

**CENTER FOR DRUG EVALUATION AND
RESEARCH**

APPLICATION NUMBER:

BLA 125160/0

**ADMINISTRATIVE and CORRESPONDENCE
DOCUMENTS**

PEDIATRIC PAGE

(Complete for all filed original applications and efficacy supplements)

NDA/BLA #: 125160/0 Supplement Type (e.g. SE5): _____ Supplement Number: _____

Stamp Date: _____ PDUFA Goal Date: January 30, 2008

HFD: 180 Trade and generic names/dosage form: _____

Applicant: UCB, Inc. Therapeutic Class: monoclonal antibody

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

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

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

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

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

Number of indications for this application(s): 1

Indication #1: For reducing signs and symptoms of Crohn's disease and maintaining clinical response in adult patients with moderately to severely active disease who have had an inadequate response to conventional therapy.

Is this an orphan indication?

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

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

- Yes: Please proceed to Section A.
 No: Please check all that apply: Partial Waiver Deferred Completed

NOTE: More than one may apply

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

Section A: Fully Waived Studies

Reason(s) for full waiver:

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

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

Section B: Partially Waived Studies

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

Min _____ kg _____ mo. _____ yr. 0 Tanner Stage _____
Max _____ kg _____ mo. _____ yr. 5 Tanner Stage _____

Reason(s) for partial waiver:

- Products in this class for this indication have been studied/labeled for pediatric population
- Disease/condition does not exist in children
- Too few children with disease to study
- There are safety concerns
- Adult studies ready for approval
- Formulation needed
- Other: Product would be ineffective or unsafe for one or more of the pediatric group(s); the product fails to represent a meaningful therapeutic benefit over existing therapies and unlikely to be used in a substantial number by the pediatric population; and attempts to produce a pediatric formulation for one or more of the pediatric age group(s) have failed.

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

Section C: Deferred Studies

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

Min _____ kg _____ mo. _____ yr. 6 Tanner Stage _____
Max _____ kg _____ mo. _____ yr. 17 Tanner Stage _____

Reason(s) for deferral:

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

Other: _____

Date studies are due (mm/dd/yy): January 15, 2013 (Final study report due on October 15, 2013)

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

Section D: Completed Studies

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

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

Comments:

If there are additional indications, please proceed to Attachment A. Otherwise, this Pediatric Page is complete and should be entered into DFS. (This is a BLA and the page can not be entered in DFS.)

This page was completed by:

Marlene G. Swider 4/17/08

Marlene G. Swider, M.H.S.A.

Regulatory Project Manager

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

(Revised: 10/10/2006)



UCB, Inc. -- 1950 Lake Park Drive, Smyrna, Georgia 30080

Initial Application
UCB, Inc. - Confidential

DEBARMENT CERTIFICATION STATEMENT

UCB, Inc. 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.

A handwritten signature in cursive script that reads "Dan Nall". The signature is written in black ink and is positioned above a horizontal line.

Dan Nall

Vice President, Global Preclinical/Clinical Quality Assurance

ACTION PACKAGE CHECKLIST

Application Information		
BLA # 125160/0 NDA #	BLA STN# NDA Supplement #	If NDA, Efficacy Supplement Type
Proprietary Name: CIMZIA Established Name: certolizumab pegol Dosage Form: lyophilized, 200mg/ml		Applicant: UCB, Inc.
RPM: Marlene G. Swider, M.H.S.A.		Division: DGP Phone # (301) 796-2104
<p>NDA Application Type: <input type="checkbox"/> 505(b)(1) <input type="checkbox"/> 505(b)(2)</p> <p>Efficacy Supplement: <input type="checkbox"/> 505(b)(1) <input type="checkbox"/> 505(b)(2)</p> <p>(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.)</p>		<p>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)):</p> <p>Provide a brief explanation of how this product is different from the listed drug.</p> <p><input type="checkbox"/> If no listed drug, check here and explain:</p> <p>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.</p> <p><input type="checkbox"/> Confirmed <input type="checkbox"/> Corrected</p> <p>Date:</p>
❖ User Fee Goal Date		January 30, 2008
❖ Action Goal Date (if different)		April 17, 2008 (proposed)
❖ Actions		
• Proposed action		<input checked="" type="checkbox"/> AP <input type="checkbox"/> TA <input type="checkbox"/> AE <input type="checkbox"/> NA <input type="checkbox"/> CR
• Previous actions (<i>specify type and date for each action taken</i>)		<input type="checkbox"/> None CR on December 21, 2006 Major Amendment October 31, 2007
❖ Advertising (<i>approvals only</i>) Note: If accelerated approval (21 CFR 314.510/601.41), advertising must have been submitted and reviewed (<i>indicate dates of reviews</i>)		<input checked="" type="checkbox"/> Requested in AP letter <input type="checkbox"/> Received and reviewed

❖ Application Characteristics	
Review priority: <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Priority Chemical classification (new NDAs only): NDAs, BLAs and Supplements: <input type="checkbox"/> Fast Track <input type="checkbox"/> Rolling Review <input type="checkbox"/> CMA Pilot 1 <input type="checkbox"/> CMA Pilot 2 <input type="checkbox"/> Orphan drug designation NDAs: Subpart H <input type="checkbox"/> Accelerated approval (21 CFR 314.510) <input type="checkbox"/> Restricted distribution (21 CFR 314.520) Subpart I <input type="checkbox"/> Approval based on animal studies BLAs: Subpart E <input type="checkbox"/> Accelerated approval (21 CFR 601.41) <input type="checkbox"/> Restricted distribution (21 CFR 601.42) Subpart H <input type="checkbox"/> Approval based on animal studies NDAs and NDA Supplements: <input type="checkbox"/> OTC drug Other: Other comments:	
❖ Application Integrity Policy (AIP)	
• Applicant is on the AIP	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
• This application is on the AIP	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
• Exception for review (<i>file Center Director's memo in Administrative Documents section</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No
• OC clearance for approval (<i>file communication in Administrative Documents section</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> Not an AP action
❖ Public communications (approvals only)	
• Office of Executive Programs (OEP) liaison has been notified of action	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Press Office notified of action	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Indicate what types (if any) of information dissemination are anticipated	<input type="checkbox"/> None <input checked="" type="checkbox"/> FDA Press Release <input type="checkbox"/> FDA Talk Paper <input type="checkbox"/> CDER Q&As <input type="checkbox"/> Other

<p>As: Exclusivity Summary (approvals only) (<i>file Summary in Administrative Elements section</i>)</p>	<input type="checkbox"/> Included
<p>Approval of this application blocked by any type of exclusivity?</p> <p>NDA/BLAs: Is there existing orphan drug exclusivity for the "same" drug or biologic for the proposed indication(s)? <i>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.</i></p> <p>NDAs: Is there remaining 5-year exclusivity that would bar effective approval of a 505(b)(2) application? <i>(Note that, even if exclusivity remains, the application may be tentatively approved if it is otherwise ready for approval.)</i></p> <p>NDAs: Is there remaining 3-year exclusivity that would bar effective approval of a 505(b)(2) application? <i>(Note that, even if exclusivity remains, the application may be tentatively approved if it is otherwise ready for approval.)</i></p> <p>NDAs: Is there remaining 6-month pediatric exclusivity that would bar effective approval of a 505(b)(2) application? <i>(Note that, even if exclusivity remains, the application may be tentatively approved if it is otherwise ready for approval.)</i></p>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If, yes, NDA/BLA # and date exclusivity expires: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, NDA # and date exclusivity expires: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, NDA # and date exclusivity expires: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, NDA # and date exclusivity expires:
<p>Information (NDAs and NDA supplements only)</p>	
<p>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 Information questions.</p>	<input type="checkbox"/> Verified <input type="checkbox"/> Not applicable because drug is an old antibiotic.
<p>Paragraph III 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.</p> <p>[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 applies expires (but may be tentatively approved if it is otherwise ready for approval).</p>	21 CFR 314.50(i)(1)(i)(A) <input type="checkbox"/> Verified 21 CFR 314.50(i)(1) <input type="checkbox"/> (ii) <input type="checkbox"/> (iii) <input type="checkbox"/> No paragraph III certification Date patent will expire
<p>[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 response by patent owner and NDA holder). <i>(If the application does not include paragraph IV certifications, mark "N/A" and skip to the next section below Primary Reviews).</i></p>	<input type="checkbox"/> N/A (no paragraph IV certification) <input type="checkbox"/> Verified
<p>[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.</p> <p>Answer the following questions for each paragraph IV certification:</p> <p>1. Have 45 days passed since the patent owner's receipt of the applicant's</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>within the 45-day period).</p> <p><i>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).</i></p> <p><i>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.</i></p>	
Summary Reviews	
<ul style="list-style-type: none"> ❖ Summary Reviews (e.g., Office Director, Division Director) (indicate date for each review) 	Medical Team Leader – 4/18/08; 12/19/06 Division Deputy Director – 4/21/08 Office Director – 4/22/08; 12/21/06
<ul style="list-style-type: none"> ❖ BLA approvals only: Licensing Action Recommendation Memo (LARM) (indicate date) 	12/13/06 & 4/ 16/08
Labeling	
<ul style="list-style-type: none"> ❖ Package Insert 	
<ul style="list-style-type: none"> • Most recent division-proposed labeling (only if generated after latest applicant submission of labeling) 	
<ul style="list-style-type: none"> • Most recent applicant-proposed labeling (only if subsequent division labeling does not show applicant version) 	April 18, 2008
<ul style="list-style-type: none"> • Original applicant-proposed labeling • Other relevant labeling (e.g., most recent 3 in class, class labeling), if applicable 	February 28, 2006 Infliximab, Adalimumab, Etanercept and Abatacept
<ul style="list-style-type: none"> ❖ Patient Package Insert 	
<ul style="list-style-type: none"> • Most-recent division-proposed labeling (only if generated after latest applicant submission of labeling) 	
<ul style="list-style-type: none"> • Most recent applicant-proposed labeling (only if subsequent division labeling does not show applicant version) 	April 18. 2008
<ul style="list-style-type: none"> • Original applicant-proposed labeling 	February 28, 2006
<ul style="list-style-type: none"> • Other relevant labeling (e.g., most recent 3 in class, class labeling), if applicable 	Infliximab, Adalimumab, Etanercept and Abatacept
<ul style="list-style-type: none"> ❖ Medication Guide 	
<ul style="list-style-type: none"> • Most recent division-proposed labeling (only if generated after latest applicant submission of labeling) 	April 18. 2008
<ul style="list-style-type: none"> • Most recent applicant-proposed labeling (only if subsequent division labeling does not show applicant version) 	
<ul style="list-style-type: none"> • Original applicant-proposed labeling 	
<ul style="list-style-type: none"> • Other relevant labeling (e.g., most recent 3 in class, class labeling) 	
<ul style="list-style-type: none"> ❖ Labels (full color carton and immediate-container labels) 	
<ul style="list-style-type: none"> • Most-recent division-proposed labels (only if generated after latest applicant submission) 	
<ul style="list-style-type: none"> • Most recent applicant-proposed labeling 	April 16, 2008

❖ Labeling reviews and minutes of any labeling meetings (<i>indicate dates of reviews and meetings</i>)	<input checked="" type="checkbox"/> DMETS September 5, 2006; August 24, 2007; April 3, 2008 (DMEP) <input checked="" type="checkbox"/> DSRCS January 18, 2008 <input checked="" type="checkbox"/> DDMAC April 8, 2008 <input checked="" type="checkbox"/> SEALD January 9, 2008 <input checked="" type="checkbox"/> Other reviews DRISK April 1, 2008; OBP carton/vial review January 31, 2008 <input checked="" type="checkbox"/> Memos of Mtgs March 18 & 28, April 7 & 17/2008
❖	

Administrative Documents	
❖ Administrative Reviews (RPM Filing Review/Memo of Filing Meeting; ADRA) (<i>indicate date of each review</i>)	Filing Review Memo April 27, 2006
❖ NDA and NDA supplement approvals only: Exclusivity Summary (<i>signed by Division Director</i>)	<input type="checkbox"/> Included
❖ AIP-related documents <ul style="list-style-type: none"> • Center Director's Exception for Review memo • If AP: OC clearance for approval 	
❖ Pediatric Page (all actions)	<input checked="" type="checkbox"/> 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. (<i>Include certification.</i>)	<input checked="" type="checkbox"/> Verified, statement is acceptable
❖ Postmarketing Commitment Studies	<input type="checkbox"/> None
<ul style="list-style-type: none"> • Outgoing Agency request for post-marketing commitments (<i>if located elsewhere in package, state where located</i>) 	(Included in approval letter)
<ul style="list-style-type: none"> • Incoming submission documenting commitment 	April 8, 2008
❖ Outgoing correspondence (letters including previous action letters, emails, faxes, telecons)	X
❖ Internal memoranda, telecons, email, etc.	X
❖ Minutes of Meetings	
<ul style="list-style-type: none"> • Pre-Approval Safety Conference (<i>indicate date; approvals only</i>) 	March 6, 2008
<ul style="list-style-type: none"> • Pre-NDA/BLA meeting (<i>indicate date</i>) 	<input type="checkbox"/> No mtg September 27, 2005; December 5, 2005
<ul style="list-style-type: none"> • EOP2 meeting (<i>indicate date</i>) 	<input type="checkbox"/> No mtg April 15, 2003
<ul style="list-style-type: none"> • Other (e.g., EOP2a, CMC pilot programs) 	
❖ Advisory Committee Meeting	<input checked="" type="checkbox"/> No AC meeting
<ul style="list-style-type: none"> • Date of Meeting 	
<ul style="list-style-type: none"> • 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) (<i>indicate date for each review</i>)	September 5, 2007; September 26, 2007; December 7, 2006; November 17, 2006 (4);

	October 12, 2006; October 10, 2006; August 11, 2006; August 10, 2006; June 23, 2006
❖ Reviews by other disciplines/divisions/Centers requested by CMC/product reviewer (<i>indicate date for each review</i>)	<input checked="" type="checkbox"/> None
❖ BLAs: Product subject to lot release (APs only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
❖ Environmental Assessment (check one) (original and supplemental applications)	
• <input checked="" type="checkbox"/> Categorical Exclusion (<i>indicate review date</i>)(<i>all original applications and all efficacy supplements that could increase the patient population</i>)	Refer to Facility Inspection Review of 11/13/06 page 15
• <input type="checkbox"/> Review & FONSI (<i>indicate date of review</i>)	
• <input type="checkbox"/> Review & Environmental Impact Statement (<i>indicate date of each review</i>)	
❖ NDAs: Microbiology reviews (sterility & apyrogenicity) (<i>indicate date of each review</i>)	<input type="checkbox"/> Not a parenteral product
❖ Facilities Review/Inspection	
❖ NDAs: Facilities inspections (include EER printout)	Date completed: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Withhold recommendation

❖ BLAs: Facility-Related Documents	
• Facility review (<i>indicate date(s)</i>)	
• Compliance Status Check (approvals only, both original and supplemental applications) (<i>indicate date completed, must be within 60 days prior to AP</i>)	November 13, 2006 and November 14, 2006 <input checked="" type="checkbox"/> Requested March 6, 2008 & April 1, 2008 <input checked="" type="checkbox"/> Accepted March 7, 2008 & April 1, 2008 <input type="checkbox"/> Hold
❖ NDAs: Methods Validation	<input type="checkbox"/> Completed <input type="checkbox"/> Requested <input type="checkbox"/> Not yet requested <input type="checkbox"/> Not needed
Nonclinical Information	
❖ Pharm/tox review(s), including referenced IND reviews (<i>indicate date for each review</i>)	October 31, 2006; April 2, 2008
❖ Review(s) by other disciplines/divisions/Centers requested by P/T reviewer (<i>indicate date for each review</i>)	<input checked="" type="checkbox"/> None
❖ Statistical review(s) of carcinogenicity studies (<i>indicate date for each review</i>)	<input checked="" type="checkbox"/> No carc
❖ ECAC/CAC report/memo of meeting	
❖ Nonclinical inspection review Summary (DSI)	<input checked="" type="checkbox"/> None requested

Clinical Information	
❖ Clinical review(s) <i>(indicate date for each review)</i>	April 15, 2008; December 19, 2006
❖ Financial Disclosure reviews(s) or location/date if addressed in another review	Clinical Review (Dec. 19, 2006) page 16
❖ Clinical consult reviews from other review disciplines/divisions/Centers <i>(indicate date of each review)</i>	<input checked="" type="checkbox"/> None
❖ Microbiology (efficacy) reviews(s) <i>(indicate date of each review)</i>	<input checked="" type="checkbox"/> Not needed
❖ Safety Update review(s) <i>(indicate location/date if incorporated into another review)</i>	April 15, 2008
❖ Risk Management Plan review(s) (including those by OSE) <i>(indicate location/date if incorporated into another review)</i>	November 9, 2006
❖ Controlled Substance Staff review(s) and recommendation for scheduling <i>(indicate date of each review)</i>	<input checked="" type="checkbox"/> Not needed
❖ DSI Inspection Review Summary(ies) <i>(include copies of DSI letters to investigators)</i>	<input type="checkbox"/> None requested
• Clinical Studies	November 29, 2006
• Bioequivalence Studies	
• Clin Pharm Studies	
❖ Statistical Review(s) <i>(indicate date for each review)</i>	April 15, 2008; December 21, 2006
❖ Clinical Pharmacology review(s) <i>(indicate date for each review)</i>	November 8, 2007; December 12, 2006

Appendix A to Action Package Checklist

An 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.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

April 21, 2008

The following information was requested to Ms. Deborah Hogerman, from Regulatory Affairs, UCB, Inc. in reference to their CIMZIA BLA 125160/0:

_____ is listed in your reports for Study 031 and Study 032 as the Regional Central Laboratory for North American. Please identify which laboratory tests were conducted at that laboratory. In particular, was any of the hematology and routine chemistry laboratory testing was done there

Response was received on April 21, 2008:

The _____ was:

North America

1 / / /

This lab was not one of the sites named in FDA's warning letter (those were in _____). The routine hematology and chemistry testing was conducted at that lab.


Marlene G. Swider, MHSA
Regulatory Project Manager, DGP



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

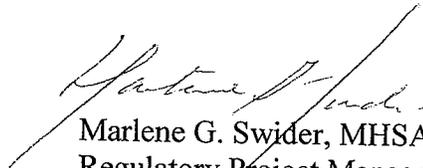
Food and Drug Administration
Rockville, MD 20857

April 18, 2008.

The following information was requested to Ms. Deborah Hogerman, from Regulatory Affairs, UCB, Inc. in reference to their CIMZIA BLA 125160/0:

Please add "Formal drug-drug interaction studies have not been conducted with CIMZIA." under Section 7 **Drug Interactions** and delete section 13.2 **Animal Toxicology and/or Pharmacology** in the current version of the label

Response with changes above was received on April 18, 2008 via e-mail and subsequently to FDA document room via mail.


Marlene G. Swider, MHSA
Regulatory Project Manager, DGP

MEMORANDUM OF TELECON

DATE: April 17, 2008

APPLICATION NUMBER: BB BLA 125160/0

BETWEEN:

Names: Pat Fritz – VP, Global Regulatory Affairs
Deb Hogerman – Regulatory Affairs
Anisa Dhalla – Regulatory Affairs Operations
Elliot Chartash – VP Clinical Research Inflammation
Scott Russell – Project Leader

Phone: **Reservationless-Plus Dial-In Number:**
1-866-270-7427
Passcode: *1069159*

Representing: UCB, Inc.

AND

Names: Julie Beitz, M.D., Director Office of Drug Evaluation III
Laura Pincock, R.Ph., Pharm D., DMEP Reviewer
Kellie Taylor, Pharm D., M.P.H., DMEP Team Leader
John Hyde, Ph.D., M.D., Clinical Team Leader, Division of Gastroenterology Products
li-lun Chen, M.D., Clinical Reviewer
Sigal Kaplan, Ph.D., Epidemiologist
Marlène Swider, M.H.S.A., Regulatory Project Manager

Representing: FDA

SUBJECT: Teleconference to discuss CIMZIA (certolizumab pegol) labeling changes as suggested by FDA label version of April 14, 2008.

Background: UCB, Inc. has submitted BLA STN 125160/0 to request approval of CIMZIA (certulizumab pegol) for the treatment of Crohn's Disease. This teleconference is to discuss changes on the April 14 version of the label for this submission.

LICENSING ACTION RECOMMENDATION

Applicant: UCB, Inc.

STN: 125160/0

Product:

Certolizumab pegol (Cimza)

Indication / manufacturer's change:

[Empty box for Indication / manufacturer's change]

Approval:

- Summary Basis For Approval (SBA) included
Memo of SBA equivalent reviews included

- Refusal to File: Memo included
Denial of application / supplement: Memo included

RECOMMENDATION BASIS

- Review of Documents listed on Licensed Action Recommendation Report
Inspection of establishment
BiMo inspections completed
Review of protocols for lot no.(s)
Test Results for lot no.(s)
Review of Environmental Assessment
Review of labeling
FONSI included
Categorical Exclusion
None needed

CLEARANCE - PRODUCT RELEASE BRANCH

- CBER Lot release not required
Lot no.(s) in support - not for release
Lot no.(s) for release
Director, Product Release Branch

CLEARANCE - REVIEW

Review Committee Chairperson: Date:

Product Office's Responsible Division Director(s)*:

Date:

Date:

DMPQ Division Director*: Rick Friedman

[Signature of Rick Friedman]

Date: 12/13/06

* If Product Office or DMPQ Review is conducted

CLEARANCE - APPLICATION DIVISION

- Compliance status checked
Acceptable
Hold
Cleared from Hold

Date: 3/7/08; 4/1/08

Compliance status check Not Required

Regulatory Project Manager (RPM)

[Signature of Regulatory Project Manager]

Date: 4/16/08

Responsible Division Director (where product is submitted, e.g., application division or DMPQ)

Date:

2 Page(s) Withheld

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Deliberative Process



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

April 14, 2008.

The following information was requested to Ms. Deborah Hogerman, from Regulatory Affairs, UCB, Inc. in reference to their CIMZIA BLA 125160/0:

Could you please provide me with the names of the labs used here (and in _____ to measure concentration levels of CDP-870 (main ingredient in CIMZIA), metabolites and other ingredients (sucrose, polysorbate, etc) at the time of BLA 125160/0 submission

Response was received on April 14, 2008:

For the plasma samples from the toxicology studies and Human clinical studies, the majority of samples were analyzed at _____ Some smaller studies were done in our own GLP labs here at UCB (216 Bath Road, Slough).

Regarding the question of metabolites and other ingredients, these are not measured in the plasma samples. Are you asking which lab analyzes the product components per the proposed specification?

Hi Marlene

I've attached tables from the initial BLA submission that identifies the laboratory responsible for the analytical assays for release and stability. These tables can be found in the initial BLA (submitted on 28 Feb 06) in Section 3.2.S.4.2 for the DS and Section 3.2.P.5.2 for the DP

Response received on April 15, 2008:

Regarding the use of _____ for study PHA 001: This study was conducted by Pharmacia (the previous IND holder) in 2001 and the final report was provided to UCB at the time the application was transferred in 2003. As such, we did not realize that _____ was used to measure MTX levels in study PHA 001 until I received your email yesterday. UCB has not conducted an audit of this facility for this study. I checked _____ website and I believe they have now closed this lab, although the data must be archived at some other _____ facility. I checked all of the other study reports and can confirm that no other studies of Cimzia have used the _____ site for bioanalytical work


Marlene G. Swider, MHSA
Regulatory Project Manager, DGP



UCB, Inc. – 1950 Lake Park Drive – Smyrna, Georgia 30080

08 April 2008

Dr. Joyce Korvick
Division of Gastrointestinal Products
Center for Drug Evaluation and Research
Food and Drug Administration
Therapeutic Biologics Document Room
5901-B Ammendale Road
Beltsville, MD 20705-1266

BLA 125160
CIMZIA®
Certolizumab pegol for the Treatment of Crohn's Disease
AMENDMENT TO A PENDING APPLICATION
POST-MARKETING COMMITMENTS

Dear Dr. Korvick,

Reference is made to the Biologics License Application (BLA) 125160 for Cimzia (certolizumab pegol) submitted on 28 February 2006. Additional reference is made to FDA's comments for post-marketing study commitments received via email on 21 March 2008, and to the telecons held between FDA and UCB on 28 March 2008, and 07 April 2008.

UCB herewith commits to conduct the following Post-marketing Study Commitments subsequent to the approval of BLA 125160 for certolizumab pegol (CIMZIA):

Three handwritten signatures in black ink, arranged horizontally. The first signature is on the left, the second is in the middle, and the third is on the right. Each signature is a stylized, cursive-like scribble.

(B)

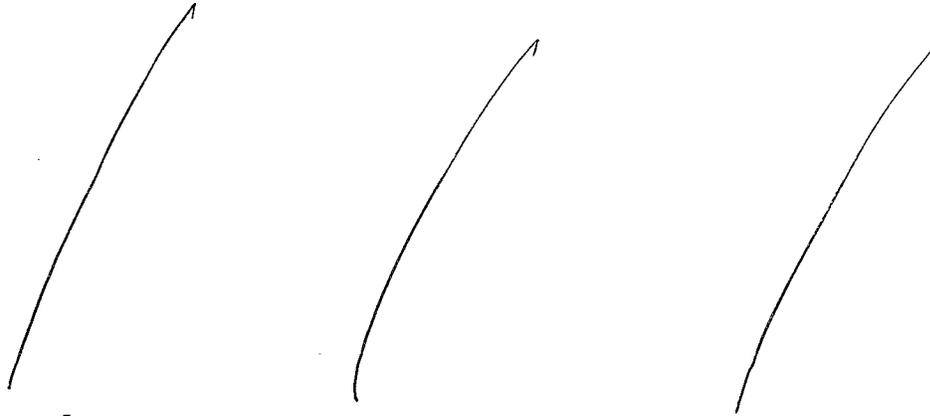
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BLA 125160
08 April 2008
Page 6 of 6



All protocols or protocol amendments described above will be submitted to IND 11,197 with a cross-reference letter to BLA 125160.

Please contact me at 770-970-2680 with any questions regarding this submission

Sincerely,

A handwritten signature in black ink, appearing to read "Deborah A. Hogerman".

Deborah A. Hogerman
Director, US Regulatory Affairs

Desk copy: Ms. Marlene Swider, Regulatory Project Manager



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Food and Drug Administration

**Certification of Compliance, under 42 U.S.C. § 282(j)(5)(B), with
Requirements of ClinicalTrials.gov Data Bank (42 U.S.C. § 282(j))**

(For submission with an application/submission, including amendments, supplements, and resubmissions, under §§ 505, 515, 520(m), or 510(k) of the Federal Food, Drug, and Cosmetic Act or § 351 of the Public Health Service Act.)

SPONSOR/APPLICANT/SUBMITTER INFORMATION

1. NAME OF SPONSOR/APPLICANT/SUBMITTER UCB, Inc.	2. DATE OF THE APPLICATION/SUBMISSION WHICH THIS CERTIFICATION ACCOMPANIES 04/08/2008
3. ADDRESS (Number, Street, State, and ZIP Code) 1950 Lake Park Drive Smyrna, GA 30080	4. TELEPHONE AND FAX NUMBER (Include Area Code) (Tel.) 770-970-7500 (Fax) 770-970-8345

PRODUCT INFORMATION

5. **FOR DRUGS/BIOLOGICS:** Include Any/All Available Established, Proprietary and/or Chemical/Biochemical/Blood/Cellular/Gene Therapy Product Name(s) **FOR DEVICES:** Include Any/All Common or Usual Name(s), Classification, Trade or Proprietary or Model Name(s) and/or Model Number(s) (Attach extra pages as necessary)

Cimzia

CDP870

Certolizumab pegol

APPLICATION/SUBMISSION INFORMATION

6. TYPE OF APPLICATION/SUBMISSION WHICH THIS CERTIFICATION ACCOMPANIES

IND NDA ANDA BLA PMA HDE 510(k) PDP Other

7. INCLUDE IND/NDA/ANDA/BLA/PMA/HDE/510(k)/PDP/OTHER NUMBER (If number previously assigned)
125160

8. SERIAL NUMBER ASSIGNED TO APPLICATION/SUBMISSION WHICH THIS CERTIFICATION ACCOMPANIES

CERTIFICATION STATEMENT/INFORMATION

9. CHECK ONLY ONE OF THE FOLLOWING BOXES (See instructions for additional information and explanation)

A. I certify that the requirements of 42 U.S.C. § 282(j), Section 402(j) of the Public Health Service Act, enacted by 121 Stat. 823, Public Law 110-85, do not apply because the application/submission which this certification accompanies does not reference any clinical trial.

B. I certify that the requirements of 42 U.S.C. § 282(j), Section 402(j) of the Public Health Service Act, enacted by 121 Stat. 823, Public Law 110-85, do not apply to any clinical trial referenced in the application/submission which this certification accompanies.

C. I certify that the requirements of 42 U.S.C. § 282(j), Section 402(j) of the Public Health Service Act, enacted by 121 Stat. 823, Public Law 110-85, apply to one or more of the clinical trials referenced in the application/submission which this certification accompanies and that those requirements have been met.

10. IF YOU CHECKED BOX C, IN NUMBER 9, PROVIDE THE NATIONAL CLINICAL TRIAL (NCT) NUMBER(S) FOR ANY "APPLICABLE CLINICAL TRIAL(S)," UNDER 42 U.S.C. § 282(j)(1)(A)(i), SECTION 402(j)(1)(A)(i) OF THE PUBLIC HEALTH SERVICE ACT, REFERENCED IN THE APPLICATION/SUBMISSION WHICH THIS CERTIFICATION ACCOMPANIES (Attach extra pages as necessary)

NCT Number(s): NCT00160524 NCT00160706

The undersigned declares, to the best of her/his knowledge, that this is an accurate, true, and complete submission of information. I understand that the failure to submit the certification required by 42 U.S.C. § 282(j)(5)(B), section 402(j)(5)(B) of the Public Health Service Act, and the knowing submission of a false certification under such section are prohibited acts under 21 U.S.C. § 331, section 301 of the Federal Food, Drug, and Cosmetic Act. Warning: A willfully and knowingly false statement is a criminal offense, U.S. Code, title 18, section 1001.

11. SIGNATURE OF SPONSOR/APPLICANT/SUBMITTER OR AN AUTHORIZED REPRESENTATIVE (Sign) 	12. NAME AND TITLE OF THE PERSON WHO SIGNED IN NO. 11 (Name) Deborah A. Hogerman (Title) Director, US Regulatory Affairs
13. ADDRESS (Number, Street, State, and ZIP Code) (of person identified in No. 11 and 12) 1950 Lake Park Drive Smyrna, GA 30080	14. TELEPHONE AND FAX NUMBER (Include Area Code) (Tel.) 770-970-2680 (Fax) 770-970-8345
	15. DATE OF CERTIFICATION 04/08/2008

This application contains the following items: (Check all that apply)		
<input checked="" type="checkbox"/>	1. Index	
<input type="checkbox"/>	2. Labeling (check one) <input type="checkbox"/> Draft Labeling <input type="checkbox"/> Final Printed Labeling	
<input type="checkbox"/>	3. Summary (21 CFR 314.50 (c))	
<input type="checkbox"/>	4. Chemistry section	
<input type="checkbox"/>	A. Chemistry, manufacturing, and controls information (e.g., 21 CFR 314.50(d)(1); 21 CFR 601.2)	
<input type="checkbox"/>	B. Samples (21 CFR 314.50 (e)(1); 21 CFR 601.2 (a)) (Submit only upon FDA's request)	
<input type="checkbox"/>	C. Methods validation package (e.g., 21 CFR 314.50(e)(2)(i); 21 CFR 601.2)	
<input type="checkbox"/>	5. Nonclinical pharmacology and toxicology section (e.g., 21 CFR 314.50(d)(2); 21 CFR 601.2)	
<input type="checkbox"/>	6. Human pharmacokinetics and bioavailability section (e.g., 21 CFR 314.50(d)(3); 21 CFR 601.2)	
<input type="checkbox"/>	7. Clinical Microbiology (e.g., 21 CFR 314.50(d)(4))	
<input type="checkbox"/>	8. Clinical data section (e.g., 21 CFR 314.50(d)(5); 21 CFR 601.2)	
<input type="checkbox"/>	9. Safety update report (e.g., 21 CFR 314.50(d)(5)(vi)(b); 21 CFR 601.2)	
<input type="checkbox"/>	10. Statistical section (e.g., 21 CFR 314.50(d)(6); 21 CFR 601.2)	
<input type="checkbox"/>	11. Case report tabulations (e.g., 21 CFR 314.50(f)(1); 21 CFR 601.2)	
<input type="checkbox"/>	12. Case report forms (e.g., 21 CFR 314.50 (f)(2); 21 CFR 601.2)	
<input type="checkbox"/>	13. Patent information on any patent which claims the drug (21 U.S.C. 355(b) or (c))	
<input type="checkbox"/>	14. A patent certification with respect to any patent which claims the drug (21 U.S.C. 355 (b)(2) or (j)(2)(A))	
<input type="checkbox"/>	15. Establishment description (21 CFR Part 600, if applicable)	
<input type="checkbox"/>	16. Debarment certification (FD&C Act 306 (k)(1))	
<input type="checkbox"/>	17. Field copy certification (21 CFR 314.50 (l)(3))	
<input type="checkbox"/>	18. User Fee Cover Sheet (Form FDA 3397)	
<input type="checkbox"/>	19. Financial Information (21 CFR Part 54)	
<input checked="" type="checkbox"/>	20. OTHER (Specify) Amendment to a Pending Application – Post-Marketing Commitments	
CERTIFICATION		
<p>I agree to update this application with new safety information about the product that may reasonably affect the statement of contraindications, warnings, precautions, or adverse reactions in the draft labeling. I agree to submit safety update reports as provided for by regulation or as requested by FDA. If this application is approved, I agree to comply with all applicable laws and regulations that apply to approved applications, including, but not limited to the following:</p> <ol style="list-style-type: none"> 1. Good manufacturing practice regulations in 21 CFR Parts 210, 211 or applicable regulations, Parts 606, and/or 820. 2. Biological establishment standards in 21 CFR Part 600. 3. Labeling regulations in 21 CFR Parts 201, 606, 610, 660, and/or 809. 4. In the case of a prescription drug or biological product, prescription drug advertising regulations in 21 CFR Part 202. 5. Regulations on making changes in application in FD&C Act section 506A, 21 CFR 314.71, 314.72, 314.97, 314.99, and 601.12. 6. Regulations on Reports in 21 CFR 314.80, 314.81, 600.80, and 600.81. 7. Local, state and Federal environmental impact laws. <p>If this application applies to a drug product that FDA has proposed for scheduling under the Controlled Substances Act, I agree not to market the product until the Drug Enforcement Administration makes a final scheduling decision.</p> <p>The data and information in this submission have been reviewed and, to the best of my knowledge are certified to be true and accurate.</p> <p>Warning: A willfully false statement is a criminal offense, U.S. Code, title 18, section 1001.</p>		
SIGNATURE OF RESPONSIBLE OFFICIAL OR AGENT	TYPED NAME AND TITLE	DATE:
	Deborah Hogerman, Director, US Regulatory Affairs	08 Apr 2008
ADDRESS (Street, City, State, and ZIP Code)	Telephone Number	
1950 LAKE PARK DRIVE, SMYRNA GA 30080	(770) 970-2680	
<p>Public reporting burden for this collection of information is estimated to average 24 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:</p>		
Department of Health and Human Services Food and Drug Administration Center for Drug Evaluation and Research Central Document Room 5901-B Ammendale Road Beltsville, MD 20705-1266	Department of Health and Human Services Food and Drug Administration Center for Biologics Evaluation and Research (HFM-99) 1401 Rockville Pike Rockville, MD 20852-1448	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.



UCB, Inc. – 1950 Lake Park Drive – Smyrna, Georgia 30080

STATEMENT OF CONFIDENTIALITY

All of the data and information contained in the attached materials are privileged and confidential as trade secrets and commercial information of UCB, Inc.

Under no condition is the disclosure of any portion of the attached materials to any person or entity other than the Food and Drug Administration authorized without prior consent of the applicant.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

April 8, 2008.

The following information was requested to Ms. Deborah Hogerman, from Regulatory Affairs, UCB, Inc. in reference to their CIMZIA BLA 125160/0:

Med Guide

[Redacted content]

Response was received on April 11, 2008 via e-mail.

Marlene G. Swider, MHSA
Regulatory Project Manager, DGP

MEMORANDUM OF TELECON

DATE: April 7, 2008

APPLICATION NUMBER: BB BLA 125160/0

BETWEEN:

Names: Deb Hogerman – Regulatory Affairs
Anisa Dhalla – Regulatory Affairs Operations
Elliot Chartash – VP Clinical Research Inflammation
Scott Russell – Project Leader

Phone: **Reservationless-Plus Dial-In Number:**
1-866-270-7427
Passcode: *1069159*

Representing: UCB, Inc.

AND

Names: Julie Beitz, M.D., Director Office of Drug Evaluation III
Joyce Korvick, M.D., M.P.H., Acting Director, Division of Gastroenterology Products
John Hyde, Ph.D., M.D., Clinical Team Leader, Division of Gastroenterology Products
Ii-lun Chen, M.D., Clinical Reviewer
Jeanine Best, R Ph, Reviewer (DRISK)
Sigal Kaplan, Ph.D., Epidemiologist
Marlène Swider, M.H.S.A., Regulatory Project Manager
Cheryle Millburn, Regulatory Project Manager (OSE)

Representing: FDA

SUBJECT: Teleconference to discuss CIMZIA (certolizumab pegol) labeling changes as suggested by FDA label version of April 7, 2008.

Background: UCB, Inc. has submitted BLA STN 125160/0 to request approval of CIMZIA (certulizumab pegol) for the treatment of Crohn's Disease. This teleconference is to discuss changes on the label for this submission.

Summary: During this teleconference FDA proposed changes for the following sections of the CIMZIA label:

.....

.....

Changes proposed by FDA were all accepted by UCB, Inc.

Teleconference concluded with clarifications given by UCB, Inc. to FDA on regard to the

.....

Marlène G. Swider, M.H.S.A.



SIGNER'S NAME

TITLE



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

April 7, 2008.

The following information was requested to Ms. Deborah Hogerman, from Regulatory Affairs, UCB, Inc. in reference to their CIMZIA BLA 125160/0:

" Please verify dates below and let me know if they are correct (especially the ones with "?"):

[The following content is obscured by large, hand-drawn curved lines.]



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Deliberative Process



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

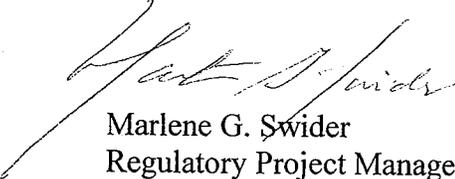
Food and Drug Administration
Rockville, MD 20857

April 3, 2008.

The following information was requested to Ms. Deborah Hogerman, from Regulatory Affairs, UCB, Inc. in reference to their CIMZIA BLA 125160/0:

Table 1 Summary of All Adverse Events Sorted by Incidence (MedDRA Classification) -Placebo Controlled Phases of -005, -031 Adult Crohn's Disease - Safety Population

Under the above labeled table on page 1 of 35, Upper respiratory tract infection (combined) is listed twice with different numbers. As the first adverse event in the table URI is listed as PBO 75 (63, 10.3%) and CZP treated as 126 (111, 17.9%). Eleventh adverse event in table is also URI - PBO 20 (19, 3.1%) and treated 26(21, 3.4%). Please explain.


Marlene G. Swider
Regulatory Project Manager, DGP

Swider, Marlene

From: Ferguson, Shirnette D
Sent: Tuesday, April 01, 2008 10:57 AM
To: Swider, Marlene
Subject: RE: Facility Clearance request for CIMZIA BLA STN 125160/0.

The last GMP inspection was 6/11-6/14/2007. That inspection was classified VAI for profiles SVL, SVS and SVT.

Shirnette

From: Swider, Marlene
Sent: Tuesday, April 01, 2008 9:30 AM
To: Ferguson, Shirnette D
Cc: Cruz, Concepcion
Subject: RE: Facility Clearance request for CIMZIA BLA STN 125160/0.

Sorry, Shirnette. I think I pushed the button without finalizing me e-mail. My apologies.

(He mentioned that the last general inspection to this site was done in June/July 2007.)

FEI # _____

Hope this helps.

Thanks so much.

Marlene

From: Ferguson, Shirnette D
Sent: Tuesday, April 01, 2008 9:11 AM
To: Swider, Marlene
Cc: Cruz, Concepcion
Subject: RE: Facility Clearance request for CIMZIA BLA STN 125160/0.

What is the address and FEI #? There is more than one _____ and I don't want to evaluate the wrong facility.

From: Swider, Marlene
Sent: Tuesday, April 01, 2008 8:49 AM
To: Ferguson, Shirnette D
Subject: RE: Facility Clearance request for CIMZIA BLA STN 125160/0.

Thanks very much.

Could you please provide me with the **Drug Product** manufacturer compliance check too?

It is _____ . FEI #

Thanks,

Marlene Swider

From: Ferguson, Shirnette D
Sent: Friday, March 07, 2008 2:20 PM

To: Swider, Marlene
Cc: CDER-TB-EER
Subject: RE: Facility Clearance request for CIMZIA BLA STN 125160/0.

The Manufacturing Assessment and Preapproval Compliance Branch has completed its review of the compliance check below. There are no ongoing or pending compliance actions that would prevent approval of STN 125160/0 at this time. The compliance status is as follows:

Firm	Inspection Date	Classification	Profile
/	4/24-5/3/06	VAI	BTP
/	2/19-2/23/07	VAI	SVS
UCB Manufacturing CTR, LIQ, OIN Rochester, NY TTR	11/27-11/30/07	NAI	CHG, TCM &
/	3/18-3/19/04	VAI	CTL
/	no records found		

From: Swider, Marlene
Sent: Thursday, March 06, 2008 2:32 PM
To: Ferguson, Shirmette D
Cc: Cruz, Concepcion
Subject: Facility Clearance request for CIMZIA BLA STN 125160/0.

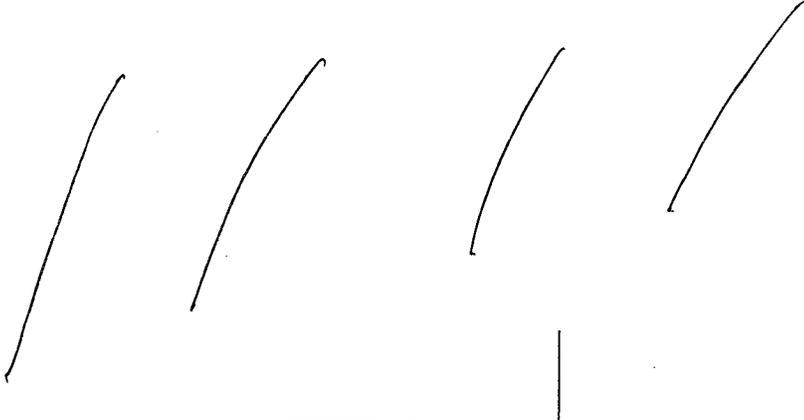
Here is my next request. The PDUFA deadline for this one is March 30, 2008. (This supplement is a NME. It has never being market in US.)

Cimzia BLA 125160

Drug Substance Manufacturing and Routine Testing Sites

Site	Responsibility
/	/

UCB Manufacturing, Inc. 755 Jefferson Road Rochester, NY 14623 USA Registration: 1314625	<ul style="list-style-type: none">• Release Testing• Stability Testing• Storage of Drug Substance
--	---



As mentioned to you before I never saw an EIR in FACTS for the latest inspections for UCB, Inc. BLA STN 125160/0 for Cimzia (certolizumab pegol).

Here are the review I have regarding the inspections:

*Marlene G. Swider, M.H.S.A.
Regulatory Health Project Manager
Division of Gastroenterology Products
Center for Drug Evaluation and Research
US Food and Drug Administration
10903 New Hampshire Ave, Silver Spring MD 20993-002
Office: (301) 796-2104*

MEMORANDUM OF TELECON

DATE: March 28, 2008

APPLICATION NUMBER: BB BLA 125160/0

BETWEEN:

Names:

Deb Hogerman – US Regulatory Affairs
Patty Fritz – VP, Global Regulatory Affairs
Elliot Chartash – VP, Clinical Research Inflammation

Phone:

1-866-270-7427

Pass code *1069159*

Representing: UCB, Inc.

AND

Names: Julie Beitz, M.D., Director Office of Drug Evaluation III
Joyce Korvick, M.D., M.P.H., Acting Director, Division of Gastroenterology Products
John Hyde, Ph.D., M.D., Acting Deputy Director, Division of Gastroenterology Products
li-lun Chen, M.D., Clinical Reviewer
Jeanine Best, R Ph, Reviewer
Sigal Kaplan, Ph.D., Epidemiologist
Ann Corken, M.P.H., Safety Evaluator
Marlène Swider, M.H.S.A., Regulatory Project Manager
Cheryle Millburn, Regulatory Project Manager (OSE)

Representing: FDA

SUBJECT: Teleconference to discuss CIMZIA (certolizumab pegol) proposed Post-marketing commitments (PMCs)

Background: FDA and UCB, Inc. discussed PMCs as proposed by the firm on their March 28th Submission. FDA proposed

All other PMCs will be reviewed shortly by the agency and comments would be provided as soon as possible.

At this time, it seems that April 17th is the designated date to take action on this submission. DGP still waiting input from other parts of the Agency but will be able to confirm the date for action by next week.

Ann Corken's comments on the 15-day reporting e-mail would be added into the final action letter for this supplement.

Teleconference ended.

Marlène G. Swider, M.H.S.A.



SIGNER'S NAME
TITLE

Ⓟ

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

March 26, 2008.

The following information was requested to Ms. Deborah Hogerman, from Regulatory Affairs, UCB, Inc. in reference to their CIMZIA BLA 125160/0:

The Adverse Events section and a few other items are still subject to change pending our continued work on AE rates. The MedGuide will also be updated after the AE issues are resolved.

The labeling version that was attached to this e-mail shows tracked changes compared to the version UCB submitted on 3-21-08.

Also, the Medical Officer would like to know the following:

Due to the recent post marketing reports of serious skin reactions (such as Stevens-Johnson Syndrome, toxic epidermal necrolysis, and erythema multiforme), the division is interested to know what the experience with Cimzia has been in terms of such adverse events. Please review your safety database to date for all indications used with Cimzia and submit an analysis.

Finally, the Office of Safety Evaluation also has a question for the firm. See below:

Is UCB, Inc. still planning on using the _____

Please provide your responses at your earliest convenience.


Marlene G. Swider, MHSA
Regulatory Project Manager, DGP



DEPARTMENT OF HEALTH & HUMAN SERVICES

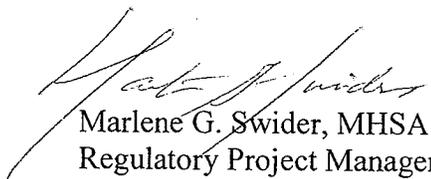
Public Health Service

Food and Drug Administration
Rockville, MD 20857

March 24, 2008.

The following information was requested to Ms. Deborah Hogerman, from Regulatory Affairs, UCB, Inc. in reference to their CIMZIA BLA 125160/0:

1) For further review of section 6.1 in the label, please send _____


Marlene G. Swider, MHSA
Regulatory Project Manager, DGP



March 21, 2008

The following information was requested to Ms. Deborah Hogerman, from Regulatory Affairs, UCB, Inc. in reference to their CIMZIA BLA 125160/0:

FDA is still interested to have more details about the actual configuration of the kit/trays- it sounds like there are 2 per carton. So, please submit the following items at your earliest convenience:

- the immediate container labels for the Cimzia and SWFI
- the actual configuration of the kit/trays (2 per carton)

Also, the changes below have been suggested by our OSE/DMETS staff for your consideration:

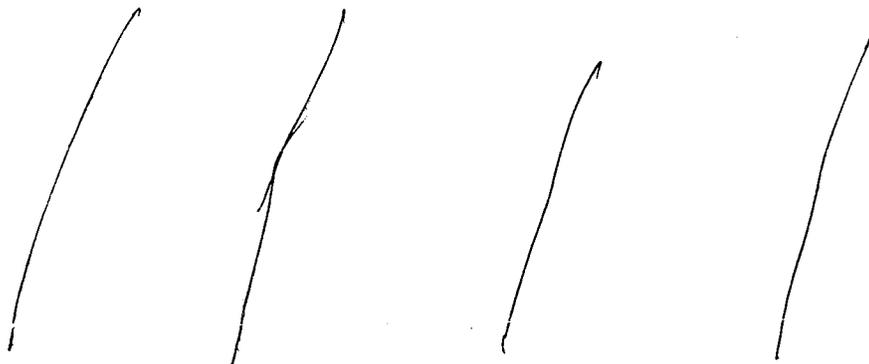
LABELING, PACKAGING, AND SAFETY RELATED ISSUES:

In the review of the container labels, carton and insert labeling of Cimzia, DMETS has focused on safety issues relating to possible medication errors. DMETS has identified the following areas of improvement to minimize potential user error.

A. GENERAL COMMENT

We note that each injection kit contains _____ However, the Cimzia administration directions require the use of two syringes. One syringe is used to add the diluent to the vial and the second syringe is used to draw the reconstituted drug out of the vial for administration to the patient. DMETS recommends the inclusion of two syringes in each injection kit.

B. CONTAINER LABEL (200 mg vial)





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Deliberative Process

Response was received on March 25, 2008.



Marlene G. Swider, MHSA
Regulatory Project Manager, DGP



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

March 21, 2008

The following information was requested to Ms. Deborah Hogerman from Regulatory Affairs, UCB, Inc. in reference to their CIMZIA BLA 125160/0 on March 18, 2008; March 19, 2008 and March 21, 2008:

- 1) Updated PLR (dated 21 March 2008) based on our telecon of 18 March 2008, and your emails of 19 and 21 March (clarification from Dr. Chen regarding pooling of preferred terms and comments by DMETs)
- 2) Updated Med Guide (dated 21 March 2008) based on our telecon of 18 March 2008
- 3) Container and carton labels incorporating the requests in your emails dated 19 and 21 March (comments from OBPS and DMETs)
 - a. Commercial carton label (CIA 70005)
 - b. Sample carton label (CIA 70007)
 - c. Tray label (CIA 70015)
 - d. Cimzia vial label (CIA 70000)
 - e. SWFI label (CIA 70001)

A handwritten signature in cursive script, appearing to read "Marlene G. Swider".

Marlene G. Swider, MHSA
Regulatory Project Manager, DGP



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Food and Drug Administration
Rockville, MD 20857

March 21, 2008.

The following PMC information was submitted for consideration to Ms. Deborah Hogerman, (title) from UCB, Inc. in reference to their CIMZIA BLA 125160/0:

FDA's Requests and Comments for CIMZIA PMC's

[Redacted content]

7

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Draft Labeling

Deliberative Process



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

March 19, 2008.

The following information was requested to Ms. Deborah Hogerman, from Regulatory Affairs, UCB, Inc. in reference to their CIMZIA BLA 125160/0:

There are problems with the carton and packaging that will require negotiation. One notable area

Additionally the consult request is incomplete. We need the following items submitted and forwarded as soon as possible:

- the immediate container labels for the Cimzia and SWFI
- the actual configuration of the kit/trays (2 per carton)

The consult request included a patient information leaflet and booklet--it was our understanding as of last week that this was no longer intended to be patient self-administered. Please clarify with company if this is still the case."

Please address yesterday's request on adding mention of the MedGuide in the carton as per CFR 208(2)(4)(d).

A handwritten signature in black ink, appearing to read "Marlene G. Swider".

Marlene G. Swider, MHSA
Regulatory Project Manager, DGP

MEMORANDUM OF TELECON

DATE: March 18, 2008

APPLICATION NUMBER: BB BLA 125160/0

BETWEEN:

Names:

Deb Hogerman – US Regulatory Affairs
Patty Fritz – VP, Global Regulatory Affairs
Anisa Dhalla – Regulatory Operations
Elliot Chartash – VP, Clinical Research Inflammation
Ralph Bloomfield – Statistician
Max Bricchi – Commercial
Scott Russell – Project Leader

Phone:

Reservationless-Plus Dial-In Number:

1-866-270-7427

Passcode: *1069159*

Representing: UCB, Inc.

AND

Names: Julie Beitz, M.D., Director Office of Drug Evaluation III
Joyce Korvick, M.D., M.P.H., Acting Director, Division of Gastroenterology Products
John Hyde, Ph.D., M.D., Acting Deputy Director, Division of Gastroenterology Products
Ii-lun Chen, M.D., Clinical Reviewer
Jeanine Best, R Ph, Reviewer
Sigal Kaplan, Ph.D., Epidemiologist
Marlène Swider, M.H.S.A., Regulatory Project Manager
Cherye Millburn, Regulatory Project Manager (OSE)

Representing: FDA

SUBJECT: First Teleconference to discuss CIMZIA (certolizumab pegol) labeling changes.

Background: UCB, Inc. has submitted BLA STN 125160/0 to request approval of CIMZIA (certolizumab pegol) for the treatment of Crohn's Disease. This teleconference is to discuss changes on the label for this submission.

1 Page(s) Withheld

 ✓ Trade Secret / Confidential

 Draft Labeling

 Deliberative Process



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

March 7, 2008

The following information was requested to Ms. Deborah Hogerman, from Regulatory Affairs, UCB, Inc. in reference to their CIMZIA BLA 125160/0:

"Please send ASAP instructions"

A handwritten signature in cursive script, appearing to read "Marlene G. Swider".

Marlene G. Swider, MHSA
Regulatory Project Manager, DGP

Swider, Marlene

From: Ferguson, Shirnette D
Sent: Friday, March 07, 2008 2:20 PM
To: Swider, Marlene
Cc: CDER-TB-EER
Subject: RE: Facility Clearance request for CIMZIA BLA STN 125160/0.

The Manufacturing Assessment and Preapproval Compliance Branch has completed its review of the compliance check below. There are no ongoing or pending compliance actions that would prevent approval of STN 125160/0 at this time. The compliance status is as follows:

Firm	Inspection Date	Classification	Profile
/ /	4/24-5/3/06	VAI	BTP
/ /	2/19-2/23/07	VAI	SVS
UCB Manufacturing Rochester, NY	11/27-11/30/07	NAI	CHG, CTR, LIQ, OIN TCM & TTR
/ /	3/18-3/19/04	VAI	CTL
/ /	no records found		

From: Swider, Marlene
Sent: Thursday, March 06, 2008 2:32 PM
To: Ferguson, Shirnette D
Cc: Cruz, Concepcion
Subject: Facility Clearance request for CIMZIA BLA STN 125160/0.

Here is my next request. The PDUFA deadline for this one is March 30, 2008. (This supplement is a NME. It has never being market in US.)

Cimzia BLA 125160

Drug Substance Manufacturing and Routine Testing Sites

Site	Responsibility
/	/

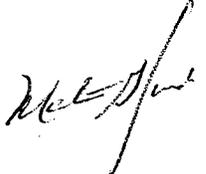
UCB Manufacturing, Inc. 755 Jefferson Road Rochester, NY 14623 USA Registration: 1314625	<ul style="list-style-type: none">• Release Testing• Stability Testing• Storage of Drug Substance
--	---

As mentioned to you before I never saw an EIR in FACTS for the latest inspections for UCB, Inc. BLA STN 125160/0 for Cimzia (certolizumab pegol).

Here are the review I have regarding the inspections:

*Marlene G. Swider, M.H.S.A.
Regulatory Health Project Manager
Division of Gastroenterology Products
Center for Drug Evaluation and Research
US Food and Drug Administration
10903 New Hampshire Ave, Silver Spring MD 20993-002
Office: (301) 796-2104*

MEMORANDUM OF MEETING MINUTES

Meeting Type: Pre-approval Safety Conference
Meeting Category: Internal Meeting
Meeting Date and Time: March 6, 2008 1:00 –2:00 P.M.
Meeting Location: Conf Room 5201 Bldg. 22
Application Number: BLA STN 125160/0
Product Name: Cimzia (certolizumab pegol)
Received Briefing Package: N/A
Sponsor Name: UCB, Inc.
Meeting Requestor: DGP/FDA
Meeting Chair: John Hyde, Ph.D., M.D.
Meeting Recorder: Marlène Swider, MHSA, Project Manager 

FDA Attendees

OFFICE OF NEW DRUGS

Julie Beitz, M.D., Director Office of Drug Evaluation III
Joyce Korvick, M.D., M.P.H., Acting Director, Division of Gastroenterology Products
John Hyde, Ph.D., M.D., Acting Deputy Director, Division of Gastroenterology Products
Ii-lun Chen, M.D., Clinical Reviewer
Jeanine Best, R Ph, Reviewer
Sigal Kaplan, Ph.D., Epidemiologist
Marlène Swider, M.H.S.A., Regulatory Project Manager
Cherye Millburn, Regulatory Project Manager (OSE)

1.0 BACKGROUND

Per FDA regulations (MaPP 6010.1), this pre-approval Safety Conference was scheduled with the Office of Safety Evaluation (OSE) to identify any safety issue(s) that needed to be addressed prior of taking action on UCB, Inc. BLA 125160/0 for new molecular entity (NME), Cimzia (certolizumab pegol), submission. CIMZIA is indicated for reducing signs and symptoms of Crohn's disease and maintaining clinical response in adult patients with moderately to severely active disease who have had an inadequate response to conventional therapy. CIMZIA (certolizumab pegol) is a TNF blocker. It is a recombinant, humanized antibody Fab' fragment,

with specificity for human tumor necrosis factor alpha (TNF α), conjugated to an approximately 40kDa polyethylene glycol (PEG2MAL40K).

2.0 DISCUSSION

Per FDA's review, tuberculosis, opportunistic infections, malignancies, and bleeding are the most serious safety issues associated and identified by FDA for CIMZIA.

Dr. Beitz inquired if pre-clinical findings have been reviewed and if any coagulation study has been conducted. Dr. Chen explained that no coagulation study has ever being conducted for the Crohn's Disease population. Coagulation reported cases originated from the studies currently being conducted with RA patients using CIMZIA. Dr. Chen will follow up with the firm on this topic.

Dr. Sigal Kaplan from the OSE stated that the RiskMapp submitted by the firm can not be classified as such. Not enough data was submitted by the firm as explained in her review for the proposal submitted be considered or classified as a RiskMapp. She also stated that the firm's proposed

(A working meeting to discuss labeling revisions and other review issues immediately followed the pre-approval Safety Conference.)

3.0 ISSUES REQUIRING FURTHER DISCUSSION

Identification of any coagulation study done for Crohn's disease patients.

4.0 ACTION ITEMS

Marlene Swider will forward the most recent version of the labeling for everyone to review and comment.

Marlene Swider will be e-mailing to all members of the review team a copy of the Protocol Concept for Tysabri Observational Study in Safety in Crohn's Disease of December 26, 2007, offered by Dr. Julie Beitz (see attachment).

Marlene Swider will also distribute copy of Dr. Sigal Kaplan's review and include this and other review memos in the electronic document room for easy access.

Dr. li-lun Chen will continue with the review of the safety data.

5.0 ATTACHMENTS AND HANDOUTS

7 Page(s) Withheld

Trade Secret / Confidential

Draft Labeling

Deliberative Process



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

February 8, 2008.

The following information was requested to Ms. Deborah Hogerman, from Regulatory Affairs, UCB, Inc. in reference to their CIMZIA BLA 125160/0:

Have coagulation studies in CD trials and the IND 11,197 info below being submitted? I do not remember seeing them but if not yet submitted, can you assist FDA by expediting this request?

Regarding IND 11,197 supp doc 532 (serial number 546) from UCB on clinical trial CDP870-034.

This is a submission to report a change in protocol. The changes in protocol are acceptable, however, there are two issues noted. Presumably they are "typos" but I would like to verify that this is the case.

On page 10 of Protocol Amendment No 7:

2. Methodology

Original text to be replaced by, "All patients who complete studies -031 or -032 at Week 26 (having received either CDP870 or placebo) are eligible to enter this follow-up study -033."

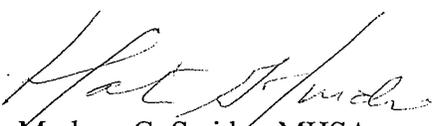
Given this amendment is about protocol -034, shouldn't the underlined study refer to -034 and not -033?

Again, on page 34:

11. Trial Design

Original text to be replaced by, "...The aim of this study (-033) is to evaluate the longer term safety and efficacy of CDP870 with up to 54 months treatment (6 months treatment in either qualifying study -031 or -032 and up to 48 months treatment in -033)."

Did you mean this study (-034)? If not please explain why are you referring to this study as -033 when the amendment is specific to protocol changes in -034


Marlene G. Swider, MHSA
Regulatory Project Manager, DGP



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

January 31, 2008.

The following information was requested to Ms. Deborah Hogerman, from Regulatory Affairs, UCB, Inc. in reference to their CIMZIA BLA 125160/0:

For CD studies in the ISS data analysis set there appears to be only a single AE report of an increased INR under "Investigations." Was coagulation testing (aPTT, PT, TT) done in the CD subjects similar to the RA studies CDP870-011, -014 or -050? If so, please submit an analysis of any reports of abnormal bleeding time lab values by trial and treatment group, and if any adverse bleeding events were associated with the lab values.

Response was received on 02_04_08 via e-mail.


Marlene G. Swider, MHSA
Regulatory Project Manager, DGP

MEMORANDUM OF TELECON

DATE: January 30, 2008
TIME: 12:00 – 12:15 P.M.

APPLICATION NUMBER: BLA 125160/0

BETWEEN:

Names: Deb Hogerman, B.S.
UCB, Inc., Director of US Reg Affairs
Patty Fritz, Ph.D.
UCB, Inc., VP of Global Reg Affairs

Phone: 1-866-270-7427
Access code: *1069159*
Representing: UCB, Inc.

AND

Names: Joyce Korvick, M.D., M.P.H.
Matthew Scherer, M.B.A.
Division of Gastroenterology Products
Representing: FDA

SUBJECT: Agree with sponsor on a new PDUFA goal date to finalize review of CIMZIA BLA 125160/0.

Background: This is a follow up to the previous teleconference of January 18, 2008 to agree on a new PDUFA goal date for CIMZIA BLA 125160/0 with the sponsor: UCB, Inc.

Dr. Korvick informed the sponsor that the new internal goal date for CIMZIA would be March 30, 2008 and that FDA would be contacting UCB, Inc. on the next few weeks to discuss labeling or any other issues that need to be addressed prior to the action.

Ms. Hogerman and Dr. Fritz were very pleased to receive this update and offered to work with the Division as needed. Teleconference ended.

Marlène G. Swider, M.H.S.A.

Marlene Swider, RPM 1/30/08

SIGNER'S NAME

TITLE

MEMORANDUM OF TELECON

DATE: January 18, 2008

TIME: 2:00 – 2:25 A.M.

APPLICATION NUMBER: BLA 125160/0

BETWEEN:

Names: Deb Hogerman,
UCB, Inc., Director of US Reg Affairs
Patty Fritz, Ph.D.
UCB, Inc., VP of Global Reg Affairs

Phone: 1-866-270-7427
Access code: *1069159*

Representing: UCB, Inc.

AND

Names: Joyce Korvick, M.D., M.P.H.
Marlene Swider, M.H.S.A.
Division of Gastroenterology Products

Representing: FDA

SUBJECT: Request sponsor for more time to finalize review of supplement.

Background: After our last review team meeting the members agreed that more time for review of data was needed and that the January 31, 2008 PDUFA deadline would be missed.

Dr. Korvick requested a teleconference with UCB, Inc. to notify the sponsor that FDA would not be meeting the previous agreed deadline of January 30, 2008 for the review of CIMZIA BLA STN 125160 due to a shortage of personnel and large amount of workload at the division at the given time.

Dr. Fritz and Ms. Hogerman agreed on the request of postponing for a new date and also reiterated their availability and disposition to provide the Agency with any other analysis or data needed in order to help with the review of this supplement. They too offered to provide copy of the coagulation data already provided to FDA (Dr. Jeff Siegel at DAARP).

Dr. Korvick thanked them for their time and understanding and promised to get back to them

with a new goal date as soon as possible.

Teleconference ended.

Marlène G. Swider, M.H.S.A.

Marlene G. Swider, RPM 1/30/08

SIGNER'S NAME
TITLE



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

January 18, 2008.

The following information was requested to Ms. Deborah Hogerman, from Regulatory Affairs, UCB, Inc. in reference to their CIMZIA BLA 125160/0:
cardiac and GI SAE analyses

Response was received on February 8, 2008.


Marlene G. Swider, MHSA
Regulatory Project Manager, DGP



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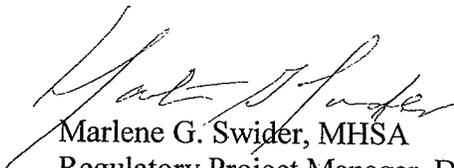
Food and Drug Administration
Rockville, MD 20857

December 18, 2007.

The following information was requested to Ms. Deborah Hogerman, from Regulatory Affairs, UCB, Inc. in reference to their CIMZIA BLA 125160/0:

Per your inquire below, this table appears to list Adverse Events, but also summarizes the data for Serious AEs in that category. If you can provide both Serious AEs and AEs for each SOC, it would be best. But in my information request, I was primarily interested in overall AEs for each SOC.

Also, the last two safety reports received in FDA dated September 28 and December 5, 2007 did not contained the mentioned safety reports. Only the cover letter was received. I will contact Dr. Victoria Geskin (UCB Regional Safety Officer) after ensuring that it was not lost in our Document room. However, could you please check on your side if there is something needing attention?


Marlene G. Swider, MHSA
Regulatory Project Manager, DGP



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

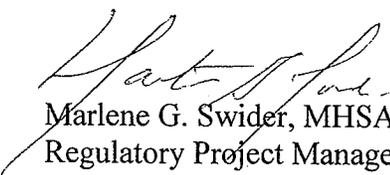
December 11, 2007.

The following information was requested to Ms. Deborah Hogerman, from Regulatory Affairs, UCB, Inc. in reference to their CIMZIA BLA 125160/0:

For purposes of streamlining the section of the label for "other serious or significant adverse events reported in controlled and uncontrolled studies in CD and other diseases under investigation," please provide the following:

- 1) For all SOCs, please provide the MedDRA preferred terms that occur greater than 0.2% in the drug exposed patients of the RA study (and the psoriasis study if available). Be sure to include rates for placebo and drug exposed patients.
- 2) For the Crohn's disease population, please provide a chart listing similar to that of Table 2.7.4:25 in the Original submission (p 346 of 606) for all SOCs. However, exclude GI events, hematological events, immunological events, infections and neurological events, as these charts are available in the submission. The information should reflect the CDP870-400 mg (n=1350) Safety population vs placebo.
- 3) Please search the safety population and provide the percentage of patients vs placebo that reported cerebral vascular accidents and headaches.

Response was received on. December 18, 2008 and December 20, 2008 via e-mail.


Marlene G. Swider, MHSA
Regulatory Project Manager, DGP



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

December 7, 2007.

The following information was requested to Ms. Deborah Hogerman, from Regulatory Affairs, UCB, Inc. in reference to their CIMZIA BLA 125160/0:

Please submit the following information for all Cimzia indications (Crohn's Disease, RA and Psoriasis).

The serious adverse events that are of interest are:

1. Deaths (list primary cause)
2. Malignancies (list type)
3. Opportunistic Infections (list type)
4. Tuberculosis (list pulmonary versus disseminated)
5. Serious Hematological Reactions (please include any information on increased risk of bleeding)

:

For the above listed serious adverse events, please separate information obtained from controlled clinical trials from other trials (such as open label extensions) and provide analysis for:

:

- 1) Specific numbers of subjects affected by each of the listed events (information past July 15, 2007 does not need to be included if not readily available).
- 2) Percentage compared to total numbers exposed.
- 3) Rate of event analyzed as pt-years.
- 4) Comparison to placebo for the controlled portions.

Response was received on December 20, 2007 via e-mail.


Marlene G. Swider, MHSA
Regulatory Project Manager, DGP



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

October 24, 2007.

The following information was requested to Ms. Deborah Hogerman, from Regulatory Affairs, UCB, Inc. in reference to their CIMZIA BLA 125160/0:

- 1) Of the twenty pregnancies reported, I only see narratives for six female patients and one male patient. Unfortunately, for four of six female subjects that became pregnant, the outcome is unknown. If you have any other source of information that could provide the missing data for the other subjects and further follow-up for the unknown outcomes of the four/six females that would be helpful.
- 2) Updated draft of the SAEs for the RA trials is appreciated.

Response was received on October 25, 2007.


Marlene G. Swider, MHSA
Regulatory Project Manager, DGP



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Public Health Service

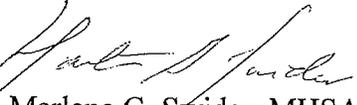
Food and Drug Administration
Rockville, MD 20857

October 23, 2007.

The following information was requested to Ms. Deborah Hogerman, from Regulatory Affairs, UCB, Inc. in reference to their CIMZIA BLA 125160/0:

- 1) Any adverse event information for mother or infant in the twenty reported pregnancies that have occurred in the study population?
- 2) Do they have a similar updated safety report on Cimzia trials involving rheumatoid arthritis patients? If so, please send DGP a copy.

Response was received on October 23, 2007.


Marlene G. Swider, MHSA
Regulatory Project Manager, DGP

MEMORANDUM OF TELECON

DATE: October 11, 2007

APPLICATION NUMBER: BB BLA 125160/0

BETWEEN:

Names: Deb Hogerman – US Regulatory Affairs
Patty Fritz – VP, Global Regulatory Affairs
Elliot Chartash – VP, Clinical Research Inflammation

Phone:

1-866-270-7427 Pass code *1069159*

Representing: UCB, Inc.

AND

Names: Milton Fan, Ph.D., Statistical Reviewer
Mike Welch, Ph.D., Statistical Team Leader
John Hyde, Ph.D., M.D., Acting Deputy Director, Division of Gastroenterology Products

Representing: FDA

SUBJECT: Teleconference to discuss CIMZIA (certolizumab pegol) statistical issues requested in the November 29, 2006, IR letter regarding an update of two patients' results tables.

Background:

UCB, Inc. requested this teleconference to gain an understanding on how FDA needed the statistical data be presented and clarify general concepts.

Discussion:

FDA provided instructions. Firm agreed on the changes suggested.

Teleconference ended.

Marlène G. Swider, M.H.S.A.



SIGNER'S NAME
TITLE



DEPARTMENT OF HEALTH & HUMAN SERVICES

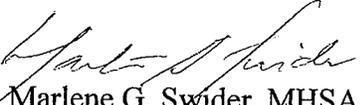
Public Health Service

Food and Drug Administration
Rockville, MD 20857

September 27, 2007.

The following information was requested to Ms. Deborah Hogerman, (title) from UCB, Inc. in reference to their CIMZIA BLA 125160/0 on September 27, 2007:

We are continuing with the review of your CIMZIA label. However, we would like to receive at your earliest convenience a 120 day safety update for certolizumab pégol.


Marlene G. Swider, MHSA
Regulatory Project Manager, DGP



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

Our STN: BL 125160/0

SEP 12 2007

UCB, Inc.
Ms. Deborah Hogerman
Director, Regulatory Affairs
1950 Lake Park Drive
Smyrna, Georgia 30080

Dear Ms. Hogerman:

Please refer to your biologics license application (BLA) submitted under the Public Health Service Act for CIMZIA (certolizumab pegol).

We also refer to the meeting held on May 30, 2007, between representatives of your firm and this agency. A copy of the official minutes of the meeting is attached for your information.

Please refer to <http://www.fda.gov/cder/biologics/default.htm> for information regarding therapeutic biological products, including the addresses for submissions.

If you have any questions, please contact me at (301) 796-2104.

Sincerely yours,

A handwritten signature in cursive script that reads "Marlène G. Swider".

Marlène G. Swider, M.H.S.A.
Regulatory Project Manager
Division of Gastroenterology Products
Office of Drug Evaluation III
Center for Drug Evaluation and Research

Enclosure: Meeting Summary

MEMORANDUM OF MEETING MINUTES

MEETING DATE: Wednesday, May 30, 2007
TIME: 3:00 PM EST
LOCATION: Room 1419, Building 22, White Oak Complex
APPLICATION: BLA STN 125160/0
DRUG NAME: CIMZIA (certolizumab pegol)
TYPE OF MEETING: Industry Requested

MEETING CHAIR: John Hyde, Ph.D., M.D.

MEETING RECORDER: Marlène Swider, M.H.S.A.

FDA ATTENDEES: (Title and Office/Division)

Robert Temple, M.D., Director, Office of Medical Policy
John Jenkins, M.D., Director, Office of New Drugs
Julie Beitz, M.D., Director Office of Drug Evaluation III
Joyce Korvick, M.D., M.P.H., Acting Director, Division of Gastroenterology Products
John Hyde, Ph.D., M.D., Acting Deputy Director, Division of Gastroenterology Products
Jeffrey Siegel, M.D., Director Division of Analgesics, Anesthetics and Rheumatology Products
Shewit Bezabeh, M.D., Clinical Reviewer
Anil Rajpal, M.D., Clinical Reviewer
Kurt Brorson, Ph.D., Product Reviewer
Mike Welch, Ph.D., Statistics Team Leader
Milton Fan, Ph.D., Statistics Reviewer
Sue-Chi Lee, Ph.D., Biopharm Team Leader
Marlène Swider, M.H.S.A., Regulatory Project Manager

EXTERNAL CONSTITUENT ATTENDEES:

UCB, Inc.

Patty Fritz-VP Reg Aff
Deb Hogerman-Dir, US Reg Aff
Melanie Lee-Exec VP, R&D
Robert Trainor-General Counsel
Ralph Bloomfield-Principal Statistician

Consultants for UCB, Inc.

/ /