

**CENTER FOR DRUG EVALUATION AND  
RESEARCH**

*APPLICATION NUMBER:*

**22-239**

**ADMINISTRATIVE and  
CORRESPONDENCE  
DOCUMENTS**



NDA 22-239

Zogenix Inc.  
Attention: Edward F. Smith III, PhD, RAC  
5858 Horton Street  
Suite 455  
Emeryville, CA 94608

*Re: Request for a Waiver for Certain Post-Marketing Reporting Responsibilities  
Under 21 CFR 314.80*

Dear Dr. Smith:

In your letter dated July 31, 2009, you requested that Zogenix Inc. be waived of certain of its post-marketing periodic safety reporting responsibilities under 21 CFR 314.80 for its approved new drug application (NDA) 22-239 Sumavel DosePro (sumatriptan) injection.

You have proposed that, in lieu of the format of a periodic adverse drug experience report as required under our present regulations at 21 CFR 314.80, you be allowed to submit an international Periodic Safety Update Report (PSUR) for the product. You stated that you would submit the PSUR at the same frequency and timing described in our regulations. That is, you would submit the PSUR at quarterly intervals for the first three years following the July 15, 2009 U.S. approval date and at annual intervals thereafter. The quarterly report would be submitted within 30 calendar days of the close of the quarter (the first quarter beginning on the day of U.S. approval of the NDA) and each annual PSUR within 60 calendar days of the anniversary date of approval of the NDA.

In your letter you also requested a waiver of the requirement to submit individual case safety reports of adverse experiences that are both non-serious and labeled for this product.

Based upon the proposals stated in your letter, I concur that these modifications in your post-marketing periodic safety reporting requirements are acceptable at this time for the following approved NDA:

NDA 22-239                      Sumavel DosePro (sumatriptan) injection

Therefore, as of the date of this letter, the following waiver is granted for the above-listed NDA, as per 21 CFR 314.90(b):

For the above-listed NDA, you may substitute your international Periodic Safety Update Report (PSUR) for the periodic adverse drug experience report required and described at 21 CFR 314.80(c)(2), provided all six of the following conditions are met:

- (1) the PSUR is prepared according to the guideline developed by the International Conference on Harmonisation (ICH) designated as ICH-E2C and published in the Federal Register on 19 May 1997 [62 FR 27470] and the Addendum to E2C published in the Federal Register on 05 February 2004 [69 FR 5551].
- (2) the PSUR for this product is submitted on a quarterly basis for the first three years following the July 15, 2009 U.S. approval date and annually thereafter. The quarterly PSURs are submitted within 30 calendar days of the close of the quarter (the first quarter beginning on July 15, 2009) and each annual PSUR within 60 calendar days of the anniversary date of approval of the NDA. It is our understanding that you will lock your database the month and day of the data lock points for the product in order to prepare the PSUR. Please let me know if we have a misunderstanding about the timing of your report. Please note that you may generally combine all dosage forms and formulations of this moiety, as well as indications, in one PSUR. However, when you do so, you must submit the PSUR to each of your approved applications whose product is covered in the PSUR. Submissions may be made either on paper or electronically. For electronic submission, please see <http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Surveillance/AdverseDrugEffects/ucm115894.htm>. For paper submissions, you must also submit a single copy of the PSUR for CDER's Office of Surveillance and Epidemiology. All paper submissions should be sent to

Central Document Room  
Center for Drug Evaluation and Research  
Food and Drug Administration  
5901-B Ammendale Road  
Beltsville, MD 20705-1266

- (3) while you may generally combine all dosage forms and formulations, as well as indications, in one PSUR, you separate into specific sections of the report the information on different dosage forms, formulations, and/or indications when such separation is needed to accurately portray the safety profile of the specific product (e.g., one should not combine, for example, information from ophthalmic drop dosage forms and solid oral dosage forms).
- (4) you attach, as an appendix to the international PSUR, copies of the 3500A forms that you are required to submit as part of a periodic safety report under 21 CFR 314.80(c)(2) (or submit them electronically; see <http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Surveillance/AdverseDrugEffects/ucm115894.htm>). These include both medically confirmed and medically unconfirmed (consumer) reports. You are, however, waived of the requirement to include with the PSUR the individual case safety reports for adverse experiences that are determined both to be non-serious and to

appear in the current labeling for the drug product. You should maintain records of these non-serious, labeled adverse experiences in your corporate drug product safety files. FDA does reserve the right to request these individual case safety reports for the non-serious, labeled adverse experiences and expects that you would send them to us within five calendar days of such a request. Information on these adverse experiences should be submitted in the section that includes a summary tabulation by body system of all adverse experience terms and counts of occurrences submitted during the reporting period.

- (5) you attach, as an appendix to the international PSUR, a tabular listing by body system of all consumer-reported adverse experience terms and counts of occurrences for individual safety cases, if such cases are not already included in the international PSUR tabular listings. If not included in other listings, these lists should be segregated by classification of report (e.g., serious/unexpected; serious/expected; non-serious/unlisted; and non-serious/listed).
- (6) you attach, as an appendix to the international PSUR, a narrative that references the changes, if any, that you believe appropriate, based on the new information received in the reporting period, in your approved U.S. labeling for the product(s) covered by the PSUR. In this appendix, please also include a copy of the most recently approved U.S. labeling for the product(s) covered by the PSUR.

The waiver outlined in this letter will be in effect until you are notified in writing that it has been discontinued. Also, please note that this waiver in no way affects your other reporting responsibilities under 21 CFR except as specifically outlined in this letter (e.g., this waiver does not affect your expedited reporting responsibilities for suspected adverse reactions that are both serious and unlabeled).

If you have any questions about this waiver, please contact Ms. Jean Chung, Regulatory Health Project Manager, at (301) 796-2380.

Sincerely,

*{See appended electronic signature page}*

Gerald Dal Pan, M.D., M.H.S.  
Director  
Office of Surveillance and Epidemiology  
Center for Drug Evaluation and Research

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/s/  
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GERALD J DALPAN  
08/21/2009

**505(b)(2) ASSESSMENT**

<b>Application Information</b>		
NDA # 22-239	NDA Supplement #:S-	Efficacy Supplement Type SE-
Proprietary Name: Sumavel DosePro Established/Proper Name: Sumatriptan Intraject Dosage Form: Needle Free Drug-Device Combination (for subcutaneous administration) Strengths: 6mg/0.5ml		
Applicant: Zogenix		
Date of Receipt: January 15, 2009		
PDUFA Goal Date: July 15, 2009	Action Goal Date (if different): (same)	
Proposed Indication(s): Migraine		

**GENERAL INFORMATION**

1. Is this application for a drug that is an “old” antibiotic as described in the Guidance to Industry, Repeal of Section 507 of the Federal Food, Drug and Cosmetic Act? (Certain antibiotics are not entitled to Hatch-Waxman patent listing and exclusivity benefits.)

YES  NO

*If “YES,” proceed to question #3.*

2. Is this application for a recombinant or biologically-derived product and/or protein or peptide product?

YES  NO

*If “YES “contact the (b)(2) review staff in the Immediate Office, Office of New Drugs.*



**INFORMATION PROVIDED VIA RELIANCE  
(LISTED DRUG OR LITERATURE)**

3. List the information essential to the approval of the proposed drug that is provided by reliance on our previous finding of safety and efficacy for a listed drug or by reliance on published literature. *(If not clearly identified by the applicant, this information can usually be derived from annotated labeling.)*

Source of information (e.g., published literature, name of referenced product)	Information provided (e.g., pharmacokinetic data, or specific sections of labeling)
NDA 20-080	Previous Finding of Safety and Efficacy

4. Reliance on information regarding another product (whether a previously approved product or from published literature) must be scientifically appropriate. An applicant needs to provide a scientific “bridge” to demonstrate the relationship of the referenced and proposed products. Describe how the applicant bridged the proposed product to the referenced product(s). (Example: BA/BE studies)
- Pivotal pharmacokinetic and bioequivalence study required (study number [ZX001-0601](#))
  - Non-IND, outside the US pilot pharmacokinetic studies that were conducted under GCP (study numbers [SUM-04-01](#), [ARD-2100-0501](#), and [ARD-2100-0504](#))

**RELIANCE ON PUBLISHED LITERATURE**

5. (a) Does the application rely on published literature to support the approval of the proposed drug product (i.e., the application *cannot* be approved without the published literature)?

YES  NO

*If “NO,” proceed to question #6.*

- (b) Does any of the published literature necessary to support approval identify a specific (e.g., brand name) *listed* drug product?

YES  NO

*If “NO,” proceed to question #6*

*If “YES”, list the listed drug(s) identified by name and answer question #5(c).*

- (c) Are the drug product(s) listed in (b) identified by the applicant as the listed drug(s)?

YES  NO

**RELIANCE ON LISTED DRUG(S)**

*Reliance on published literature which identifies a specific approved (listed) drug constitutes reliance on that listed drug. Please answer questions #6-10 accordingly.*

6. Regardless of whether the applicant has explicitly referenced the listed drug(s), does the application **rely** on the finding of safety and effectiveness for one or more listed drugs (approved drugs) to support the approval of the proposed drug product (i.e., the application cannot be approved without this reliance)?

YES  NO

*If "NO," proceed to question #11.*

7. Name of listed drug(s) relied upon, and the NDA/ANDA #(s). Please indicate if the applicant explicitly identified the product as being relied upon (see note below):

Name of Drug	NDA/ANDA #	Did applicant specify reliance on the product? (Y/N)
Imitrex Statdose (sumatriptan injection)	20-080	Y

*Applicants should specify reliance on the 356h, in the cover letter, and/or with their patent certification/statement. If you believe there is reliance on a listed product that has not been explicitly identified as such by the applicant, please contact the (b)(2) review staff in the Immediate Office, Office of New Drugs.*

8. If this is a supplement, does the supplement rely upon the same listed drug(s) as the original (b)(2) application? N/A

YES  NO

*If "NO", please contact the (b)(2) review staff in the Immediate Office, Office of New Drugs.*

9. Were any of the listed drug(s) relied upon for this application:

- a. Approved in a 505(b)(2) application?

YES  NO

*If "YES", please list which drug(s).*

Name of drug(s) approved in a 505(b)(2) application:

- b. Approved by the DESI process?

YES  NO

*If "YES", please list which drug(s).*

Name of drug(s) approved via the DESI process:

- c. Described in a monograph?

YES  NO

*If "YES", please list which drug(s).*

Name of drug(s) described in a monograph:

d. Discontinued from marketing?

YES  NO

If "YES", please list which drug(s) and answer question d.1.

If "NO", proceed to question #10.

Name of drug(s) discontinued from marketing:

1. Were the products discontinued for reasons related to safety or effectiveness?

YES  NO

*(Information regarding whether a drug has been discontinued from marketing for reasons of safety or effectiveness may be available in the Orange Book. Refer to section 1.11 for an explanation, and section 6.1 for the list of discontinued drugs. If a determination of the reason for discontinuation has not been published in the Federal Register (and noted in the Orange Book), you will need to research the archive file and/or consult with the review team. Do not rely solely on any statements made by the sponsor.)*

10. Describe the change from the listed drug(s) relied upon to support 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 capsule to solution").

The delivery system for Intraject sumatriptan differs from IMITREX (needleless injection system)

*The purpose of the following two questions 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.*

11. (a) Is there a pharmaceutical equivalent(s) to the product proposed in the 505(b)(2) application that is already approved (via an NDA or ANDA)?

*(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))*

*Note that for proposed combinations of one or more previously approved drugs, a pharmaceutical equivalent must also be a combination of the same drugs.*

YES  NO

If "NO," to (a) proceed to question #12.

(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 listed drug(s) referenced by the application a pharmaceutical equivalent?  
YES  NO

If “YES” and there are no additional pharmaceutical equivalents listed, proceed to question #13.

If “NO” or if there are additional pharmaceutical equivalents that are not referenced by the application, list the NDA pharmaceutical equivalent(s); you do not have to individually list all of the products approved as ANDAs, but please note that there are approved generics listed in the Orange Book. Please contact the (b)(2) review staff in the Immediate Office, Office of New Drugs.

Pharmaceutical equivalent(s):

12. (a) Is there a pharmaceutical alternative(s) already approved (via an NDA or ANDA)?

*(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.)*

*Note that for proposed combinations of one or more previously approved drugs, a pharmaceutical alternative must also be a combination of the same drugs.*

YES  NO

If “NO”, proceed to question #13.

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

YES  NO

(c) Is the approved pharmaceutical alternative(s) referenced as the listed drug(s)?

YES  NO

If “YES” and there are no additional pharmaceutical alternatives listed, proceed to question #13.

If “NO” or if there are additional pharmaceutical alternatives that are not referenced by the application, list the NDA pharmaceutical alternative(s); you do not have to individually list all of the products approved as ANDAs, but please note that there are approved generics listed in the Orange Book. Contact the (b)(2) review staff in the Immediate Office, Office of New Drugs.

Pharmaceutical alternative(s):



**PATENT CERTIFICATION/STATEMENTS**

13. List the patent numbers of all patents listed in the Orange Book for the listed drug(s) for which our finding of safety and effectiveness is relied upon to support approval of the (b)(2) product.

Listed drug/Patent number(s): 5037845  
5037845\*PED

14. Did the applicant address (with an appropriate certification or statement) all of the patents listed in the Orange Book for the listed drug(s)?

YES  NO

**(See attached)**

*If "NO", list which patents (and which listed drugs) were not addressed by the applicant.*

Listed drug/Patent number(s):

15. 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.)*

**(See attached)**

- No patent certifications are required (e.g., because application solely based on published literature that does not cite a specific innovator product or for an "old antibiotic" (see question 1.))
- 21 CFR 314.50(i)(1)(i)(A)(1): The patent information has not been submitted to FDA. (Paragraph I certification)
- 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):

*If the application has been filed, did the applicant submit a signed certification stating that the NDA holder and patent owner(s) were notified the NDA was filed [21 CFR 314.52(b)]?*

YES  NO

*Did the applicant submit documentation showing that the NDA holder and patent owner(s) received the notification [21 CFR 314.52(e)]? This is generally provided in the form of a registered mail receipt.*

YES  NO

Date Received:

*Has the applicant been sued for patent infringement (within 45-days of receipt of the notification listed above)? Note: you may need to call the applicant to verify this information.*

YES  NO

- 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):

*If the application has been filed, did the applicant submit a signed certification stating that the NDA holder and patent owner(s) were notified the NDA was filed [21 CFR 314.52(b)]?*

YES  NO

*Did the applicant submit documentation showing that the NDA holder and patent owner(s) received the notification [21 CFR 314.52(e)]? This is generally provided in the form of a registered mail receipt.*

YES  NO

Date Received:

*Has the applicant been sued for patent infringement (within 45-days of receipt of the notification listed above)? Note: you may need to call the applicant to verify this information.*

YES  NO

- Written statement from patent owner that it consents to an immediate effective date of approval (applicant must also submit paragraph IV certification under 21 CFR 314.50(i)(1)(i)(A)(4) above).

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):

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/s/

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Lana Chen  
7/13/2009 01:53:47 PM  
CSO

Eric Bastings  
7/14/2009 01:23:13 PM  
MEDICAL OFFICER

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

REQUEST FOR CONSULTATION

TO (Division/Office)  
Maternal Health Team

FROM:  
HFD-120/NEUROLOGY PRODUCTS

X \_\_\_\_\_

Eric Bastings, MD, Clinical Team Leader

Date  
March 11, 2009

IND No.

NDA No.  
22-239

TYPE OF  
DOCUMENT:  
DNP Proposed  
Labeling

DATE OF  
DOCUMENT  
March 11, 2009

NAME OF DRUG: Sumavel DosePro (Sumatriptan)

NAME OF DRUG COMPANY: Zogenix

INDICATION OF DRUG: Migraine

DESIRED COMPLETION DATE: April 15, 2009

REASON FOR REQUEST

Attached please find our DNP labeling for your review and comment.

SIGNATURE OF REQUESTER:

Lana Yan Chen, PM 6-1056

METHOD OF DELIVERY (CHECK ONE)

MAIL

HAND

SIGNATURE OF RECEIVER

SIGNATURE OF DELIVERER

15 pages of draft labeling  
withheld immediately  
after this page as B4 (TS/  
CCI)

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/s/

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Eric Bastings  
3/20/2009 11:43:52 AM

**REQUEST FOR CONSULTATION**

TO (*Division/Office*): OSE

FROM:

X \_\_\_\_\_  
Eric Bastings, MD Neurology Team Leader, DNP

DATE March 11, 2009	IND NO.	NDA NO. 22-239	TYPE OF DOCUMENT MedGuide and PPI	DATE OF DOCUMENT March 11, 2009
NAME OF DRUG Sumavel DosePro (Sumatriptan)		PRIORITY CONSIDERATION	CLASSIFICATION OF DRUG: Migraine	DESIRED COMPLETION DATE April 15, 2009

NAME OF FIRM: Zogenix

REASON FOR REQUEST

I. GENERAL

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> NEW PROTOCOL                  | <input type="checkbox"/> PRE--NDA MEETING        | <input type="checkbox"/> RESPONSE TO DEFICIENCY LETTER              |
| <input type="checkbox"/> PROGRESS REPORT               | <input type="checkbox"/> END OF PHASE II MEETING | <input type="checkbox"/> FINAL PRINTED LABELING                     |
| <input type="checkbox"/> NEW CORRESPONDENCE            | <input type="checkbox"/> RESUBMISSION            | <input type="checkbox"/> LABELING REVISION                          |
| <input type="checkbox"/> DRUG ADVERTISING              | <input type="checkbox"/> SAFETY/EFFICACY         | <input type="checkbox"/> ORIGINAL NEW CORRESPONDENCE                |
| <input type="checkbox"/> ADVERSE REACTION REPORT       | <input type="checkbox"/> PAPER NDA               | <input type="checkbox"/> FORMULATIVE REVIEW                         |
| <input type="checkbox"/> MANUFACTURING CHANGE/ADDITION | <input type="checkbox"/> CONTROL SUPPLEMENT      | <input checked="" type="checkbox"/> OTHER ( <i>SPECIFY BELOW</i> ): |
| <input type="checkbox"/> MEETING PLANNED BY            |  |   |

II. BIOMETRICS

STATISTICAL EVALUATION BRANCH	STATISTICAL APPLICATION BRANCH
<input type="checkbox"/> TYPE A OR B NDA REVIEW <input type="checkbox"/> END OF PHASE II MEETING <input type="checkbox"/> CONTROLLED STUDIES <input type="checkbox"/> PROTOCOL REVIEW <input type="checkbox"/> OTHER ( <i>SPECIFY BELOW</i> ):	<input type="checkbox"/> CHEMISTRY REVIEW <input type="checkbox"/> PHARMACOLOGY <input type="checkbox"/> BIOPHARMACEUTICS <input type="checkbox"/> OTHER ( <i>SPECIFY BELOW</i> ):

III. BIOPHARMACEUTICS

- |  |   |
|--|---|
| <input type="checkbox"/> DISSOLUTION             | <input type="checkbox"/> DEFICIENCY LETTER RESPONSE |
| <input type="checkbox"/> BIOAVAILABILITY STUDIES | <input type="checkbox"/> PROTOCOL-BIOPHARMACEUTICS  |
| <input type="checkbox"/> PHASE IV STUDIES        | <input type="checkbox"/> IN-VIVO WAIVER REQUEST     |

IV. DRUG EXPERIENCE

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

V. SCIENTIFIC INVESTIGATIONS

CLINICAL

PRECLINICAL

**COMMENTS, CONCERNS, and/or SPECIAL INSTRUCTIONS: Attached please see our DNP proposed labeling for your review and comment.**

SIGNATURE OF REQUESTER  
Lana Chen, RPh, Project Manager 301-796-1056

METHOD OF DELIVERY (Check one)  
 MAIL  HAND

SIGNATURE OF RECEIVER

SIGNATURE OF DELIVERER

**15 pages of draft labeling withheld immediately after this page as B4 (TS/CCI)**

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/s/

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Eric Bastings  
3/20/2009 11:44:39 AM



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration  
Rockville, MD 20857

NDA 22-239

Edward Smith  
Sr. Director, Regulatory Affairs  
Zogenix, Inc.  
5858 Horton Street, Suite 455  
Emeryville CA 94608

Dear Mr. Smith:

We acknowledge receipt on January 15, 2009 of your January 14, 2009 resubmission to your new drug application for sumatriptan Intraject.

We consider this a complete, class 2 response to our October 31, 2008 action letter. Therefore, the user fee goal date is July 15, 2009.

If you have any questions, call Lana Chen, Regulatory Project Manager, at (301) 796-1056.

Sincerely,

*{See appended electronic signature page}*

Russell Katz, M.D.  
Director  
Division of Neurology Products  
Office of Drug Evaluation I  
Center for Drug Evaluation and Research

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/s/

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Russell Katz

2/4/2009 08:40:05 AM



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration  
Rockville, MD 20857

NDA 22-239

Zogenix, Inc.  
Attention: Edward F. Smith III, Ph.D.  
Vice President, Regulatory Affairs and Drug Safety  
5858 Horton Street, Suite 455  
Emeryville, CA 94608

Dear Dr. Smith:

Please refer to your New Drug Application (NDA) submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Sumavel DosePro (sumatriptan injection) 6mg/0.5mL.

We also refer to your November 14, 2008 correspondence, received November 14, 2008, requesting a meeting to discuss your response to the Complete Response Letter from the Agency dated October 31, 2008. We have considered your request and concluded that the meeting is unnecessary. The Agency plans to review your responses, as well as the non-clinical studies submitted late in the first cycle, during the next cycle.

We acknowledge your belief that your submission should be considered a Class I resubmission. Because our review will consider data not previously reviewed, we are likely to consider your resubmission (assuming it is a Complete Response) a Class II resubmission.

If you have any questions, please call Lana Chen, RPh, Regulatory Project Manager, at 301-796-1056.

Sincerely,

{ See appended electronic signature page }

Russell Katz, M.D.  
Director  
Division of Neurology Products  
Office of Drug Evaluation 1  
Center for Drug Evaluation and Research

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/s/

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Russell Katz  
12/16/2008 12:56:31 PM



NDA 22-239

**INFORMATION REQUEST LETTER**

Zogenix, Inc.  
Attention: Edward F. Smith III, PhD  
Senior Director, Regulatory Affairs & CMC Development  
5858 Horton Street  
Emeryville, CA 94609

Dear Dr. Smith:

Please refer to your new drug application (NDA) dated December 28, 2008, received December 31, 2008, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Sumatriptan Succinate Intraject Injection.

We are reviewing the Chemistry, Manufacturing and Controls 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.

In your July 28, 2008, response to the July 7, 2008 information request (#2) you demonstrate that (b) (4) do occur over the proposed product expiry period. As these increases were found to be temperature dependent, a likely source of (b) (4) in the drug product solution. As the factors influencing (b) (4) through the device do not appear to have been studied (or understood) and considering the proposed changes to the manufacturing process and sites and the potential risk to the patient, we again recommend that the drug product specification be amended to include a specification for (b) (4) at release and during stability studies.

If you have any questions, call Scott N. Goldie, Ph.D., Regulatory Health Project Manager for Quality, at (301) 796-2055.

Sincerely,

*{See appended electronic signature page}*

Ramesh Sood, Ph.D.  
Branch Chief  
Division of Pre-Marketing Assessment I  
Office of New Drug Quality Assessment  
Center for Drug Evaluation and Research

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/s/

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Martha Heimann  
8/21/2008 03:23:10 PM  
Signed for Ramesh Sood.



NDA 22-239

**INFORMATION REQUEST LETTER**

Zogenix, Inc.  
Attention: Edward F. Smith III, PhD  
Senior Director, Regulatory Affairs & CMC Development  
5858 Horton Street  
Emeryville, CA 94609

Dear Dr. Smith:

Please refer to your new drug application (NDA) dated December 28, 2008, received December 31, 2008, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Intraject Sumatriptan Succinate Injection.

We are reviewing the Chemistry, Manufacturing and Controls 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.

(b) (4)

2. The absence of dissolved gasses and gas bubbles in the drug product solution was identified as a critical product attribute; however these characteristics are not monitored in the product at release or during stability studies. Amend the drug product specification to control these characteristics or provide justification for their absence.
3. Amend the drug product release and stability specifications with a test for the pressure required to trigger drug administration together with justification for the proposed range of acceptable actuation pressures or provide justification for the absence of such a specification.

NDA 22-239  
CMC IR Letter 1

If you have any questions, call Scott N. Goldie, Ph.D., Regulatory Health Project Manager for Quality, at (301) 796-2055.

Sincerely,

*{See appended electronic signature page}*

Ramesh Sood, Ph.D.  
Branch Chief  
Division of Pre-Marketing Assessment I  
Office of New Drug Quality Assessment  
Center for Drug Evaluation and Research

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/s/

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Ramesh Sood

7/7/2008 07:45:59 AM

## Daugherty, Susan B (CSO)

---

**From:** Daugherty, Susan B (CSO)  
**Sent:** Sunday, June 08, 2008 6:36 PM  
**To:** 'esmith@zogenix.com'  
**Subject:** information request NDA 22-239

Dear Dr. Smith,

I am writing regarding your NDA 22-239 for Sumavel DosePro (Sumatriptan) Intraject system. The Clinical Pharmacology Reviewer has indicated that additional data is needed to calculate CI using SAS for study ZX001-0601. The individual subject data in study ZX001-0601 with file zx001-0601-pp.xpt, lack the treatments and sequence to run the SAS. Therefore, we request that you resubmit the data file zx001-0601-pp.xpt after adding columns for treatment and sequence. We appreciate your prompt response to this request.

Should you have any questions, please e-mail or call me at (301) 796-0878.

Best regards,  
Susan Daugherty  
Regulatory Project Manager  
Division of Neurology Products  
CDER/FDA

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/s/

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Susan B. Daugherty  
6/8/2008 06:39:59 PM

Email sent to sponsor 6/2/08

*Provide the Reports (or identify their location in the NDA) that contain the testing methodology, acceptance criteria and data in support of each of the following:*

- 1. Validation of the ability of the sterilizing filter to retain a microbial challenge from the drug product.*
- 2. Validation of the Sterilization/Depyrogenation of Containers, Closures, Equipment and Components*

Thank you,  
Cathleen

*Cathleen Michaloski, BSN / MPH  
Regulatory Project Manager  
Division of Neurology Products  
Center for Drug Evaluation and Research  
Food and Drug Administration  
ph 301-796-1123  
email: [cathleen.michaloski@fda.hhs.gov](mailto:cathleen.michaloski@fda.hhs.gov)*

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/s/

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Cathleen Michaloski  
6/5/2008 10:50:45 AM  
CSO

Cathleen Michaloski  
6/5/2008 10:51:09 AM  
CSO

# REQUEST FOR CONSULTATION

TO (Division/Office): OSE

FROM:

X \_\_\_\_\_

Eric Bastings, MD Neurology Team Leader, HFD-120/DNP

DATE  
April 2, 2008

IND NO.

NDA NO.  
22-239

TYPE OF DOCUMENT  
Usability Study

DATE OF DOCUMENT  
March 20, 2008

NAME OF DRUG  
Sumavel/Sutripta DOSEPRO  
(Sumatriptan Intrject)

PRIORITY CONSIDERATION

CLASSIFICATION OF DRUG:  
Migraine

DESIRED COMPLETION DATE

NAME OF FIRM: Zogenix

## REASON FOR REQUEST

### I. GENERAL

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> NEW PROTOCOL                  | <input type="checkbox"/> PRE--NDA MEETING        | <input type="checkbox"/> RESPONSE TO DEFICIENCY LETTER     |
| <input type="checkbox"/> PROGRESS REPORT               | <input type="checkbox"/> END OF PHASE II MEETING | <input type="checkbox"/> FINAL PRINTED LABELING            |
| <input type="checkbox"/> NEW CORRESPONDENCE            | <input type="checkbox"/> RESUBMISSION            | <input type="checkbox"/> LABELING REVISION                 |
| <input type="checkbox"/> DRUG ADVERTISING              | <input type="checkbox"/> SAFETY/EFFICACY         | <input type="checkbox"/> ORIGINAL NEW CORRESPONDENCE       |
| <input type="checkbox"/> ADVERSE REACTION REPORT       | <input type="checkbox"/> PAPER NDA               | <input type="checkbox"/> FORMULATIVE REVIEW                |
| <input type="checkbox"/> MANUFACTURING CHANGE/ADDITION | <input type="checkbox"/> CONTROL SUPPLEMENT      | <input checked="" type="checkbox"/> OTHER (SPECIFY BELOW): |
| <input type="checkbox"/> MEETING PLANNED BY            |  |  |

### II. BIOMETRICS

STATISTICAL EVALUATION BRANCH

STATISTICAL APPLICATION BRANCH

- |  |   |
|--|---|
| <input type="checkbox"/> TYPE A OR B NDA REVIEW  | <input type="checkbox"/> CHEMISTRY REVIEW       |
| <input type="checkbox"/> END OF PHASE II MEETING | <input type="checkbox"/> PHARMACOLOGY           |
| <input type="checkbox"/> CONTROLLED STUDIES      | <input type="checkbox"/> BIOPHARMACEUTICS       |
| <input type="checkbox"/> PROTOCOL REVIEW         | <input type="checkbox"/> OTHER (SPECIFY BELOW): |
| <input type="checkbox"/> OTHER (SPECIFY BELOW):  |   |

### III. BIOPHARMACEUTICS

- |  |   |
|--|---|
| <input type="checkbox"/> DISSOLUTION             | <input type="checkbox"/> DEFICIENCY LETTER RESPONSE |
| <input type="checkbox"/> BIOAVAILABILITY STUDIES | <input type="checkbox"/> PROTOCOL-BIOPHARMACEUTICS  |
| <input type="checkbox"/> PHASE IV STUDIES        | <input type="checkbox"/> IN-VIVO WAIVER REQUEST     |

### IV. DRUG EXPERIENCE

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

### V. SCIENTIFIC INVESTIGATIONS

CLINICAL

PRECLINICAL

COMMENTS, CONCERNS, and/or SPECIAL INSTRUCTIONS: Please see EDR <\\CDSESUB1\EVSPROD\NDA022239\0002>

SIGNATURE OF REQUESTER  
Lana Chen, RPh, Project Manager 301-796-1056

METHOD OF DELIVERY (Check one)  
 MAIL  HAND

SIGNATURE OF RECEIVER

SIGNATURE OF DELIVERER

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/s/

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Eric Bastings

4/3/2008 02:30:32 PM

**DSI CONSULT**

**Request for Biopharmaceutical Inspections**

**DATE:** February 20, 2008

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

**THROUGH:** (Required for international inspections)  
Director, Review Division, HFD-120 or  
  
Director, Division of Pharmaceutical Evaluation, HFD-120

**FROM:** Lana Chen, Regulatory Management Officer, HFD-120

**SUBJECT:** **Request for Biopharmaceutical Inspections**  
NDA 22-239  
Sumatriptan Intraject

**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)
ZX001-601	Clinical Research Organization (CRO):  (b) (4)	Analytical Laboratory:  (b) (4)

**Goal Date for Completion:**

We request that the inspections be conducted and the Inspection Summary Results be provided by **9/30/08**. We intend to issue an action letter on this application by **10/31/08**.

NDA 22-239

Page 2NDA xxx

Request for Biopharmaceutical Inspection

Page 3

Should you require any additional information, please contact Lana Chen.

Concurrence: (Optional)

Eric Bastings Medical Team Leader

Rob Harris Medical Reviewer

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/s/

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Eric Bastings  
3/19/2008 12:32:46 PM



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration  
Rockville, MD 20857

**FILING COMMUNICATION**

NDA 22-239

Edward Smith  
Sr. Director, Regulatory Affairs  
Zogenix, Inc.  
5858 Horton Street, Suite 455  
Emeryville CA 94608

Dear Mr. Smith:

Please refer to your new drug application (NDA) dated December 28, 2008, received December 31, 2008, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Sumatriptan Intraject.

We have completed our filing review and have determined that your application is sufficiently complete to permit a substantive review. Therefore, in accordance with 21 CFR 314.101(a), this application is considered filed 60 days after the date we received your application. The review classification for this application is Standard. Therefore, the user fee goal date is October 31, 2008.

If you have not already done so, you must submit the content of labeling [21 CFR 314.50(l)(1)(i)] in structured product labeling (SPL) format as described at <http://www.fda.gov/oc/datacouncil/spl.html>. The content of labeling must be in the Prescribing Information (physician labeling rule) format.

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 Lana Chen, Regulatory Project Manager, at (301) 796-1056.

Sincerely,

*{See appended electronic signature page}*

Russell Katz, M.D.  
Director  
Division of Neurology Products  
Office of Drug Evaluation I  
Center for Drug Evaluation and Research

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/s/

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Russell Katz  
3/14/2008 02:26:38 PM

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION		<b>REQUEST FOR CONSULTATION</b>			
TO (Division/Office): OSE			FROM: X _____ Eric Bastings, MD Neurology Team Leader, HFD-120/DNP		
DATE January 16, 2008	IND NO.	NDA NO. 22-239	TYPE OF DOCUMENT New NDA— Patient Labeling Review	DATE OF DOCUMENT Dec 28, 2007	
NAME OF DRUG Sumavel/Sutripta DOSEPRO (Sumatriptan Intrject)		PRIORITY CONSIDERATION	CLASSIFICATION OF DRUG: Migraine	DESIRED COMPLETION DATE 10 mo goal date is 10/31/08	
NAME OF FIRM: Zogenix					
<b>REASON FOR REQUEST</b>					
<b>I. GENERAL</b>					
<input type="checkbox"/> NEW PROTOCOL <input type="checkbox"/> PROGRESS REPORT <input type="checkbox"/> NEW CORRESPONDENCE <input type="checkbox"/> DRUG ADVERTISING <input type="checkbox"/> ADVERSE REACTION REPORT <input type="checkbox"/> MANUFACTURING CHANGE/ADDITION <input type="checkbox"/> MEETING PLANNED BY		<input type="checkbox"/> PRE--NDA MEETING <input type="checkbox"/> END OF PHASE II MEETING <input type="checkbox"/> RESUBMISSION <input type="checkbox"/> SAFETY/EFFICACY <input type="checkbox"/> PAPER NDA <input type="checkbox"/> CONTROL SUPPLEMENT		<input type="checkbox"/> RESPONSE TO DEFICIENCY LETTER <input type="checkbox"/> FINAL PRINTED LABELING <input type="checkbox"/> LABELING REVISION <input type="checkbox"/> ORIGINAL NEW CORRESPONDENCE <input type="checkbox"/> FORMULATIVE REVIEW <input checked="" type="checkbox"/> OTHER (SPECIFY BELOW):	
<b>II. BIOMETRICS</b>					
STATISTICAL EVALUATION BRANCH			STATISTICAL APPLICATION BRANCH		
<input type="checkbox"/> TYPE A OR B NDA REVIEW <input type="checkbox"/> END OF PHASE II MEETING <input type="checkbox"/> CONTROLLED STUDIES <input type="checkbox"/> PROTOCOL REVIEW <input type="checkbox"/> OTHER (SPECIFY BELOW):			<input type="checkbox"/> CHEMISTRY REVIEW <input type="checkbox"/> PHARMACOLOGY <input type="checkbox"/> BIOPHARMACEUTICS <input type="checkbox"/> OTHER (SPECIFY BELOW):		
<b>III. BIOPHARMACEUTICS</b>					
<input type="checkbox"/> DISSOLUTION <input type="checkbox"/> BIOAVAILABILITY STUDIES <input type="checkbox"/> PHASE IV STUDIES			<input type="checkbox"/> DEFICIENCY LETTER RESPONSE <input type="checkbox"/> PROTOCOL-BIOPHARMACEUTICS <input type="checkbox"/> IN-VIVO WAIVER REQUEST		
<b>IV. DRUG EXPERIENCE</b>					
<input type="checkbox"/> PHASE IV SURVEILLANCE/EPIDEMIOLOGY PROTOCOL <input type="checkbox"/> DRUG USE e.g. POPULATION EXPOSURE, ASSOCIATED DIAGNOSES <input type="checkbox"/> CASE REPORTS OF SPECIFIC REACTIONS (List below) <input type="checkbox"/> COMPARATIVE RISK ASSESSMENT ON GENERIC DRUG GROUP			<input type="checkbox"/> REVIEW OF MARKETING EXPERIENCE, DRUG USE AND SAFETY <input type="checkbox"/> SUMMARY OF ADVERSE EXPERIENCE <input type="checkbox"/> POISON RISK ANALYSIS		
<b>V. SCIENTIFIC INVESTIGATIONS</b>					
<input type="checkbox"/> CLINICAL			<input type="checkbox"/> PRECLINICAL		
COMMENTS, CONCERNS, and/or SPECIAL INSTRUCTIONS: Please see attached desk copy (given directly to Dan Brounstein). NDA also available via EDR <a href="\\CDSESUB1\EVSPROD\NDA022239\022239.enx">\\CDSESUB1\EVSPROD\NDA022239\022239.enx</a>					
SIGNATURE OF REQUESTER Lana Chen, RPh, Project Manager 301-796-1056			METHOD OF DELIVERY (Check one) <input type="checkbox"/> MAIL <input type="checkbox"/> HAND		
SIGNATURE OF RECEIVER			SIGNATURE OF DELIVERER		

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/s/

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Eric Bastings  
2/7/2008 01:23:48 PM

# REQUEST FOR CONSULTATION

TO (Division/Office): TO (Division/Office): **HFD-042 DDMAC**  
**Attention: Amy Toscano**

FROM:  
X \_\_\_\_\_  
Eric Bastings, MD Neurology Team Leader, HFD-120/DNP

DATE January 16, 2008	IND NO.	NDA NO. 22-239	TYPE OF DOCUMENT New NDA— Patient Labeling Review	DATE OF DOCUMENT Dec 28, 2007
NAME OF DRUG Sumavel/Sutripta DOSEPRO (Sumatriptan Intrject)		PRIORITY CONSIDERATION	CLASSIFICATION OF DRUG: Migraine	DESIRED COMPLETION DATE 10 mo goal date is 10/31/08

NAME OF FIRM: Zogenix

### REASON FOR REQUEST

#### I. GENERAL

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> NEW PROTOCOL                  | <input type="checkbox"/> PRE--NDA MEETING        | <input type="checkbox"/> RESPONSE TO DEFICIENCY LETTER     |
| <input type="checkbox"/> PROGRESS REPORT               | <input type="checkbox"/> END OF PHASE II MEETING | <input type="checkbox"/> FINAL PRINTED LABELING            |
| <input type="checkbox"/> NEW CORRESPONDENCE            | <input type="checkbox"/> RESUBMISSION            | <input type="checkbox"/> LABELING REVISION                 |
| <input type="checkbox"/> DRUG ADVERTISING              | <input type="checkbox"/> SAFETY/EFFICACY         | <input type="checkbox"/> ORIGINAL NEW CORRESPONDENCE       |
| <input type="checkbox"/> ADVERSE REACTION REPORT       | <input type="checkbox"/> PAPER NDA               | <input type="checkbox"/> FORMULATIVE REVIEW                |
| <input type="checkbox"/> MANUFACTURING CHANGE/ADDITION | <input type="checkbox"/> CONTROL SUPPLEMENT      | <input checked="" type="checkbox"/> OTHER (SPECIFY BELOW): |
| <input type="checkbox"/> MEETING PLANNED BY            |  |  |

#### II. BIOMETRICS

STATISTICAL EVALUATION BRANCH	STATISTICAL APPLICATION BRANCH
<input type="checkbox"/> TYPE A OR B NDA REVIEW <input type="checkbox"/> END OF PHASE II MEETING <input type="checkbox"/> CONTROLLED STUDIES <input type="checkbox"/> PROTOCOL REVIEW <input type="checkbox"/> OTHER (SPECIFY BELOW):	<input type="checkbox"/> CHEMISTRY REVIEW <input type="checkbox"/> PHARMACOLOGY <input type="checkbox"/> BIOPHARMACEUTICS <input type="checkbox"/> OTHER (SPECIFY BELOW):

#### III. BIOPHARMACEUTICS

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|--|---|
| <input type="checkbox"/> DISSOLUTION             | <input type="checkbox"/> DEFICIENCY LETTER RESPONSE |
| <input type="checkbox"/> BIOAVAILABILITY STUDIES | <input type="checkbox"/> PROTOCOL-BIOPHARMACEUTICS  |
| <input type="checkbox"/> PHASE IV STUDIES        | <input type="checkbox"/> IN-VIVO WAIVER REQUEST     |

#### IV. DRUG EXPERIENCE

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

#### V. SCIENTIFIC INVESTIGATIONS

CLINICAL

PRECLINICAL

COMMENTS, CONCERNS, and/or SPECIAL INSTRUCTIONS: Please see attached desk copy. NDA also available via EDR  
[\\CDSESUB1\EVSPROD\NDA022239\022239.enx](http://CDSESUB1\EVSPROD\NDA022239\022239.enx)

SIGNATURE OF REQUESTER Lana Chen, RPh, Project Manager 301-796-1056	METHOD OF DELIVERY (Check one) <input type="checkbox"/> MAIL <input type="checkbox"/> HAND
SIGNATURE OF RECEIVER	SIGNATURE OF DELIVERER

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/s/

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Eric Bastings  
2/7/2008 01:24:21 PM

**MANDATORY:** Send a copy of the consult request form to the Office of Combination Products as follows:  
--Originating Center: When the consult request is initiated.  
--Consulting Center: When the consult is completed.  
Email: combination@fda.gov or FAX: 301-427-1935

**For Consulting Center Use Only:**

Date Received: \_\_\_\_\_  
Assigned to: \_\_\_\_\_  
Date Assigned: \_\_\_\_\_  
Assigned by: \_\_\_\_\_  
  
Completed date: \_\_\_\_\_  
Reviewer Initials: \_\_\_\_\_  
Supervisory Concurrence: \_\_\_\_\_

## Intercenter Request for Consultative or Collaborative Review Form

**To (Consulting Center):**

Center:   
Division: \_\_\_\_\_  
Mail Code: HFZ-480  
Consulting Reviewer Name: Bill Burdick/Anthony Watson  
Building/Room #: CORP Rm 340D  
Phone #: 240 276-3707  
Fax #: 240 276-3789  
Email Address: anthony.watson@fda.hhs.gov  
RPM/CSO Name and Mail Code: \_\_\_\_\_

**From (Originating Center):**

Center: CDER  
Division: Office of New Drug Quality Assessment (ONDQA)  
Mail Code: HFD-800  
Requesting Reviewer Name: Martha Heimann  
Building/Room #: WO Bldg 2546  
Phone #: 301 796-1678  
Fax #: 301 796-9747  
Email Address: martha.heimann@fda.hhs.gov  
RPM/CSO Name and Mail Code: Lana Chen/ WO  
Requesting Reviewer's Concurring Supervisor's Name: Ramesh Sood

**Receiving Division: If you have received this request in error, you must contact the request originator by phone immediately to alert the request originator to the error.**

Date of Request: January 23, 2008

**Requested Completion Date:** See below

Submission/Application Number: 22239  
(Not Barcode Number)

Submission Type: NDA  
(510(k), PMA, NDA, BLA, IND, IDE, etc.)

Type of Product:  Drug-device combination     Drug-biologic combination     Device-biologic combination  
 Drug-device-biologic combination     Not a combination product

Submission Receipt Date: December 31, 2007

Official Submission Due Date: October 31, 2007

Name of Product:

Name of Firm:

Intended Use:

Brief Description of Documents Being Provided (e.g., clinical data -- include submission dates if appropriate):

Documents to be returned to Requesting Reviewer?     Yes     No

**Complete description of the request.** Include history and specific issues, (e.g., risks, concerns), if any, and specific question(s) to be answered by the consulted reviewer. The consulted reviewer should contact the request originator if questions/concerns are not clear. Attach extra sheet(s) if necessary:

Type of Request:     Consultative Review     Collaborative Review

New NDA submission. Previously reviewed by William Burdick under IND 71275. Previous review of IND included review of meeting packages for specific questions regarding the biocompatibility testing plan for the container closure system (3.1.2) the testing and monitoring plan for extractables (3.1.3) and the testing proposal for leachables (3.1.4). Most of the drug/device information is referred to in this amendment. Please evaluate the content of the NDA. Provide for any concerns regarding safety and efficacy of this drug/device combination.

Please identify filing issues by 5 February 2008. Contact Lana Chen at 301-796-1056 or Martha Heimann at 301-796-1678. Complete review of device issues due by June 23, 2008.

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/s/

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Scott Goldie  
1/23/2008 08:21:21 PM

## REQUEST FOR CONSULTATION

TO (Office/Division): **David Hussong/Jim McVey/Sylvia Gantt**  
**NEW DRUG MICROBIOLOGY STAFF**  
**OC/OO/CDER/OPS/NDMS - HFD-805**

FROM (Name, Office/Division, and Phone Number of Requestor): **Martha Heimann PhD** through **Scott N. Goldie, PhD**, Office of New Drug Quality Assessment, 301 796-2055

DATE  
**January 23, 2008**

IND NO.

NDA NO.  
**22-239**

TYPE OF DOCUMENT  
**Original NDA**

DATE OF DOCUMENT  
**September 27, 2007**

NAME OF DRUG  
**sumatriptan**

PRIORITY CONSIDERATION  
**Standard**

CLASSIFICATION OF DRUG

DESIRED COMPLETION DATE  
**June 23, 2008**

NAME OF FIRM: **Zogenix**

### REASON FOR REQUEST

#### I. GENERAL

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> NEW PROTOCOL                    | <input type="checkbox"/> PRE-NDA MEETING         | <input type="checkbox"/> RESPONSE TO DEFICIENCY LETTER          |
| <input type="checkbox"/> PROGRESS REPORT                 | <input type="checkbox"/> END-OF-PHASE 2a MEETING | <input type="checkbox"/> FINAL PRINTED LABELING                 |
| <input type="checkbox"/> NEW CORRESPONDENCE              | <input type="checkbox"/> END-OF-PHASE 2 MEETING  | <input type="checkbox"/> LABELING REVISION                      |
| <input type="checkbox"/> DRUG ADVERTISING                | <input type="checkbox"/> RESUBMISSION            | <input checked="" type="checkbox"/> ORIGINAL NEW CORRESPONDENCE |
| <input type="checkbox"/> ADVERSE REACTION REPORT         | <input type="checkbox"/> SAFETY / EFFICACY       | <input type="checkbox"/> FORMULATIVE REVIEW                     |
| <input type="checkbox"/> MANUFACTURING CHANGE / ADDITION | <input type="checkbox"/> PAPER NDA               | <input type="checkbox"/> OTHER (SPECIFY BELOW):                 |
| <input type="checkbox"/> MEETING PLANNED BY              | <input type="checkbox"/> CONTROL SUPPLEMENT      |   |

#### II. BIOMETRICS

- |   |   |
|---|---|
| <input type="checkbox"/> PRIORITY P NDA REVIEW  | <input type="checkbox"/> CHEMISTRY REVIEW       |
| <input type="checkbox"/> END-OF-PHASE 2 MEETING | <input type="checkbox"/> PHARMACOLOGY           |
| <input type="checkbox"/> CONTROLLED STUDIES     | <input type="checkbox"/> BIOPHARMACEUTICS       |
| <input type="checkbox"/> PROTOCOL REVIEW        | <input type="checkbox"/> OTHER (SPECIFY BELOW): |
| <input type="checkbox"/> OTHER (SPECIFY BELOW): |   |

#### III. BIOPHARMACEUTICS

- |  |  |
|--|--|
| <input type="checkbox"/> DISSOLUTION             | <input type="checkbox"/> DEFICIENCY LETTER RESPONSE  |
| <input type="checkbox"/> BIOAVAILABILITY STUDIES | <input type="checkbox"/> PROTOCOL - BIOPHARMACEUTICS |
| <input type="checkbox"/> PHASE 4 STUDIES         | <input type="checkbox"/> IN-VIVO WAIVER REQUEST      |

#### IV. DRUG SAFETY

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

#### V. SCIENTIFIC INVESTIGATIONS

- |                                   |                                      |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> CLINICAL | <input type="checkbox"/> NONCLINICAL |
|-----------------------------------|--------------------------------------|

**COMMENTS / SPECIAL INSTRUCTIONS:** Microbiology review requested of new NDA application. Previous IND 71,275. Injectable needle-free dosage form. Please direct questions to Martha Heimann at 61678. Submission is in electronic form in EDR \\CDSesub1\EVSPROD\NDA022239\022239.enx.

SIGNATURE OF REQUESTOR  
{See appended electronic signature page}

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/

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Scott Goldie  
1/23/2008 05:18:12 PM