 9-14-07

PDUFA DATE: 1-21-08
ATTACHMENTS: Draft Package Insert, Container and Carton Labels
CC: Archival IND/NDA 22-067
HFD- Division File
HFD- RPM
HFD- Reviewers and Team Leaders

NAME AND PHONE NUMBER OF REQUESTER	METHOD OF DELIVERY (Check one)
Parinda Jani/301-796-1232	☒ DFS ONLY ☐ MAIL ☒ HAND
SIGNATURE OF RECEIVER	SIGNATURE OF DELIVERER

5/28/05

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/s/

Parinda Jani
11/28/2007 10:36:04 AM

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Food and Drug Administration
Rockville, MD 20857

NDA 22-067

Taro Pharmaceuticals, USA, Inc.
3 Skyline Drive
Hawthorne, NY 10532

Attention: Srinivas Rao, Pharm.D.
Director, Regulatory Affairs

Dear Dr. Rao:

Please refer to your New Drug Application (NDA) submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Flo-Pred (prednisolone acetate oral suspension) 5 mg/5 mL and 15 mg/5 mL.

We also refer to your September 19, 2007, correspondence, received September 21, 2007, requesting a meeting to discuss our comments in the "Approvable" letter dated September 14, 2007.

Based on the statement of purpose, objectives, and proposed agenda, we consider the meeting a type A meeting as described in our guidance for industry titled *Formal Meetings with Sponsors and Applicants for PDUFA Products* (February 2000). The meeting is scheduled for:

Date: Friday, November 9, 2007
Time: 11:00 – 12:00
Location: 10903, New Hampshire Avenue
Bldg # 22, RM # 1313
Silver Spring, MD 20993-0002

CDER participants: Curtis Rosebraugh, M.D., Acting Director, ODE II
Bob Rappaport, M.D., Division Director
Rigoberto Roca, M.D., Deputy Division Director
Jeffrey Siegel, M.D., Clinical Team Leader
Richard Lostritto, Ph.D., ONDQA
Ali Al Hakim, Ph.D., ONDQA
Ravi Harapanhalli, Ph.D., ONDQA
Brian Rogers, Ph.D., ONDQA
Danae Christodoulou, Ph.D., ONDQA
Michelle Safarik, DDMAC
Sam Skariah, DDMAC
Carol Holquist, Pharm.D., DMETS
Denise Toyer, Pharm.D., DMETS

Kelli Taylor, R.Ph., DMETS
Felicia Duffy, R.Ph., DMETS
Parinda Jani, CPMS, DAARP

Please have all attendees bring photo identification and allow 15-30 minutes to complete security clearance. If there are additional attendees, email that information to me at Parinda.jani@fda.hhs.gov so that I can give the security staff time to prepare temporary badges in advance. Upon arrival at FDA, give the guards either of the following numbers to request an escort to the conference room: Parinda Jani at (301) 796-1232; the division secretary, Rita Tossa, at (301) 796-2280.

Provide the background information for this meeting (three copies to the NDA and twelve desk copies to me) at least three weeks prior to the meeting. If the materials presented in the information package are inadequate to justify holding a meeting, or if we do not receive the package by October 19, 2007, we may cancel or reschedule the meeting.

If you have any questions, call me at (301) 796-1232.

Sincerely,

{See appended electronic signature page}

Parinda Jani
Chief, Project Management Staff
Division of Anesthesia, Analgesia, and
Rheumatology Products
Office of Drug Evaluation II
Center for Drug Evaluation and Research

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/s/

Parinda Jani
10/4/2007 03:36:00 PM

Jani, Parinda

From: Jani, Parinda
Sent: Tuesday, May 22, 2007 5:20 PM
To: 'srinivasa.rao@taro.com'
Cc: 'Kalpana Rao'
Subject: FW:

Follow Up Flag: Follow up
Flag Status: Completed

Hi Srinivasa:

Please respond to the following comment.

Thanks

Parinda Jani
Chief, Project Management Staff
Division of Anesthesia, Analgesia and
Rheumatology Products
Office of Drug Evaluation II
Center for Drug Evaluation and Research
Tel # (301) 796-1232 or 2280
Fax # (301) 796-9713

From: Wasserman, Adam
Sent: Tuesday, May 22, 2007 12:33 PM
To: Jani, Parinda
Subject:

Parinda,
We would like clarification on the support provided for the statement of nonclinical fertility data in Section 13.1. Where did this come from?

> A long-term chronic toxicity study in dogs showed that high oral doses of prednisolone prevented estrus. A decrease in fertility was seen in male and female rats that were mated following oral dosing with another glucocorticosteroid.

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/s/

Parinda Jani
9/14/2007 12:11:41 PM
CSO

Jani, Parinda

From: Duffy, Felicia
Sent: Wednesday, September 12, 2007 2:59 PM
To: Jani, Parinda; Holquist, Carol A; Toyer, Denise P; Taylor, Kellie; Safarik, Michelle; Rogers, Brian D
Cc: Roca, Rigoberto A; Harapanhalli, Ravi S
Subject: RE:

Hi Parinda,

DMETS has reviewed Taro's response to the teleconference between the Division and Taro on August 30, 2007, regarding the proposed package labeling for prednisolone oral suspension, 5 mg/5 mL and 15 mg/5 mL. We have the following comments in regards to Taro's response to question #1, question #9, and attachment #3 (revised proposed carton and container labeling):

DMETS concurs with DDMAC's comments that the proposed trade name, "Flo-Pred [redacted] (Prednisolone Acetate [redacted] We object to the addition of [redacted] to the proposed proprietary name. We also object to the addition of [redacted], however; we defer the proper designation of established name to Chemistry and the LNC. b(4)

In response to question #1, Taro indicated that Flo-Pred is "particularly easy to use with a syringe because the bottle can be turned upside down like a vial and the syringe does not need to be placed through the mouth of the bottle". We recommend consulting with Brian Rogers in Chemistry in reference to the use of a syringe with this drug product. DMETS previously discussed with Chemistry if a dosing syringe could be used with Flo-Pred. Our understanding from Chemistry's explanation is that accurate dosing was not possible with a syringe due to the characteristics of the drug product. Therefore, we defer the dosing syringe issue to Chemistry. Additionally, the response to question #9 indicates that the statement "Can also be used with a syringe" will be added to the container and carton. If a dosing syringe is permitted with Flo-Pred, we recommend adding "oral syringe" to this statement in order to add specificity to the statement which may minimize the potential for Flo-Pred being mistakenly added to a syringe for injection. Use of parenteral syringes with liquid medications in error may present a choking hazard, and has in fact caused some pediatric deaths. Therefore, DMETS believes the statement should be revised to read as "Can be used with an oral syringe".

Taro's response to question #9 indicates that they intend to two spoons with the drug product. DMETS maintains the position that two spoons are not ideal for this drug product. However, if two dosing spoons are permitted, then we recommend that the spoons are attached to one another to minimize losing a spoon. The proposed spoons will be two different colors, purple (2.5mL) and blue (5 mL). DMETS has not seen samples of the proposed spoons, so we cannot comment on the teaspoons themselves. However, we will comment that the colors should have enough contrast so that they cannot be confused with one another. Additionally, the embossed information should be easy to read, so that patients can tell which spoon yields which dose.

Attachment #3 contains the container and carton. DMETS does not have a color version of the proposed labels at this time, however; we have the following comments on the draft labels:

1. We recommend that the colors of the purple and blue spoons are accurately represented on the labels.
2. Increase the prominence of the "Attention" statement on all of the panels of the carton and on the container label.
3. Revise the "Attention" statement in order to improve clarity: "This product is packaged with one purple (2.5 mL) and one blue (5 mL) calibrated spoons for accurate dosing. Use the appropriate spoon(s) based on your prescription. Can also be used with an oral syringe".

Thanks,
Felicia

Felicia Duffy RN, BSN, MSEd
LCDR USPHS
Safety Evaluator, FDA OSE

Division of Medication Errors and Technical Support
10903 New Hampshire Ave
Bldg. 22, Rm. 4417
Phone: 301-796-0148
Fax: 301-796-9865
emal: felicia.duffy@fda.hhs.gov

From: Jani, Parinda
Sent: Tuesday, September 11, 2007 5:30 PM
To: Holquist, Carol A; Toyer, Denise P; Taylor, Kellie; Duffy, Felicia; Safarik, Michelle; Rogers, Brian D
Cc: Roca, Rigoberto A; Harapanhalli, Ravi S
Subject: FW:

Please provide your comments by COB 9/12/07. The action date is this Friday.

Thanks

Parinda

From: Srinivasa Rao [mailto:Srinivasa.Rao@taro.com]
Sent: Monday, September 10, 2007 6:39 PM
To: Jani, Parinda
Cc: Czarina Ochoa
Subject: Re:

Hi Parinda,

Please see attached PDF version of the final response to your comments dated August 17, 2007 and clarification to the telephone discussion held on August 30, 2007.

Please note that a hard copy is sent to you via UPS (with spoon samples) to your attention. The hard copy will be picked-up by UPS tomorrow (since last pick-up at Taro was at 5:30 PM) and should reach your desk Sep 12, 2007.

If you have any questions please feel to contact me at 914 345 9001 x 6160.

Srinivasa Rao

"Jani, Parinda" <parinda.jani@fda.hhs.gov>

08/17/2007 11:58 AM

To "Srinivasa Rao" <Srinivasa.Rao@taro.com>

cc

Subject

Hi Srinivas:

As discussed, I am providing following comments for the packaging labels. Let me know if oyu have any questions.

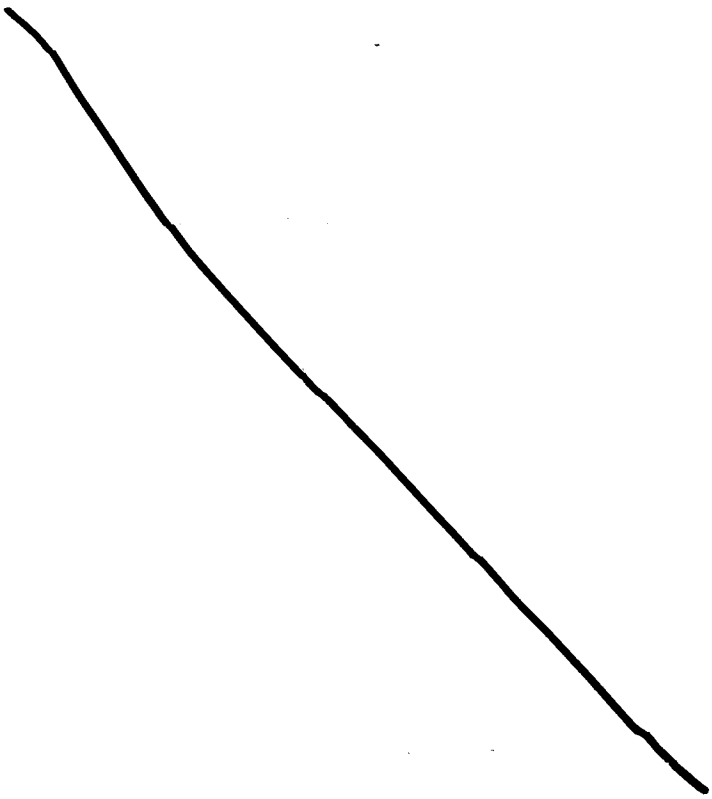
Regards,

Parinda

NDA 22-067/Flo-Pred

To minimize the potential for dosing errors, we recommend implementation of the container label and carton labeling revisions outlined below.

b(4)



b(4)

b(4)

1 Page(s) Withheld

_____ Trade Secret / Confidential (b4)

✓ Draft Labeling (b4)

_____ Draft Labeling (b5)

_____ Deliberative Process (b5)

Withheld Track Number: Administrative- 2

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/s/

Parinda Jani
9/14/2007 12:22:08 PM
CSO

Jani, Parinda

From: Jani, Parinda
Sent: Friday, August 17, 2007 11:58 AM
To: 'Srinivasa Rao'

Hi Srinivas:

As discussed, I am providing following comments for the packaging labels. Let me know if oyu have any questions.

Regards,

Parinda

NDA 22-067/Flo-Pred

To minimize the potential for dosing errors, we recommend implementation of the container label and carton labeling revisions outlined below.

[redacted] b(4)

[redacted] b(4)

[redacted] b(4)

1 Page(s) Withheld

_____ Trade Secret / Confidential (b4)

✓ Draft Labeling (b4)

_____ Draft Labeling (b5)

_____ Deliberative Process (b5)

Withheld Track Number: Administrative- 3

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/s/

Parinda Jani
9/14/2007 12:25:42 PM
CSO

MEMORANDUM

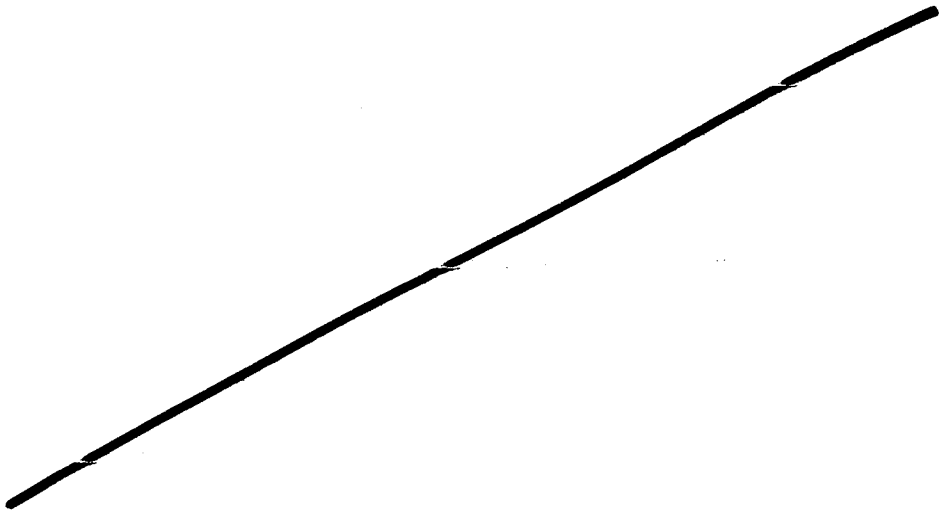
To: **Parinda Jani**
Division of Anesthesia, Analgesia, and Rheumatology Products

From: **Iris Masucci, PharmD, BCPS**
Division of Drug Marketing, Advertising, and Communications
for the Study Endpoints and Label Development (SEALD) Team, OND

Date: **July 31, 2007**

Re: **Comments on draft labeling for Flopred (prednisolone suspension)**
NDA 22-067

We have reviewed the proposed label for Flopred (FDA version dated 7/13/07) and offer the following comments. These comments are based on Title 21 of the Code of Federal Regulations (201.56 and 201.57), the preamble to the Final Rule, labeling Guidances, and FDA recommendations to provide for labeling quality and consistency across review divisions. We recognize that final labeling decisions rest with the review division after a full review of the submitted data.



b(4)

14 Page(s) Withheld

_____ Trade Secret / Confidential (b4)

✓ Draft Labeling (b4)

_____ Draft Labeling (b5)

_____ Deliberative Process (b5)

Withheld Track Number: Administrative- 6

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/s/

Iris Masucci
8/2/2007 11:20:43 AM
DDMAC REVIEWER

Laurie Burke
8/14/2007 05:20:30 PM
INTERDISCIPLINARY

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

NDA 22-067

DISCIPLINE REVIEW LETTER

Taro Pharmaceuticals U.S.A., Inc.
3 Skyline Drive
Hawthorne, NY 10532-2181

Attention: Srinivasa Rao
Director, Regulatory Affairs

Dear Mr. Rao:

Please refer to your August 11, 2006, new drug application (NDA) submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for FLO-PRED (prednisolone acetate oral suspension).

We also refer to your submissions dated May 23 and 30, and July 11, 2007.

Our review of the Chemistry, Manufacturing and Controls (CMC) section of your submission is complete, and we have the following comments for your consideration, which are not approvability issues.

1. DMF [redacted] has been reviewed and is inadequate to support your application. We acknowledge the receipt of an amendment dated July 11, 2007, indicating that the alternate drug substance manufacturing site for which this DMF was referenced, is withdrawn from the NDA. However, a list of CMC deficiencies has been sent to the DMF holder for future considerations. b(4)

2. The list of solvents in the certificate of analysis (COA) provided by [redacted] is incomplete when compared with the description of the process in their DMF. If you propose in the future to use prednisolone provided by this supplier, you should reconcile this difference with them so that you are sufficiently informed of potential contaminants. b(4)

3. Any change in control for Particle Size Distribution on stability will have to be through a Prior-Approval supplement and not by a CBE-0 supplement as proposed. Elimination of control for Particle Size Distribution of Prednisolone Acetate USP, [redacted], from stability testing is premature considering the provided data. The data from the validation batches show [redacted] points. Therefore, amend the statement in the NDA accordingly.

4. For all batches listed in the NDA amendment dated May 23, 2007, clearly define the stability storage time points represented by the column labeled *Stability* in the table in Attachment 4. You may submit it post-approval in the annual report.

If you have any questions, call Parinda Jani, Chief, Project Management Staff, at (301) 796-1232.

Sincerely,

Ravi Harapanhalli, Ph.D.
Division of Pre-market Assessment and
Manufacturing Science
Office of New Drug Quality Assessment (ONDQA),
Center for Drug Evaluation and Research

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/s/

Ravi Harapanhalli
7/27/2007 02:03:57 PM

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION

REQUEST FOR CONSULTATION

TO *(Division/Office)*: DMETS

FROM: Parinda Jani; HFD-170

DATE7-10-07	IND NO.	NDA NO. 22-067	TYPE OF DOCUMENT Labeling	DATE OF DOCUMENT 6-25-07
NAME OF DRUG Prednisolone Oral Suspension	PRIORITY CONSIDERATION S		CLASSIFICATION OF DRUG 3S	DESIRED COMPLETION DATE7-27-07

NAME OF FIRM: Taro Pharmaceuticals

REASON FOR REQUEST

I. GENERAL

- ☐ NEW PROTOCOL
- ☐ PROGRESS REPORT
- ☐ NEW CORRESPONDENCE
- ☐ DRUG ADVERTISING
- ☐ ADVERSE REACTION REPORT
- ☐ MANUFACTURING CHANGE/ADDITION
- ☐ MEETING PLANNED BY
- ☐ PRE--NDA MEETING
- ☐ END OF PHASE II MEETING
- ☐ RESUBMISSION
- ☐ SAFETY/EFFICACY
- ☐ PAPER NDA
- ☐ CONTROL SUPPLEMENT
- ☐ RESPONSE TO DEFICIENCY LETTER
- ☐ FINAL PRINTED LABELING
- ☐ LABELING REVISION
- ☒ ORIGINAL NEW CORRESPONDENCE
- ☐ FORMULATIVE REVIEW
- ☐ OTHER *(SPECIFY BELOW)*:

II. BIOMETRICS

STATISTICAL EVALUATION BRANCH	STATISTICAL APPLICATION BRANCH
☐ TYPE A OR B NDA REVIEW ☐ END OF PHASE II MEETING ☐ CONTROLLED STUDIES ☐ PROTOCOL REVIEW ☐ OTHER (SPECIFY BELOW):	☐ CHEMISTRY REVIEW ☐ PHARMACOLOGY ☐ BIOPHARMACEUTICS ☐ OTHER (SPECIFY BELOW):

III. BIOPHARMACEUTICS

- ☐ DISSOLUTION
- ☐ BIOAVAILABILTY STUDIES
- ☐ PHASE IV STUDIES
- ☐ DEFICIENCY LETTER RESPONSE
- ☐ PROTOCOL-BIOPHARMACEUTICS
- ☐ IN-VIVO WAIVER REQUEST

IV. DRUG EXPERIENCE

- ☐ PHASE IV SURVEILLANCE/EPIDEMIOLOGY PROTOCOL
- ☐ DRUG USE e.g. POPULATION EXPOSURE, ASSOCIATED DIAGNOSES
- ☐ CASE REPORTS OF SPECIFIC REACTIONS (List below)
- ☐ COMPARATIVE RISK ASSESSMENT ON GENERIC DRUG GROUP
- ☐ REVIEW OF MARKETING EXPERIENCE, DRUG USE AND SAFETY
- ☐ SUMMARY OF ADVERSE EXPERIENCE
- ☐ POISON RISK ANALYSIS

V. SCIENTIFIC INVESTIGATIONS

- ☐ CLINICAL
- ☐ PRECLINICAL

COMMENTS/SPECIAL INSTRUCTIONS: The package insert in PLR format, and the carton and container labels are in the EDR. Also, we will forward the hard copies of the labels.

Reevaluate tradename Flo-pred

SIGNATURE OF REQUESTER	METHOD OF DELIVERY (Check one) ☐ MAIL ☐ HAND
SIGNATURE OF RECEIVER	SIGNATURE OF DELIVERER

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/s/

Parinda Jani
7/10/2007 09:37:01 AM

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION

REQUEST FOR CONSULTATION

TO *(Division/Office)*:
Director, Division of Medication Errors and Technical Support (DMETS), HFD-420
WO22, RM 4447

FROM: Parinda Jani, DAARP, HFD-170

DATE	IND NO.	NDA NO.	TYPE OF DOCUMENT	DATE OF DOCUMENT
7-03-07		22-067	BL	6-26-07

NAME OF DRUG	PRIORITY CONSIDERATION	CLASSIFICATION OF DRUG	DESIRED COMPLETION DATE
FLO-PRED	P	3S	7-20-07

NAME OF FIRM:

REASON FOR REQUEST

I. GENERAL

- ☐ NEW PROTOCOL
- ☐ PROGRESS REPORT
- ☐ NEW CORRESPONDENCE
- ☐ DRUG ADVERTISING
- ☐ ADVERSE REACTION REPORT
- ☐ MANUFACTURING CHANGE/ADDITION
- ☐ MEETING PLANNED BY
- ☐ PRE--NDA MEETING
- ☐ END OF PHASE II MEETING
- ☐ RESUBMISSION
- ☐ SAFETY/EFFICACY
- ☐ PAPER NDA
- ☐ CONTROL SUPPLEMENT
- ☐ RESPONSE TO DEFICIENCY LETTER
- ☐ FINAL PRINTED LABELING
- ☐ LABELING REVISION
- ☐ ORIGINAL NEW CORRESPONDENCE
- ☐ FORMULATIVE REVIEW
- ☐ OTHER *(SPECIFY BELOW)*: **Trade name review**

II. BIOMETRICS

STATISTICAL EVALUATION BRANCH	STATISTICAL APPLICATION BRANCH
☐ TYPE A OR B NDA REVIEW ☐ END OF PHASE II MEETING ☐ CONTROLLED STUDIES ☐ PROTOCOL REVIEW ☐ OTHER (SPECIFY BELOW):	☐ CHEMISTRY REVIEW ☐ PHARMACOLOGY ☐ BIOPHARMACEUTICS ☐ OTHER (SPECIFY BELOW):

III. BIOPHARMACEUTICS

- ☐ DISSOLUTION
- ☐ BIOAVAILABILTY STUDIES
- ☐ PHASE IV STUDIES
- ☐ DEFICIENCY LETTER RESPONSE
- ☐ PROTOCOL-BIOPHARMACEUTICS
- ☐ IN-VIVO WAIVER REQUEST

IV. DRUG EXPERIENCE

- ☐ PHASE IV SURVEILLANCE/EPIDEMIOLOGY PROTOCOL
- ☐ DRUG USE e.g. POPULATION EXPOSURE, ASSOCIATED DIAGNOSES
- ☐ CASE REPORTS OF SPECIFIC REACTIONS (List below)
- ☐ COMPARATIVE RISK ASSESSMENT ON GENERIC DRUG GROUP
- ☐ REVIEW OF MARKETING EXPERIENCE, DRUG USE AND SAFETY
- ☐ SUMMARY OF ADVERSE EXPERIENCE
- ☐ POISON RISK ANALYSIS

V. SCIENTIFIC INVESTIGATIONS

- ☐ CLINICAL
- ☐ PRECLINICAL

COMMENTS/SPECIAL INSTRUCTIONS: This submission is in response to your comments which were sent to the sponsor on 4-24-07. It is available in the EDR/NDA 22-067, 6-26-07 BL.

PDUFA DATE: 9-14-07
ATTACHMENTS: Draft Package Insert, Container and Carton Labels
CC: Archival IND/NDA 220-067
HFD- Division File
HFD- RPM
HFD- /Reviewers and Team Leaders

NAME AND PHONE NUMBER OF REQUESTER	METHOD OF DELIVERY (Check one)
da Jani/301-796-1232	☒ DFS ONLY ☐ MAIL ☒ HAND
SIGNATURE OF RECEIVER	SIGNATURE OF DELIVERER

5/28/05

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/s/

Parinda Jani
7/3/2007 09:55:18 AM

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

NDA 22-067

Taro Pharmaceuticals, USA, Inc.
3 Skyline Drive
Hawthorne, NY 10532

Attention: Srinivasa Rao
Director, Regulatory Affairs

Dear Mr. Rao:

Please refer to your August 11, 2006, new drug application (NDA) submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for FLOPRED (prednisolone acetate oral suspension).

On May 24, 2007, we received your May 23, 2007, major amendment to this application. The receipt date is within 3 months of the user fee goal date. Therefore, we are extending the goal date by three months to provide time for a full review of the submission. The extended user fee goal date is September 14, 2007.

If you have any questions, call me at (301) 796-1232.

Sincerely,

{See appended electronic signature page}

Parinda Jani
Supervisory CSO
Division of Anesthesia, Analgesia and
Rheumatology Products
Office of Drug Evaluation II
Center for Drug Evaluation and Research

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/s/

Parinda Jani
5/31/2007 08:41:08 AM

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION

REQUEST FOR CONSULTATION

TO *(Office/Division)*: Maternal Health Team/ Richardae Araojo

FROM *(Name, Office/Division, and Phone Number of Requestor)*: Parinda Jani/DAARP/HFD-170

DATE	IND NO.	NDA NO.	TYPE OF DOCUMENT	DATE OF DOCUMENT
May 1, 2007		22-067	Labeling	Nov 22, 2006

NAME OF DRUG	PRIORITY CONSIDERATION	CLASSIFICATION OF DRUG	DESIRED COMPLETION DATE
Flo-Pred (prednisolone Oral Suspension	P	3S	May 25, 2007

NAME OF FIRM: Taro Pharmaceuticals

REASON FOR REQUEST

I. GENERAL

- ☐ NEW PROTOCOL
- ☐ PROGRESS REPORT
- ☐ NEW CORRESPONDENCE
- ☐ DRUG ADVERTISING
- ☐ ADVERSE REACTION REPORT
- ☐ MANUFACTURING CHANGE / ADDITION
- ☐ MEETING PLANNED BY
- ☐ PRE-NDA MEETING
- ☐ END-OF-PHASE 2a MEETING
- ☐ END-OF-PHASE 2 MEETING
- ☐ RESUBMISSION
- ☐ SAFETY / EFFICACY
- ☐ PAPER NDA
- ☐ CONTROL SUPPLEMENT
- ☐ RESPONSE TO DEFICIENCY LETTER
- ☐ FINAL PRINTED LABELING
- ☒ LABELING REVISION
- ☐ ORIGINAL NEW CORRESPONDENCE
- ☐ FORMULATIVE REVIEW
- ☐ OTHER *(SPECIFY BELOW)*:

II. BIOMETRICS

- ☐ PRIORITY P NDA REVIEW
- ☐ END-OF-PHASE 2 MEETING
- ☐ CONTROLLED STUDIES
- ☐ PROTOCOL REVIEW
- ☐ OTHER (SPECIFY BELOW):
- ☐ CHEMISTRY REVIEW
- ☐ PHARMACOLOGY
- ☐ BIOPHARMACEUTICS
- ☐ OTHER (SPECIFY BELOW):

III. BIOPHARMACEUTICS

- ☐ DISSOLUTION
- ☐ BIOAVAILABILTY STUDIES
- ☐ PHASE 4 STUDIES
- ☐ DEFICIENCY LETTER RESPONSE
- ☐ PROTOCOL - BIOPHARMACEUTICS
- ☐ IN-VIVO WAIVER REQUEST

IV. DRUG SAFETY

- ☐ PHASE 4 SURVEILLANCE/EPIDEMIOLOGY PROTOCOL
- ☐ DRUG USE, e.g., POPULATION EXPOSURE, ASSOCIATED DIAGNOSES
- ☐ CASE REPORTS OF SPECIFIC REACTIONS (List below)
- ☐ COMPARATIVE RISK ASSESSMENT ON GENERIC DRUG GROUP
- ☐ REVIEW OF MARKETING EXPERIENCE, DRUG USE AND SAFETY
- ☐ SUMMARY OF ADVERSE EXPERIENCE
- ☐ POISON RISK ANALYSIS

V. SCIENTIFIC INVESTIGATIONS

- ☐ CLINICAL
- ☐ NONCLINICAL

COMMENTS / SPECIAL INSTRUCTIONS: The current steroid labels have inadequate information in the pregnancy section of the labeling (see attached brief summary and a question). I will forward you the WORD version of the working copy of the label separately.
Thanks

For questions call Parinda Jani, (301) 796-1232

TURE OF REQUESTOR	METHOD OF DELIVERY (Check one) ☐ DFS ☐ EMAIL ☐ MAIL ☐ HAND
PRINTED NAME AND SIGNATURE OF RECEIVER	PRINTED NAME AND SIGNATURE OF DELIVERER

1 Page(s) Withheld

_____ Trade Secret / Confidential (b4)

✓ Draft Labeling (b4)

_____ Draft Labeling (b5)

_____ Deliberative Process (b5)

Withheld Track Number: Administrative- 7A

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/s/

Parinda Jani
5/1/2007 09:49:42 AM

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

NDA 22-067

DISCIPLINE REVIEW LETTER

Taro Pharmaceuticals, USA, Inc.
3 Skyline Drive
Hawthorne, NY 10532

Attention: Kalpana Rao
Vice President, Regulatory Affairs

Dear Ms. Rao:

Please refer to your August 11, 2006, new drug application (NDA) submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for prednisolone acetate suspension.

We also refer to your submission dated November 22, 2006.

The Office of Drug Safety, Division of Medication Errors and Technical Support (DMETS) has completed the review of the carton and container labels of your submission has no objection to the use of the proprietary name, Flo-Pred and the Division of Drug Marketing and Communication (DDMAC) finds the proprietary name, Flo-Pred, acceptable from a promotional perspective.. However, the name will be re-evaluated at the time of the approval. A re-review of the name will rule out any objections based upon approvals of other proprietary or established names during this period.

In review of the carton and container labels, and insert labeling of Flo-Pred, DMETS has focused on safety issues relating to possible medication errors and have identified the following deficiencies. DMETS anticipates selection errors between the 5 mg/5 mL and 15 mg/5 mL strengths, and recommends implementation of the label and labeling revisions outlined below in order to minimize potential errors with the use of this product.

[redacted]

b(4)

5 Page(s) Withheld

_____ Trade Secret / Confidential (b4)

✓ Draft Labeling (b4)

_____ Draft Labeling (b5)

_____ Deliberative Process (b5)

Withheld Track Number: Administrative- 9

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/s/

Parinda Jani
4/24/2007 08:47:16 AM

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

NDA 22-067

INFORMATION REQUEST LETTER

Taro Pharmaceuticals, USA, Inc.
3 Skyline Drive
Hawthorne, NY 10532

Attention: Kalpana Rao
Vice President, Regulatory Affairs

Dear Ms. Rao:

Please refer to your August 11, 2006, new drug application (NDA) submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for prednisolone acetate oral suspension.

We are reviewing the Chemistry, Manufacturing and Controls (CMC) section of your submission and have the following comments and information requests. We request a prompt written response in order to continue our evaluation of your NDA.

Drug Substance:

1. Provide assurance that Taro will either test all attributes of each batch of raw materials, or alternatively, conduct at least a test for identity on each batch of the raw material if Taro accepts it through a Certificate of Analysis (COA) from the supplier.

2. Obtain and submit a Letter of Authorization (LOA) to a Drug Master File (DMF) from [redacted] that provides adequate information pertaining to their synthesis, stability, physical properties, etc. of prednisolone manufactured at their site. The information provided by [redacted] for synthesis of prednisolone is inadequate to support your application. We do not consider prednisolone to be a starting material, but the penultimate intermediate in the synthesis of prednisolone acetate. b(4)

3. Provide controls on [redacted] and adequate control of particle size distribution and related substances in the specifications for *Prednisolone USP*, [redacted] to be consistent with the specifications provided by the vendor. b(4)

4. Modify your specification to include [redacted] with appropriate acceptance criteria.

5. Establish additional controls for Particle Size Distribution (e.g., size which defines 50% of particles) and provide for its monitoring on stability.

6. Establish controls on [redacted] as specified related substances, each with acceptance criteria of [redacted] instead of controlling them as *Any Individual Known* with a description under footnote to the table.

7. Modify the Taro Canada specification for Prednisolone Acetate, USP [redacted] to include control of *Clarity of Solution* as in the Taro Israel specification and submit the revised document.

8. Revise the acceptance criteria for *Appearance* of the drug substance color to a quantitative description such as the APHA color index. The use of [redacted] in the acceptance criterion for *Appearance* is not adequate. b(4)

9. Revise the acceptance criterion for the IR *Identification* method to read:
   "The IR spectrum of the test specimen exhibits maxima only at the same wavelengths as that of a similar preparation of the reference standard."

10. Provide batch release data from the four drug substance validation batches.

11. Provide the drug substance manufacturing validation reports.

12. Submit a comprehensive updated specification incorporating both release and stability specifications with appropriately defined acceptance criteria. To clarify future evaluation of the specifications, it is preferable to have one specification for the drug substance.

13. In the Taro Canada analytical method *HPLC Assay and Determination of Related Compounds in Prednisolone Acetate Drug Substance* - Method A-1312-1, the Assay [redacted] The b(4) [redacted] regard.

14. The description of the chromatography column in the method GC Determination of [redacted]

15. Provide long-term and accelerated stability data from prednisolone acetate USP, [redacted] manufactured from prednisolone supplied by [redacted] b(4)

16. Provide a comprehensive stability protocol document for post-approval testing of the drug substance. The protocol should include test method identification numbers and titles, stability commitments, stability testing storage conditions and testing time points, parameters to be evaluated and acceptance criteria, approved retest period, and requirements for extension of retest period.

17. The placing of one batch of drug substance per year in your stability program is inadequate. The number of batches per year placed in the stability program should be not less than one batch per year of drug substance manufactured from prednisolone from each of the prednisolone suppliers. In the stability protocol, provide a statement that the number of drug substance batches tested per year will be at least one per year for each source of prednisolone and will be not less than 10% of the total batches manufactured. Submit the revised protocol.

Drug Product:

18. Modify your Master Packaging Work Orders for each presentation to include the following and submit the revised documents:

    a. A range of acceptable and validated removal torques for control of cap tightness.

    b. Specific pressure and location of pressure to be applied to the bottles during leak checking. Institute a validated procedure for application of the pressure to the bottles.

    c. Periodic testing for bottle content assay during filling to assure filling content uniformity.

19. The two methods of Identification are inconsistent between those submitted in Sections 3.2.P.5.1 Specification(s) (HPLC - SOP A-1169, and TLC - SOP A-1178) and 3.2.P.5.6, Justification of Specification (HPLC and IR). Modify your specifications to include an IR method for Identification as listed in the Justification of Specifications section and submit the revised specifications.

20. Revise the acceptance criterion for the IR identity testing parameter to read "The frequency and relative intensity of the absorption maxima in the sample and standard spectra correspond."

21. The product development report indicates that pH is very critical to the maintenance of formulation viscosity and chemical stability. Tighten the acceptance criteria for pH to 4.8 - 5.2 both at release and through the product's shelf-life. The proposed limits over the shelf-life ([redacted]) are not justified by the stability data. b(4)

22. Propose limits for both release and shelf-life testing for both prednisolone acetate assay and free prednisolone levels in the drug product formulation that are reflective of the data from the critical batches including stability batches and provide adequate justification. Also, modify the test method A-1169-1 to reflect the above changes in reporting of the prednisolone and prednisolone acetate levels.

23. Provide updated stability data to include at least 12 months of long term stability data. You may submit the data in SAS transport format and include statistical analysis of all stability-indicating quality attributes.

24. Revise the acceptance criteria for *homogeneity* testing to include the following:

    a. *Visual Examination* from current description "Homogeneous" to a more quantitative definition as a measure of this property

    b. An upper limit(s) for the size of *Particulates, Agglomerates, Lumps/cm*^{2}.

    c. *Crystal size range* to include a range of mean particle sizes with standard deviation.

25. Based on the development data, it appears that the proposed lower limit of viscosity,

26. The currently-available dissolution data from the stability program do not support the proposed acceptance criterion of NLT (Q =) at 30 min. The data show no dissolution values less than from the studies at 25°C/60% RH. Therefore, modify your specifications to show an acceptance criterion of NLT , (Q=) at 30 min. b(4)

27. Modify the acceptance criteria for Microbial Tests to be *Total Plate Count* and list all USP indicator organisms as being absent.

28. Submit separate specification sheets for each drug product presentation.

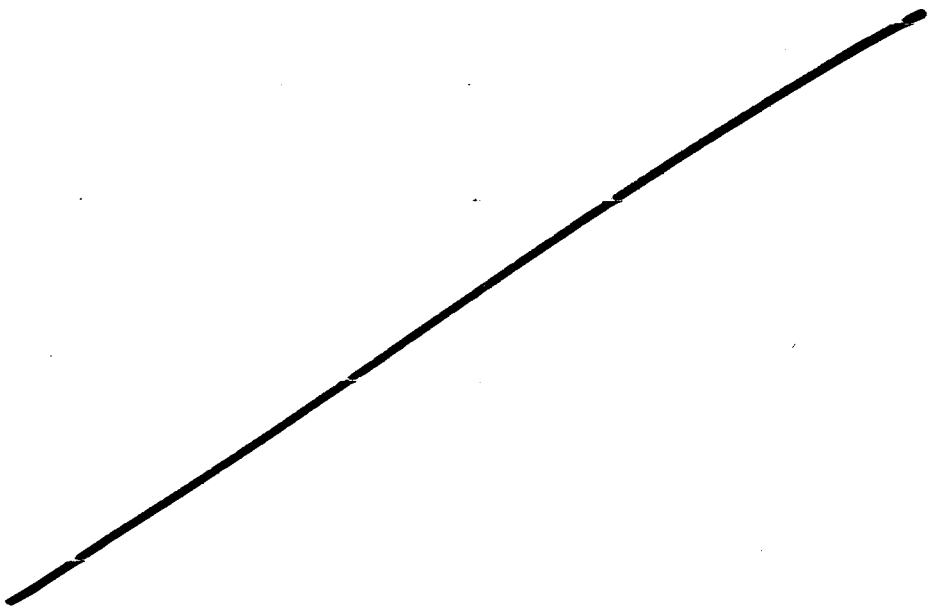
29. Establish minimum, mean, and individual fill weights based on process capability and required fill weight to deliver the labeled amount of medication. We note that data exist that show the supplied spoon delivers more than 5 mL of water during *in-vitro* testing.

30. Provide a rationale why conformance to USP<755> requirements for minimum fill meets the patient requirements for the total number of doses to be dispensed from the containers under the actual conditions of use. Should the conditions of typical patient use preclude dispensing of the total number of doses, patients may need to be instructed to store the bottles in the inverted position to get the maximum number of doses. If so, provide data indicating that in the inverted position, the required number of doses can be dispensed by the patients under the typical conditions of use.

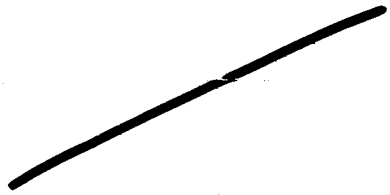
31. Provide data supporting the storage period (hold time) for the 15 mg/5 mL formulation in the bulk container and modify the Master Batch Record accordingly.

32. Remove the portion of provision number 5 from the stability commitment that pertains to reprocessing (i.e. "*if reprocessing occurs*") and submit the revised Post-Approval Stability Commitment.

Labeling Comments



b(4)



b(4)

If you have any questions, call me at (301) 796-1232.

Sincerely,

{See appended electronic signature page}

Parinda Jani
Supervisory CSO
Division of Anesthesia, Analgesia and
Rheumatology Products
Office of Drug Evaluation II
Center for Drug Evaluation and Research

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/s/

Parinda Jani
4/10/2007 04:17:36 PM

FOOD AND DRUG ADMINISTRATION
Center for Drug Evaluation and Research
Division of Drug Marketing, Advertising, and Communications

Memorandum

Date: March 21, 2007

To: Parinda Jani – Chief, Project Management Staff
Division of Anesthesia, Analgesia, and Rheumatology Products

From: Michelle Safarik, PA-C – Regulatory Review Officer
Division of Drug Marketing, Advertising, and Communications

Subject: NDA 22-067
DDMAC labeling comments for TRADENAME (prednisolone oral suspension) 5 mg/5 mL and 15 mg/5 mL

Per your e-mail consult request dated March 21, 2007, the Division of Drug Marketing, Advertising, and Communications (DDMAC) has reviewed the revised proposed product labeling (PI) for TRADENAME (prednisolone oral suspension) 5mg/5 mL and 15 mg/5 mL (TRADENAME). Specifically, the Division of Anesthesia, Analgesia, and Rheumatology Products requests comments on the recently-added pharmacology/toxicology information and data in the proposed PI.

Reference is made to DDMAC labeling consult responses dated February 20, 2007, and March 7, 2007, providing comments on the initial proposed PI and proposed carton and container labeling (2/9/07) and on the revised proposed carton and container labeling (3/7/07). We offer the following comments.

PI

We have reviewed sections **8 Use in Specific Populations** and **13 Nonclinical Toxicology** of the proposed PI and have no comments at this time.

APPEARS THIS WAY ON ORIGINAL

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/s/

Michelle Safarik
3/21/2007 10:57:00 AM
DDMAC REVIEWER

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION

REQUEST FOR CONSULTATION

TO *(Office/Division)*: DDMAC

FROM *(Name, Office/Division, and Phone Number of Requestor)*: Pratibha Rana, DAARP, HFD-170

DATE	IND NO.	NDA NO.	TYPE OF DOCUMENT	DATE OF DOCUMENT
3-07-07		22-067	Labeling	November 22, 2006

NAME OF DRUG	PRIORITY CONSIDERATION	CLASSIFICATION OF DRUG	DESIRED COMPLETION DATE
Prednisolone Oral Suspension	S	3S	April 15, 2007

NAME OF FIRM: Taro Pharmaceuticals

REASON FOR REQUEST

I. GENERAL

- ☐ NEW PROTOCOL
- ☐ PROGRESS REPORT
- ☐ NEW CORRESPONDENCE
- ☐ DRUG ADVERTISING
- ☐ ADVERSE REACTION REPORT
- ☐ MANUFACTURING CHANGE / ADDITION
- ☐ MEETING PLANNED BY
- ☐ PRE-NDA MEETING
- ☐ END-OF-PHASE 2a MEETING
- ☐ END-OF-PHASE 2 MEETING
- ☐ RESUBMISSION
- ☐ SAFETY / EFFICACY
- ☐ PAPER NDA
- ☐ CONTROL SUPPLEMENT
- ☐ RESPONSE TO DEFICIENCY LETTER
- ☐ FINAL PRINTED LABELING
- ☐ LABELING REVISION
- ☒ ORIGINAL NEW CORRESPONDENCE
- ☐ FORMULATIVE REVIEW
- ☐ OTHER *(SPECIFY BELOW)*:

II. BIOMETRICS

- ☐ PRIORITY P NDA REVIEW
- ☐ END-OF-PHASE 2 MEETING
- ☐ CONTROLLED STUDIES
- ☐ PROTOCOL REVIEW
- ☐ OTHER (SPECIFY BELOW):
- ☐ CHEMISTRY REVIEW
- ☐ PHARMACOLOGY
- ☐ BIOPHARMACEUTICS
- ☐ OTHER (SPECIFY BELOW):

III. BIOPHARMACEUTICS

- ☐ DISSOLUTION
- ☐ BIOAVAILABILTY STUDIES
- ☐ PHASE 4 STUDIES
- ☐ DEFICIENCY LETTER RESPONSE
- ☐ PROTOCOL - BIOPHARMACEUTICS
- ☐ IN-VIVO WAIVER REQUEST

IV. DRUG SAFETY

- ☐ PHASE 4 SURVEILLANCE/EPIDEMIOLOGY PROTOCOL
- ☐ DRUG USE, e.g., POPULATION EXPOSURE, ASSOCIATED DIAGNOSES
- ☐ CASE REPORTS OF SPECIFIC REACTIONS (List below)
- ☐ COMPARATIVE RISK ASSESSMENT ON GENERIC DRUG GROUP
- ☐ REVIEW OF MARKETING EXPERIENCE, DRUG USE AND SAFETY
- ☐ SUMMARY OF ADVERSE EXPERIENCE
- ☐ POISON RISK ANALYSIS

V. SCIENTIFIC INVESTIGATIONS

- ☐ CLINICAL
- ☐ NONCLINICAL

COMMENTS / SPECIAL INSTRUCTIONS: Please review the labels. The labels are availble in the EDR.
If you have any questions please call me at 301-796-2280.

SIGNATURE OF REQUESTOR	METHOD OF DELIVERY (Check one) ☒ DFS ☒ EMAIL ☐ MAIL ☐ HAND
PRINTED NAME AND SIGNATURE OF RECEIVER	PRINTED NAME AND SIGNATURE OF DELIVERER

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/s/

Pratibha Rana
3/7/2007 12:00:06 PM

FOOD AND DRUG ADMINISTRATION
Center for Drug Evaluation and Research
Division of Drug Marketing, Advertising, and Communications

Memorandum

Date: March 7, 2007

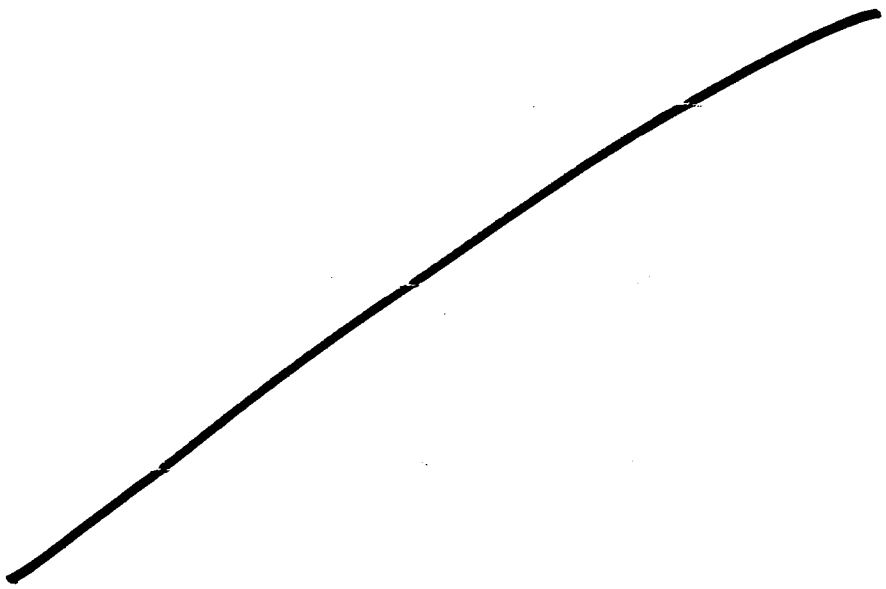
To: Pratibha Rana, Regulatory Project Manager
Division of Anesthesia, Analgesia, and Rheumatology Products

From: Michelle Safarik, PA-C, Regulatory Review Officer
Division of Drug Marketing, Advertising, and Communications

Subject: NDA 22-067
DDMAC labeling comments for Flo-Pred (prednisolone oral suspension) 5 mg/5 mL and 15 mg/5 mL

Per your consult request dated March 7, 2007, DDMAC has reviewed the revised proposed carton and container labeling for Flo-Pred (prenisolone oral suspension) 5 mg/5 mL and 15 mg/5 mL, and we offer the following comments.

Carton and Container Labeling



b(4)

1 Page(s) Withheld

_____ Trade Secret / Confidential (b4)

✓ Draft Labeling (b4)

_____ Draft Labeling (b5)

_____ Deliberative Process (b5)

Withheld Track Number: Administrative- 10

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/s/

Michelle Safarik
3/7/2007 03:20:14 PM
DDMAC REVIEWER

FOOD AND DRUG ADMINISTRATION
Center for Drug Evaluation and Research
Division of Drug Marketing, Advertising, and Communications

Memorandum

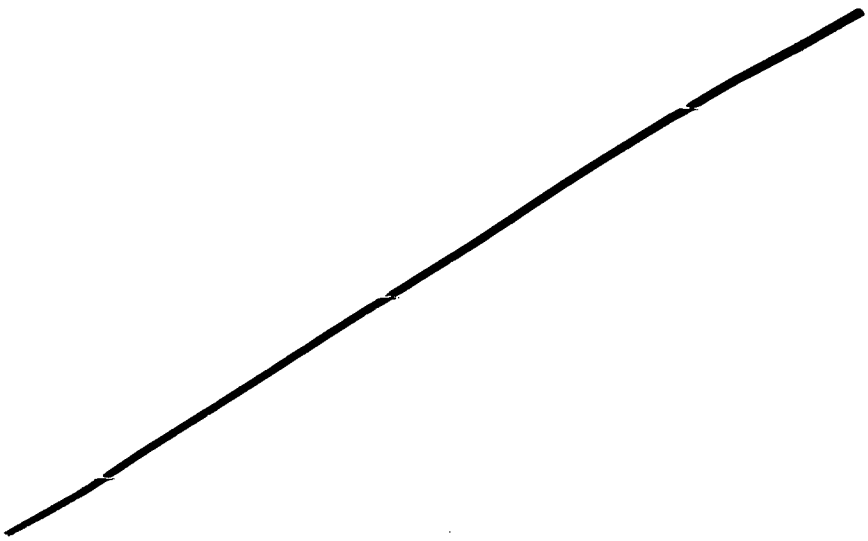
Date: February 20, 2007

To: Pratibha Rana, Regulatory Project Manager
Division of Anesthesia, Analgesia, and Rheumatology Products

From: Michelle Safarik, PA-C, Regulatory Review Officer
Division of Drug Marketing, Advertising, and Communications

Subject: NDA 22-067
DDMAC labeling comments for TRADENAME (prednisolone oral suspension) 5 mg/5 mL and 15 mg/5 mL

Per your consult request dated February 15, 2007, DDMAC has reviewed the proposed product labeling (PI) and proposed carton and container labeling for TRADENAME (prednisolone oral suspension) 5 mg/5 mL and 15 mg/5 mL (TRADENAME), and we offer the following comments.



b(4)

2 Page(s) Withheld

_____ Trade Secret / Confidential (b4)

✓ Draft Labeling (b4)

_____ Draft Labeling (b5)

_____ Deliberative Process (b5)

Withheld Track Number: Administrative- 11

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/s/

Michelle Safarik
2/20/2007 04:02:45 PM
DDMAC REVIEWER

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION

REQUEST FOR CONSULTATION

TO *(Office/Division)*: DDMAC

FROM *(Name, Office/Division, and Phone Number of Requestor)*: Pratibha Rana, DAARP, HFD-170

DATE	IND NO.	NDA NO.	TYPE OF DOCUMENT	DATE OF DOCUMENT
2-15-07		22-067	Labeling	10-2-06

NAME OF DRUG	PRIORITY CONSIDERATION	CLASSIFICATION OF DRUG	DESIRED COMPLETION DATE
Prednisolone Oral Suspension	S	3S	May 15, 2007

NAME OF FIRM: Taro Pharmaceuticals

REASON FOR REQUEST

I. GENERAL

- ☐ NEW PROTOCOL
- ☐ PROGRESS REPORT
- ☐ NEW CORRESPONDENCE
- ☐ DRUG ADVERTISING
- ☐ ADVERSE REACTION REPORT
- ☐ MANUFACTURING CHANGE / ADDITION
- ☐ MEETING PLANNED BY
- ☐ PRE-NDA MEETING
- ☐ END-OF-PHASE 2a MEETING
- ☐ END-OF-PHASE 2 MEETING
- ☐ RESUBMISSION
- ☐ SAFETY / EFFICACY
- ☐ PAPER NDA
- ☐ CONTROL SUPPLEMENT
- ☐ RESPONSE TO DEFICIENCY LETTER
- ☐ FINAL PRINTED LABELING
- ☐ LABELING REVISION
- ☒ ORIGINAL NEW CORRESPONDENCE
- ☐ FORMULATIVE REVIEW
- ☐ OTHER *(SPECIFY BELOW)*:

II. BIOMETRICS

- ☐ PRIORITY P NDA REVIEW
- ☐ END-OF-PHASE 2 MEETING
- ☐ CONTROLLED STUDIES
- ☐ PROTOCOL REVIEW
- ☐ OTHER (SPECIFY BELOW):

- ☐ CHEMISTRY REVIEW
- ☐ PHARMACOLOGY
- ☐ BIOPHARMACEUTICS
- ☐ OTHER (SPECIFY BELOW):

III. BIOPHARMACEUTICS

- ☐ DISSOLUTION
- ☐ BIOAVAILABILTY STUDIES
- ☐ PHASE 4 STUDIES
- ☐ DEFICIENCY LETTER RESPONSE
- ☐ PROTOCOL - BIOPHARMACEUTICS
- ☐ IN-VIVO WAIVER REQUEST

IV. DRUG SAFETY

- ☐ PHASE 4 SURVEILLANCE/EPIDEMIOLOGY PROTOCOL
- ☐ DRUG USE, e.g., POPULATION EXPOSURE, ASSOCIATED DIAGNOSES
- ☐ CASE REPORTS OF SPECIFIC REACTIONS (List below)
- ☐ COMPARATIVE RISK ASSESSMENT ON GENERIC DRUG GROUP
- ☐ REVIEW OF MARKETING EXPERIENCE, DRUG USE AND SAFETY
- ☐ SUMMARY OF ADVERSE EXPERIENCE
- ☐ POISON RISK ANALYSIS

V. SCIENTIFIC INVESTIGATIONS

- ☐ CLINICAL
- ☐ NONCLINICAL

COMMENTS / SPECIAL INSTRUCTIONS: Please review the labels. The labels are availble in the EDR.
If you have any questions please call me at 31-01-796-1277.

SIGNATURE OF REQUESTOR

METHOD OF DELIVERY (Check one)
☐ DFS ☐ EMAIL ☐ MAIL ☐ HAND

PRINTED NAME AND SIGNATURE OF RECEIVER

PRINTED NAME AND SIGNATURE OF DELIVERER

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/s/

Pratibha Rana
2/16/2007 09:32:02 AM

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION

REQUEST FOR CONSULTATION

TO *(Division/Office)*: DMETS

FROM: Parinda Jani; HFD-170

DATE12-1-06	IND NO.	NDA NO. 22-067	TYPE OF DOCUMENT Labeling	DATE OF DOCUMENT 11-22-06
NAME OF DRUG Prednisolone Oral Suspension	PRIORITY CONSIDERATION S		CLASSIFICATION OF DRUG 3S	DESIRED COMPLETION DATE 2-22-07

NAME OF FIRM: Taro Pharmaceuticals

REASON FOR REQUEST

I. GENERAL

- ☐ NEW PROTOCOL
- ☐ PROGRESS REPORT
- ☐ NEW CORRESPONDENCE
- ☐ DRUG ADVERTISING
- ☐ ADVERSE REACTION REPORT
- ☐ MANUFACTURING CHANGE/ADDITION
- ☐ MEETING PLANNED BY
- ☐ PRE–NDA MEETING
- ☐ END OF PHASE II MEETING
- ☐ RESUBMISSION
- ☐ SAFETY/EFFICACY
- ☐ PAPER NDA
- ☐ CONTROL SUPPLEMENT
- ☐ RESPONSE TO DEFICIENCY LETTER
- ☐ FINAL PRINTED LABELING
- ☐ LABELING REVISION
- ☒ ORIGINAL NEW CORRESPONDENCE
- ☐ FORMULATIVE REVIEW
- ☐ OTHER *(SPECIFY BELOW)*:

II. BIOMETRICS

STATISTICAL EVALUATION BRANCH	STATISTICAL APPLICATION BRANCH
☐ TYPE A OR B NDA REVIEW ☐ END OF PHASE II MEETING ☐ CONTROLLED STUDIES ☐ PROTOCOL REVIEW ☐ OTHER (SPECIFY BELOW):	☐ CHEMISTRY REVIEW ☐ PHARMACOLOGY ☐ BIOPHARMACEUTICS ☐ OTHER (SPECIFY BELOW):

III. BIOPHARMACEUTICS

- ☐ DISSOLUTION
- ☐ BIOAVAILABILTY STUDIES
- ☐ PHASE IV STUDIES
- ☐ DEFICIENCY LETTER RESPONSE
- ☐ PROTOCOL-BIOPHARMACEUTICS
- ☐ IN-VIVO WAIVER REQUEST

IV. DRUG EXPERIENCE

- ☐ PHASE IV SURVEILLANCE/EPIDEMIOLOGY PROTOCOL
- ☐ DRUG USE e.g. POPULATION EXPOSURE, ASSOCIATED DIAGNOSES
- ☐ CASE REPORTS OF SPECIFIC REACTIONS (List below)
- ☐ COMPARATIVE RISK ASSESSMENT ON GENERIC DRUG GROUP
- ☐ REVIEW OF MARKETING EXPERIENCE, DRUG USE AND SAFETY
- ☐ SUMMARY OF ADVERSE EXPERIENCE
- ☐ POISON RISK ANALYSIS

V. SCIENTIFIC INVESTIGATIONS

- ☐ CLINICAL
- ☐ PRECLINICAL

COMMENTS/SPECIAL INSTRUCTIONS: The package insert in PLR format, and the carton and container labels are in the EDR. Also, we will forward the hard copies of the labels.

The proposed names are: [redacted] Flo-pred

b(4)

SIGNATURE OF REQUESTER	METHOD OF DELIVERY (Check one) ☐ MAIL ☐ HAND
SIGNATURE OF RECEIVER	SIGNATURE OF DELIVERER

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/s/

Parinda Jani
12/1/2006 02:23:55 PM

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

NDA 22-067

INFORMATION REQUEST LETTER

Taro Pharmaceuticals, USA, Inc.
Attention: Kalpana Rao
Vice President, Regulatory Affairs
3 Skyline Drive
Hawthorne, NY 10532

Dear Ms. Rao:

Please refer to your August 11, 2006, new drug application (NDA) submitted under section 505(b)(2) of the Federal Food, Drug, and Cosmetic Act for prednisolone acetate oral suspension.

We also refer to your submission dated October 2, 2006, and our Filing Communication letter dated October 26, 2006.

Comment # 1 in our October 26, 2006, letter inadvertently referred to an excipient [redacted], which is not part of your drug product formulation. The following is the correct replacement comment. b(4)

> You should provide data to support the safety of the excipients in your drug product both in terms of maximum indicated daily exposure and duration of expected use. Since your proposed preparation is to be used for long-term treatment (greater than 3 months duration) you should demonstrate – via the published literature or with new studies – the long-term safety of the inactive ingredients. The FDA will continue to consider factors such as use in previously approved products or GRAS status as a direct food additive. Under some circumstances (e.g., similar route of administration, level of exposure, patient population, and duration of exposure) experience associated with the prior use may adequately qualify an excipient. However, it may be necessary for the safety database associated with that excipient to be brought up to current standards (e.g., submission of additional genetic toxicology data). It is important to note that the inclusion of an excipient in a USP/NF monograph or other non-FDA document is not an indication that the substance has been reviewed by the FDA and found safe for use. For additional information, see Guidance for Industry: Nonclinical Studies for the Safety Evaluation of Pharmaceutical Excipients at:
> http://www.fda.gov/cder/guidance/5544fnl.htm

We apologize if there was any inconvenience caused to your firm because of the error.

If you have any questions, call me at (301) 796-1232.

Sincerely,

{See appended electronic signature page}

Parinda Jani
Supervisory CSO
Division of Anesthesia, Analgesia and
Rheumatology Products
Office of Drug Evaluation II
Center for Drug Evaluation and Research

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/s/

Parinda Jani
11/8/2006 11:39:13 AM

Office of Surveillance and Epidemiology

MEMO

To: Bob Rappaport, M.D.
Director, Division of Anesthesia, Analgesia, and Rheumatology Products
HFD-170

From: Jinhee L. Jahng, Pharm.D.
Safety Evaluator, Division of Medication Errors and Technical Support
Office of Surveillance and Epidemiology
HFD-420; White Oak Bldg. 22, Mail Stop 4447

Through: Alina R. Mahmud, R.Ph., M.S., Team Leader
Denise P. Toyer, Pharm.D., Deputy Director
Carol A. Holquist, R.Ph., Director
Division of Medication Errors and Technical Support
Office of Surveillance and Epidemiology
HFD-420; White Oak Bldg. 22, Mail Stop 4447

Date: November 2, 2006

Re: ODS Consult's 2006-0643 & 2006-0644 b(4)
[redacted] & [redacted]
NDA#: 22-067

This memorandum is in response to an October 2, 2006 request from your Division for a review of the proprietary names, [redacted] and [redacted], (NDA#: 22-067). Upon the initial steps in the proprietary name review process (EPD), the Division of Drug Marketing, Advertising and Communications (DDMAC) did not recommend the use of the proposed proprietary names ' [redacted] ' and [redacted] from a promotional perspective because they [redacted] DDMAC provided the following comments: b(4)

> *The proposed tradenames [redacted] and [redacted] 'he term [redacted] suggests that the drugs have some unique effectiveness or composition attributable to the products when in fact the drugs are common substances, the limitations of which are readily recognized when they are listed by their established names. [21 CFR 201.10 (c) (3)]. In the absence of evidence to support that the drug possesses some unique qualities [redacted] the proposed trade names are misleading."* b(4)

As per email correspondence with the Division of Anesthesia, Analgesia, and Rheumatology Products' Chief Project Management Staff, on October 30, 2006, the Division concurs with DDMAC's comments and has informed the sponsor that they will not allow [redacted] as part of the name. Therefore, DMETS will not proceed with the safety review of the proposed proprietary names, [redacted] and [redacted] since the Division supports DDMAC's objection of the name based on promotional concerns. Additionally, please forward the alternate name(s) for DMETS review upon submission. If you have any questions for DDMAC, please contact Suzanne Berkman or Michelle Safarik at 301-796-1200. If you have any other questions or need clarification, please contact the medication errors Project Manager, Diane Smith, at 301-796-0538. b(4)

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/s/

Jinhee Jahng
11/7/2006 11:29:29 AM
DRUG SAFETY OFFICE REVIEWER

Alina Mahmud
11/9/2006 08:52:58 AM
DRUG SAFETY OFFICE REVIEWER

Carol Holquist
11/9/2006 08:57:11 AM
DRUG SAFETY OFFICE REVIEWER

MEMORANDUM

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

O.K.,

DATE: November 8, 2006

TO: Associate Director
International Operations Drug Group
Division of Field Investigations (HFC-130)

FROM: C.T. Viswanathan, Ph.D. CTV
Associate Director (Bioequivalence)
Division of Scientific Investigations (HFD-48)

THROUGH: Gary Della'Zanna, D.O. M.Sc.
Director
Division of Scientific Investigations (HFD-48)

SUBJECT: FY 2007, **High Priority CDER PDUFA NDA, Pre-Approval Data Validation**, Bioresearch monitoring, Human Drugs, CP 7348.001

RE: NDA 22-067
DRUG: Prednisolone Oral Suspension 5mg/5mL and 15mg/5mL
SPONSOR: Taro Pharmaceuticals U.S.A., Inc.
3 Skyline Drive
Hawthorne, NY 10532
SPONSOR's CONTACT: Kalpana Rao
VP, Global Regulatory Affairs
Tel: (914) 345-9001

This memo requests that you arrange an inspection of the clinical and analytical portions of the following bioequivalence (BE) study for NDA 22-067, sponsored by Taro Pharmaceuticals USA Inc. **This is a 505(b)(2) application and the Agency relies on this pivotal bioequivalence study for approval of this application. A DSI scientist with specialized knowledge will participate in the inspection to provide scientific and technical expertise. Please contact DSI upon receipt of this assignment to arrange scheduling of the inspection. Due to review division deadline, the inspection should be completed prior to March 30, 2007.**

Study PEN-P5-319: "Single Dose Crossover Comparative Bioavailability Study of Prednisolone 15mg/5mL Suspension versus 15mg/5mL Syrup and versus 3x5mg Tablets in Healthy Male and Female Volunteers/Fasting State".

Clinical Site:

b(4)

Clinical Investigator:

Study PEN-P5-319 was designed to determine the bioequivalence between Taro Pharmaceutical's prednisolone acetate 15mg/5mL oral suspension formulation and two marketed reference products (prednisolone syrup 15mg/5mL and prednisolone 5mg tablets) in a crossover design. The study was a single center, randomized, single dose, laboratory blinded, 3-period, 6-sequence, crossover design in 24 subjects. The study was conducted in January-Febraury 2006.

b(4)

Please have the records of all study subjects audited. The subject records in the FDA submission should be compared to the original documents at the firm. In addition to the standard investigation involving the source documents, case report forms, adverse events, concomitant medications, number of evaluable subjects, drug accountability, etc., the files of communication between the clinical site and the sponsor should be examined for their content. Dosing logs must be checked to confirm that correct drug products were administered to the subjects. Please confirm the presence of 100% of the signed and dated consent forms, and comment on this informed consent check in the EIR.

Please check the batch numbers of both the test and the reference drug formulations used in the studies with descriptions in the documents submitted to the Agency. Samples of both the test and reference drug formulations should be collected and mailed to the Division of Pharmaceutical Analysis, St. Louis, MO, for screening.

Analytical Site:

b(4)

Analytical Investigator: [redacted] b(4)

Instrumentation: [redacted]

All pertinent items related to the analytical method should be examined and the sponsor's data should be audited. The chromatograms provided in the NDA submission should be compared with the original documents at the firm. The actual assay of the subject plasma samples, as well as the variability between and within runs, QC, the number of repeat assays of the subject plasma samples, and the reason for such repetitions, if any, should be examined. In addition to the standard investigation involving the source documents, the files of communication between the analytical site and the sponsor should be examined for their content.

Following the identification of the investigator, background material will be forwarded directly.

Headquarters Contact Person: Nilufer M. Tampal, Ph.D.
(301) 594-2457

cc:
HFD-45/RF
HFD-48/Tampal/Himaya/CF
HFD-170/Jani (NDA 22-067)
HFR-134/Kadar (please fax a copy 301-443-6919)
Draft: NMT 11/7/06
Edit: 8 11/8/06
DSI 5737 O:\BE\assigns\bio22067.doc
FACTS 788747

Date: October 27, 2006

From: Jeanne M. Delasko, RN, MS
Label Initiatives Specialist
Study Endpoint and Label Development (SEALD)
Office of New Drugs, CDER

Through: Laurie B. Burke, RPh, MPH
Director, SEALD

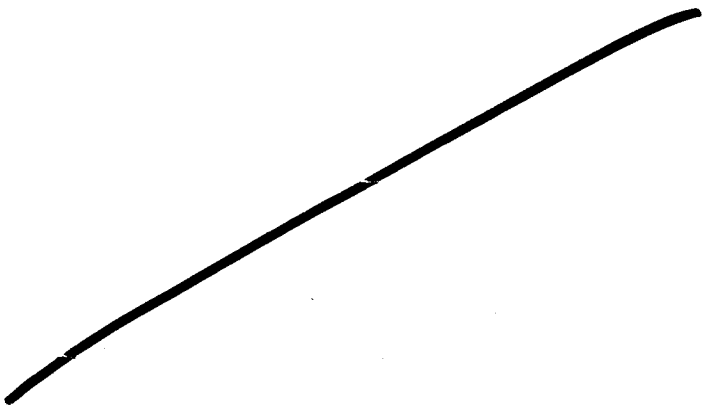
To: Parinda Jani
Regulatory Project Manager, DAARP

Subject: Proposed Labeling Format Review
NDA 22-067
Prednisolone (prednisolone acetate)

This memo provides a list of revisions for the proposed labeling to convey to the applicant. Please contact me at 796-0146 with questions or concerns.

Comments to convey 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, Guidances, 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.



b(4)

2 Page(s) Withheld

_____ Trade Secret / Confidential (b4)

✓ Draft Labeling (b4)

_____ Draft Labeling (b5)

_____ Deliberative Process (b5)

Withheld Track Number: Administrative- 12

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/s/

Jeanne Delasko
10/31/2006 10:57:59 AM
CSO

Laurie Burke
10/31/2006 01:58:09 PM
INTERDISCIPLINARY

Jani, Parinda

From: Jani, Parinda
Sent: Tuesday, October 31, 2006 4:05 PM
To: 'kalpana.rao@taro.com'
Subject: comments for the tradename

Dear Kalpana:

Please provide another tradename as your proposed trade names are not acceptable to the Division of Medication Errors and technical Support and the Division of Drug Marketing and Communication.

Thanks

[redacted]

The proposed tradenames [redacted] and [redacted]. The term [redacted]" suggests that the drugs have some unique effectiveness or composition attributable to the products when in fact the drugs are common substances, the limitations of which are readily recognized when they are listed by their established names. [21 CFR 201.10 (c) (3)]. In the absence of evidence to support that the drug possess some unique qualities [redacted], the proposed trade names are misleading. b(4)

Please also note that some reviewers noted that the proposed name [redacted] sounded similar to the nutritional supplement [redacted] b(4)

Parinda Jani
Chief, Project Management Staff
Division of Anesthesia, Analgesia and
Rheumatology Products
Office of Drug Evaluation II
Center for Drug Evaluation and Research
Tel # (301) 796-1232 or 2280
Fax # (301) 796-9713

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/s/

Parinda Jani
10/31/2006 04:31:20 PM
CSO

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

NDA 22-067

INFORMATION REQUEST LETTER

Taro Pharmaceuticals, USA, Inc.
3 Skyline Drive
Hawthorne, NY 10532

Attention: Kalpana Rao
Vice President, Regulatory Affairs

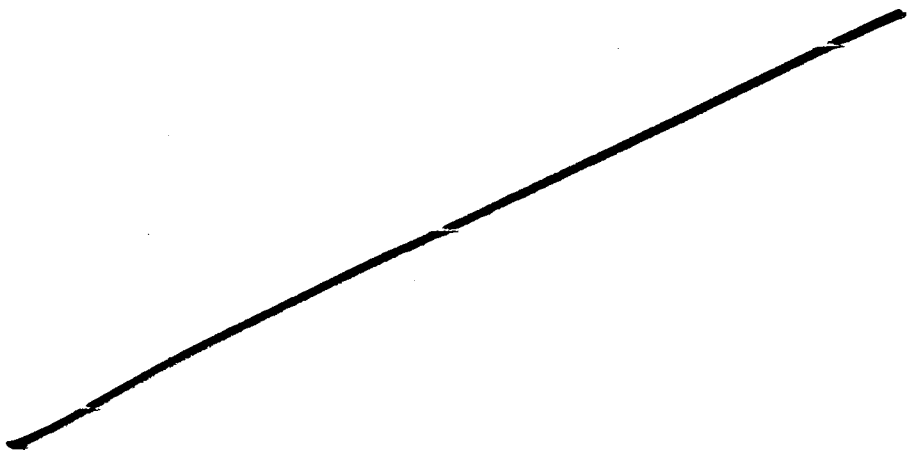
Dear Ms. Rao:

Please refer to your August 11, 2006, new drug application (NDA) submitted under section 505(b)(2) of the Federal Food, Drug, and Cosmetic Act for prednisolone suspension.

We also refer to your submission dated October 2, 2006.

We are reviewing the content and format of your labeling submitted in the Physician's Labeling Rule format and have the following comments. We request a prompt written response in order to continue our evaluation of your NDA.

These comments are based on Title 21 of the Code of Federal Regulations (201.56 and 201.57), the preamble to the Final Rule, Guidances, and FDA recommendations to provide for labeling quality and consistency across review divisions.



b(4)

1 Page(s) Withheld

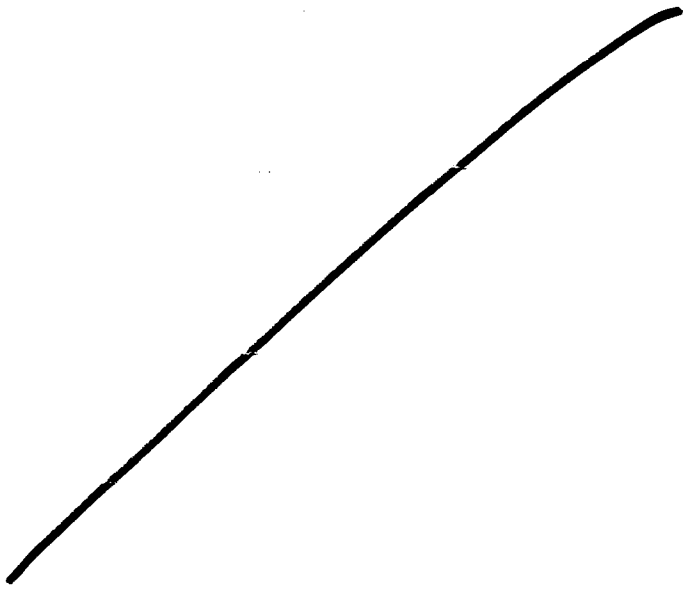
_____ Trade Secret / Confidential (b4)

✓ Draft Labeling (b4)

_____ Draft Labeling (b5)

_____ Deliberative Process (b5)

Withheld Track Number: Administrative- 13



b(4)

If you have any questions, call me at (301) 796-1232.

Sincerely,

Parinda Jani
Chief, Project Management Staff
Division of Anesthesia, Analgesia and
Rheumatology Products
Office of Drug Evaluation II
Center for Drug Evaluation and Research

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/s/

Parinda Jani

10/31/2006 12:40:39 PM

DEPARTMENT OF HEALTH & HUMAN SERVICES
Public Health Service
Food and Drug Administration
Rockville, MD 20857

FILING COMMUNICATION

NDA 22-067

Taro Pharmaceuticals, U.S.A., Inc.
3 Skyline Drive
Hawthorne, NY 10532

Attention: Kalpana Rao
GVP, Regulatory Affairs

Dear Ms. Rao:

Please refer to your August 11, 2006, new drug application (NDA) submitted pursuant to section 505(b)(2) of the Federal Food, Drug, and Cosmetic Act for prednisolone acetate oral suspension.

We also refer to your submission dated October 2, 2006.

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)(2) of the Act on October 13, 2006, in accordance with 21 CFR 314.101(a).

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

1. We note that the excipient [redacted] does not appear to be present in currently approved products though the components of [redacted] have been utilized. You must provide information related to the safety of the excipient or its components at the proposed level of exposure, duration of exposure and route of administration. If the excipient is not fully qualified by existing safety data further toxicologic qualification may be necessary. Refer to *Guidance for Industry: Nonclinical Studies for Safety Evaluation of Pharmaceutical Excipients* which is available on the CDER web page http://www.fda.gov/cder/guidance/guidance.htm. In addition, please provide information on the levels of unreacted monomers that may be present in the excipient as well any safety information related to [redacted] b(4)

2. As noted in the June 30, 2004, Meeting Minutes ([redacted], Question 4) provide a scientific or regulatory basis for your request to waive pediatric Bioavailability studies. b(4)

3. CMC information regarding description of the filling process of the drug product bulk suspension into bottles could not be located in the NDA. Please provide the information.

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 your submit the following information:

Provide a statement that all manufacturing and testing sites described in the NDA are ready for inspection.

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 Parinda Jani, Chief, Project Management Staff, at (301) 796-1232.

Sincerely,

{See appended electronic signature page}

Bob Rappaport, M.D.
Director
Division of Anesthesia, Analgesia
and Rheumatology Products
Office of Drug Evaluation II
Center for Drug Evaluation and Research

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/s/

Bob Rappaport
10/26/2006 01:03:00 PM

DSI CONSULT: Request for Biopharmaceutical Inspections

DATE: October 25, 2006

TO: Associate Director for Bioequivalence
Division of Scientific Investigations, HFD-48

Shiew Mei Huang, Ph.D.
Acting Director, Division of Clinical Pharmacology 2

THROUGH: (Required for international inspections)
Bob Rappaport, MD
Director, Division of Anesthesia, Analgesia, and Rheumatology Products, HFD-170

FROM: Parinda Jani, Supervisory Consumer Safety Officer,
Division of Anesthesia, Analgesia, and Rheumatology Products, HFD-170

SUBJECT: **Request for Biopharmaceutical Inspections**
NDA 22-067
Prednisolone Oral Suspension 5 mg/mL and 15 mg/5 mL
Taro Pharmaceuticals U.S.A., Inc.

Applicant's contact person is Kalpana Rao, VP, Global Regulatory Affairs. Tel # is (914) 345-9001.

Study/Site Identification:

As discussed with you, the following studies/sites pivotal to approval (OR, raise question regarding the quality or integrity of the data submitted and) have been identified for inspection:

Study #	Clinical Site (name, address, phone, fax, contact person, if available)	Analytical Site (name, address, phone, fax, contact person, if available)
PEN-P5-319	Eric Sicard, M.D., Clinical Investigator. Algorithme Pharma Inc., 1575 Henri-Bourassa Blvd. W., 6th floor, Montreal, Quebec, Canada, H3M 3A9 Phone: (514) 858-6077 Fax: (514) 380-5261	Fabio Garofolo, Ph.D. (VP, Bioanalytical Services), Algorithme Pharma Inc., 575 Armand-Frappier Blvd. Laval, Quebec, Canada H7V 4B4 Phone: (450) 973-6077 Fax: (450) 973-2446

International Inspections:

(Please note: International inspections require sign-off by the ORM Division Director or DPE Division Director.)

We have requested an international inspection because:

__X___There is a lack of domestic data that solely supports approval;

__X__ Other (please explain):
Approval will be based on bioequivalence data alone (there is no clinical data).

Study title is "Single Dose Crossover Comparative Bioavailability Study of Prednisolone 15 mg/5 mL Suspension versus 15 mg/5 mL Syrup and versus 3 x 5 mg Tablets in Healthy Male and Female Volunteers / Fasting State."

Goal Date for Completion:

We request that the inspections be conducted and the Inspection Summary Results be provided by **April 30, 2007**. We intend to issue an action letter on this application by **June 14, 2007**.

Should you require any additional information, please contact Parinda Jani, 301-796-1232.

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/s/

Bob Rappaport
10/26/2006 11:06:27 AM

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION

REQUEST FOR CONSULTATION

TO *(Division/Office)*:The SEAL Team

FROM: Parinda Jani; HFD-170

DATE10-18-06	IND NO.	NDA NO. 22-067	TYPE OF DOCUMENT Labeling	DATE OF DOCUMENT 10-2-06

NAME OF DRUG Prednisolone Oral Suspension	PRIORITY CONSIDERATION S	CLASSIFICATION OF DRUG 3S	DESIRED COMPLETION DATE 1-30-07

NAME OF FIRM: Taro Pharmaceuticals

REASON FOR REQUEST

I. GENERAL

- ☐ NEW PROTOCOL
- ☐ PROGRESS REPORT
- ☐ NEW CORRESPONDENCE
- ☐ DRUG ADVERTISING
- ☐ ADVERSE REACTION REPORT
- ☐ MANUFACTURING CHANGE/ADDITION
- ☐ MEETING PLANNED BY
- ☐ PRE--NDA MEETING
- ☐ END OF PHASE II MEETING
- ☐ RESUBMISSION
- ☐ SAFETY/EFFICACY
- ☐ PAPER NDA
- ☐ CONTROL SUPPLEMENT
- ☐ RESPONSE TO DEFICIENCY LETTER
- ☐ FINAL PRINTED LABELING
- ☐ LABELING REVISION
- ☒ ORIGINAL NEW CORRESPONDENCE
- ☐ FORMULATIVE REVIEW
- ☐ OTHER *(SPECIFY BELOW)*:

II. BIOMETRICS

STATISTICAL EVALUATION BRANCH	STATISTICAL APPLICATION BRANCH
☐ TYPE A OR B NDA REVIEW ☐ END OF PHASE II MEETING ☐ CONTROLLED STUDIES ☐ PROTOCOL REVIEW ☐ OTHER (SPECIFY BELOW):	☐ CHEMISTRY REVIEW ☐ PHARMACOLOGY ☐ BIOPHARMACEUTICS ☐ OTHER (SPECIFY BELOW):

III. BIOPHARMACEUTICS

- ☐ DISSOLUTION
- ☐ BIOAVAILABILTY STUDIES
- ☐ PHASE IV STUDIES
- ☐ DEFICIENCY LETTER RESPONSE
- ☐ PROTOCOL-BIOPHARMACEUTICS
- ☐ IN-VIVO WAIVER REQUEST

IV. DRUG EXPERIENCE

- ☐ PHASE IV SURVEILLANCE/EPIDEMIOLOGY PROTOCOL
- ☐ DRUG USE e.g. POPULATION EXPOSURE, ASSOCIATED DIAGNOSES
- ☐ CASE REPORTS OF SPECIFIC REACTIONS (List below)
- ☐ COMPARATIVE RISK ASSESSMENT ON GENERIC DRUG GROUP
- ☐ REVIEW OF MARKETING EXPERIENCE, DRUG USE AND SAFETY
- ☐ SUMMARY OF ADVERSE EXPERIENCE
- ☐ POISON RISK ANALYSIS

V. SCIENTIFIC INVESTIGATIONS

☐ CLINICAL	☐ PRECLINICAL

COMMENTS/SPECIAL INSTRUCTIONS: The package insert in PLR format, and the carton and container labels are in the EDR. Also, we will forward the hard copies of the labels.

The proposed names are: [redacted] b(4)

Contact Parinda Jani at (301) 796-1232
Thanks

SIGNATURE OF REQUESTER	METHOD OF DELIVERY (Check one) ☐ MAIL ☐ HAND
SIGNATURE OF RECEIVER	SIGNATURE OF DELIVERER

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/s/

Parinda Jani
10/18/2006 12:21:33 PM

Form Approved: OMB No. 0910 - 0297 Expiration Date: December 31, 2006 See instructions for OMB Statement.

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION	PRESCRIPTION DRUG USER FEE COVERSHEET

A completed form must be signed and accompany each new drug or biologic product application and each new supplement. See exceptions on the reverse side. If payment is sent by U.S. mail or courier, please include a copy of this completed form with payment. Payment instructions and fee rates can be found on CDER's website: http://www.fda.gov/cder/pdufa/default.htm

1. APPLICANT'S NAME AND ADDRESS

TARO PHARMACEUTICALS USA INC
Teresa Tung
3 Skyline Drive
Hawthorne NY 10532
US

4. BLA SUBMISSION TRACKING NUMBER (STN) / NDA NUMBER

NDA 22-067

2. TELEPHONE NUMBER
914-345-9001 6282

5. DOES THIS APPLICATION REQUIRE CLINICAL DATA FOR APPROVAL?

[ ] YES [X] NO

IF YOUR RESPONSE IS "NO" AND THIS IS FOR A SUPPLEMENT, STOP HERE AND SIGN THIS FORM. IF RESPONSE IS "YES", CHECK THE APPROPRIATE RESPONSE BELOW:

[ ] THE REQUIRED CLINICAL DATA ARE CONTAINED IN THE APPLICATION

[ ] THE REQUIRED CLINICAL DATA ARE SUBMITTED BY REFERENCE TO:

3. PRODUCT NAME
Prednisolone [redacted] Oral Suspension (Prednisolone Acetate [redacted] Oral Suspension)

6. USER FEE I.D. NUMBER
PD3006597

b(4)

7. IS THIS APPLICATION COVERED BY ANY OF THE FOLLOWING USER FEE EXCLUSIONS? IF SO, CHECK THE APPLICABLE EXCLUSION.

[ ] A LARGE VOLUME PARENTERAL DRUG PRODUCT APPROVED UNDER SECTION 505 OF THE FEDERAL FOOD, DRUG, AND COSMETIC ACT BEFORE 9/1/92 (Self Explanatory)

[ ] A 505(b)(2) APPLICATION THAT DOES NOT REQUIRE A FEE

[ ] THE APPLICATION QUALIFIES FOR THE ORPHAN EXCEPTION UNDER SECTION 736(a)(1)(E) of the Federal Food,Drug, and Cosmetic Act

[ ] THE APPLICATION IS SUBMITTED BY A STATE OR FEDERAL GOVERNMENT ENTITY FOR A DRUG THAT IS NOT DISTRIBUTED COMMERCIALLY

8. HAS A WAIVER OF AN APPLICATION FEE BEEN GRANTED FOR THIS APPLICATION? [ ] YES [X] NO

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewinginstructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

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

Food and Drug Administration
CDER, HFD-94
12420 Parklawn Drive, Room 3046
Rockville, MD 20852

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.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE	TITLE	DATE
KALPANA RAO	GVP, RA	8/4/06

9. USER FEE PAYMENT AMOUNT FOR THIS APPLICATION
$383,700.00

Form FDA 3397 (12/03)

IBE_PRMT_CLOSE_G) (Print Cover sheet)

NDA REGULATORY FILING REVIEW
(Including Memo of Filing Meeting)

NDA # 22-067 Supplement # Efficacy Supplement Type SE-

Proprietary Name:
Established Name: Prednisolone Acetate Oral Suspension
Strengths: 5 mg/5 mL and 15 mg/5 mL

Applicant: Taro Pharmaceuticals
Agent for Applicant (if applicable):

Date of Application: August 11, 2006
Date of Receipt: August 14, 2006
Date clock started after UN:
Date of Filing Meeting: September 22, 2006
Filing Date: October 13, 2006
Action Goal Date (optional): User Fee Goal Date: June 14, 2007

Indication(s) requested: **Allergic States, Dermatologic Diseases, Edematous States, Endocrine Disorders, Gastrointestinal Diseases, Hematologic Disorders, Neoplastic Diseases, Nervous System, Ophthalmic Diseases, Respiratory Diseases, Rheumatic Disorders,** and other **Miscellaneous** indications

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? ☐ Resubmission after refuse to file? ☐
Chemical Classification: (1,2,3 etc.) 3
Other (orphan, OTC, etc.)

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

User Fee Status: Paid X Exempt (orphan, government) ☐
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 X
  If yes, explain:

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 X

- 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)]?
  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 X
  If yes, explain:

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

- Does the submission contain an accurate comprehensive index? YES X NO ☐
  If no, explain:

- Was form 356h included with an authorized signature? YES X NO ☐
  If foreign applicant, both the applicant and the U.S. agent must sign.

- Submission complete as required under 21 CFR 314.50? YES X 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 X
   This application is: All electronic ☐ Combined paper + eNDA X
   This application is in: NDA format ☐ CTD format X
   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?
   Biopharm study reports

   Additional comments:

3. This application is an eCTD NDA. YES ☐
   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? YES x NO ☐
- Exclusivity requested? YES, X Years NO ☐
  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 ☐
  Resubmitted October 2, 2006 with correct wording
  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 ☐ NO X
- 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 ☐ NO X
- 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 X 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.
  b(4)
- List referenced IND numbers: [redacted]
- Are the trade, established/proper, and applicant names correct in COMIS? YES X NO ☐
  If no, have the Document Room make the corrections.
- End-of-Phase 2 Meeting(s)? Date(s) _____ NO X
  If yes, distribute minutes before filing meeting.
- Pre-NDA Meeting(s)? Date(s) _____ NO X

If yes, distribute minutes before filing meeting.

- Any SPA agreements? Date(s) _____ NO X
  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 X 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 X NO ☐

Submitted October 2, 2006, prior to filing date

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? YES X NO ☐

- If Rx, trade name (and all labeling) consulted to OSE/DMETS? YES X NO ☐

- If Rx, MedGuide and/or PPI (plus PI) consulted to ODE/DSRCS?
  N/A X YES ☐ NO ☐

- Risk Management Plan consulted to OSE/IO? N/A X YES ☐ NO ☐

- If a drug with abuse potential, was an Abuse Liability Assessment, including a proposal for scheduling submitted? NA X YES ☐ NO ☐

If Rx-to-OTC Switch or OTC application:

- 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 X NO ☐
  If no, did applicant submit a complete environmental assessment? YES ☐ NO ☐
  If EA submitted, consulted to EA officer, OPS? YES ☐ NO ☐

- Establishment Evaluation Request (EER) submitted to DMPQ? YES X NO ☐
- If a parenteral product, consulted to Microbiology Team? YES ☐ NO ☐

ATTACHMENT

MEMO OF FILING MEETING

DATE: September 22, 2006

NDA #: 22-067

DRUG NAMES: Prednisolone Acetate Oral Suspension

APPLICANT: Taro Pharmaceuticals

BACKGROUND: A new prednisolone suspension formulation (non-spill). This is 505(b)(2) application with BA-BE data only.
(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: Bob Rappaport, Rigoberto Roca, Jeff Siegel, Rosemarie Neuner, Dan Mellon, Adam Wasserman, Jerry Cott, Sally Choe, Suresh Doddapaneni. Dionne price, Parinda Jani

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

Discipline/Organization	**Reviewer**
Medical:	Jim Witter
Secondary Medical:	Jeff Siegel
Statistical:	N/A
Pharmacology:	Jerry Cott
Statistical Pharmacology:	N/A
Chemistry:	Brian Rogers
Environmental Assessment (if needed):	N/A
Biopharmaceutical:	Sally Choe
Microbiology, sterility:	N/A
Microbiology, clinical (for antimicrobial products only):	N/A
DSI:	Carolanne Currier
OPS:	
Regulatory Project Management:	Parinda Jani
Other Consults:	Diane Smith, Laurie Burke

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

CLINICAL FILE X REFUSE TO FILE ☐

- Clinical site audit(s) needed? YES NO X
  If no, explain: Application contains only BA-BE studies
- Advisory Committee Meeting needed? YES, date if known _____ NO X

- 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 X YES ☐ NO ☐

CLINICAL MICROBIOLOGY	N/A	X	FILE	☐	REFUSE TO FILE	☐	
STATISTICS	N/A	X	FILE	☐	REFUSE TO FILE	☐	
BIOPHARMACEUTICS			FILE	X	REFUSE TO FILE	☐	

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

PHARMACOLOGY/TOX	N/A	☐	FILE	X	REFUSE TO FILE	☐	

- GLP audit needed? YES ☐ NO X

CHEMISTRY			FILE	X	REFUSE TO FILE	☐	

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

ELECTRONIC SUBMISSION:
Any comments:

REGULATORY CONCLUSIONS/DEFICIENCIES:
(Refer to 21 CFR 314.101(d) for filing requirements.)

☐ The application is unsuitable for filing. Explain why:

X 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.
- X 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.

Parinda Jani
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.

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

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

*If "**No**," skip to question 3.*

2. Name of listed drug(s) referenced by the applicant (if any) and NDA/ANDA #(s): ANDAs 40-364 (KV), 40-423 (KV), 80-354 (Watson)

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 X

*If "**Yes**," skip to question 7.*

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

YES ☐ NO X

*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 X

   (***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 X 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 X NO ☐

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

*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): NDA 21-959 (Orapred ODT), ANDAs: a number of approved prednisolone oral solution ANDAs

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 X 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"). This application provides for a non-spill formulation of prednisolone acetate. The currently marketed oral prednisolone products are either syrup, tablets or orally disintegrating tablets formulations.

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 X

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)? YES ☐ NO X

(See 314.54(b)(1)). If yes, the application may be refused for filing under 21 CFR 314.101(d)(9)).

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 X

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 X

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

X 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):

☐ 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):

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 X

*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*
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 X 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 X

If "**Yes**," please list:

Application No.	Product No.	Exclusivity Code	Exclusivity Expiration

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

/s/

Parinda Jani
11/8/2006 01:01:37 PM
CSO

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION

REQUEST FOR CONSULTATION

TO *(Division/Office)*: DMETS

FROM: Parinda Jani; HFD-170

DATE10-18-06	IND NO.	NDA NO. 22-067	TYPE OF DOCUMENT Labeling	DATE OF DOCUMENT 10-2-06

NAME OF DRUG Prednisolone Oral Suspension	PRIORITY CONSIDERATION S	CLASSIFICATION OF DRUG 3S	DESIRED COMPLETION DATE 1-30-07

NAME OF FIRM: Taro Pharmaceuticals

REASON FOR REQUEST

I. GENERAL

- ☐ NEW PROTOCOL
- ☐ PROGRESS REPORT
- ☐ NEW CORRESPONDENCE
- ☐ DRUG ADVERTISING
- ☐ ADVERSE REACTION REPORT
- ☐ MANUFACTURING CHANGE/ADDITION
- ☐ MEETING PLANNED BY
- ☐ PRE--NDA MEETING
- ☐ END OF PHASE II MEETING
- ☐ RESUBMISSION
- ☐ SAFETY/EFFICACY
- ☐ PAPER NDA
- ☐ CONTROL SUPPLEMENT
- ☐ RESPONSE TO DEFICIENCY LETTER
- ☐ FINAL PRINTED LABELING
- ☐ LABELING REVISION
- ☒ ORIGINAL NEW CORRESPONDENCE
- ☐ FORMULATIVE REVIEW
- ☐ OTHER *(SPECIFY BELOW)*:

II. BIOMETRICS

STATISTICAL EVALUATION BRANCH	STATISTICAL APPLICATION BRANCH
☐ TYPE A OR B NDA REVIEW ☐ END OF PHASE II MEETING ☐ CONTROLLED STUDIES ☐)TOCOL REVIEW ☐ ;ER (SPECIFY BELOW):	☐ CHEMISTRY REVIEW ☐ PHARMACOLOGY ☐ BIOPHARMACEUTICS ☐ OTHER (SPECIFY BELOW):

III. BIOPHARMACEUTICS

- ☐ DISSOLUTION
- ☐ BIOAVAILABILTY STUDIES
- ☐ PHASE IV STUDIES
- ☐ DEFICIENCY LETTER RESPONSE
- ☐ PROTOCOL-BIOPHARMACEUTICS
- ☐ IN-VIVO WAIVER REQUEST

IV. DRUG EXPERIENCE

- ☐ PHASE IV SURVEILLANCE/EPIDEMIOLOGY PROTOCOL
- ☐ DRUG USE e.g. POPULATION EXPOSURE, ASSOCIATED DIAGNOSES
- ☐ CASE REPORTS OF SPECIFIC REACTIONS (List below)
- ☐ COMPARATIVE RISK ASSESSMENT ON GENERIC DRUG GROUP
- ☐ REVIEW OF MARKETING EXPERIENCE, DRUG USE AND SAFETY
- ☐ SUMMARY OF ADVERSE EXPERIENCE
- ☐ POISON RISK ANALYSIS

V. SCIENTIFIC INVESTIGATIONS

- ☐ CLINICAL
- ☐ PRECLINICAL

COMMENTS/SPECIAL INSTRUCTIONS: The package insert in PLR format, and the carton and container labels are in the EDR. Also, we will forward the hard copies of the labels.

The proposed names are: [redacted] **b(4)**

SIGNATURE OF REQUESTER	METHOD OF DELIVERY (Check one) ☐ MAIL ☐ HAND
SIGNATURE OF RECEIVER	SIGNATURE OF DELIVERER

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

/s/

Parinda Jani
10/18/2006 12:14:01 PM

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

NDA 22-067

NDA ACKNOWLEDGMENT

Taro Pharmaceuticals U.S.A., Inc.
3 Skyline Drive
Hawthorne, NY 10532

Attention: Kalpana Rao, G.V.P.
Regulatory Affairs

Dear Rao:

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

Name of Drug Product: Prednisolone Acetate Oral Suspension

Review Priority Classification: Standard (S)

Date of Application: August 11, 2006

Date of Receipt: August 14, 2006

Our Reference Number: NDA 22-067

Unless we notify you within 60 days of the receipt date that the application is not sufficiently complete to permit a substantive review, we will file the application on October 13, 2006, in accordance with 21 CFR 314.101(a). If the application is filed, the user fee goal date will be June 14, 2007.

All applications for new active ingredients, new dosage forms, new indications, new routes of administration, and new dosing regimens are required to contain an assessment of the safety and effectiveness of the product in pediatric patients unless this requirement is waived or deferred. Since oral prednisolone solution is available for titrating doses in pediatric populations we are waiving the requirement for pediatric studies for this application.

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 Anesthesia, Analgesia and Rheumatology Products
5901-B Ammendale Road
Beltsville, MD 20705-1266

If you have any questions, call me at (301) 796-1232.

Sincerely,

{See appended electronic signature page}

Parinda Jani
Chief, Project Management Staff
Division of Anesthesia, Analgesia and
Rheumatology 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/

Parinda Jani
8/22/2006 12:10:18 PM