

**CENTER FOR DRUG EVALUATION AND
RESEARCH**

APPLICATION NUMBER:

022503Orig1s000

**ADMINISTRATIVE and CORRESPONDENCE
DOCUMENTS**

(b) (4)
Tablets, 640 mg
Original NDA Submission 505(b)(2)
Corepharma LLC

Module 1: Administrative Information
1.3.5 Patent and Exclusivity Statement

1.3.5.1 Patent Information

As of the date of this filing, there are three United States Patents listed in the **Orange Book** for the RLD, Skelaxin[®] Tablets, 800 mg, held by King Pharmaceuticals, NDA # 013217.

Corepharma has been granted a patent license to the below listed patents by agreement with King Pharmaceuticals, Inc., the owner of US Patents 6,407,128 and 6,683,102 and licensee (with the right to sublicense Corepharma) to US Patent 7,122,566.

Patent and Exclusivity Search Results from query on Appl No 013217 Product 003 in the OB_Rx list.

Patent Data

Appl No	Prod No	Patent No	Patent Expiration	Drug Substance Claim	Drug Product Claim	Patent Use Code	Delist Requested
<u>013217</u>	003	6407128	Dec 3, 2021			<u>U-189</u>	
<u>013217</u>	003	6683102	Dec 3, 2021			<u>U-189</u>	
<u>013217</u>	003	7122566	Feb 6, 2026			<u>U-915</u>	

Please refer to the Patent Certification provided in this module.

(b) (4)

Tablets, 640 mg
Original NDA Submission 505(b)(2)
Corepharma LLC

Module 1: Administrative Information
1.3.5 Patent and Exclusivity Statement

1.3.5.2 Patent Certification

1.3.5.2.1 Patent Number

U.S. Patent No.	Patent Owner	Patent Expiry
6,407,128	King Pharmaceuticals	Dec 3, 2021
6,683,102	King Pharmaceuticals	Dec 3, 2021
7,122,566	Pharmaceutical IP Holdings, Inc.	February 6, 2026

1.3.5.2.2 Paragraph IV Certification

Presented in this Section is Corepharma's signed Paragraph IV Certification.

1.3.5.2.3 Expiration of Patents

Refer to Section 1.3.5.2.1 above.



215 Wood Ave, Middlesex, NJ 08846
(732) 858-1090 Fax: (732) 858-1091
Web: <http://www.corepharma.com>

Paragraph IV Certification

As required by 21 CFR 314.50(i)(1)(i)(A)(4) and Section 505(b)(2)(A)(iv) of the Food, Drug & Cosmetic Act, Corepharma LLC hereby certifies that, upon information and belief, U.S. Patent Nos. 6,407,128, 6,683,102 and 7,122,566 have been listed in Approved Drug Products as covering King Pharmaceuticals, Inc. Skelaxin[®] Tablets, 800 mg, NDA # 013217.

Paragraph IV Certification for U.S. Patent Nos. 6,407,128, 6,683,102 and 7,122,566

Corepharma submits the following certification under 21 U.S.C. § 355(b)(2)(A)(iv) with respect to the following U.S. Patents:

U.S. Patent No.	Patent Owner	Patent Expiry
6,407,128	King Pharmaceuticals	Dec 3, 2021
6,683,102	King Pharmaceuticals	Dec 3, 2021
7,122,566	Pharmaceutical IP Holdings, Inc.	February 6, 2026

In accordance with 21 U.S.C. §355(b)(2)(A)(iv), Corepharma hereby certifies that the approval, manufacture, use or sale of (b) (4) Tablets, 640 mg will not infringe on the patents listed above for King Pharmaceutical's Skelaxin[®] Tablets, 800 mg because Corepharma has been granted a patent license to the above listed patents by agreement with King Pharmaceuticals, Inc., the owner of US Patents 6,407,128 and 6,683,102 and licensee (with the right to sublicense Corepharma) to US Patent 7,122,566.

Prakash S. Kulkarni, Ph.D.
Chief Scientific Officer
Corepharma LLC

06/19/2009
Date



King Pharmaceuticals, Inc.
400 Crossing Blvd.
Bridgewater, NJ 08807

Christopher A. Klein
Deputy General Counsel
908-429-6000 x58936
Chris.klein@kingpharm.com

April 20, 2010

Dr. Mukteeshwar Gande
VP, Scientific Affairs
Corepharma LLC
215 Wood Avenue
Middlesex, NJ 08846

Re: Skelaxin 640mg
NDA 22-503

Dear Dr. Gande:

This letter is to confirm that pursuant to the Product Development Agreement between CorePharma LLC ("CorePharma"), and King Pharmaceuticals, Inc. and King Pharmaceuticals Research & Development, Inc. (together, "King"), dated June 18, 2008 (the "Agreement"), CorePharma received a license to US Patents 6,407,128; 6,683,102; and 7,122,566 (the three patents listed in the FDA's Orange Book under NDA 01-3217 for Skelaxin®) for the purpose of filing and obtaining FDA approval of New Drug Application 22-503 for (b) (4) 640mg.

Please contact me with any questions or if you require any additional information.

Very truly yours,

A handwritten signature in black ink that reads "Christopher A. Klein".

Christopher A. Klein

EXCLUSIVITY SUMMARY

NDA # 22503

SUPPL #

HFD #

Trade Name N/A

Generic Name Metaxalone Tablets

Applicant Name CorePharma, LLC

Approval Date, If Known June 1, 2015

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)(2)

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

YES NO

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

CorePharma submitted a single clinical study: Study #R08-0838, a four-way crossover relative bioavailability (BA) study in 47 healthy subjects comparing 640 mg test product (CorePharma's metaxalone) and the 800 mg Skelaxin (RLD) after ingestion of single-doses of each product under fasted and fed conditions.

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 X NO

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

NDA #(s).

NDA# 13217

Skelaxin

NDA#

NDA#

2. Combination product.

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

YES NO

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

NDA#

NDA#

NDA#

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

PART III THREE-YEAR EXCLUSIVITY FOR NDAs AND SUPPLEMENTS

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

1. Does the application contain reports of clinical investigations? (The Agency interprets "clinical investigations" to mean investigations conducted on humans other than bioavailability

studies.) If the application contains clinical investigations only by virtue of a right of reference to clinical investigations in another application, answer "yes," then skip to question 3(a). If the answer to 3(a) is "yes" for any investigation referred to in another application, do not complete remainder of summary for that investigation.

YES NO

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

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

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

YES NO

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

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

YES NO

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

YES NO

If yes, explain:

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

YES NO

If yes, explain:

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

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

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

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

Investigation #1 YES NO

Investigation #2 YES NO

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

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

Investigation #1 YES NO

Investigation #2 YES NO

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: Jessica Lee
Title: Regulatory Project Manager
Date: June 1, 2015

Name of Office/Division Director signing form: Badrul A. Chowdhury
Title: Director

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/

JESSICA K LEE
06/01/2015

BADRUL A CHOWDHURY
06/01/2015

DEBARMENT CERTIFICATION

Corepharma LLC hereby certifies that Corepharma did not and will not use, in any capacity, the services of any person debarred under 306 of the Federal Food Drug and Cosmetic Act in connection with this application.



Prakash S. Kulkarni, Ph.D.
Chief Scientific Officer
Corepharma LLC

06/18/2009
Date

ACTION PACKAGE CHECKLIST

APPLICATION INFORMATION ¹		
NDA # 22503 BLA #	NDA Supplement # BLA Supplement #	If NDA, Efficacy Supplement Type: <i>(an action package is not required for SE8 or SE9 supplements)</i>
Proprietary Name: Established/Proper Name: Metaxalone Dosage Form: Tablet		Applicant: CorePharma, LLC Agent for Applicant (if applicable):
RPM: Jessica Lee		Division: DPARP
NDA Application Type: <input type="checkbox"/> 505(b)(1) <input checked="" type="checkbox"/> 505(b)(2) Efficacy Supplement: <input type="checkbox"/> 505(b)(1) <input type="checkbox"/> 505(b)(2) BLA Application Type: <input type="checkbox"/> 351(k) <input type="checkbox"/> 351(a) Efficacy Supplement: <input type="checkbox"/> 351(k) <input type="checkbox"/> 351(a)		<p><u>For ALL 505(b)(2) applications, two months prior to EVERY action:</u></p> <ul style="list-style-type: none"> Review the information in the 505(b)(2) Assessment and submit the draft² to CDER OND IO for clearance. Check Orange Book for newly listed patents and/or exclusivity (including pediatric exclusivity) <p><input checked="" type="checkbox"/> No changes <input type="checkbox"/> New patent/exclusivity (<i>notify CDER OND IO</i>) Date of check:</p> <p><i>Note: 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.</i></p>
❖ Actions		
<ul style="list-style-type: none"> Proposed action User Fee Goal Date is <u>June 15, 2015</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 12/18/13; CR 6/11/10
❖ 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 _____		<input type="checkbox"/> Received
❖ Application Characteristics ³		

¹ The **Application Information** Section is (only) a checklist. The **Contents of Action Package** Section (beginning on page 2) lists the documents to be included in the Action Package.

² For resubmissions, 505(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).

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.

Review priority: Standard Priority
 Chemical classification (new NDAs only):
 (*confirm chemical classification at time of approval*)

- | | |
|---|---|
| <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 |
| <input type="checkbox"/> Breakthrough Therapy designation | |

NDAs: Subpart H

- Accelerated approval (21 CFR 314.510)
 Restricted distribution (21 CFR 314.520)

Subpart I

- Approval based on animal studies

- Submitted in response to a PMR
 Submitted in response to a PMC
 Submitted in response to a Pediatric Written Request

BLAs: Subpart E

- Accelerated approval (21 CFR 601.41)
 Restricted distribution (21 CFR 601.42)

Subpart H

- Approval based on animal studies

REMS: MedGuide

- Communication Plan
 ETASU
 MedGuide w/o REMS
 REMS not required

Comments:

❖ 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
• Indicate what types (if any) of information were issued	<input checked="" type="checkbox"/> None <input type="checkbox"/> FDA Press Release <input type="checkbox"/> FDA Talk Paper <input type="checkbox"/> CDER Q&As <input type="checkbox"/> Other
❖ Exclusivity	
• Is approval of this application blocked by any type of exclusivity (orphan, 5-year NCE, 3-year, pediatric exclusivity)? • If so, specify the type	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
❖ Patent Information (NDAs only)	
• Patent Information: Verify that form FDA-3542a was submitted for patents that claim the drug for which approval is sought.	<input checked="" type="checkbox"/> Verified <input type="checkbox"/> Not applicable because drug is an old antibiotic.
CONTENTS OF ACTION PACKAGE	
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) AP 6/1/15; CR 12/18/13; CR 6/11/10
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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 (<i>if it is division-proposed labeling, it should be in track-changes format</i>) 	<input checked="" type="checkbox"/> Included
<ul style="list-style-type: none"> Original applicant-proposed labeling 	<input checked="" type="checkbox"/> Included
❖ 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 (<i>if it is division-proposed labeling, it should be in track-changes format</i>) 	<input type="checkbox"/> Included
<ul style="list-style-type: none"> Original applicant-proposed labeling 	<input type="checkbox"/> Included
❖ 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>) 	Not acceptable: 5/27/10 5/13/10
❖ Labeling reviews (<i>indicate dates of reviews</i>)	RPM: <input type="checkbox"/> None 8/28/13; DMEPA: <input type="checkbox"/> None 5/18/15; 8/21/13; 5/27/10 DMPP/PLT (DRISK): <input checked="" type="checkbox"/> None OPDP: <input type="checkbox"/> None 3/17/15, 12/3/13; 5/20/10 SEALD: <input type="checkbox"/> None 6/2/10 CSS: <input checked="" type="checkbox"/> None Other: <input type="checkbox"/> None

Administrative / Regulatory Documents

❖ RPM Filing Review ⁴ /Memo of Filing Meeting (<i>indicate date of each review</i>)	5/28/10
❖ All NDA 505(b)(2) Actions: Date each action cleared by 505(b)(2) Clearance Committee	<input type="checkbox"/> Not a (b)(2) 5/14/15
❖ NDAs only: Exclusivity Summary (<i>signed by Division Director</i>)	<input checked="" type="checkbox"/> Included
❖ 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

⁴ Filing reviews for scientific disciplines are NOT required to be included in the action package.

<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 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 <u>May 5, 2010</u> If PeRC review not necessary, explain: _____ 	N/A
❖ Outgoing communications: letters, emails, and faxes considered important to include in the action package by the reviewing office/division (e.g., clinical SPA letters, RTF letter, etc.) (<i>do not include previous action letters, as these are located elsewhere in package</i>)	5/5/15; 5/1/15; 4/21/15; 3/26/15; 3/18/15; 3/17/15; 3/12/15; 12/29/14; 6/24/13; 9/13/11; 6/14/10; 5/28/10; 11/2/09; 9/4/09
❖ Internal documents: memoranda, telecons, emails, and other documents considered important to include in the action package by the reviewing office/division (e.g., Regulatory Briefing minutes, Medical Policy Council meeting minutes)	6/11/10
❖ Minutes of Meetings <ul style="list-style-type: none"> • If not the first review cycle, any end-of-review meeting (<i>indicate date of mtg</i>) • Pre-NDA/BLA meeting (<i>indicate date of mtg</i>) • EOP2 meeting (<i>indicate date of mtg</i>) • Mid-cycle Communication (<i>indicate date of mtg</i>) • Late-cycle Meeting (<i>indicate date of mtg</i>) • Other milestone meetings (e.g., EOP2a, CMC pilots) (<i>indicate dates of mtgs</i>) 	<input checked="" type="checkbox"/> N/A or no mtg <input checked="" type="checkbox"/> No mtg <input checked="" type="checkbox"/> No mtg <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/A
❖ Advisory Committee Meeting(s) <ul style="list-style-type: none"> • Date(s) of Meeting(s) 	<input checked="" type="checkbox"/> No AC meeting
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 6/1/15; 12/18/13; 6/11/10
Cross-Discipline Team Leader Review (<i>indicate date for each review</i>)	<input type="checkbox"/> None 5/27/15; 12/2/13; 5/24/10
PMR/PMC Development Templates (<i>indicate total number</i>)	<input type="checkbox"/> None 5/11/15
Clinical	
❖ Clinical Reviews <ul style="list-style-type: none"> • Clinical Team Leader Review(s) (<i>indicate date for each review</i>) • Clinical review(s) (<i>indicate date for each review</i>) • Social scientist review(s) (if OTC drug) (<i>indicate date for each review</i>) 	<input type="checkbox"/> No separate review 10/10/13; 5/17/10; 5/13/10 <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>)	5/15/15; Clinical reviews: 10/10/13 (page 7) and 5/17/10 (page 7)
❖ 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"/> N/A
❖ Risk Management <ul style="list-style-type: none"> REMS Documents and REMS Supporting Document (<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
❖ OSI Clinical Inspection Review Summary(ies) (<i>include copies of OSI letters to investigators</i>)	<input checked="" type="checkbox"/> None requested OSE Review dated 4/22/2010
Clinical Microbiology <input checked="" type="checkbox"/> None	
❖ Clinical Microbiology Team Leader Review(s) (<i>indicate date for each review</i>)	<input type="checkbox"/> No separate review
Clinical Microbiology Review(s) (<i>indicate date for each review</i>)	<input type="checkbox"/> None
Biostatistics <input checked="" type="checkbox"/> None	
❖ Statistical Division Director Review(s) (<i>indicate date for each review</i>)	<input type="checkbox"/> No separate review
Statistical Team Leader Review(s) (<i>indicate date for each review</i>)	<input type="checkbox"/> No separate review
Statistical Review(s) (<i>indicate date for each review</i>)	<input type="checkbox"/> None
Clinical Pharmacology <input type="checkbox"/> None	
❖ Clinical Pharmacology Division Director Review(s) (<i>indicate date for each review</i>)	<input type="checkbox"/> No separate review
Clinical Pharmacology Team Leader Review(s) (<i>indicate date for each review</i>)	<input type="checkbox"/> No separate review
Clinical Pharmacology review(s) (<i>indicate date for each review</i>)	<input type="checkbox"/> None 11/20/13; 4/21/10; 11/26/09
❖ OSI Clinical Pharmacology Inspection Review Summary (<i>include copies of OSI letters</i>)	<input type="checkbox"/> None requested 4/22/10
Nonclinical <input type="checkbox"/> None	
❖ Pharmacology/Toxicology Discipline Reviews	
• ADP/T Review(s) (<i>indicate date for each review</i>)	<input type="checkbox"/> No separate review
• Supervisory Review(s) (<i>indicate date for each review</i>)	<input type="checkbox"/> No separate review
• Pharm/tox review(s), including referenced IND reviews (<i>indicate date for each review</i>)	<input type="checkbox"/> None 10/21/13; 4/20/10 (2)
❖ 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
❖ OSI Nonclinical Inspection Review Summary (<i>include copies of OSI 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"/> No separate review
• Branch Chief/Team Leader Review(s) <i>(indicate date for each review)</i>		<input type="checkbox"/> No separate review 5/25/10
• Product quality review(s) including ONDQA biopharmaceutics reviews <i>(indicate date for each review)</i>		<input type="checkbox"/> None 4/21/15; 11/22/13; 6/9/10; 6/4/10; 4/27/10, 4/16/10
❖ Microbiology Reviews		<input type="checkbox"/> Not needed
<input 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 (OMPQ/MAPCB/BMT) <i>(indicate date of each review)</i>		
❖ Reviews by other disciplines/divisions/Centers requested by CMC/quality reviewer <i>(indicate date of each review)</i>		<input type="checkbox"/> None BP 4/7/15;
❖ Environmental Assessment (check one) (original and supplemental applications)		
<input checked="" type="checkbox"/> Categorical Exclusion <i>(indicate review date)(all original applications and all efficacy supplements that could increase the patient population)</i>		4/27/10
<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; date completed must be within 2 years of action date) <i>(only original NDAs and supplements that include a new facility or a change that affects the manufacturing sites⁵)</i>		Date completed: 2/17/15 <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Withhold recommendation <input type="checkbox"/> Not applicable
<input type="checkbox"/> BLAs: TB-EER (date of most recent TB-EER must be within 30 days of action date) <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) 4/27/10

⁵ 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.

Day of Approval Activities	
❖ For all 505(b)(2) applications: <ul style="list-style-type: none"> • Check Orange Book for newly listed patents and/or exclusivity (including pediatric exclusivity) 	<input type="checkbox"/> No changes <input type="checkbox"/> New patent/exclusivity (<i>Notify CDER OND IO</i>)
<ul style="list-style-type: none"> • Finalize 505(b)(2) assessment 	<input type="checkbox"/> Done
❖ For Breakthrough Therapy(BT) Designated drugs: <ul style="list-style-type: none"> • Notify the CDER BT Program Manager 	<input type="checkbox"/> Done (<i>Send email to CDER OND IO</i>)
❖ Send a courtesy copy of approval letter and all attachments to applicant by fax or secure email	<input type="checkbox"/> Done
❖ If an FDA communication will issue, notify Press Office of approval action after confirming that applicant received courtesy copy of approval letter	<input type="checkbox"/> Done
❖ Ensure that proprietary name, if any, and established name are listed in the <i>Application Product Names</i> section of DARRTS, and that the proprietary name is identified as the “preferred” name	<input type="checkbox"/> Done
❖ Ensure Pediatric Record is accurate	<input type="checkbox"/> Done
❖ Send approval email within one business day to CDER-APPROVALS	<input type="checkbox"/> Done

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/s/

JESSICA K LEE
06/01/2015



Food and Drug Administration
 Center for Drug Evaluation and Research
 Office of Drug Evaluation II

FACSIMILE TRANSMITTAL SHEET

DATE: May 5, 2015

To: Kimberly Ernst Senior Director, Regulatory Affairs	From: Jessica Lee, PharmD Regulatory Project Manager
Company: CorePharma, LLC	Division of Pulmonary, Allergy, and Rheumatology Products
Fax number: 732-805-5643	Fax number: 301-796-9728
Phone number: 732-667-6009	Phone number: 301-796-2300

Subject: NDA 22503 metaxalone Information Request

Total no. of pages including cover:

Comments: Please confirm receipt.

Document to be mailed: YES xNO

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Your submission dated December 15, 2014, to NDA 22503, is currently under review. We have the following request for information:

Per Daily Med, you appear to be marketing generic metaxalone 400 mg tablets with a container label [REDACTED] ^{(b)(4)} with the proposed container label you submitted for your metaxalone 640 mg tablets on May 4, 2015. The labeling for your 640 mg metaxalone tablets should be adequately differentiated from all other marketed strengths of metaxalone to minimize selection errors.

Submit your response by Friday, May 8, 2015. If you have any questions, please contact Jessica Lee, Regulatory Project Manager, at 301-796-3769.

NDA 22503

Drafted by: TMcMillan/5.5.15
JLee/5.5.15

Initialed by: LJafari/5.5.15
SYim/5.5.15

Finalized by: JLee/5.5.15

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/s/

JESSICA K LEE
05/05/2015



Food and Drug Administration
 Center for Drug Evaluation and Research
 Office of Drug Evaluation II

FACSIMILE TRANSMITTAL SHEET

DATE: May 1, 2015

To: Kimberly Ernst Senior Director, Regulatory Affairs	From: Jessica Lee, PharmD Regulatory Project Manager
Company: CorePharma, LLC	Division of Pulmonary, Allergy, and Rheumatology Products
Fax number: 732-805-5643	Fax number: 301-796-9728
Phone number: 732-667-6009	Phone number: 301-796-2300

Subject: NDA 22503 metaxalone Information Request

Total no. of pages including cover:

Comments: Please confirm receipt.

Document to be mailed: YES xNO

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Your submission dated December 15, 2014, to NDA 22503, is currently under review. We have the following request for information:

1. Submit the final container labels and carton labeling for NDA 22503.
2. Per Daily Med, you appear to be marketing generic metaxalone (b) (4) mg tablets with a container label (b) (4) with the proposed container label you submitted for your 640 mg metaxalone tablet in the last cycle. The labeling for your 640 mg tablets should be adequately differentiated from all other marketed strengths of metaxalone to minimize selection errors.

Submit your response by Tuesday, May 5, 2015. If you have any questions, please contact Jessica Lee, Regulatory Project Manager, at 301-796-3769.

NDA 22503

Drafted by: JLee/4.30.15

Initialed by: LJafari/5.1.15
TMcMillan(OSE)/5.1.15
SYim/5.1.15

Finalized by: JLee/5.1.15

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/s/

JESSICA K LEE
05/01/2015



Food and Drug Administration
Center for Drug Evaluation and Research
Office of Drug Evaluation II

FACSIMILE TRANSMITTAL SHEET

DATE: April 21, 2015

To: Kimberly Ernst Senior Director, Regulatory Affairs	From: Jessica Lee, PharmD Regulatory Project Manager
Company: CorePharma, LLC	Division of Pulmonary, Allergy, and Rheumatology Products
Fax number: 732-805-5643	Fax number: 301-796-9728
Phone number: 732-667-6009	Phone number: 301-796-2300

Subject: NDA 22503 metaxalone Labeling #2

Total no. of pages including cover:

Comments: Please confirm receipt.

Document to be mailed: YES xNO

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Your submission dated December 15, 2014, to NDA 22503, is currently under review. Attached are our revisions to your proposed package insert (PI) submitted March 24, 2015. Comments regarding some changes are embedded within the product label. Be advised that these labeling changes are not the Agency's final recommendations and that additional labeling changes may be forthcoming as the labeling review continues.

1. Clarify to be marketed product(s). The NDA submission contains bottle labels for packaging configurations of 100 (b) (4) tablets. (b) (4)

 Confirm that 100 bottle will be the only marketed product.

We request you address the deficiencies/edits and submit the corrected draft label as soon as possible, but no later than noon, Monday, April 27, 2015. Submit a clean and track change versions of the label. The information can be sent by electronic mail to Jessica.Lee@fda.hhs.gov, followed by an official submission to the NDA. If you have any questions, please contact Jessica Lee, Regulatory Project Manager, at 301-796-3769.

NDA 22503

Drafted by: JLee/4.17.15

Initialed by: LJafari/4.20.15
XShen/4.20.15
SYim/4.20.15

Finalized by: JLee/4.21.15

6 Pages of Draft Labeling have been Withheld in Full as b4 (CCI/TS)
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/s/

JESSICA K LEE
04/21/2015



Food and Drug Administration
 Center for Drug Evaluation and Research
 Office of Drug Evaluation II

FACSIMILE TRANSMITTAL SHEET

DATE: March 26, 2015

To: Kimberly Ernst Senior Director, Regulatory Affairs	From: Jessica Lee, PharmD Regulatory Project Manager
Company: CorePharma, LLC	Division of Pulmonary, Allergy, and Rheumatology Products
Fax number: 732-805-5643	Fax number: 301-796-9728
Phone number: 732-667-6009	Phone number: 301-796-2300

Subject: NDA 22503 metaxalone Information Request

Total no. of pages including cover:

Comments: Please confirm receipt.

Document to be mailed: YES xNO

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Your submission dated December 15, 2014, to NDA 22503, is currently under review. We have the following comments:

We received your acknowledgement of the proposed dissolution specifications. We request that you update and submit drug product specifications accordingly.

In addition, your proposal to submit a Changes Being Effected (CBE) Supplement related to [REDACTED]^{(b) (4)} is acceptable. Confirm your agreement to perform the following postmarketing commitment and provide the requested milestone timeline:

Provide comparative dissolution data (determined by f2 metrics) between [REDACTED]^{(b) (4)} tablets ([REDACTED]^{(b) (4)}) using the approved dissolution method.

Final Protocol Submission Date: MM/YY

Study Completion Date: MM/YY

Final Report (CBE) Submission Date: MM/YY

If you have any questions, please contact Jessica Lee, Regulatory Project Manager, at 301-796-3769.

NDA 22503

Drafted by: HMandula/3.25.15
JLee/3.25.15

Initialed by: KKitchens/3.25.15 (2)
LJafari/3.25.15
HMandula/3.25.15
XShen/3.25.15
JPinto/3.25.15

Finalized by: JLee/3.26.15

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/s/

JESSICA K LEE
03/26/2015



Food and Drug Administration
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 Office of Drug Evaluation II

FACSIMILE TRANSMITTAL SHEET

DATE: March 18, 2015

To: Kimberly Ernst Senior Director, Regulatory Affairs	From: Jessica Lee, PharmD Regulatory Project Manager
Company: CorePharma, LLC	Division of Pulmonary, Allergy, and Rheumatology Products
Fax number: 732-805-5643	Fax number: 301-796-9728
Phone number: 732-667-6009	Phone number: 301-796-2300

Subject: NDA 22503 metaxalone Labeling

Total no. of pages including cover:

Comments: Please confirm receipt.

Document to be mailed: YES xNO

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Your submission dated December 15, 2014, to NDA 22503, is currently under review. Attached are our revisions to your proposed package insert (PI) submitted June 18, 2013. Comments regarding some changes are embedded within the product label. Be advised that these labeling changes are not the Agency's final recommendations and that additional labeling changes may be forthcoming as the labeling review continues.

We request you address the deficiencies/edits and submit the corrected draft label as soon as possible, but no later than noon, Tuesday, March 24, 2015. Submit a clean and track change versions of the label. The information can be sent by electronic mail to Jessica.Lee@fda.hhs.gov, followed by an official submission to the NDA. If you have any questions, please contact Jessica Lee, Regulatory Project Manager, at 301-796-3769.

6 Pages of Draft Labeling have been Withheld in Full as b4 (CCI/TS)
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/s/

JESSICA K LEE
03/18/2015



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Center for Drug Evaluation and Research
Office of Drug Evaluation II

FACSIMILE TRANSMITTAL SHEET

DATE: March 17, 2015

To: Kimberly Ernst Senior Director, Regulatory Affairs	From: Jessica Lee, PharmD Regulatory Project Manager
Company: CorePharma, LLC	Division of Pulmonary, Allergy, and Rheumatology Products
Fax number: 732-805-5643	Fax number: 301-796-9728
Phone number: 732-667-6009	Phone number: 301-796-2300

Subject: NDA 22503 metaxalone Information Request

Total no. of pages including cover:

Comments: Please confirm receipt.

Document to be mailed: YES xNO

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Your submission dated December 15, 2014, to NDA 22503, is currently under review. We have the following comment:

Based on the data provided, we recommend the following dissolution specifications for your drug product:

30 min: (b) (4) %
90 min: Q= (b) (4) %

Please acknowledge your acceptance of the recommended dissolution specifications for your drug product.

Submit your response by Tuesday, March 24, 2015. If you have any questions, please contact Jessica Lee, Regulatory Project Manager, at 301-796-3769.

NDA 22503

Drafted by: HMandula/3.17.15
JLee/3.17.15

Initialed by: SBarnes/3.17.15
KKitchens/3.17.15

Finalized by: JLee/3.17.15

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/s/

JESSICA K LEE
03/17/2015



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 Office of Drug Evaluation II

FACSIMILE TRANSMITTAL SHEET

DATE: March 12, 2015

To: Kimberly Ernst Senior Director, Regulatory Affairs	From: Jessica Lee, PharmD Regulatory Project Manager
Company: CorePharma, LLC	Division of Pulmonary, Allergy, and Rheumatology Products
Fax number: 732-805-5643	Fax number: 301-796-9728
Phone number: 732-667-6009	Phone number: 301-796-2300

Subject: Information Request

Total no. of pages including cover:

Comments: Please confirm receipt.

Document to be mailed: YES xNO

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Your submission dated December 15, 2014, to NDA 022-503, is currently under review. We have the following comment or request for information:

Your metaxalone tablets are  (b) (4)

Submit your response by Thursday, March 19, 2015. If you have any questions, please contact Jessica Lee, Regulatory Project Manager, at 301-796-3769.

NDA 22503

Drafted by: XShen/3.11.15
JLee/3.11.15

Initialed by: JPinto/3.11.15
LJafari/3.11.15
XShen/3.11.15
JPinto/3.11.15

Finalized by: JLee/3.12.15

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/s/

JESSICA K LEE
03/12/2015



NDA 022503

**ACKNOWLEDGE –
CLASS 2 RESUBMISSION**

CorePharma, LLC
215 Wood Ave
Middlesex, NJ 08846-2554

Attention: Kimberly Ernst
Senior Director
Regulatory Affairs/Quality Assurance R&D

Dear Ms. Ernst:

We acknowledge receipt on December 15, 2014, of your December 15, 2014, resubmission to your new drug application submitted pursuant to section 505(b)(2) of the Federal Food, Drug, and Cosmetic Act for Metaxalone Tablets, 640 mg.

We consider this a complete, class 2 response to our December 18, 2013, action letter. Therefore, the user fee goal date is June 15, 2015.

If you have any questions, call me at (301) 796-3769.

Sincerely,

{See appended electronic signature page}

Jessica K. Lee, PharmD
Senior Regulatory Project Manager
Division of Pulmonary, Allergy, and Rheumatology
Products
Office of Drug Evaluation II
Center for Drug Evaluation and Research

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/s/

JESSICA K LEE
12/29/2014



NDA 22503

**ACKNOWLEDGE –
CLASS 2 RESPONSE**

CorePharma, LLC
215 Wood Avenue
Middlesex, NJ 08846-2554

Attention: Kimberly Ernst
Senior Director, Regulatory Affairs

Dear Ms. Ernst:

We acknowledge receipt on June 18, 2013, of your June 18, 2013, resubmission of your new drug application pursuant to section 505(b)(2) of the Federal Food, Drug, and Cosmetic Act for Metaxalone 640 mg tablets.

We consider this a complete, class 2 response to our June 11, 2010, action letter. Therefore, the user fee goal date is December 18, 2013.

If you have any questions, call Ms. Hill Carol, Senior Regulatory Project Manager, at (301) 796-2466.

Sincerely,

{See appended electronic signature page}

Carol Hill,
Senior Regulatory Project Manager
Division of Pulmonary, Allergy, and
Rheumatology Products
Office of Drug Evaluation II
Center for Drug Evaluation and Research

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/s/

SADAF NABAVIAN
06/24/2013

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NDA 022503

**PROPRIETARY NAME REQUEST
WITHDRAWN**

Corepharma LLC
215 Wood Avenue
Middlesex, New Jersey 08846

ATTENTION: Prakash S. Kulkarni, Ph.D.
Chief Scientific Officer

Dear Dr. Kulkarni:

Please refer to your New Drug Application (NDA) dated August 18, 2009, received August 18, 2009, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Metaxalone Tablets, 640 mg.

We acknowledge receipt of your January 6, 2010 correspondence, on January 6, 2010, notifying us that you are withdrawing your October 26, 2009 request for a review of the proposed proprietary name [REDACTED] ^{(b) (4)} Tablets. This proposed proprietary name request is considered withdrawn as of January 12, 2010.

If you have any questions regarding the contents of this letter or any other aspects of the proprietary name review process, call Cheryle Milburn, Regulatory Project Manager in the Office of Surveillance and Epidemiology, at (301) 796-2084. For any other information regarding this application, contact the Office of New Drugs (OND) Regulatory Project Manager Ramani Sista at (301) 796-1236.

Sincerely,

{See appended electronic signature page}

Carol Holquist, RPh
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-22503

ORIG-1

COREPHARMA
LLC

^{(b) (4)}
640MG
(METAXALONE)

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/s/

CAROL A HOLQUIST
06/14/2010

Memo to file

Meeting Attendees: Curtis Rosebraugh, Office Director ODE2,
Badrul Chowdhury, Sarah Okada, Keith Hull, Kathleen Coyle,
Sandy Barnes, Lydia Gilbert-McClain, Sharon Turner-Rinehardt
and Ramani Sista (DPARP)
Chandra Sahajwalla, Suresh Doddapaneni, Sayed Al Habet, Yun
Xu, Partha Roy (Division of Clinical Pharmacology II)
Jane Blauss, Nancy Boocker, and Michael Bernstein (Office of
Regulatory Policy)
Nguyen Hiainhon (Office of Generic Drugs).

The meeting was convened to discuss 3 main issues:

Possibility of approval and marketing multiple strength doses

Possibility of using a 505(b)(2) regulatory pathway for an assumed failed generics

Legal and/or regulatory impediments to approval

The Division expressed their concern, that having bioequivalent doses of metaxalone on the market that are nominally different will create confusion for the prescribing physician and patients. The Division of Clinical Pharmacology added that, with changes in manufacturing, such as nanotechnology and micronization, formulations that are more bioavailable were possible which could lead to faster absorption; this could result in the Agency receiving more applications for products of varying nominal doses. Since there were no generics approved for metaxalone at this time, the Division asked if these products should come in as 505(j) under Office of Generic Products. Nancy Boocker clarified that this product would not qualify as a generic, since bioequivalence could not be established at the same nominal dose as the reference listed drug (RLD). The question was also asked regarding Sponsors using a 505(b)(2) regulatory pathway for a failed generic and whether there would be any impediment to approval. Nancy Boocker explained that if a drug is shown to be safe and effective, it will have to be approved. After discussion at the meeting and confirmation with the Office of Chief Counsel (see attached email), it was concluded that if the application provided adequate evidence that the CorePharma product meets Agency standards for safety and effectiveness, which in this case is via bioequivalence to the RLD, there is no legal or regulatory impediment to approving the application.

From: [Boocker, Nancy](#)
To: [Chowdhury, Badrul A;](#)
cc: [Sista, Ramani V; Bernstein, Michael;](#)
[Baluss, Jane;](#)
Subject: Metaxalone b2 applications
Date: Tuesday, May 11, 2010 7:22:55 PM

Badrul,

We spoke with OCC yesterday about your ^{(b) (4), (b) (5)} 505(b)(2) applications for metaxalone. ^{(b) (4), (b) (5)}

OCC did have a question about how the applicants addressed the patents listed for Skelaxin.

Also, there is one more issue that will need to be resolved. The pending citizen petition about Skelaxin makes arguments about whether it is a ^{(b) (4), (b) (5)} product. You will probably need to address the fact that the 505(b)(2) applications are immediate release and therefore the labeling changes requested for Skelaxin are not needed. (I understand that we disagree with the petition about Skelaxin ^{(b) (4), (b) (5)}.) We will check with OCC about whether you need to put this information in a separate memo or just make sure one of the review memos makes the point.

Let us know about the patents and if you have any additional questions.

Thanks,

Nancy

Application
Type/Number

Submission
Type/Number

Submitter Name

Product Name

NDA-22503

ORIG-1

COREPHARMA
LLC

(b) (4)
640MG
(METAXALONE)

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/s/

RAMANI V SISTA
06/11/2010



NDA 22-503

DISCIPLINE REVIEW LETTER

CorePharma LLC
215 Wood Avenue,
Middlesex, NJ 08846

Attention: Prakash Kulkarni, PhD
Chief Scientific Officer

Dear Dr. Kulkarni:

Please refer to your New Drug Application (NDA) submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Metaxalone (metaxalone) Tablet 640 mg.

The Division of Medical Error Prevention and Analysis (DMEPA) have completed their review of the carton and container labels of your submission, and have identified the following deficiencies:

COMMENTS TO THE APPLICANT

1. The labels and labeling include a proprietary name (b) (4) which we found unacceptable and communicated this decision to you via a letter dated May 27, 2010. The container labels and package insert should be revised to remove all instances of the proposed proprietary name (b) (4).
2. Your logo on the principal display panel of the container labels is large, distracting, and competes for prominence with both the proposed proprietary name and established name of the drug. Delete or reduce the size of your logo and relocate it away from the proposed proprietary name and established name so that it does not compete with prominence with the propose proprietary name or the established name.
3. The 'Rx Only' statement and the net quantity statement '100 Tablets' (b) (4) is distracting from more vital information on the PDP of your container labels such as the name of the of product and the strength. Decrease the prominence of these statements by un-bolding the font or decreasing the size of the statement.
4. The usual dose is located on the side panel of the container labels. Revise this statement to include the word (b) (4) at the beginning of the statement. The revised statement should read "**USUAL DOSAGE:** The recommended dose for adults and children over 12 years of ages is one tablet (640 mg) three to four times a day".

5. The side panel of the container labels instructs pharmacists to [REDACTED] (b) (4) however this product should also be dispensed in a container that is also unless otherwise specified by the patient. Revise the statement to read “Dispense in a well-closed child-resistant container”.

We are providing these comments to you before we complete our review of the entire application to give you preliminary notice of issues that we have identified. In conformance with the prescription drug user fee reauthorization agreements, these comments do not reflect a final decision on the information reviewed and should not be construed to do so. These comments are preliminary and subject to change as we finalize our review of your application. In addition, we may identify other information that must be provided before we can approve this application. If you respond to these issues during this review cycle, depending on the timing of your response, and in conformance with the user fee reauthorization agreements, we may not be able to consider your response before we take an action on your application during this review cycle.

If you have any questions, call Ramani Sista, Regulatory Project Manager, at (301) 796-1236.

Sincerely,

{See appended electronic signature page}

Sandy Barnes
Chief, Project Management Staff
Division of Pulmonary, Allergy, and
Rheumatology Products
Office of Drug Evaluation II
Center for Drug Evaluation and Research

Enclosure: Appendices

APPENDICES

Appendix A: Container Labels (134% Magnification)



(b) (4)

Application
Type/Number

Submission
Type/Number

Submitter Name

Product Name

NDA-22503

ORIG-1

COREPHARMA
LLC

(b) (4)
640MG
(METAXALONE)

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/s/

SANDRA L BARNES
05/28/2010



NDA 022503

**PROPRIETARY NAME REQUEST
UNACCEPTABLE**

Corepharma LLC
215 Wood Avenue
Middlesex, New Jersey 08846

ATTENTION: Prakash S. Kulkarni, Ph.D.
Chief Scientific Officer

Dear Dr. Kulkarni:

Please refer to your New Drug Application (NDA) dated August 18, 2009, received August 20, 2009, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Metaxalone Tablets, 640 mg.

We also refer to your March 1, 2010, correspondence, received March 4, 2010, 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 following reasons.

(b) (4)

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, *Complete Submission for the Evaluation of Proprietary Names*, <http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/ucm121568.htm> 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 Carolyn Volpe, Safety Regulatory Project Manager in the Office of Surveillance and Epidemiology, at (301) 796-5204. For any other information regarding this application contact the Office of New Drugs (OND) Regulatory Project Manager, Ramani Sista at 301-796-1236.

Sincerely,

{See appended electronic signature page}

Carol Holquist, RPh
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-22503

ORIG-1

COREPHARMA
LLC

(b) (4)
640MG
(METAXALONE)

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/s/

CAROL A HOLQUIST
05/27/2010



NDA 22-503

FILING COMMUNICATION

CorePharma LLC
215 Wood Avenue,
Middlesex, NJ 08846

Attention: Prakash Kulkarni, PhD
Chief Scientific Officer

Dear Dr. Kulkarni:

Please refer to your new drug application (NDA) dated August 18, 2009, received August 21, 2009 submitted pursuant to section 505(b)(2) of the Federal Food, Drug, and Cosmetic Act, for (b) (4) (Metaxalone) Tablets, 640 mg.

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 June 18, 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, midcycle, 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 June 4, 2010.

During our filing review of your application, we identified the following potential review issue:

Based on the proposed maximum daily dose of 4 tablets of (b) (4) the inactive ingredients Propylene Glycol Alginate and Povidone (b) (4) appear to exceed the maximum potencies listed in the FDA Inactive Ingredients Guide. Your NDA must provide adequate justification for the safety of the proposed maximum daily exposure to the excipients. Note that any novel excipients must be adequately qualified for safety.

Refer to the Guidance for Industry: Nonclinical Studies for Safety Evaluation of Pharmaceutical Excipients (May 2005) which is available on the FDA web page at the following URL

<http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/ucm079250.pdf>

This guidance states that *new excipients* means any ingredients that are intentionally added to therapeutic and diagnostic products, but which: (1) we believe are not intended to exert therapeutic effects at the intended dosage, although they may act to improve product delivery (e.g., enhance absorption or control release of the drug substance); and (2) ***are not fully qualified by existing safety data with respect to the currently proposed level of exposure, duration of exposure, or route of administration.***”

We are providing the above comments to give you preliminary notice of potential review issues. Our filing review is only a preliminary evaluation of the application and is not indicative of deficiencies that may be identified during our review. Issues may be added, deleted, expanded upon, or modified as we review the application.

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

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

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.

We acknowledge receipt of your request for a full waiver of pediatric studies for this application in patients up to 12 years of age. Once we have reviewed your request, we will notify you if the full waiver request is denied and a pediatric drug development plan is required.

In addition, we have the following comments regarding the labeling submitted in the WORD format with your NDA. These comments are based on Title 21 of the Code of Federal Regulations (201.56 and 201.57), the preamble to the Final Rule, Guidances, and FDA recommendations to provide for labeling quality and consistency.

Highlights of Prescribing Information

1. Bold highlights limitation statement “These highlights do not include...”
2. Add the statement “**See 17 for PATIENT COUNSELING INFORMATION and FDA approved patient labeling**” at end of the Highlights section before Revised: 05/2009.
3. In all sections, revise to bullet format from paragraph format.

Full Prescribing Information (FPI)

1. Remove period after numbers for section and subsection headings.
2. Consistently indent all paragraphs, headings, subheadings throughout the FPI.
For overall formatting, refer to the following URL

<http://www.fda.gov/cder/regulatory/physLabel/default.htm>
for examples of labeling in the new format.
3. In the WARNINGS AND PRECAUTIONS section of the FPI, remove bold font and italicize or underline the information in brackets.

If you have any questions, call Ramani Sista, Regulatory Project Manager, at (301) 796-1236.

Sincerely,

{See appended electronic signature page}

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

Application
Type/Number

Submission
Type/Number

Submitter Name

Product Name

NDA-22503

ORIG-1

COREPHARMA
LLC

(b) (4)
640MG
(METAXALONE)

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/s/

BOB A RAPPAPORT
11/02/2009



NDA 022503

NDA ACKNOWLEDGMENT

CorePharma LLC
215 Wood Avenue,
Middlesex, NJ 08846

Attention: Prakash Kulkarni, PhD
Chief Scientific Officer

Dear Dr. Kulkarni:

We have received your new drug application (NDA) submitted pursuant to section 505(b)(2) of the Federal Food, Drug, and Cosmetic Act (FDCA) for the following:

Name of Drug Product: (b) (4) (Metaxalone) Tablets, 640 mg.

Date of Application: August 18, 2009

Date of Receipt: August 21, 2009

Our Reference Number: NDA 022503

Unless we notify you within 60 days of the receipt date that the application is not sufficiently complete to permit a substantive review, we will file the application on October 20, 2009, 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/oc/datacouncil/spl.html>. 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.

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 Anesthesia, Analgesia and Rheumatology 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>.

If you have any questions, call me at (301) 796 1236.

Sincerely,

{See appended electronic signature page}

Ramani Sista, PhD, RAC
Regulatory Project Manager
Division of Anesthesia, Analgesia
and Rheumatology Products
Office of Drug Evaluation II
Center for Drug Evaluation and Research

Application
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/s/

RAMANI V SISTA
09/04/2009