

**CENTER FOR DRUG EVALUATION AND
RESEARCH**

APPLICATION NUMBER:

204654Orig1s000

**ADMINISTRATIVE and CORRESPONDENCE
DOCUMENTS**

EXCLUSIVITY SUMMARY

NDA # 204654

SUPPL #

HFD #

Trade Name: Lo Minastrin Fe

Generic Name: norethindrone acetate and ethinyl estradiol chewable tablets and ethinyl estradiol tablets and ferrous fumarate tablets

Applicant Name: Warner Chilcott Company, LLC

Approval Date, If Known: July ^{(b)(4)} 2013

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.

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?

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#

NDA#

NDA#

2. Combination product.

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

YES NO

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

NDA# 022501

Lo Loestrin Fe

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:

Study PR-10007, an oral irritation study

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:

Study PR-10007, an oral irritation study was also used in the approval of NDA 203667 (Minastrin 24 Fe)

- 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:

NDA 203667 (Minastrin 24 Fe)

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

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

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

Investigation #1		!
		!
IND #	YES <input type="checkbox"/>	! NO <input type="checkbox"/>
		! Explain:

Investigation #2		!
		!
IND #	YES <input type="checkbox"/>	! NO <input type="checkbox"/>
		! Explain:

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

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

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

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

YES NO

If yes, explain:

=====
_Name of person completing form: Pamela Lucarelli
Title: Regulatory Health Project Manager
Date: July 16, 2013

Name of Office/Division Director signing form: Audrey Gassman, M.D.
Title: Deputy Director, Division of Bone, Reproductive, and Urologic Products

Form OGD-011347; Revised 05/10/2004; formatted 2/15/05; removed hidden data 8/22/12

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

/s/

PAMELA LUCARELLI
07/24/2013

AUDREY L GASSMAN
07/24/2013

3. DEBARMENT CERTIFICATION

I hereby certify that Warner Chilcott Company, LLC did not and will not use in any capacity the services of any person debarred under section 306(a) and (b) of the Federal Food, Drug and Cosmetic Act in connection with this New Drug Application.

Alvin Howard
Senior Vice President, Regulatory Affairs
Warner Chilcott (US), LLC on behalf of
Warner Chilcott Company, LLC

Date

CONFIDENTIAL

SIGNATURES

Signed by	Date	Justification
Alvin Howard	Sep-24-2012, 17:49:32 PM, UTC	Regulatory Affairs Approval

ACTION PACKAGE CHECKLISTS

APPLICATION INFORMATION¹

NDA # 204654 BLA #	NDA Supplement # BLA Supplement #	If NDA, Efficacy Supplement Type:
Proprietary Name: Lo Minastrin Fe Established/Proper Name: norethindrone acetate and ethinyl estradiol chewable tablets and ethinyl estradiol tablets and ferrous fumarate tablets Dosage Form: tablets		Applicant: Warner Chilcott Company, LLC Agent for Applicant (if applicable):
RPM: Pamela Lucarelli		Division: Division of Bone, Reproductive, and Urologic Products
<p><u>NDA and NDA Efficacy Supplements:</u></p> <p>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><u>505(b)(2) Original NDAs and 505(b)(2) NDA supplements:</u></p> <p>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><input type="checkbox"/> This application does not rely upon a listed drug. <input type="checkbox"/> This application relies on literature. <input type="checkbox"/> This application relies on a final OTC monograph. <input type="checkbox"/> This application relies on (explain)</p> <p><u>For ALL (b)(2) applications, two months prior to EVERY action, review the information in the 505(b)(2) Assessment and submit the draft² 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>July 28, 2013</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 checked="" type="checkbox"/> None

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

For resubmissions, (b)(2) applications must be cleared before the action, but it is not necessary to resubmit the draft 505(b)(2) Assessment to CDER OND IO unless the Assessment has been substantively revised (e.g., new listed drug, patent certification revised).

<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>	<p><input type="checkbox"/> Received</p>
<p>❖ Application Characteristics³</p> <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 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"/> MedGuide w/o REMS <input type="checkbox"/> REMS not required</p> <p>Comments:</p>	
<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)</p>	<p><input type="checkbox"/> Yes, dates</p>
<p>❖ BLAs only: Is the product subject to official FDA lot release per 21 CFR 610.2 (<i>approvals only</i>)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>❖ Public communications (<i>approvals only</i>)</p>	
<ul style="list-style-type: none"> • Office of Executive Programs (OEP) liaison has been notified of action 	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<ul style="list-style-type: none"> • Press Office notified of action (by OEP) 	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<ul style="list-style-type: none"> • Indicate what types (if any) of information dissemination are anticipated 	<p><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</p>

³ 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 checked="" 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 ⁴	<input checked="" type="checkbox"/> Included
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) Approval on July 24, 2013
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. • Original applicant-proposed labeling • Example of class labeling, if applicable 	See Approval Letter for final labeling

⁴ Fill in blanks with dates of reviews, letters, etc.

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 	
❖ 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 	<input checked="" type="checkbox"/> Included
❖ 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>) Ensure that both the proprietary name(s), if any, and the generic name(s) are listed in the Application Product Names section of DARRTS, and that the proprietary/trade name is checked as the 'preferred' name. 	N/A
❖ Labeling reviews (<i>indicate dates of reviews and meetings</i>)	<input checked="" type="checkbox"/> RPM 11/14/2012 <input checked="" type="checkbox"/> DMEPA 05/21/2013, 07/12/2013 <input type="checkbox"/> DMPP/PLT (DRISK) <input checked="" type="checkbox"/> ODPD (DDMAC) 07/19/2013 <input checked="" type="checkbox"/> SEALD 07/23/2013 <input type="checkbox"/> CSS <input type="checkbox"/> Other reviews
Administrative / Regulatory Documents.	
❖ Administrative Reviews (<i>e.g., RPM Filing Review⁵/Memo of Filing Meeting</i>) (<i>indicate date of each review</i>)	<input checked="" type="checkbox"/> Included 11/14/2012
❖ All NDA (b)(2) Actions: Date each action cleared by (b)(2) Clearance Cmte	<input checked="" type="checkbox"/> Not a (b)(2)
❖ NDA (b)(2) Approvals Only: 505(b)(2) Assessment (<i>indicate date</i>)	<input checked="" type="checkbox"/> Not a (b)(2)
❖ NDAs only: Exclusivity Summary (<i>signed by Division Director</i>)	<input checked="" type="checkbox"/> Included 07/24/2013
❖ 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
❖ Pediatrics (<i>approvals only</i>) <ul style="list-style-type: none"> Date reviewed by PeRC _____ If PeRC review not necessary, explain: _____ Pediatric Page/Record (<i>approvals only, must be reviewed by PERC before finalized</i>) 	<input type="checkbox"/> Included

⁵ Filing reviews for scientific disciplines should be filed behind the respective discipline tab.

❖ 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
❖ Outgoing communications <i>(letters, including response to FDRR (do not include previous action letters in this tab), emails, faxes, telecons)</i>	<input checked="" type="checkbox"/> Included
❖ 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 checked="" type="checkbox"/> None
Cross-Discipline Team Leader Review <i>(indicate date for each review)</i>	<input type="checkbox"/> None 07/24/2013
PMR/PMC Development Templates <i>(indicate total number)</i>	<input checked="" type="checkbox"/> None
Clinical Information⁶	
❖ Clinical Reviews	
• Clinical Team Leader Review(s) <i>(indicate date for each review)</i>	See CDTL Review
• Clinical review(s) <i>(indicate date for each review)</i>	<input checked="" type="checkbox"/> Included 11/28/2012, 07/05/2013
• 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>	<input checked="" type="checkbox"/> Included
❖ 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	
• 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

⁶ Filing reviews should be filed with the discipline reviews.

❖ OSI Clinical Inspection Review Summary(ies) (include copies of OSI letters to investigators)	<input checked="" type="checkbox"/> None requested
Clinical Microbiology <input checked="" type="checkbox"/> None	
❖ Clinical Microbiology Team Leader Review(s) (indicate date for each review)	<input type="checkbox"/> None
Clinical Microbiology Review(s) (indicate date for each review)	<input type="checkbox"/> None
Biostatistics <input type="checkbox"/> None	
❖ Statistical Division Director Review(s) (indicate date for each review)	<input checked="" type="checkbox"/> None
Statistical Team Leader Review(s) (indicate date for each review)	<input checked="" type="checkbox"/> None
Statistical Review(s) (indicate date for each review)	<input type="checkbox"/> None 11/09/2012, 06/04/2013
Clinical Pharmacology <input type="checkbox"/> None	
❖ Clinical Pharmacology Division Director Review(s) (indicate date for each review)	<input checked="" type="checkbox"/> None
Clinical Pharmacology Team Leader Review(s) (indicate date for each review)	<input checked="" type="checkbox"/> None
Clinical Pharmacology review(s) (indicate date for each review)	<input type="checkbox"/> None 11/27/2012, 06/20/2013, 07/24/2013
❖ DSI Clinical Pharmacology Inspection Review Summary (include copies of OSI letters)	<input type="checkbox"/> None 01/22/2013, 05/30/2013
Nonclinical <input type="checkbox"/> None	
❖ Pharmacology/Toxicology Discipline Reviews	
• ADP/T Review(s) (indicate date for each review)	<input checked="" type="checkbox"/> None
• Supervisory Review(s) (indicate date for each review)	<input type="checkbox"/> None 05/16/2013
• Pharm/tox review(s), including referenced IND reviews (indicate date for each review)	<input type="checkbox"/> None 10/15/2012, 04/19/2013
❖ Review(s) by other disciplines/divisions/Centers requested by P/T reviewer (indicate date for each review)	<input checked="" type="checkbox"/> None
❖ Statistical review(s) of carcinogenicity studies (indicate date for each review)	<input checked="" type="checkbox"/> No carc
❖ ECAC/CAC report/memo of meeting	<input checked="" type="checkbox"/> None Included in P/T review, page
❖ OSI Nonclinical Inspection Review Summary (include copies of OSI letters)	<input checked="" type="checkbox"/> None requested
Product Quality <input type="checkbox"/> None	
❖ Product Quality Discipline Reviews	
• ONDQA/OBP Division Director Review(s) (indicate date for each review)	<input checked="" type="checkbox"/> None
• Branch Chief/Team Leader Review(s) (indicate date for each review)	<input checked="" type="checkbox"/> None
• Product quality review(s) including ONDQA biopharmaceutics reviews (indicate date for each review)	<input type="checkbox"/> None 11/29/2012, 06/18/2013, 07/23/2013
❖ Microbiology Reviews	<input checked="" type="checkbox"/> Not needed
<input type="checkbox"/> NDAs: Microbiology reviews (sterility & pyrogenicity) (OPS/NDMS) (indicate date of each review)	
<input type="checkbox"/> BLAs: Sterility assurance, microbiology, facilities reviews (OMPQ/MAPCB/BMT) (indicate date of each review)	
Reviews by other disciplines/divisions/Centers requested by CMC/quality reviewer (indicate date of each review)	<input checked="" 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>)	See CMC review dated 06/18/2013 Page 127
<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 type="checkbox"/> NDAs: Facilities inspections (include EER printout or EER Summary Report only; do NOT include EER Detailed Report) (<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 sites⁷</i>)	Date completed: 11/02/2012 <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 checked="" type="checkbox"/> Completed <input type="checkbox"/> Requested <input type="checkbox"/> Not yet requested <input type="checkbox"/> Not needed (per review)

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.

MEMORANDUM

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

DATE: July 24, 2013

TO: Warner Chilcott
Attention: Ileana Brown

FROM: Division of Reproductive and Urologic Products
Pamela Lucarelli

SUBJECT: **NDA 204654 Final Label**

The following e-mail correspondence is acknowledging formatting changes to the final label submitted by the Applicant on July 23, 2013.

Lucarelli, Pamela K

From: Ileana Brown [ibrown@wcrx.com]
Sent: Tuesday, July 23, 2013 2:56 PM
To: Lucarelli, Pamela K
Subject: Re: NDA 204654 Package Insert
Follow Up Flag: Follow up
Flag Status: Red
Attachments: NDA 204654 FDA Final Label.doc

Thanks Pam. I agree with the changes.

Ileana

Ileana Brown, MBA, RAC
Director, Regulatory Affairs
Warner Chilcott (US), LLC

973.442.3229 (telephone)

(b) (6)

973.442.3280 (fax)

ibrown@wcrx.com

From: "Lucarelli, Pamela K" <Pamela.Lucarelli@fda.hhs.gov>
To: "Ileana Brown" <ibrown@wcrx.com>
Date: 07/23/2013 02:48 PM
Subject: NDA 204654 Package Insert

Ileana,

Please see the FINAL FDA (SEALD) edits. If you agree to these changes, please respond back to this email.

Thanks,
Pam

Pamela Lucarelli
Senior Regulatory Health Project Manager
FDA/Center for Drug Evaluation and Research
Division of Bone, Reproductive and Urologic Products
WO22 - Room 5333
10903 New Hampshire Avenue
Silver Spring, MD 20903

Phone 301.796.3961
Fax 301.796.9897
pamela.lucarelli@fda.hhs.gov

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***** Thank you *****

30 Pages of Draft Labeling have
been Withheld in Full as b4
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/s/

PAMELA LUCARELLI
07/24/2013



DEPARTMENT OF HEALTH & HUMAN SERVICES

Food and Drug Administration
Silver Spring, MD 20993

NDA 204654

**PROPRIETARY NAME REQUEST
CONDITIONALLY ACCEPTABLE**

Warner Chilcott Company, LLC
c/o Warner Chilcott (US), LLC
100 Enterprise Drive
Rockaway, NJ 07866

ATTENTION: Ileana Brown
Director, Regulatory Affairs

Dear Ms. Brown:

Please refer to your New Drug Application (NDA) dated September 27, 2012 and received September 28, 2012,, submitted under section 505(b)(1) of the Federal Food, Drug, and Cosmetic Act for Norethindrone Acetate and Ethinyl Estradiol Chewable Tablets/Ethinyl Estradiol Tablets/Ferrous Fumarate Tablets.

We also refer to your correspondence, dated and received June 27, 2013, requesting review of your proposed proprietary name, Lo Minastrin Fe. We have completed our review of the proposed proprietary name and have concluded that it is acceptable.

If **any** of the proposed product characteristics as stated in your June 27, 2013, 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 Marcus Cato, Safety Regulatory Project Manager in the Office of Surveillance and Epidemiology, at (301) 796-3903. For any other information regarding this application contact Pamela Lucarelli, Regulatory Project Manager in the Office of New Drugs (OND), at (301) 796- 3961.

Sincerely,

{See appended electronic signature page}

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

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/s/

CAROL A HOLQUIST
07/11/2013

Lucarelli, Pamela K

From: ees_admin@fda.gov
Sent: Tuesday, July 09, 2013 1:07 PM
To: Christner, Donna; Godwin, Francis; Holbert, Gene W; Jennings, Kerri-Ann; Salganik, Maria*; Spain, Nancy*; Lucarelli, Pamela K; Kyada, Yogesh*
Subject: Overall OC Recommendation NDA 204654/000 Decision: ACCEPTABLE, Decision Date: 07/09/2013, Re-evaluation Date: 08/26/2013

This is a system generated email message to notify you that the Overall Compliance Recommendation has been made for the above Application.

For general questions about how to use EES in your work, send an email to EESQUESTIONS (EESQUESTIONS@cderr.fda.gov). To contact the EES technical staff, send an email to CDERR EES Help (EESHHELP@fda.hhs.gov). Thank you.



NDA 204654

LABELING PMR/PMC DISCUSSION COMMENTS

Warner Chilcott Company, LLC
Attention: Alvin Howard
Senior Vice President Regulatory Affairs
100 Enterprise Drive
Rockaway, NJ 07866

Dear Mr. Howard:

Please refer to your September 27, 2012 New Drug Application (NDA) submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for norethindrone acetate and ethinyl estradiol chewable tablets and ethinyl estradiol tablets and ferrous fumarate tablets.

We also refer to our November 15, 2012, letter in which we notified you of our target date of July 28, 2013 for communicating labeling changes and/or postmarketing requirements/commitments in accordance with the "PDUFA REAUTHORIZATION PERFORMANCE GOALS AND PROCEDURES – FISCAL YEARS 2008 THROUGH 2012."

On September 28, 2012, we received your September 27, 2012 proposed labeling submission to this application, and have proposed revisions that are included as an enclosure.

If you have any questions, call me, at (301) 796-3961.

Sincerely,

{See appended electronic signature page}

Pamela Lucarelli
Regulatory Health Project Manager
Division of Bone, Reproductive, and Urologic Products
Office of Drug Evaluation III
Center for Drug Evaluation and Research

ENCLOSURE: Content of Labeling

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/s/

PAMELA LUCARELLI
06/28/2013



NDA 204654

**PROPRIETARY NAME REQUEST
UNACCEPTABLE**

Warner Chilcott Company, LLC
100 Enterprise Drive
Rockaway, New Jersey 07866

ATTENTION: Ileana Brown
Director, Regulatory Affairs

Dear Ms. Brown:

Please refer to your New Drug Application (NDA) dated and received October 9, 2012, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Norethindrone Acetate and Ethinyl Estradiol Chewable Tablets 1 mg/10 mcg and Ethinyl Estradiol Tablets, 10 mcg.

We also refer to your correspondence, dated and received April 4, 2013, requesting review of your proposed proprietary name, (b) (4). We have completed our review of this proposed proprietary name and have concluded that this name is unacceptable for the reasons cited below.

(b) (4)

(b) (4)

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b4 (CCI/TS) immediately following this
page

We note that you have not proposed an alternate proprietary name for review. If you intend to have a proprietary name for this product, we recommend that you submit a new request for a proposed proprietary name review. (See the Guidance for Industry, Contents of a Complete Submission for the Evaluation of Proprietary Names, <http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM075068.pdf> and “PDUFA Reauthorization Performance Goals and Procedures Fiscal Years 2008 through 2012”.)

If you have any questions regarding the contents of this letter or any other aspects of the proprietary name review process, contact Marcus Cato, Safety Regulatory Project Manager, in the Office of Surveillance and Epidemiology, at (301) 796-3903. For any other information regarding this application contact Pamela Lucarelli, Regulatory Project Manager, in the Office of New Drugs (OND), at (301) 796- 3961.

Sincerely,

{See appended electronic signature page}

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

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/s/

CAROL A HOLQUIST
06/21/2013

**Division of Reproductive and Urologic Products
Center for Drug Evaluation and Research**

Date: 5/16/2013

Reviewer: Alex Jordan, PhD

NDA #/SS#/date: 204654

Sponsor: Warner Chilcott

Drug Product: Norethindrone acetate/ethinyl estradiol/FE tablets

Indication: Contraception

Recommended Action: Approval

Background: I agree with the primary reviewer Dr. Raheja that NDA 204654 is approvable for contraception from a pharmacology standpoint.

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/s/

ALEXANDER W JORDAN
05/16/2013

From: [Ileana Brown](#)
To: [Jennings, Kerri-Ann](#)
Cc: [Geoffrey Millington](#)
Subject: Re: NDA 204654 Information Request
Date: Thursday, May 02, 2013 12:51:14 PM

Hi Kerri-Ann,

I am forwarding the e-mail to Geoff requesting that the NDA for (b) (4) be amended by May 9th.

Thanks Kerri-Ann and regards.

Ileana

Ileana Brown, MBA, RAC
Director, Regulatory Affairs
Warner Chilcott (US), LLC

973.442.3229 (telephone)

(b) (6)

973.442.3280 (fax)

ibrown@wcrx.com

From: "Jennings, Kerri-Ann" <Kerri-Ann.Jennings@fda.hhs.gov>
To: "Ileana Brown (ibrown@wcrx.com)" <ibrown@wcrx.com>
Date: 05/02/2013 12:45 PM
Subject: NDA 204654 Information Request

Good afternoon Ms. Brown,

Please refer to your New Drug Application (NDA) submitted under section 505 (b) of the Federal Food, Drug and Cosmetic Act for norethindrone acetate and ethinyl estradiol chewable tablets, ethinyl estradiol tablets, and ferrous fumarate tablets (b) (4)

We are reviewing the application and have the following information request. We request a written response by Thursday, May 9, 2013. Please submit an amendment to NDA 204654.

Please clarify the following:

The specification in section 3.2.P.5 for Ferrous Fumarate Tablets lists the acceptance criterion for dissolution as "Not less than (b) (4) % (Q) of label claim of Ferrous Fumarate is dissolved in 30 minutes."

Stability data sheets for lots 80018F, 80038F, 80507F, 80577F and 80587F list the criterion as "Not less than (b) (4) % of Label Claim (Q) in 45 minutes." These are in agreement with the COAs.

Stability data sheets for lots 01030T, 01040T and 01050T list the criterion as "Not less than (b) (4) % (Q) of

label claim of Ferrous Fumarate is dissolved in 30 minutes; however, the COAs for these lots list the dissolution criterion as "Not less than (b) (4) % of Label Claim (Q) in 45 minutes."

Which of these is the correct dissolution acceptance criterion?

Please acknowledge receipt of this email.

Thank you.

Kerri-Ann

Kerri-Ann E. Jennings, MS, BSN, RN
LT, United States Public Health Service
Regulatory Health Project Manager
FDA/CDER/OPS/ONDQA
Division of New Drug Quality Assessment II
Phone (301) 796-2919

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***** Thank you *****

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/s/

KERRI-ANN JENNINGS
05/02/2013

From: [Ileana Brown](#)
To: [Jennings, Kerri-Ann](#)
Cc: [Geoffrey Millington](#)
Subject: Re: NDA 204654 Information Request
Date: Thursday, May 02, 2013 12:51:14 PM

Hi Kerri-Ann,

I am forwarding the e-mail to Geoff requesting that the NDA for (b) (4) be amended by May 9th.

Thanks Kerri-Ann and regards.

Ileana

Ileana Brown, MBA, RAC
Director, Regulatory Affairs
Warner Chilcott (US), LLC

973.442.3229 (telephone)

(b) (6)

973.442.3280 (fax)

ibrown@wcrx.com

From: "Jennings, Kerri-Ann" <Kerri-Ann.Jennings@fda.hhs.gov>
To: "Ileana Brown (ibrown@wcrx.com)" <ibrown@wcrx.com>
Date: 05/02/2013 12:45 PM
Subject: NDA 204654 Information Request

Good afternoon Ms. Brown,

Please refer to your New Drug Application (NDA) submitted under section 505 (b) of the Federal Food, Drug and Cosmetic Act for norethindrone acetate and ethinyl estradiol chewable tablets, ethinyl estradiol tablets, and ferrous fumarate tablets (b) (4)

We are reviewing the application and have the following information request. We request a written response by Thursday, May 9, 2013. Please submit an amendment to NDA 204654.

Please clarify the following:

The specification in section 3.2.P.5 for Ferrous Fumarate Tablets lists the acceptance criterion for dissolution as (b) (4)% (Q) of label claim of Ferrous Fumarate is dissolved in (b) (4)"

Stability data sheets for lots 80018F, 80038F, 80507F, 80577F and 80587F list the criterion as (b) (4) % of Label Claim (Q) in (b) (4)." These are in agreement with the COAs.

Stability data sheets for lots 01030T, 01040T and 01050T list the criterion as (b) (4) % (Q) of

label claim of Ferrous Fumarate is dissolved in (b) (4); however, the COAs for these lots list the dissolution criterion as (b) (4) % of Label Claim (Q) in (b) (4).”

Which of these is the correct dissolution acceptance criterion?

Please acknowledge receipt of this email.

Thank you.

Kerri-Ann

Kerri-Ann E. Jennings, MS, BSN, RN
LT, United States Public Health Service
Regulatory Health Project Manager
FDA/CDER/OPS/ONDQA
Division of New Drug Quality Assessment II
Phone (301) 796-2919

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***** Thank you *****

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/s/

KERRI-ANN JENNINGS

05/02/2013



NDA 204654

ADVICE

Warner Chilcott, LLC
Attention: Alvin Howard
Senior Vice President, Regulatory Affairs
100 Enterprise Drive
Rockaway, NJ 07866

Dear Mr. Howard:

Please refer to your New Drug Application (NDA) submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for norethindrone acetate and ethinyl estradiol chewable tablets, ethinyl estradiol tablets.

We are reviewing the clinical pharmacology section of your submission and identified that the labeling of the new dosing instruction to include volume and type of liquid will be a review issue.

If you have any questions, call me at (301) 796-0957.

Sincerely,

{See appended electronic signature page}

Jennifer Mercier
Chief, Project Management Staff
Division of Reproductive and Urologic Products
Office of Drug Evaluation III
Center for Drug Evaluation and Research

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/s/

JENNIFER L MERCIER
12/03/2012



NDA 204654

FILING COMMUNICATION

Warner Chilcott, LLC
Attention: Alvin Howard
Senior Vice President, Regulatory Affairs
100 Enterprise Drive
Rockaway, NJ 07866

Dear Mr. Howard:

Please refer to your New Drug Application (NDA) dated September 27, 2012, received September 28, 2012, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act, for norethindrone acetate and ethinyl estradiol chewable tablets, ethinyl estradiol tablets.

We have completed our filing review and have determined that your application is sufficiently complete to permit a substantive review. Therefore, in accordance with 21 CFR 314.101(a), this application is considered filed 60 days after the date we received your application. The review classification for this application is **Standard**. Therefore, the user fee goal date is July 28, 2013.

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 July 3, 2013.

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.

We do have the following request for additional information.

Clinical:

- Provide a summary of postmarketing safety data on [REDACTED] ^{(b) (4)} This summary should also be updated in the 120-day Safety Update.

During our preliminary review of your submitted labeling, we have identified the following labeling format issues:

- The Highlights must be less than or equal to one-half page (Boxed Warning does not count against the one-half page requirement) unless a waiver has been requested and granted.
- The name of the drug product is not in upper case in the Highlights Limitation Statement.
- The name of the drug product is not in upper case in the Product Title.
- The beginning of Section 17 (Patient Counseling Information) should reference any FDA-approved patient labeling, including the type of patient labeling. Your label should read, "See FDA-approved patient labeling (Patient Information)."

We request that you resubmit labeling that addresses these issues by December 14, 2012. The resubmitted labeling will be used for further labeling discussions.

Please respond only to the above requests for information. While we anticipate that any response submitted in a timely manner will be reviewed during this review cycle, such review decisions will be made on a case-by-case basis at the time of receipt of the submission.

PROMOTIONAL MATERIAL

You may request advisory comments on proposed introductory advertising and promotional labeling. Please submit, in triplicate, a detailed cover letter requesting advisory comments (list each proposed promotional piece in the cover letter along with the material type and material identification code, if applicable), the proposed promotional materials in draft or mock-up form with annotated references, and the proposed package insert (PI) and patient PI. Submit consumer-directed, professional-directed, and television advertisement materials separately and send each submission to:

Food and Drug Administration
Center for Drug Evaluation and Research
Office of Prescription Drug Promotion (OPDP)
5901-B Ammendale Road
Beltsville, MD 20705-1266

Do not submit launch materials until you have received our proposed revisions to the package insert (PI) and patient PI, and you believe the labeling is close to the final version.

For more information regarding OPDP submissions, please see <http://www.fda.gov/AboutFDA/CentersOffices/CDER/ucm090142.htm>. If you have any questions, call OPDP at 301-796-1200.

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(s) in pediatric patients unless this requirement is waived, deferred, or inapplicable.

Because none of these criteria apply to your application, you are exempt from this requirement.

If you have any questions, call Jennifer Mercier, Chief, Project Management Staff, at (301) 796-0957.

Sincerely,

{See appended electronic signature page}

Hylton V. Joffe, M.D., M.M.Sc.
Director
Division of Reproductive and Urologic Products
Office of Drug Evaluation III
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/

HYLTON V JOFFE
11/14/2012



NDA 204654

NDA ACKNOWLEDGMENT

Warner Chilcott, LLC
Attention: Alvin Howard
Senior Vice President, Regulatory Affairs
100 Enterprise Drive
Rockaway, NJ 07866

Dear Mr. Howard:

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

Name of Drug Product: norethindrone acetate and ethinyl estradiol chewable tablets, ethinyl estradiol tablets

Date of Application: September 27, 2012

Date of Receipt: September 28, 2012

Our Reference Number: NDA 204654

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 November 27, 2012, in accordance with 21 CFR 314.101(a).

If you have not already done so, promptly submit the content of labeling [21 CFR 314.50(l)(1)(i)] in structured product labeling (SPL) format as described at <http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm>. Failure to submit the content of labeling in SPL format may result in a refusal-to-file action under 21 CFR 314.101(d)(3). The content of labeling must conform to the content and format requirements of revised 21 CFR 201.56-57.

You are also 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.

In addition to the registration and reporting requirements described above, 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) 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," [42 U.S.C. § 282(j)] 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 trial(s) referenced in this application. Please note that FDA published a guidance in January 2009, "Certifications To Accompany Drug, Biological Product, and Device Applications/Submissions: Compliance with Section 402(j) of The Public Health Service Act, Added By Title VIII of the Food and Drug Administration Amendments Act of 2007," that describes the Agency's current thinking regarding the types of applications and submissions that sponsors, industry, researchers, and investigators submit to the Agency and accompanying certifications. Additional information regarding the certification form is available at:

<http://www.fda.gov/RegulatoryInformation/Legislation/FederalFoodDrugandCosmeticActFDCAct/SignificantAmendmentstotheFDCAAct/FoodandDrugAdministrationAmendmentsActof2007/ucm095442.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 for registering your clinical trials is available at the Protocol Registration System website <http://prsinfo.clinicaltrials.gov/>.

When submitting the certification for this application, **do not** include the certification with other submissions to the application. Submit the certification within 30 days of the date of this letter. In the cover letter of the certification submission clearly identify that it pertains to **NDA 204654** submitted on September 28, 2012, and that it contains the FDA Form 3674 that was to accompany that application.

If you have already submitted the certification for this application, please disregard the above.

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 Reproductive and Urologic 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/Drugs/DevelopmentApprovalProcess/FormsSubmissionRequirements/DrugMasterFilesDMFs/ucm073080.htm>.

Secure email between CDER and applicants is useful for informal communications when confidential information may be included in the message (for example, trade secrets or patient information). If you have not already established secure email with the FDA and would like to set it up, send an email request to SecureEmail@fda.hhs.gov. Please note that secure email may not be used for formal regulatory submissions to applications.

If you have any questions, me (301) 796-0957.

Sincerely,

{See appended electronic signature page}

Jennifer Mercier
Chief, Project Management Staff
Division of Reproductive and Urologic Products
Office of Drug Evaluation III
Center for Drug Evaluation and Research

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/s/

JENNIFER L MERCIER
10/09/2012

MEMORANDUM

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

DATE: March 19, 2013

TO: Warner Chilcott
Attention: Ileana Brown

FROM: Division of Reproductive and Urologic Products
Pamela Lucarelli

SUBJECT: **NDA 204654 Clinical Pharmacology Information Request**

The following e-mail correspondence is an information request (IR) from the clinical pharmacologist.

Lucarelli, Pamela K

From: Ileana Brown [ibrown@wcrx.com]
Sent: Tuesday, March 19, 2013 3:44 PM
To: Lucarelli, Pamela K
Subject: Re: NDA 204654 Information Request
Follow Up Flag: Follow up
Flag Status: Red

Hi Pam,

The bioanalytical validation report (CR-04507.0) associated with Study PR-12111 is located in eCTD section 5.3.1.2, under RR-04612 (PR-12111) volume 2 and starts on pdf page 432 of 1402. I will request the bioanalytical protocol and forward it to you by e-mail within 10 days.

Thanks,

Ileana

Ileana Brown, MBA, RAC
Director, Regulatory Affairs
Warner Chilcott (US), LLC

973.442.3229 (telephone)

(b) (6)

973.442.3280 (fax)

ibrown@wcrx.com

From: "Lucarelli, Pamela K" <Pamela.Lucarelli@fda.hhs.gov>
To: "Ileana Brown" <ibrown@wcrx.com>
Date: 03/19/2013 02:35 PM
Subject: NDA 204654 Information Request

Hi Ileana,

Please see the information request below.

1. Provide the bioanalytical protocol in the Bioanalytical Report (N-A-BIO-12-030) for Study PR-12111.
2. The bioanalytical validation report for Study PR-12111 can not be found at the suggested location in Appendix 16.2.5.4. Please provide the correct location or submit the validation report.

Confirm receipt of this request. Submit the information requested (by email) to me within 10 business days. If you have any questions, let me know.

Thanks,

Pam

Pamela Lucarelli
Senior Regulatory Health Project Manager
FDA/Center for Drug Evaluation and Research
Division of Bone, Reproductive and Urologic Products
WO22 - Room 5333
10903 New Hampshire Avenue
Silver Spring, MD 20903

Phone 301.796.3961
Fax 301.796.9897
pamela.lucarelli@fda.hhs.gov

***** WC Confidentiality Note: *****

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***** Thank you *****

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/s/

PAMELA LUCARELLI
03/21/2013

MEMORANDUM

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

DATE: March 19, 2013

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Pamela Lucarelli

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Thanks,

Ileana

Ileana Brown, MBA, RAC
Director, Regulatory Affairs
Warner Chilcott (US), LLC

973.442.3229 (telephone)

(b) (6)

973.442.3280 (fax)

ibrown@wcrx.com

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Thanks,

Pam

Pamela Lucarelli
Senior Regulatory Health Project Manager
FDA/Center for Drug Evaluation and Research
Division of Bone, Reproductive and Urologic Products
WO22 - Room 5333
10903 New Hampshire Avenue
Silver Spring, MD 20903

Phone 301.796.3961
Fax 301.796.9897
pamela.lucarelli@fda.hhs.gov

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/s/

PAMELA LUCARELLI
03/21/2013