

**CENTER FOR DRUG EVALUATION AND
RESEARCH**

APPLICATION NUMBER:

022581Orig1s000

**ADMINISTRATIVE and CORRESPONDENCE
DOCUMENTS**

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

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

NDA NUMBER

22-581

NAME OF APPLICANT/NDA HOLDER

Fresenius Medical Care North America

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

TRADE NAME (OR PROPOSED TRADE NAME)

Phoslyra

ACTIVE INGREDIENT(S)

Calcium Acetate

STRENGTH(S)

667 mg/5mL

DOSAGE FORM

oral solution

This patent declaration form is required to be submitted to the Food and Drug Administration (FDA) with an NDA application, amendment, or supplement as required by 21 CFR 314.53 at the address provided in 21 CFR 314.53(d)(4). Within thirty (30) days after approval of an NDA or supplement, or within thirty (30) days of issuance of a new patent, a new patent declaration must be submitted pursuant to 21 CFR 314.53(c)(2)(ii) with all of the required information based on the approved NDA or supplement. The information submitted in the declaration form submitted upon or after approval will be the *only* information relied upon by FDA for listing a patent in the Orange Book.

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

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

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

1. GENERAL

a. United States Patent Number

NONE

b. Issue Date of Patent

c. Expiration Date of Patent

d. Name of Patent Owner

Address (of Patent Owner)

City/State

ZIP Code

FAX Number (if available)

Telephone Number

E-Mail Address (if available)

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

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

City/State

ZIP Code

FAX Number (if available)

Telephone Number

E-Mail Address (if available)

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

Yes

No

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

Yes

No

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

2. Drug Substance (Active Ingredient)

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

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

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

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

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

2.6 Does the patent claim only an intermediate? Yes No

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

3. Drug Product (Composition/Formulation)

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

3.2 Does the patent claim only an intermediate? Yes No

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

4. Method of Use

Sponsors must submit the information in section 4 for each method of using the pending drug product for which approval is being sought that is claimed by the patent. For each pending method of use claimed by the patent, provide the following information:

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

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

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

5. No Relevant Patents

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

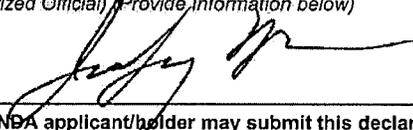
6. Declaration Certification

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

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

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

Date Signed



15 April 11

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

Check applicable box and provide information below.

<input checked="" type="checkbox"/> NDA Applicant/Holder	<input type="checkbox"/> NDA Applicant's/Holder's Attorney, Agent (Representative) or other Authorized Official
<input type="checkbox"/> Patent Owner	<input type="checkbox"/> Patent Owner's Attorney, Agent (Representative) or Other Authorized Official
Name J. J. MORRIS	
Address Fresenius Medical Care NA 920 Winter Street	City/State Waltham, MA
ZIP Code 02451	Telephone Number 781-699-9129
FAX Number (if available) 781-699-9410	E-Mail Address (if available) jay.morris@fmc-na.com

The public reporting burden for this collection of information has been estimated to average 20 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:

Department of Health and Human Services
Food and Drug Administration
Office of Chief Information Officer (HFA-710)
5600 Fishers Lane
Rockville, MD 20857

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

INFORMATION AND INSTRUCTIONS FOR FORM 3542a
PATENT INFORMATION SUBMITTED WITH THE FILING
OF AN NDA, AMENDMENT OR SUPPLEMENT

General Information

- To submit patent information to the agency the appropriate patent declaration form must be used. Two forms are available for patent submissions. The approval status of your New Drug Application will determine which form you should use.
- Form 3542a should be used when submitting patent information with original NDA submissions, NDA amendments and NDA supplements prior to approval.
- Form 3542 should be used after NDA or supplement approval. This form is to be submitted within 30 days after approval of an application. This form should also be used to submit patent information relating to an approved supplement under 21 CFR 314.53(d) to change the formulation, add a new indication or other condition of use, change the strength, or to make any other patented change regarding the drug, drug product, or any method of use.
- Form 3542 is also to be used for patents issued after drug approval. Patents issued after drug approval are required to be submitted within 30 days of patent issuance for the patent to be considered "timely filed."
- Only information from form 3542 will be used for Orange Book publication purposes.
- Forms should be submitted as described in 21 CFR 314.53. Sending an additional copy of form 3542 to the Orange Book Staff will expedite patent publication in the Orange Book. The Orange Book Staff address (as of April 2007) is: Orange Book Staff, Office of Generic Drugs OGD/HFD-610, 7500 Standish Place, Rockville, MD 20855.
- The receipt date is the date that the patent information is date stamped in the central document room. Patents are considered listed on the date received.
- Additional copies of these forms may be downloaded from the Internet at: <http://www.fda.gov/opacom/morechoices/fdaforms/fdaforms.html>.

First Section

Complete all items in this section.

1. General Section

Complete all items in this section with reference to the patent itself.

- 1c) Include patent expiration date, including any Hatch-Waxman patent extension already **granted**. Do not include any applicable pediatric exclusivity. The agency will include pediatric exclusivities where applicable upon publication.
- 1d) Include full address of patent owner. If patent owner resides outside the U.S. indicate the country in the zip code block.

- 1e) Answer this question if applicable. If patent owner and NDA applicant/holder reside in the United States, leave space blank.

2. Drug Substance (Active Ingredient)

Complete all items in this section if the patent claims the drug substance that is the subject of the pending NDA, amendment, or supplement.

- 2.4) Name the polymorphic form of the drug identified by the patent.
- 2.5) A patent for a metabolite of the approved active ingredient may not be submitted. If the patent claims an approved method of using the approved drug product to administer the metabolite, the patent may be submitted as a method of use patent depending on the responses to section 4 of this form.
- 2.7) Answer this question only if the patent is a product-by-process patent.

3. Drug Product (Composition/Formulation)

Complete all items in this section if the patent claims the drug product that is the subject of the pending NDA, amendment, or supplement.

- 3.3) An answer to this question is required only if the referenced patent is a product-by-process patent.

4. Method of Use

Complete all items in this section if the patent claims a method of use of the drug product that is the subject of the pending NDA, amendment, or supplement (pending method of use).

- 4.2) For each pending method of use claimed by the patent, identify by number the claim(s) in the patent that claim the pending use of the drug. An applicant may list together multiple patent claim numbers and information for each pending method of use, if applicable. However, each pending method of use must be separately listed within this section of the form.
- 4.2a) Specify the part of the proposed drug labeling that is claimed by the patent.

5. No Relevant Patents

Complete this section only if applicable.

6. Declaration Certification

Complete all items in this section.

- 6.2) Authorized signature. Check one of the four boxes that best describes the authorized signature.

**1.3.5.1 Patent information**

Pursuant to 21 CFR §314.53, Fresenius Medical Care North America (FMCNA) are providing patent information on our product Calcium Acetate Oral Solution, 667mg/5mL.

Please be advised that Calcium Acetate Oral Solution, 667mg/5mL is the subject of a pending U.S. patent application, serial number 11/878,169. FMCNA will submit updated patent information within 30 days of patent issuance.

Certified by the applicant's attorney:

Jules Jay Morris
Vice President, Chief Intellectual Property Counsel
Fresenius Medical Care North America

13 July '09
Date

EXCLUSIVITY SUMMARY

NDA # 022581

SUPPL #

HFD # 110

Trade Name Phoslyra

Generic Name calcium acetate, oral liquid

Applicant Name Fresenius Medical Care North America

Approval Date, If Known 18 April 2011

PART I IS AN EXCLUSIVITY DETERMINATION NEEDED?

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

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

YES NO

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

505(b)(1)

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

YES NO

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

This was a bioequivalence study.

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

d) Did the applicant request exclusivity?

YES NO

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

3

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

YES NO

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

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

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

YES NO

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

PART II FIVE-YEAR EXCLUSIVITY FOR NEW CHEMICAL ENTITIES

(Answer either #1 or #2 as appropriate)

1. Single active ingredient product.

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

YES NO

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

NDA# 021160

PhosLo (calcium acetate) Gelcaps

NDA# 019976

PhosLo (calcium acetate) Tablets

NDA#

2. Combination product.

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

YES NO

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

NDA#

NDA#

NDA#

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

IF "YES," GO TO PART III.

PART III THREE-YEAR EXCLUSIVITY FOR NDAs AND SUPPLEMENTS

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

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

YES NO

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

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

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

YES NO

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

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

YES NO

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

YES NO

If yes, explain:

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

YES NO

If yes, explain:

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

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

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

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

Investigation #1 YES NO

Investigation #2 YES NO

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

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

Investigation #1 YES NO

Investigation #2 YES NO

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

Investigation #2

!

YES

! NO

Explain:

! Explain:

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

YES

NO

If yes, explain:

Name of person completing form: Michael Monteleone

Title: Regulatory Project Manager

Date: 04/13/11

Name of Office/Division Director signing form: Norman Stockbridge, MD, PhD

Title: Director, Division of Cardiovascular and Renal Products

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

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

/s/

MICHAEL V MONTELEONE
04/18/2011

NORMAN L STOCKBRIDGE
04/18/2011



Fresenius Medical Care

DEBARMENT CERTIFICATION

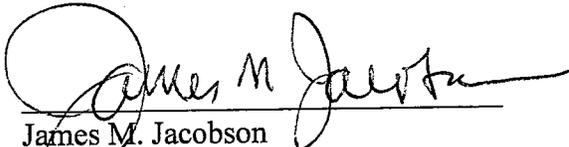
RE: Calcium Acetate Oral Solution, 667mg/5mL
New Drug Application

NDA#: yet to be assigned

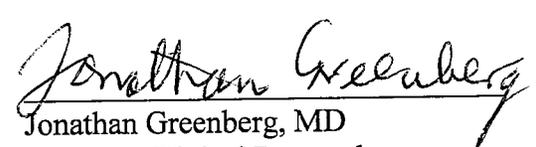
NDA Sponsor: Fresenius USA Manufacturing Inc.
d/b/a Fresenius Medical Care North America

Fresenius USA Manufacturing, Inc., which does business as Fresenius Medical Care North America, 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. This certification is submitted in connection with the application cited above.

Certified on behalf of
Fresenius Medical Care North America


James M. Jacobson
Senior Healthcare Counsel
Fresenius Medical Care North America

7/15/09
Date


Jonathan Greenberg, MD
Director, Clinical Research
Fresenius Medical Care North America

7/15/09
Date

Fresenius USA Manufacturing Inc.
d/b/a Fresenius Medical Care North America
920 Winter Street, Waltham, MA 02451-1457

(781) 699-9000



December 22, 1988

Braintree Laboratories, Inc.
60' Columbian Street
P.O. Box 361
Braintree, Massachusetts 02184

Attention: Mark vB. Cleveland, Ph.D.
Director
New Product Development

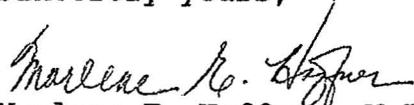
Dear Dr. Cleveland:

Reference is made to the application of September 20, 1988 submitted pursuant to section 526 of the Federal Food, Drug, and Cosmetic Act (FFDCA) (21 U.S.C. 360bb) for the designation of Phos-Lo (calcium acetate) as an orphan drug.

We have completed our review of the information submitted in accordance with the Food and Drug Administration Interim Guideline implementing section 526 of the FFDCA and have determined that Phos-Lo qualifies for orphan designation for the treatment of hyperphosphatemia in end stage renal disease. This letter is official notification of designation.

Prior to marketing approval, sponsors of drugs that have been designated as orphan drugs are requested to submit written notification to the Office of Orphan Products Development of their intention to exercise orphan drug exclusivity if they are the first sponsor to obtain such approval for the drug. This notification will assist FDA in assuring that approval for the marketing of the same drug is not granted to another for the statutory period of exclusivity. In addition, please inform this office semiannually as to the status of the development program, and at such time as a marketing application is submitted to the FDA for the use of Phos-Lo as designated.

Sincerely yours,


Marlene E. Haffner, M.D.
Director, Office of Orphan
Products Development (HF-35)



Office of Orphan Products Development (HF-35)
Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20857

June 16, 2008

Dale Kapp
Manager, Regulatory Affairs
Fresenius Medical Care North America
920 Winter Street
Waltham, MA 02451

RE: Orphan Designation #88-0315

Dear Ms. Kapp:

Reference is made to the designated orphan drug application submitted pursuant to section 526 of the Federal Food, Drug, and Cosmetic Act for *Phos-Lo (calcium acetate)*, for the treatment of hyperphosphatemia in end stage renal failure (#88-0315).

We also refer to your letter dated June 12, 2008, notifying us that the sponsorship of this application has been transferred to you from Braintree Laboratories, Inc.

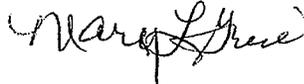
Please be advised that if *Phos-Lo (calcium acetate)* is approved for an indication broader than the orphan designation, your product might not be entitled to exclusive marketing rights pursuant to Section 527 of the FDCA (21 U.S.C. 360cc). Therefore, prior to final marketing approval, sponsors of designated orphan drugs are requested to compare the designated orphan indication with the proposed marketing indication and to submit additional data to amend their orphan designation prior to marketing approval if warranted.

Finally, please notify this Office within 30 days of submission of a marketing application for the use of *Phos-Lo (calcium acetate)* as designated. Also, an annual progress report must be submitted annually after the designation date until a marketing application is approved (21 CFR 316.30).

Page 2 – Dale Kapp

The information required for the complete transfer of the orphan drug application has been submitted. We look forward to your future communication.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Mary L. Grice".

Mary L. Grice
Designation Coordinator

Project Manager Overview

**NDA 022581
PHOSLYRA (calcium acetate) 667mg/ 5mL oral solution**

Background:

This NDA was submitted under section 505(b)(1) of the FD&C act on July 20, 2009 for an oral solution of calcium acetate, 667mg/ 5mL. The applicant seeks approval for the reduction of serum phosphorus in patients with end stage renal disease. This drug was the subject of IND (b) (4). The application was first issued a complete response on 21 May 2010 due to facility inspection issues. The sponsor submitted an incomplete response on 16 July 2010 and a complete response on 15 October, 2010, the subject of this review cycle.

This drug has orphan status because of its orphan indication, granted by the Office of Orphan Products Development, December 22, 1988.

PMR/PMC development templates were filed in DARRTS on 18 April 2011 by Drs. Madabushi and Southworth for the PMR and PMC respectively. The PMR/PMC language in the Action letter was cleared by the Safety Requirements Team on 13 April 2011.

NDA Reviews and Memos

Division Director's Memo

Dr. Norman Stockbridge; April 18, 2011; May 19, 2010

In his 18 April 2011 memo, Dr. Stockbridge conveyed the Division's decision to issue an Approval.

CDTL Memo

Dr. Rajanikanth Madabushi; August 9, 2010

Recommended Action: Approval, Pending favorable recommendation by Office of Compliance

See review for details.

Clinical Review; February 2, 2010; March 9, 2010; April 15, 2010

Dr. Gail Moreschi

Recommended Action: Approval

See review for details.

Statistical Review; April 8, 2010

Dr. Donald Schuirmann

Recommended Action: Approval

Pharmacology Review; March 12, 2010; March 15, 2010

Dr. Patricia Harlow

Recommended action: Approvable

Please see review for details.

Chemistry Review; September 18, 2009; March 31, May 10, 2010 and April 6, 2011

Dr. Julia Pinto

Recommended action: Approval

NDA 022581 Phoslyra (calcium acetate) oral liquid

The overall recommendation from the Office of Compliance was Acceptable, (March 14, 2011)

Consult/Other Reviews:

Microbiology

March 3, 2010

DMEPA

April 18, 2011

April 14, 2011

May 11, 2010

May 20, 2010

DDMAC

April 30, 2010

SEALD

May 3, 2010

Pediatric and Maternal Health Staff

April 27, 2010

June 2, 2010

CDRH

April 9, 2010 (two)

Action Items:

An approval letter will be drafted for Dr. Stockbridge's signature.

by Michael Monteleone

April 18, 2011

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

/s/

MICHAEL V MONTELEONE
04/21/2011

ACTION PACKAGE CHECKLIST

APPLICATION INFORMATION ¹		
NDA # 022581 BLA #	NDA Supplement # BLA STN #	If NDA, Efficacy Supplement Type:
Proprietary Name: Phoslyra Established/Proper Name: calcium acetate Dosage Form: oral liquid		Applicant: Fresenius Medical Care North America Agent for Applicant (if applicable):
RPM: Lori Wachter/ Michael Monteleone		Division: Cardiovascular and Renal Products
<p>NDA: NDA Application Type: <input checked="" type="checkbox"/> 505(b)(1) <input type="checkbox"/> 505(b)(2) 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 505(b)(2) Assessment or the Appendix to this Action Package Checklist.)</p>	<p>505(b)(2) Original NDAs and 505(b)(2) NDA supplements: Listed drug(s) relied upon for approval (include NDA #(s) and drug name(s)):</p> <p>Provide a brief explanation of how this product is different from the listed drug.</p> <p>If no listed drug, explain.</p> <p><input type="checkbox"/> This application relies on literature. <input type="checkbox"/> This application relies on a final OTC monograph. <input type="checkbox"/> Other (explain)</p> <p><u>Two months prior to each action, review the information in the 505(b)(2) Assessment and submit the draft to CDER OND IO for clearance. Finalize the 505(b)(2) Assessment at the time of the approval action.</u></p> <p><u>On the day of approval, check the Orange Book again for any new patents or pediatric exclusivity.</u></p> <p><input type="checkbox"/> No changes <input type="checkbox"/> Updated Date of check:</p> <p>If pediatric exclusivity has been granted or the pediatric information in the labeling of the listed drug changed, determine whether pediatric information needs to be added to or deleted from the labeling of this drug.</p>	
❖ Actions		
<ul style="list-style-type: none"> • Proposed action • User Fee Goal Date is <u>18 April 2011</u> 	<input checked="" type="checkbox"/> AP <input type="checkbox"/> TA <input type="checkbox"/> CR	
<ul style="list-style-type: none"> • Previous actions (<i>specify type and date for each action taken</i>) 	<input type="checkbox"/> None CR - 21 May 2010	
<p>❖ If accelerated approval or approval based on efficacy studies in animals, were promotional materials received? Note: Promotional materials to be used within 120 days after approval must have been submitted (for exceptions, see http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/ucm069965.pdf). If not submitted, explain _____</p>	<input type="checkbox"/> Received	

¹ The **Application Information** section is (only) a checklist. The **Contents of Action Package** section (beginning on page 5) lists the documents to be included in the Action Package.

❖ Application Characteristics ²	
<p>Review priority: <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Priority Chemical classification (new NDAs only):</p> <p><input type="checkbox"/> Fast Track <input type="checkbox"/> Rx-to-OTC full switch <input type="checkbox"/> Rolling Review <input type="checkbox"/> Rx-to-OTC partial switch <input checked="" type="checkbox"/> Orphan drug designation <input type="checkbox"/> Direct-to-OTC</p> <p>NDAs: Subpart H BLAs: Subpart E <input type="checkbox"/> Accelerated approval (21 CFR 314.510) <input type="checkbox"/> Accelerated approval (21 CFR 601.41) <input type="checkbox"/> Restricted distribution (21 CFR 314.520) <input type="checkbox"/> Restricted distribution (21 CFR 601.42)</p> <p>Subpart I Subpart H <input type="checkbox"/> Approval based on animal studies <input type="checkbox"/> Approval based on animal studies</p> <p><input type="checkbox"/> Submitted in response to a PMR REMS: <input type="checkbox"/> MedGuide <input type="checkbox"/> Submitted in response to a PMC <input type="checkbox"/> Communication Plan <input type="checkbox"/> Submitted in response to a Pediatric Written Request <input type="checkbox"/> ETASU <input type="checkbox"/> REMS not required</p> <p>Comments:</p>	
❖ BLAs only: Ensure <i>RMS-BLA Product Information Sheet for TBP</i> and <i>RMS-BLA Facility Information Sheet for TBP</i> have been completed and forwarded to OPI/OBI/DRM (Vicky Carter)	<input type="checkbox"/> Yes, dates
❖ BLAs only: Is the product subject to official FDA lot release per 21 CFR 610.2 (<i>approvals only</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No
❖ Public communications (<i>approvals only</i>)	
• 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 (by OEP)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Indicate what types (if any) of information dissemination are anticipated	<input checked="" type="checkbox"/> None <input type="checkbox"/> HHS Press Release <input type="checkbox"/> FDA Talk Paper <input type="checkbox"/> CDER Q&As <input type="checkbox"/> Other

² Answer all questions in all sections in relation to the pending application, i.e., if the pending application is an NDA or BLA supplement, then the questions should be answered in relation to that supplement, not in relation to the original NDA or BLA. For example, if the application is a pending BLA supplement, then a new *RMS-BLA Product Information Sheet for TBP* must be completed.

❖ Exclusivity	
<ul style="list-style-type: none"> Is approval of this application blocked by any type of exclusivity? 	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<ul style="list-style-type: none"> NDA and 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> 	<input type="checkbox"/> No <input type="checkbox"/> Yes If, yes, NDA/BLA # and date exclusivity expires:
<ul style="list-style-type: none"> (b)(2) NDAs only: 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> 	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, NDA # and date exclusivity expires:
<ul style="list-style-type: none"> (b)(2) NDAs only: 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> 	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, NDA # and date exclusivity expires:
<ul style="list-style-type: none"> (b)(2) NDAs only: 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> 	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, NDA # and date exclusivity expires:
<ul style="list-style-type: none"> NDAs only: Is this a single enantiomer that falls under the 10-year approval limitation of 505(u)? <i>(Note that, even if the 10-year approval limitation period has not expired, the application may be tentatively approved if it is otherwise ready for approval.)</i> 	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, NDA # and date 10-year limitation expires:
❖ Patent Information (NDAs only)	
<ul style="list-style-type: none"> Patent Information: Verify that form FDA-3542a was submitted for patents that claim the drug for which approval is sought. If the drug is an old antibiotic, skip the Patent Certification questions. 	<input checked="" type="checkbox"/> Verified <input type="checkbox"/> Not applicable because drug is an old antibiotic.
<ul style="list-style-type: none"> Patent Certification [505(b)(2) applications]: Verify that a certification was submitted for each patent for the listed drug(s) in the Orange Book and identify the type of certification submitted for each patent. 	21 CFR 314.50(i)(1)(i)(A) <input type="checkbox"/> Verified 21 CFR 314.50(i)(1) <input type="checkbox"/> (ii) <input type="checkbox"/> (iii)
<ul style="list-style-type: none"> [505(b)(2) applications] If the application includes a paragraph III certification, it cannot be approved until the date that the patent to which the certification pertains expires (but may be tentatively approved if it is otherwise ready for approval). 	<input type="checkbox"/> No paragraph III certification Date patent will expire
<ul style="list-style-type: none"> [505(b)(2) applications] For each paragraph IV certification, verify that the applicant notified the NDA holder and patent owner(s) of its certification that the patent(s) is invalid, unenforceable, or will not be infringed (review documentation of notification by applicant and documentation of receipt of notice by patent owner and NDA holder). <i>(If the application does not include any paragraph IV certifications, mark “N/A” and skip to the next section below (Summary Reviews)).</i> 	<input type="checkbox"/> N/A (no paragraph IV certification) <input type="checkbox"/> Verified

- [505(b)(2) applications] For **each paragraph IV** certification, based on the questions below, determine whether a 30-month stay of approval is in effect due to patent infringement litigation.

Answer the following questions for **each** paragraph IV certification:

- (1) Have 45 days passed since the patent owner's receipt of the applicant's notice of certification?

Yes No

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

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

- (2) Has the patent owner (or NDA holder, if it is an exclusive patent licensee) submitted a written waiver of its right to file a legal action for patent infringement after receiving the applicant's notice of certification, as provided for by 21 CFR 314.107(f)(3)?

Yes No

If "Yes," there is no stay of approval based on this certification. Analyze the next paragraph IV certification in the application, if any. If there are no other paragraph IV certifications, skip the rest of the patent questions.

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

- (3) Has the patent owner, its representative, or the exclusive patent licensee filed a lawsuit for patent infringement against the applicant?

Yes No

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

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

- (4) Did the patent owner (or NDA holder, if it is an exclusive patent licensee) submit a written waiver of its right to file a legal action for patent infringement within the 45-day period described in question (1), as provided for by 21 CFR 314.107(f)(3)?

Yes No

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

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

<p>(5) Did the patent owner, its representative, or the exclusive patent licensee bring suit against the (b)(2) applicant for patent infringement within 45 days of the patent owner's receipt of the applicant's notice of certification?</p> <p>(Note: This can be determined by confirming whether the Division has received a written notice from the (b)(2) applicant (or the patent owner or its representative) stating that a legal action was filed within 45 days of receipt of its notice of certification. The applicant is required to notify the Division in writing whenever an action has been filed within this 45-day period (see 21 CFR 314.107(f)(2)). If no written notice appears in the NDA file, confirm with the applicant whether a lawsuit was commenced within the 45-day period).</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 OND ADRA and attach a summary of the response.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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CONTENTS OF ACTION PACKAGE

❖ Copy of this Action Package Checklist ³	Yes
Officer/Employee List	
❖ List of officers/employees who participated in the decision to approve this application and consented to be identified on this list (<i>approvals only</i>)	<input checked="" type="checkbox"/> Included
Documentation of consent/non-consent by officers/employees	<input checked="" type="checkbox"/> Included
Action Letters	
❖ Copies of all action letters (<i>including approval letter with final labeling</i>)	Action(s) and date(s) CR - 21 May 2010 AP - 18 April 2011
Labeling	
❖ Package Insert (<i>write submission/communication date at upper right of first page of PI</i>)	
<ul style="list-style-type: none"> • Most recent draft labeling. If it is division-proposed labeling, it should be in track-changes format. 	Included
<ul style="list-style-type: none"> • Original applicant-proposed labeling 	Included
<ul style="list-style-type: none"> • Example of class labeling, if applicable 	

³ Fill in blanks with dates of reviews, letters, etc.

<ul style="list-style-type: none"> ❖ Medication Guide/Patient Package Insert/Instructions for Use/Device Labeling (<i>write submission/communication date at upper right of first page of each piece</i>) 	<input type="checkbox"/> Medication Guide <input type="checkbox"/> Patient Package Insert <input type="checkbox"/> Instructions for Use <input type="checkbox"/> Device Labeling <input checked="" type="checkbox"/> None
<ul style="list-style-type: none"> • Most-recent draft labeling. If it is division-proposed labeling, it should be in track-changes format. 	
<ul style="list-style-type: none"> • Original applicant-proposed labeling 	
<ul style="list-style-type: none"> • Example of class labeling, if applicable 	
<ul style="list-style-type: none"> ❖ Labels (full color carton and immediate-container labels) (<i>write submission/communication date on upper right of first page of each submission</i>) 	
<ul style="list-style-type: none"> • Most-recent draft labeling 	
<ul style="list-style-type: none"> ❖ Proprietary Name <ul style="list-style-type: none"> • Acceptability/non-acceptability letter(s) (<i>indicate date(s)</i>) • Review(s) (<i>indicate date(s)</i>) 	Acceptable 11 May 2010 Review 11 May 2010
<ul style="list-style-type: none"> ❖ Labeling reviews (<i>indicate dates of reviews and meetings</i>) 	<input checked="" type="checkbox"/> RPM 2011-04-18 <input checked="" type="checkbox"/> DMEPA 2010-05-11; 2010-05-20; 2011-04-18 <input type="checkbox"/> DRISK <input checked="" type="checkbox"/> DDMAC 2010-04-30 <input type="checkbox"/> CSS <input checked="" type="checkbox"/> Other reviews SEALD 2010-05-03 PMHS 2010-04-27; 2010-06-02
Administrative / Regulatory Documents	
<ul style="list-style-type: none"> ❖ Administrative Reviews (<i>e.g., RPM Filing Review⁴/Memo of Filing Meeting</i>) (<i>indicate date of each review</i>) 	RPM Review 2011-04-18
<ul style="list-style-type: none"> ❖ All NDA (b)(2) Actions: Date each action cleared by (b)(2) Clearance Cmte 	<input checked="" type="checkbox"/> Not a (b)(2)
<ul style="list-style-type: none"> ❖ NDA (b)(2) Approvals Only: 505(b)(2) Assessment (<i>indicate date</i>) 	<input checked="" type="checkbox"/> Not a (b)(2)
<ul style="list-style-type: none"> ❖ NDAs only: Exclusivity Summary (<i>signed by Division Director</i>) 	<input type="checkbox"/> Included
<ul style="list-style-type: none"> ❖ Application Integrity Policy (AIP) Status and Related Documents http://www.fda.gov/ICECI/EnforcementActions/ApplicationIntegrityPolicy/default.htm 	
<ul style="list-style-type: none"> • Applicant is on the AIP 	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<ul style="list-style-type: none"> • This application is on the AIP <ul style="list-style-type: none"> ○ If yes, Center Director's Exception for Review memo (<i>indicate date</i>) ○ If yes, OC clearance for approval (<i>indicate date of clearance communication</i>) 	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not an AP action
<ul style="list-style-type: none"> ❖ Pediatrics (<i>approvals only</i>) <ul style="list-style-type: none"> • Date reviewed by PeRC _____ If PeRC review not necessary, explain: <u>Orphan Indication</u> • Pediatric Page/Record (<i>approvals only, must be reviewed by PERC before finalized</i>) 	<input type="checkbox"/> Included
<ul style="list-style-type: none"> ❖ 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

⁴ Filing reviews for scientific disciplines should be filed behind the respective discipline tab.

❖ Outgoing communications (<i>letters (except action letters), emails, faxes, telecons</i>)	IR - 2010-03-09
❖ Internal memoranda, telecons, etc.	
❖ Minutes of Meetings	
• Regulatory Briefing (<i>indicate date of mtg</i>)	<input checked="" type="checkbox"/> No mtg
• If not the first review cycle, any end-of-review meeting (<i>indicate date of mtg</i>)	<input checked="" type="checkbox"/> N/A or no mtg
• Pre-NDA/BLA meeting (<i>indicate date of mtg</i>)	<input checked="" type="checkbox"/> No mtg
• EOP2 meeting (<i>indicate date of mtg</i>)	<input checked="" type="checkbox"/> No mtg
• Other milestone meetings (e.g., EOP2a, CMC pilots) (<i>indicate dates of mtgs</i>)	
❖ Advisory Committee Meeting(s)	<input checked="" type="checkbox"/> No AC meeting
• Date(s) of Meeting(s)	
• 48-hour alert or minutes, if available (<i>do not include transcript</i>)	
Decisional and Summary Memos	
❖ Office Director Decisional Memo (<i>indicate date for each review</i>)	<input checked="" type="checkbox"/> None
Division Director Summary Review (<i>indicate date for each review</i>)	<input type="checkbox"/> None 2010-05-19; 2011-04-18
Cross-Discipline Team Leader Review (<i>indicate date for each review</i>)	<input type="checkbox"/> None 2010-04-29
PMR/PMC Development Templates (<i>indicate total number</i>)	<input checked="" type="checkbox"/> None 2011-04-18 (2)
Clinical Information⁵	
❖ Clinical Reviews	
• Clinical Team Leader Review(s) (<i>indicate date for each review</i>)	
• Clinical review(s) (<i>indicate date for each review</i>)	2010-02-02; 2010-03-09; 2010-04-15
• Social scientist review(s) (if OTC drug) (<i>indicate date for each review</i>)	<input checked="" type="checkbox"/> None
❖ Financial Disclosure reviews(s) or location/date if addressed in another review OR If no financial disclosure information was required, check here <input type="checkbox"/> and include a review/memo explaining why not (<i>indicate date of review/memo</i>)	2010-03-09
❖ Clinical reviews from immunology and other clinical areas/divisions/Centers (<i>indicate date of each review</i>)	<input checked="" type="checkbox"/> None
❖ Controlled Substance Staff review(s) and Scheduling Recommendation (<i>indicate date of each review</i>)	<input checked="" type="checkbox"/> Not applicable
❖ Risk Management <ul style="list-style-type: none"> • REMS Documents and Supporting Statement (<i>indicate date(s) of submission(s)</i>) • REMS Memo(s) and letter(s) (<i>indicate date(s)</i>) • Risk management review(s) and recommendations (including those by OSE and CSS) (<i>indicate date of each review and indicate location/date if incorporated into another review</i>) 	<input checked="" type="checkbox"/> None
❖ DSI Clinical Inspection Review Summary(ies) (<i>include copies of DSI letters to investigators</i>)	<input checked="" type="checkbox"/> None requested

⁵ Filing reviews should be filed with the discipline reviews.

Clinical Microbiology <input checked="" type="checkbox"/> None	
❖ Clinical Microbiology Team Leader Review(s) <i>(indicate date for each review)</i>	<input type="checkbox"/> None
Clinical Microbiology Review(s) <i>(indicate date for each review)</i>	<input type="checkbox"/> None
Biostatistics <input type="checkbox"/> None	
❖ Statistical Division Director Review(s) <i>(indicate date for each review)</i>	<input checked="" type="checkbox"/> None
Statistical Team Leader Review(s) <i>(indicate date for each review)</i>	<input type="checkbox"/> None 2010-04-08
Statistical Review(s) <i>(indicate date for each review)</i>	<input type="checkbox"/> None 2010-04-08
Clinical Pharmacology <input type="checkbox"/> None	
❖ Clinical Pharmacology Division Director Review(s) <i>(indicate date for each review)</i>	<input type="checkbox"/> None
Clinical Pharmacology Team Leader Review(s) <i>(indicate date for each review)</i>	<input type="checkbox"/> None 2010-04-29
Clinical Pharmacology review(s) <i>(indicate date for each review)</i>	<input type="checkbox"/> None
❖ DSI Clinical Pharmacology Inspection Review Summary <i>(include copies of DSI letters)</i>	<input checked="" type="checkbox"/> None
Nonclinical <input type="checkbox"/> None	
❖ Pharmacology/Toxicology Discipline Reviews	
• ADP/T Review(s) <i>(indicate date for each review)</i>	<input type="checkbox"/> None
• Supervisory Review(s) <i>(indicate date for each review)</i>	<input type="checkbox"/> None 2010-03-12; 2010-03-15
• Pharm/tox review(s), including referenced IND reviews <i>(indicate date for each review)</i>	<input type="checkbox"/> None 2010-03-12; 2010-03-15
❖ 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	<input checked="" type="checkbox"/> None Included in P/T review, page
❖ DSI Nonclinical Inspection Review Summary <i>(include copies of DSI letters)</i>	<input checked="" type="checkbox"/> None requested
Product Quality <input type="checkbox"/> None	
❖ Product Quality Discipline Reviews	
• ONDQA/OBP Division Director Review(s) <i>(indicate date for each review)</i>	<input type="checkbox"/> None
• Branch Chief/Team Leader Review(s) <i>(indicate date for each review)</i>	<input type="checkbox"/> None 2009-09-18; 2010-03-31; 2010-05-10; 2011-04-06
• Product quality review(s) including ONDQA biopharmaceutics reviews <i>(indicate date for each review)</i>	<input type="checkbox"/> None 2009-09-18; 2010-03-31; 2010-05-10; 2011-04-06
❖ Microbiology Reviews <input checked="" type="checkbox"/> NDAs: Microbiology reviews (sterility & pyrogenicity) (OPS/NDMS) <i>(indicate date of each review)</i> <input type="checkbox"/> BLAs: Sterility assurance, microbiology, facilities reviews (DMPQ/MAPCB/BMT) <i>(indicate date of each review)</i>	<input type="checkbox"/> Not needed 2010-03-31
❖ Reviews by other disciplines/divisions/Centers requested by CMC/quality reviewer <i>(indicate date of each review)</i>	<input type="checkbox"/> None

❖ 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>)	2010-03-31
<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>)	
❖ Facilities Review/Inspection	
<input checked="" type="checkbox"/> NDAs: Facilities inspections (include EER printout) (<i>date completed must be within 2 years of action date</i>) (<i>only original NDAs and supplements that include a new facility or a change that affects the manufacturing sites⁶</i>)	Date completed: 2011-03-14 <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Withhold recommendation <input type="checkbox"/> Not applicable
<input type="checkbox"/> BLAs: TB-EER (<i>date of most recent TB-EER must be within 30 days of action date</i>) (<i>original and supplemental BLAs</i>)	Date completed: <input type="checkbox"/> Acceptable <input type="checkbox"/> Withhold recommendation
❖ NDAs: Methods Validation (<i>check box only, do not include documents</i>)	<input type="checkbox"/> Completed <input type="checkbox"/> Requested <input type="checkbox"/> Not yet requested <input checked="" type="checkbox"/> Not needed (per review)

⁶ I.e., a new facility or a change in the facility, or a change in the manufacturing process in a way that impacts the Quality Management Systems of the facility.

Appendix 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 ADRA.

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

/s/

MICHAEL V MONTELEONE
04/18/2011



NDA 22581

**ACKNOWLEDGE –
CLASS 2 RESPONSE**

Fresenius Medical Care North America
Corporate Headquarters
Attention: Sarah M. Tuller, J.D., RAC
Director, Regulatory Affairs, Pharmaceuticals
920 Winter Street
Waltham, MA 02451-1457

Dear Ms. Tuller:

We acknowledge receipt on October 18, 2010, of your October 15, 2010, resubmission of your new drug application submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Phoslyra (calcium acetate) Oral Solution.

We consider this a complete, class 2 response to our May 21, 2010, action letter. Therefore, the user fee goal date is April 18, 2011.

If you have any questions, please contact:

Lori Wachter, RN, BSN
Regulatory Health Project Manager
(301) 796-3975

Sincerely,

{See appended electronic signature page}

Edward Fromm, R.Ph., RAC
Chief, Project Management Staff
Division of Cardiovascular and Renal Products
Office of Drug Evaluation I
Center for Drug Evaluation and Research

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

/s/

EDWARD J FROMM
12/02/2010



NDA 022581

ACKNOWLEDGE INCOMPLETE RESPONSE

Fresenius Medical Care North America
Attention: Sarah M. Tuller, J.D., RAC
Director of Pharmaceuticals, Regulatory Affairs
920 Winter Street
Waltham, MA 02451-1457

Dear Ms. Tuller:

We acknowledge receipt on July 22, 2010 of your July 16, 2010, submission to your new drug application (NDA) for Phoslyra (calcium acetate) 667 mg/5 mL Oral Solution.

We do not consider this a complete response to our action letter sent May 21, 2010. Therefore, the review clock will not start until we receive a complete response. The following deficiency needs to be addressed:

FACILITY INSPECTIONS

Our field investigator could not complete inspection of the (b) (4) manufacturing facility because the facility is not ready for inspection. Satisfactory inspection is required before this application may be approved. Please notify us in writing when this facility is ready for inspection.

If you have any questions, please call:

Lori Anne Wachter, RN, BSN
Regulatory Project Manager
(301) 796-3975

Sincerely,

{See appended electronic signature page}

Norman Stockbridge, M.D., Ph.D.
Director
Division of Cardiovascular and Renal Products
Office of Drug Evaluation I
Center for Drug Evaluation and Research

Application
Type/Number

Submission
Type/Number

Submitter Name

Product Name

NDA-22581

ORIG-1

FRESENIUS
MEDICAL CARE
NORTH AMERICA

PHOSLYRA(CALCIUM
ACETATE)ORAL SOL 667MG/

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

/s/

NORMAN L STOCKBRIDGE
08/20/2010

REQUEST FOR CONSULTATION

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

FROM (Name, Office/Division, and Phone Number of Requestor):
Lori Wachter
Division of Cardiovascular and Renal Products

DATE
May 13, 2010

IND NO.

NDA NO.
022581

TYPE OF DOCUMENT
PMR

DATE OF DOCUMENT
May 12, 2010

NAME OF DRUG
Phoslyra

PRIORITY CONSIDERATION
S

CLASSIFICATION OF DRUG
Phosphate Binder

DESIRED COMPLETION DATE
May 18, 2010

NAME OF FIRM: **Fresenius**

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 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 checked="" 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"/> BIOAVAILABILTY 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: Please review and comment on the PMR for Phoslyra (calcium acetate). This drug was granted Orphan status and the Division would like the sponsor to do pediatric studies as a PMR. The formulation is liquid and likely to be used in the pediatric population. The PDUFA date is May 21, 2010. Thanks.

SIGNATURE OF REQUESTOR
Lori Anne Wachter, RN, BSN

METHOD OF DELIVERY (Check one)
 DFS EMAIL MAIL HAND

PRINTED NAME AND SIGNATURE OF RECEIVER

PRINTED NAME AND SIGNATURE OF DELIVERER

Application Type/Number	Submission Type/Number	Submitter Name	Product Name
NDA-22581	ORIG-1	FRESENIUS BIOTECH NORTH AMERICA INC	PHOSLYRA(CALCIUM ACETATE)ORAL SOL 667MG/

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/s/

Lori A WACHTER
05/13/2010



NDA 022581

**PROPRIETARY NAME REQUEST
CONDITIONALLY ACCEPTABLE**

Fresenius Medical Care North America
920 Winter Street
Waltham, Massachusetts 02451-1457

ATTENTION: Joy Wei
Senior Regulatory Affairs Specialist

Dear Ms. Wei:

Please refer to your New Drug Application (NDA) dated July 20, 2009, received July 21, 2009, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Calcium Acetate Oral Solution, 667 mg/5 mL.

We also refer to your October 9, 2009, correspondence, received October 13, 2009, requesting review of your proposed proprietary name, Phoslyra. We have completed our review of the proposed proprietary name, Phoslyra and have concluded that it is acceptable.

The proposed proprietary name, Phoslyra, will be re-reviewed 90 days prior to the approval of the NDA. If we find the name unacceptable following the re-review, we will notify you.

If **any** of the proposed product characteristics as stated in your October 9, 2009, submission are altered prior to approval of the marketing application, the proprietary name should be resubmitted for review.

If you have any questions regarding the contents of this letter or any other aspects of the proprietary name review process, contact Nina Ton, Safety Regulatory Project Manager in the Office of Surveillance and Epidemiology, at 301-796-1648. For any other information regarding this application contact the Office of New Drugs (OND) Regulatory Project Manager, Lori Wachter at 301-796-3975.

Sincerely,

{See appended electronic signature page}

Carol Holquist
Director
Division of Medication Error Prevention and Analysis
Office of Surveillance and Epidemiology
Center for Drug Evaluation and Research

Application
Type/Number

Submission
Type/Number

Submitter Name

Product Name

NDA-22581

ORIG-1

FRESENIUS
BIOTECH NORTH
AMERICA INC

PHOSLYRA(CALCIUM
ACETATE)ORAL SOL 667MG/

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/s/

CAROL A HOLQUIST
05/11/2010

REQUEST FOR CONSULTATION

TO (Office/Division): **CDER Pediatric and Maternal Health Staff, Maternal Health Team. Contact: Tammie Brent Howard**

FROM (Name, Office/Division, and Phone Number of Requestor):
Lori Wachter 301 796 3975
Division of Cardiovascular and Renal Products

DATE
April 6, 2010

IND NO.

NDA NO.
022581

TYPE OF DOCUMENT
Label

DATE OF DOCUMENT
July 21, 2010

NAME OF DRUG
Phoslyra (calcium acetate)

PRIORITY CONSIDERATION
Standard

CLASSIFICATION OF DRUG
Phosphate Binder

DESIRED COMPLETION DATE
May 1, 2010

NAME OF FIRM:

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 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 checked="" type="checkbox"/> OTHER (SPECIFY BELOW): |
| <input type="checkbox"/> MEETING PLANNED BY | <input type="checkbox"/> CONTROL SUPPLEMENT | |

II. BIOMETRICS

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|---|---|
| <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

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|---|--|
| <input type="checkbox"/> DISSOLUTION | <input type="checkbox"/> DEFICIENCY LETTER RESPONSE |
| <input type="checkbox"/> BIOAVAILABILTY 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: This consult is regarding the Use in Specific Populations (Section 8) of the Phoslyra label. There have not been any animal studies performed, so we do not have any information. Can you please offer some language for the Pregnancy/Labor and Delivery/Nursing Mothers sections.

Clinical Reviewer: Gail Moreschi
NonClinical Reviewer: Patricia Harlow
ClinPharm: Raj Madabushi

This is a paper submission. I will e-mail a Word copy of the label to Tammie.

SIGNATURE OF REQUESTOR Lori Anne Wachter, RN, BSN		METHOD OF DELIVERY (Check one) <input checked="" type="checkbox"/> DFS <input checked="" type="checkbox"/> EMAIL <input type="checkbox"/> MAIL <input type="checkbox"/> HAND	
PRINTED NAME AND SIGNATURE OF RECEIVER		PRINTED NAME AND SIGNATURE OF DELIVERER	

Application Type/Number	Submission Type/Number	Submitter Name	Product Name
NDA-22581	ORIG-1	FRESENIUS BIOTECH NORTH AMERICA INC	PHOSLYRA(CALCIUM ACETATE)ORAL SOL 667MG/

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/s/

Lori A WACHTER
04/22/2010

REQUEST FOR DDMAC LABELING REVIEW CONSULTATION

****Please send immediately following the Filing/Planning meeting****

TO: Wayne Amchin

CDER-DDMAC-RPM

FROM: (Name/Title, Office/Division/Phone number of requestor)

Lori Wachter, RN, BSN, Project Manager

Division of Cardiovascular and Renal Products

301 796-3975

REQUEST DATE
April 19, 2010

IND NO.

NDA/BLA NO.
022581

TYPE OF DOCUMENTS
(PLEASE CHECK OFF BELOW)

Labeling

NAME OF DRUG
Phoslyra

PRIORITY CONSIDERATION
Standard

CLASSIFICATION OF DRUG
Phosphate Binder

DESIRED COMPLETION DATE
(Generally 1 week before the wrap up meeting)

NAME OF FIRM:

Fresenius North America

PDUFA Date: May 21, 2010

TYPE OF LABEL TO REVIEW

TYPE OF LABELING:

(Check all that apply)

- PACKAGE INSERT (PI)
- PATIENT PACKAGE INSERT (PPI)
- CARTON/CONTAINER LABELING
- MEDICATION GUIDE
- INSTRUCTIONS FOR USE(IFU)

TYPE OF APPLICATION/SUBMISSION

- ORIGINAL NDA/BLA
- IND
- EFFICACY SUPPLEMENT
- SAFETY SUPPLEMENT
- LABELING SUPPLEMENT
- PLR CONVERSION

REASON FOR LABELING CONSULT

- INITIAL PROPOSED LABELING
- LABELING REVISION

EDR link to submission: Please review attached labeling and comment.



Re Need electronic
version of label.msg

This is a paper submission.

I have attached the e-mail containing the carton container labels. I am unable to attach the label so I will e-mail it to Wayne Please let me know if you need anything else.

Thanks!

Please Note: There is no need to send labeling at this time. DDMAC reviews substantially complete labeling, which has already been marked up by the CDER Review Team. The DDMAC reviewer will contact you at a later date to obtain the substantially complete labeling for review.

COMMENTS/SPECIAL INSTRUCTIONS:

Mid-Cycle Meeting: January 15, 2010

Labeling Meetings: April 6, 2010

Wrap-Up Meeting: TBD

SIGNATURE OF REQUESTER Lori Anne Wachter, RN, BSN

SIGNATURE OF RECEIVER	METHOD OF DELIVERY (Check one) <input checked="" type="checkbox"/> eMAIL <input type="checkbox"/> HAND

Application
Type/Number

Submission
Type/Number

Submitter Name

Product Name

NDA-22581

ORIG-1

FRESENIUS
BIOTECH NORTH
AMERICA INC

PHOSLYRA(CALCIUM
ACETATE)ORAL SOL 667MG/

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/s/

Lori A WACHTER
04/19/2010

REQUEST FOR CONSULTATION

TO (Office/Division): **CDER Pediatric and Maternal Health Staff, Maternal Health Team. Contact: Tammie Brent Howard**

FROM (Name, Office/Division, and Phone Number of Requestor):
Lori Wachter 301 796 3975
Division of Cardiovascular and Renal Products

DATE
April 6, 2010

IND NO.

NDA NO.
022581

TYPE OF DOCUMENT
Label

DATE OF DOCUMENT
July 21, 2010

NAME OF DRUG
Phoslyra (calcium acetate)

PRIORITY CONSIDERATION
Standard

CLASSIFICATION OF DRUG
Phosphate Binder

DESIRED COMPLETION DATE
May 1, 2010

NAME OF FIRM:

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 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 checked="" type="checkbox"/> OTHER (SPECIFY BELOW): |
| <input type="checkbox"/> MEETING PLANNED BY | <input type="checkbox"/> CONTROL SUPPLEMENT | |

II. BIOMETRICS

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|---|---|
| <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

- | | |
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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 4 STUDIES | <input type="checkbox"/> IN-VIVO WAIVER REQUEST |

IV. DRUG SAFETY

- | | |
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| <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: This consult is regarding the Use in Specific Populations (Section 8) of the Phoslyra label. There have not been any animal studies performed, so we do not have any information. Can you please offer some language for the Pregnancy/Labor and Delivery/Nursing Mothers sections.

Clinical Reviewer: Gail Moreschi
NonClinical Reviewer: Patricia Harlow
ClinPharm: Raj Madabushi

This is a paper submission. I will e-mail a Word copy of the label to Tammie.

SIGNATURE OF REQUESTOR Lori Anne Wachter, RN, BSN		METHOD OF DELIVERY (Check one) <input checked="" type="checkbox"/> DFS <input checked="" type="checkbox"/> EMAIL <input type="checkbox"/> MAIL <input type="checkbox"/> HAND	
PRINTED NAME AND SIGNATURE OF RECEIVER		PRINTED NAME AND SIGNATURE OF DELIVERER	

Application Type/Number	Submission Type/Number	Submitter Name	Product Name
NDA-22581	ORIG-1	FRESENIUS BIOTECH NORTH AMERICA INC	PHOSLYRA(CALCIUM ACETATE)ORAL SOL 667MG/

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/s/

Lori A WACHTER
04/07/2010



NDA 22-581

INFORMATION REQUEST

Fresenius Medical Care North America (FMCNA)
Attention: J. Claude Miller
Vice President, Regulatory Affairs
920 Winter Street
Waltham, MA 02451-1457

Dear Mr. Miller:

Please refer to your New Drug Application (NDA) submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Calcium Acetate Oral Solution, 667 mg/5mL.

We are reviewing the Chemistry, Manufacturing, and Controls sections 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.

- The post approval stability protocol and commitment for the first three commercial batches should include stability testing under long term and accelerated conditions as per ICH Q1A (R2). Update your post approval stability protocol, to reflect addition of testing under accelerated storage conditions for the first three commercial drug product batches.

If you have any questions, call Don Henry, Regulatory Project Manager, at (301) 796-4227.

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

Application
Type/Number

Submission
Type/Number

Submitter Name

Product Name

NDA-22581

ORIG-1

FRESENIUS
BIOTECH NORTH
AMERICA INC

PHOSLYRA(CALCIUM
ACETATE)ORAL SOL 667MG/

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/s/

RAMESH K SOOD
03/09/2010

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: CDRH

Division:

Mail Code: HF -

Consulting Reviewer Name: Courtney Harper

Building/Room #: 66/5640

Phone #: 301 796 5458

Fax #:

Email Address: harper.courtney c@fda.hhs.gov

RPM/CSO Name and Mail Code:

From (Originating Center):

Center: CDER

Division: Division of Cardio-Renal Products

Mail Code: HFD-110

Requesting Reviewer Name: Abraham Karkowsky

Building/Room #: WO 22/4164

Phone#: 301-796-1099

Fax #:

Email Address: karkowsky.abraham@fda.hhs.gov

RPM/CSO Name and Mail Code: Lori Anne Wachter
110

Requesting Reviewer's Concurring Supervisor's Name:
Norman Stockbridge

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: 2.19.2010

Submission/Application Number: NDA 22-581

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

Submission Receipt Date: 7.21.2009

Name of Product: Phoslyra

Requested Completion Date:

Submission Type: App Type

Official Submission Due Date: 5.1.2010

Name of Firm: Fresenius Medical Care NA

Intended Use: To lower serum phosphate in end stage renal disease patients on hemodialysis.

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

Question to be answered:

Background: In reviewing this NDA a question regarding the use of maltitol as a sweetener has come up. The Division has a concern about whether maltitol is absorbed and if so, does it falsely register as "glucose" on a glucometer.

Documents to be returned to Requesting Reviewer? π Yes π 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 π Collaborative Review

Application Type/Number	Submission Type/Number	Submitter Name	Product Name
NDA-22581	ORIG-1	FRESENIUS BIOTECH NORTH AMERICA INC	PHOSLYRA(CALCIUM ACETATE)ORAL SOL 667MG/

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/s/

Lori A WACHTER
02/19/2010

REQUEST FOR CONSULTATION

TO (Office/Division): **Irada Isayevea, Ph.D.**
Division of Chemistry and Materials Science, Office of
Science and Engineering Laboratories, CDRH

FROM (Name, Office/Division, and Phone Number of Requestor):
Lori Anne Wachter, RN, BSN
Division of Cardiovascular and Renal Products, CDER
310 796 3975

DATE 1.23.10	IND NO.	NDA NO. 022581	TYPE OF DOCUMENT	DATE OF DOCUMENT
NAME OF DRUG Phoslyra		PRIORITY CONSIDERATION S	CLASSIFICATION OF DRUG Phosphate Binder	DESIRED COMPLETION DATE February 19, 2010

NAME OF FIRM: **Fresenius**

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 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 checked="" type="checkbox"/> OTHER (SPECIFY BELOW): |
| <input type="checkbox"/> MEETING PLANNED BY | <input type="checkbox"/> CONTROL SUPPLEMENT | |

II. BIOMETRICS

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| <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: NDA 022581 Phoslyra (calcium acetate liquid) for the treatment of hyperphosphatemia, is in house. This formulation uses maltitol (b) (4) The Division has two questions we would like you to opine on:

1. Is maltitol is absorbed?
2. If so, does it falsely register as "glucose" on a glucometer?

The internal meeting for discussion of this topic is scheduled for February 19, 2010.

Thank you!

**This application is a paper NDA. If you need any volumes, please contact me and I will have them delivered to you.

SIGNATURE OF REQUESTOR Lori Anne Wachter	METHOD OF DELIVERY (Check one) <input checked="" type="checkbox"/> DFS <input checked="" type="checkbox"/> EMAIL <input type="checkbox"/> MAIL <input type="checkbox"/> HAND
PRINTED NAME AND SIGNATURE OF RECEIVER	PRINTED NAME AND SIGNATURE OF DELIVERER

Application Type/Number	Submission Type/Number	Submitter Name	Product Name
NDA-22581	ORIG-1	FRESENIUS BIOTECH NORTH AMERICA INC	PHOSLYRA(CALCIUM ACETATE)ORAL SOL 667MG/

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/s/

Lori A WACHTER
01/28/2010

REQUEST FOR CONSULTATION

TO (Office/Division): **Sylvia Gantt New Drug Microbiology
Staff OC/OO/CDER/OPS/NDMS**

FROM (Name, Office/Division, and Phone Number of Requestor): **Don Henry
Project Manager, ONDQA, 301-796-4227 on behalf of
Julia Pinto**

DATE
October 23, 2009

IND NO.

NDA NO.
22-581

TYPE OF DOCUMENT
NDA submission

DATE OF DOCUMENT
July 20, 2009

NAME OF DRUG
Phoslyra (calcium acetate)

PRIORITY CONSIDERATION
standard

CLASSIFICATION OF DRUG
cardio-renal

DESIRED COMPLETION DATE
March 1, 2010

NAME OF FIRM: **Fresenius Medical Care North America**

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 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 checked="" 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: The product was previously approved as tablets (NDA 19-976) and gelcaps (NDA 21-160). This application is for a oral solution with a preservative system. Microbiology consultation is requested to review the manufacturing process and specifications for this product. This is paper submission. A copy of the CMC sections will be forwarded.

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

Application
Type/Number

Submission
Type/Number

Submitter Name

Product Name

NDA-22581

ORIG-1

FRESENIUS
BIOTECH NORTH
AMERICA INC

PHOSLYRA(CALCIUM
ACETATE)ORAL SOL 667MG/

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/s/

DON L HENRY
10/23/2009



NDA 22-581

FILING COMMUNICATION

Fresenius Medical Care North America
Attention: J. Claude Miller
Vice President, Regulatory Affairs
920 Winter Street
Waltham, MA 02451-1457

Dear Mr. Miller:

Please refer to your new drug application (NDA) dated July 20, 2009, received July 21, 2009, submitted under section 505(b)(1) of the Federal Food, Drug, and Cosmetic Act, for Phoslyra (calcium acetate) 667 mg/5 mL oral solution.

We have completed our filing review and have determined that your application is sufficiently complete to permit a substantive review. Therefore, this application is considered filed 60 days after the date we received your application in accordance with 21 CFR 314.101(a). The review classification for this application is **Standard**. Therefore, the user fee goal date is May 21, 2010.

We are reviewing your application according to the processes described in the Guidance for Review Staff and Industry: Good Review Management Principles and Practices for PDUFA Products. Therefore, we have established internal review timelines as described in the guidance, which includes the timeframes for FDA internal milestone meetings (e.g., filing, planning, mid-cycle, team and wrap-up meetings). Please be aware that the timelines described in the guidance are flexible and subject to change based on workload and other potential review issues (e.g., submission of amendments). We will inform you of any necessary information requests or status updates following the milestone meetings or at other times, as needed, during the process. If major deficiencies are not identified during the review, we plan to communicate proposed labeling and, if necessary, any postmarketing commitment requests by April 28, 2010.

At this time, we are notifying you that, we have not identified any potential review issues. Please note that our filing review is only a preliminary evaluation of the application and is not indicative of deficiencies that may be identified during our review.

REQUIRED PEDIATRIC ASSESSMENTS

Under the Pediatric Research Equity Act (PREA) (21 U.S.C. 355c), all applications for new active ingredients, new indications, new dosage forms, new dosing regimens, or new routes of administration are required to contain an assessment of the safety and effectiveness of the product for the claimed indication in pediatric patients unless this requirement is waived, deferred, or inapplicable.

Because the drug product for this indication has orphan drug designation, you are exempt from this requirement. However, because this formulation will be utilized in children, we have many safety concerns.

We would recommend that you obtain a Pediatric Written Request.

If you have any questions, please call:

Lori Anne Wachter, RN, BSN
Regulatory Project Manager
(301) 796-3975

Sincerely,

{See appended electronic signature page}

Norman Stockbridge, M.D., Ph.D.
Division Director
Division of Cardiovascular and Renal Products
Office of Drug Evaluation I
Center for Drug Evaluation and Research

Application
Type/Number

Submission
Type/Number

Submitter Name

Product Name

NDA-22581

ORIG-1

FRESENIUS
BIOTECH NORTH
AMERICA INC

PHOSLYRA(CALCIUM
ACETATE)ORAL SOL 667MG/

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/s/

NORMAN L STOCKBRIDGE
10/01/2009



NDA 22-581

NDA ACKNOWLEDGMENT

Fresenius Medical Care North America (FMCNA)
Attention: J. Claude Miller
Vice President, Regulatory Affairs
920 Winter Street
Waltham, MA 02451-1457

Dear Mr. Miller:

We have received your new drug application (NDA) submitted under section 505(b)(1) of the Federal Food, Drug, and Cosmetic Act (FDCA) for the following:

Name of Drug Product: Phoslyra™, Calcium Acetate Oral Solution, 667 mg/5mL

Date of Application: July 20, 2009

Date of Receipt: July 21, 2009

Our Reference Number: NDA 22-581

Unless we notify you within 60 days of the receipt date that the application is not sufficiently complete to permit a substantive review, we will file the application on September 19, 2009 in accordance with 21 CFR 314.101(a).

Please note that you are responsible for complying with the applicable provisions of sections 402(i) and 402(j) of the Public Health Service Act (PHS Act) (42 USC §§ 282(i) and (j)), which was amended by Title VIII of the Food and Drug Administration Amendments Act of 2007 (FDAAA) (Public Law No. 110-85, 121 Stat. 904). Title VIII of FDAAA amended the PHS Act by adding new section 402(j) (42 USC § 282(j)), which expanded the current database known as ClinicalTrials.gov to include mandatory registration and reporting of results for applicable clinical trials of human drugs (including biological products) and devices. FDAAA requires that, at the time of submission of an application under section 505 of the FDCA, the application must be accompanied by a certification that all applicable requirements of 42 USC § 282(j) have been met. Where available, the certification must include the appropriate National Clinical Trial (NCT) control numbers. 42 USC 282(j)(5)(B). You did not include such certification when you submitted this application. You may use Form FDA 3674, *Certification of Compliance, under 42 U.S.C. § 282(j)(5)(B), with Requirements of ClinicalTrials.gov Data Bank*, to comply with the certification requirement. The form may be found at <http://www.fda.gov/opacom/morechoices/fdaforms/default.html>.

In completing Form FDA 3674, you should review 42 USC § 282(j) to determine whether the requirements of FDAAA apply to any clinical trials referenced in this application. Additional information regarding the certification form is available at: http://internet-dev.fda.gov/cder/regulatory/FDAAA_certification.htm. Additional information regarding Title VIII of FDAAA is available at: <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-08-014.html>. Additional information on registering your clinical trials is available at the Protocol Registration System website <http://prsinfo.clinicaltrials.gov/>.

The NDA number provided above should be cited at the top of the first page of all submissions to this application. Send all submissions, electronic or paper, including those sent by overnight mail or courier, to the following address:

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

All regulatory documents submitted in paper should be three-hole punched on the left side of the page and bound. The left margin should be at least three-fourths of an inch to assure text is not obscured in the fastened area. Standard paper size (8-1/2 by 11 inches) should be used; however, it may occasionally be necessary to use individual pages larger than standard paper size. Non-standard, large pages should be folded and mounted to allow the page to be opened for review without disassembling the jacket and refolded without damage when the volume is shelved. Shipping unbound documents may result in the loss of portions of the submission or an unnecessary delay in processing which could have an adverse impact on the review of the submission. For additional information, please see <http://www.fda.gov/cder/ddms/binders.htm>.

If you have any questions, please contact:

Ms. Lori Wachter, RN, BSN
Regulatory Health Project Manager
(301) 796-3975

Sincerely,

{See appended electronic signature page}

Edward Fromm, RPh., RAC
Chief, Project Management Staff
Division of Cardiovascular and Renal Products
Office of Drug Evaluation I
Center for Drug Evaluation and Research

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/s/

EDWARD J FROMM
08/13/2009

Form Approved: OMB No. 0910 - 0297 Expiration Date: January 31, 2010 See instructions for OMB Statement, below.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION**

**PRESCRIPTION DRUG USER FEE
COVERSHEET**

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

<p>1. APPLICANT'S NAME AND ADDRESS</p> <p>FRESENIUS MEDICAL CARE NORTH AMERICA Anila Mico 920 Winter Street Waltham MA 02451-1457 US</p>	<p>4. BLA SUBMISSION TRACKING NUMBER (STN) / NDA NUMBER</p> <p>To be assigned</p>
<p>2. TELEPHONE NUMBER</p> <p>781-699-4478</p>	<p>5. DOES THIS APPLICATION REQUIRE CLINICAL DATA FOR APPROVAL?</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YOUR RESPONSE IS "NO" AND THIS IS FOR A SUPPLEMENT, STOP HERE AND SIGN THIS FORM. IF RESPONSE IS "YES", CHECK THE APPROPRIATE RESPONSE BELOW:</p> <p><input checked="" type="checkbox"/> THE REQUIRED CLINICAL DATA ARE CONTAINED IN THE APPLICATION</p> <p><input type="checkbox"/> THE REQUIRED CLINICAL DATA ARE SUBMITTED BY REFERENCE TO:</p>

<p>3. PRODUCT NAME</p> <p>Calcium Acetate Oral Solution</p>	<p>6. USER FEE I.D. NUMBER</p> <p>PD3008936</p>
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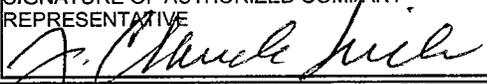
7. IS THIS APPLICATION COVERED BY ANY OF THE FOLLOWING USER FEE EXCLUSIONS? IF SO, CHECK THE APPLICABLE EXCLUSION.

<input type="checkbox"/> A LARGE VOLUME PARENTERAL DRUG PRODUCT APPROVED UNDER SECTION 505 OF THE FEDERAL FOOD, DRUG, AND COSMETIC ACT BEFORE 9/1/92 (Self Explanatory)	<input type="checkbox"/> A 505(b)(2) APPLICATION THAT DOES NOT REQUIRE A FEE
<input checked="" type="checkbox"/> THE APPLICATION QUALIFIES FOR THE ORPHAN EXCEPTION UNDER SECTION 736(a)(1)(E) of the Federal Food, Drug, and Cosmetic Act	<input type="checkbox"/> THE APPLICATION IS SUBMITTED BY A STATE OR FEDERAL GOVERNMENT ENTITY FOR A DRUG THAT IS NOT DISTRIBUTED COMMERCIALY

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

OMB Statement:
Public reporting burden for this collection of information is estimated to average 30 minutes 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:

Department of Health and Human Services Food and Drug Administration CBER, HFM-99 1401 Rockville Pike Rockville, MD 20852-1448	Food and Drug Administration CDER, HFD-94 12420 Parklawn Drive, Room 3046 Rockville, MD 20852	An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.
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<p>SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE</p> 	<p>TITLE</p> <p>VP Reg Aff</p>	<p>DATE</p> <p>07/17/09</p>
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9. USER FEE PAYMENT AMOUNT FOR THIS APPLICATION

\$0.00

Form FDA 3397 (03/07)

Close Print Cover sheet