

**CENTER FOR DRUG EVALUATION AND
RESEARCH**

APPLICATION NUMBER:

20-900

ADMINISTRATIVE DOCUMENTS

REQUEST FOR TRADEMARK REVIEW

/S/
9/23/97

To: Labeling and Nomenclature Committee
Attention: Dan Boring, Chair (HFD-530), 9201 Corporate Blvd, Room N461

From: Division of Medical Imaging & Radiopharmaceutical Drug Products		HFD-160
Attention: Qansy Salako		Phone: 301 827 1606
Date: 09/22/97		
Subject: Request for Assessment of a Trademark for a Proposed New Drug Product		
Proposed Trademark: PYLORI-CHEK Breath Test Kit		NDA# 20,900
Established name, including dosage form: C-13 Urea, 99%; 100mg/50 mL Water as part of the kit.		
Other trademarks by the same firm for companion products:		
Indications for Use (may be a summary if proposed statement is lengthy): To provide qualitative detection of urease associated with H. pylori infection in adult patients.		
Initial Comments from the submitter (concerns, observations, etc.): None		

Note: Meetings of the Committee are scheduled for the 4th Tuesday of the month. Please submit this form at least one week ahead of the meeting. Responses will be as timely as possible.

EXCLUSIVITY SUMMARY FOR NDA # 20-900

Trade Name: PYLORI-CHEK Breath Test Kit with 13C Urea 100 mg

Generic Name: 13C Urea 100 mg

Applicant Name: Alimenterics, Inc. HFD # 590

Approval Date If Known: 2/4/99

PART I IS AN EXCLUSIVITY DETERMINATION NEEDED?

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

a) Is it an original NDA? YES /X/ NO / /

b) Is it an effectiveness supplement? YES / / NO /X/

If yes, what type? (SE1, SE2, etc.)

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 /X/ 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 / X /

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? No

IF YOU HAVE ANSWERED "NO" TO ALL OF THE ABOVE QUESTIONS, GO DIRECTLY TO THE SIGNATURE BLOCKS ON PAGE 8.

Form OGD-011347 Revised 10/13/98

cc: Original NDA Division File HFD-93 Mary Ann Holovac

2. Has a product with the same active ingredient(s), dosage form, strength, route of administration, and dosing schedule, previously been approved by FDA for the same use? (Rx to OTC switches should be answered NO-please indicate as such) YES /X/ NO / /

If yes, NDA #: 20-586 Drug Name: PRANACTIN (13C Urea)

IF THE ANSWER TO QUESTION 2 IS "YES," GO DIRECTLY TO THE SIGNATURE BLOCKS ON PAGE 8.

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

YES /__ / NO / /

IF THE ANSWER TO QUESTION 3 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).

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).

IF THE ANSWER TO QUESTION 1 OR 2 UNDER PART II IS "NO," GO DIRECTLY TO THE SIGNATURE BLOCKS ON PAGE 8. IF "YES" GO TO PART III.

PART III THREE-YEAR EXCLUSIVITY FOR NDA'S 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

YES / ___ / Explain _____ NO / ___ / Explain _____

Investigation #2

YES / ___ / Explain _____ NO / ___ / 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: _____

/S/

Signature: _____
Title: Project Manager

Date: 2/3/99

/S/

Signature of Office/Division Director

Date: 2/4/99

**APPEARS THIS WAY
ON ORIGINAL**

cc:
Original NDA 20-900
Division File
HFD-93 Mary Ann Holovac

PEDIATRIC PAGE

(Complete for all original application and all efficacy supplements)

NDA/BLA Number: 20900 **Trade Name:** 13 C-UREA 99% ORAL SOL 100MG

Supplement Number: **Generic Name:** 13 C-UREA 99% ORAL SOL 100MG

Supplement Type: **Dosage Form:** FOX

Regulatory Action: PN **Proposed Indication:** Intended for use as part of the Pylori-Chek Urea Breath Test to provide qualitative detection of urease associated with Helicobacter pylori as a method of detecting H. pylori infection in adult patients.

IS THERE PEDIATRIC CONTENT IN THIS SUBMISSION? NO

What are the INTENDED Pediatric Age Groups for this submission?

 NeoNates (0-30 Days) Children (25 Months-12 years)
 Infants (1-24 Months) Adolescents (13-16 Years)

Label Status -
Formulation Status -
Studies Needed -
Study Status -

Are there any Pediatric Phase 4 Commitments in the Action Letter for the Original Submission? NO

COMMENTS:

Nonapproval letter sent on 8/26/98. New action will be taken in Feb.1999.

Safety and efficacy in pediatric patients have not been established.

This Page was completed based on information from a PROJECT MANAGER/CONSUMER SAFETY OFFICER, ROBIN ANDERSON

Signature /S/ _____ 2/1/99
Date

Debarment Certification

Pursuant to section 306(K) of the Federal Food Drug and Cosmetic Act, the applicant did not and will not use in any capacity the services of any person debarred under subsection (a) or (b) in connection with this application.

Certification:

Janet George Murnick
Janet George Murnick, PhD
President, Alimenterics, Inc

Feb. 9, 1998
Date

MEMORANDUM

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

DATE: October 29, 1997

FROM: Robin Anderson/Project Manager/Division of Special Pathogens and Immunologic
Drug Products/HFD-590 /S/

THROUGH: Dr. Robert Hopkins/Medical Officer/Division of Special Pathogens and
Immunologic Drug Products/HFD-590 /S/10-29-97
Dr. Marc Cavaille-Coll/Acting Medical Team Leader/Officer/Division of Special
Pathogens and Immunologic Drug Products/HFD-590 /S/10-27-97

SUBJECT: NDA 20-900 (¹³C Urea Breath Test)

TO: Dr. Doria Dubois/Microbiologist/Office of Device Evaluation/HFZ-440

The Medical Reviewer for this NDA has requested that additional information be submitted for the clinical studies. Please communicate the following request for information to the applicant (Alimenterics):

Data for two of the four clinical studies should be tabulated as outlined in the pages attached. These studies are referred to in the application as the "cold trap study" and the "pivotal study". This kind of tabulation will expedite the Medical Reviewer's validation of the data.

Thank you.

cc:
NDA 20-900
HFD-590/Division files
HFD-590/R. Hopkins
HFD-590/M. Cavaille-Coll
HFD-590/R. Anderson

**Suggested Format for Alimenterics Database Tabulation
(Pivotal and Cold Trap Studies)**

H. pylori Tests

UBT Cult Hist CLO Numbers of Patients

Four Tests Available

+	+	+	+
+	+	+	-
+	+	-	+
+	+	-	-
+	-	+	+
+	-	+	-
+	-	-	+
+	-	-	-
-	+	+	+
-	+	+	-
-	+	-	+
-	+	-	-
-	-	+	+
-	-	+	-
-	-	-	+
-	-	-	-

**Suggested Format for Alimenterics Database Tabulation
(Pivotal and Cold Trap Studies)**

H. pylori Tests

UBT Cult Hist Urease Numbers of Patients

Three Tests Available

NA	+	+	+
NA	+	+	-
NA	+	-	+
NA	+	-	-
NA	-	+	+
NA	-	+	-
NA	-	-	+
NA	-	-	-
+	N/A	+	+
+	N/A	+	-
+	N/A	-	+
+	N/A	-	-
-	N/A	+	+
-	N/A	+	-
-	N/A	-	+
-	N/A	-	-
+	+	N/A	+
+	-	N/A	+
+	+	N/A	-
+	-	N/A	-
-	+	N/A	+
-	-	N/A	+
-	+	N/A	-
-	-	N/A	-
+	+	+	N/A
-	+	+	N/A
+	+	-	N/A
-	+	-	N/A
+	-	+	N/A
-	-	+	N/A
+	-	-	N/A
-	-	-	N/A

**Suggested Format for Alimenterics Database Tabulation
(Pivotal and Cold Trap Studies)**

H. pylori Tests

UBT	Cult	Hist	Urease	Numbers of Patients
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Two Tests Available

N/A	N/A	+	+
N/A	N/A	+	-
N/A	N/A	-	+
N/A	N/A	-	-
N/A	+	N/A	+
N/A	+	N/A	-
N/A	-	N/A	+
N/A	-	N/A	-
N/A	+	+	N/A
N/A	+	-	N/A
N/A	-	+	N/A
N/A	-	-	N/A
+	N/A	N/A	+
+	N/A	N/A	-
-	N/A	N/A	+
-	N/A	N/A	-
+	N/A	+	N/A
+	N/A	-	N/A
-	N/A	+	N/A
-	N/A	-	N/A
+	+	N/A	N/A
+	-	N/A	N/A
-	+	N/A	N/A
-	-	N/A	N/A

**Suggested Format for Alimenterics Database Tabulation
(Pivotal and Cold Trap Studies)**

H. pylori Tests

UBT	Cult	Hist	Urease	Numbers of Patients
-----	------	------	--------	---------------------

One Test Available

+	N/A	N/A	N/A	
-	N/A	N/A	N/A	
NA	+	N/A	N/A	
NA	-	N/A	N/A	
NA	N/A	+	N/A	
NA	N/A	-	N/A	
NA	N/A	N/A	+	
NA	N/A	N/A	-	

No Tests Available

NA	N/A	N/A	N/A	
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Total

(N = 1048 pivotal study)
(N = 432 cold trap study)

MEMORANDUM OF MEETING MINUTES

Meeting Date: 9/5/97
Time: 2pm
Location: N-445/WOC2-Rm 3054 (User Fee Staff)
Application: NDA 20-900 (C13 Urea Breath Test)
Type of Meeting: FDA initiated teleconference
Meeting Chair: Robin Anderson/Project Manager/HFD-590
Meeting Recorder: Robin Anderson/Project Manager/HFD-590

FDA Attendees, Titles, and Office/Division:

Robin Anderson/Project Manager/HFD-590
Michael Jones/User Fees/HFD-005
Joslyn Swann/User Fees/HFD-005

Alimenterics Attendees and Titles:

Janet George Murnick/President
Peter Psreundschuh /Controller

Background:

Alimenterics paid a user fee [redacted] for this NDA on 8/26/97, which was only half of the required initial user fee for a full NDA with clinical data to be reviewed. A user fee cover sheet (form FDA 3397) was not included in the submission.

Purpose of teleconference:

To notify the applicant of the following:

- Need to pay the remaining [redacted] user fee.
- Possible user fee waivers/exemption that Alimenterics may be eligible for.
- User fee cover sheet needs to be submitted to the NDA.

Discussion Points:

- Applicant was advised that a full user fee needs to be paid for this NDA. Applicant was initially advised by their attorney that no user fee would be required since this was primarily a device. Then, their attorney advised them that half of the fee would be required. The applicant was advised that the application was classified as a 505 (b) 1, that clinical data was required for approval, and that a full fee was required under the User Fee Act.
- Applicant was advised that the User Fee Act provides for waivers/exemption, and that Alimenterics could investigate that possibility. Applicant was advised to pay the remaining user fee owed, and if they wish they could pursue a waiver/exemption. Applicant was advised to call Ms. Suzanne O'Shea in the Ombudsman's Office once they have drafted their waiver request. The applicant was also given the phone number for FDA's Industry Liaison Staff at (301) 827-3430 so that they can request a user fee packet.

NDA 20-900

- Applicant was advised that a user fee cover sheet needs to be submitted with any new NDA or supplement.
- Applicant asked about product and establishment fees. Applicant was advised that once approved, there are yearly product and establishment fees. For FY 97: product = [redacted] and establishment = [redacted]. Fees for FY 98 and beyond have not been set, because the current User fee Act sunsets at the end of the month. A new Act has not been passed and, therefore, we do not know what the new fees will be.

Agreements Reached:

1. The applicant will send a check for the remaining [redacted] user fee today.
2. Michael Jones will fax a user fee cover sheet and information on possible user fee exemption/waivers to the applicant today.
3. The applicant will complete the user fee cover sheet and submit it to the NDA.

Post Meeting Corrigenda:

1. The remaining user fee [redacted] was submitted to the Agency on 9/9/97.

Minutes Preparer: _____

 /S/

Attachments/Handouts: none

cc: Original NDA 20-900
HFD-590/Div. Files
HFD-590/PM/R. Anderson
HFD-590/Med. Rev./R. Hopkins
HFD-005/User Fee/T. Hassall
HFD-005/User Fee/M. Jones 9/10/97
HFD-005/User Fee/J. Swann

Drafted by: RA 9/10/97

Initialed by: M. Jones

final: 9/10/97

MEETING MINUTES

MEMORANDUM OF MEETING MINUTES

Meeting Date: 9/11/97
Time: 1pm
Location: N-426
Application #: NDA 20-900 (C13 Urea Breath Test)
Applicant: Alimenterics, Inc.
Type of Meeting: Internal FDA Briefing Meeting
Meeting Chair: Dr. Robert Hopkins/Medical Reviewer/HFD-590
Meeting Recorder: Robin Anderson/Project Manager/HFD-590

FDA Attendees, Titles, and Office/Division:

Dr. Robert Hopkins/Medical Reviewer/HFD-590
 Dr. Mark Goldberger/Division Director/HFD-590
 Dr. Renata Albrecht/Deputy Director/HFD-590
 Dr. Marc Cavaille-Coll/Acting Medical Team Leader/HFD-590
 Robin Anderson/Project Manager/HFD-590
 Dr. Norman Schmuff/Chemistry Team Leader/HFD-590
 Quansy Salako/Chemistry Reviewer/HFD-160
 Donald Hare/Office of Generic Drugs/HFD-604
 Cecelia Parise/Office of Generic Drugs/HFD-604
 Jose Cintron/Project Manager/HFD-520
 Joslyn Swann/User Fee/HFD-005
 By telecon:
 Dr. Ken Hastings/Pharm/Tox Team Leader/HFD-590
 Elizabeth Dickinson/General Counsel Office/Parklawn 671/GFC-1

Background:

The review of this new NDA submission began on 8/26/97. Questions arose concerning the classification of this NDA as a 505 (b) 1, and also the prior classification of a similar NDA submission from Meretek, Inc., NDA 20-586, approved on 9/17/96 in HFD-520. The reviewing team for NDA 20-900 is seeking advice from the FDA's Office of Generic Drugs and The General Counsel Office concerning the appropriate classification of both of these NDA submissions, as well as an explanation of exclusivity rights for Meretek's NDA 20-586.

Purpose of Meeting:

To come to agreement regarding the following:

- Appropriate classification for NDA 20-586 and NDA 20-900.
- Exclusivity rights for NDA 20-586.

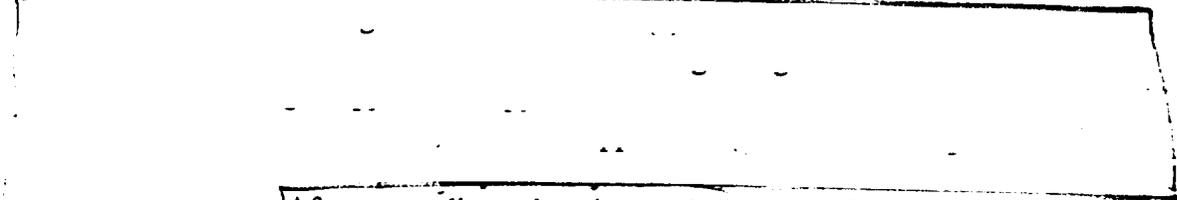
Discussion Points:

- A brief regulatory history of Meretek's NDA 20-586 (approved 9/17/96) and of Alimenteric's NDA 20-900 which was submitted to the division for review on 8/26/97 was provided. A third company, Trimed, also has a similar breath test device who's drug

NDA 20-900

component was previously approved in HFD-180.

- The question of whether NDA 20-900 should be classified as a 505 (b) 1 application was discussed. From a pharmacological perspective, there are no safety issues, since Urea is a well known substance that is naturally found in the human body. Meretek was not required to provide it's own pharm/tox data for NDA 20-586, so Alimenterics should also not be required to provide that data. Meretek's application was appropriately classified as a 505 (b) 1 application, and so should Alimenteric's NDA 20-900.
- The issue of exclusivity rights for NDA 20-586 was discussed. Meretek qualified for five years of non-patent exclusivity because it was a new molecular entity classified as a 505 (b) 1 application. The company does not have to request exclusivity rights, but rather the Agency automatically assigns exclusivity if the criteria are met.
- The filing meeting for NDA 20-900 currently scheduled for 9/26/97 will be canceled since it was determined at this meeting that this NDA is fileable.



After some discussion, it was decided that Steve Unger, FDA Ombudsman, should be consulted regarding this issue so that the Agency can be consistent in it's approach to devices where drug components require review in CDER.

Agreements Reached:

- NDA 20-586 and NDA 20-900 are both correctly classified as 505 (b) 1 applications. Meretek has five year non-patent exclusivity.
- NDA 20-900 is fileable.
- The issue of the review of devices by both CDRH and CDER needs to be discussed at a higher level in the Agency. Robert Hopkins and Robin Anderson will call Steve Unger, FDA Ombudsman, to discuss the larger issue of the drug component of the UBT devices being reviewed by HFD-590, and how these drug reviews should be conducted, i.e. as the review of NDAs, NDA supplements or merely as consults from CDRH.

Minutes Preparer: /S/
Chair Concurrence: /S/
Team Leader Concurrence: /S/

RECORD OF TELEPHONE CONVERSATION/MEETING	DATE:09/26/97
<p><u>Review of NDA#20.900 (Original Submission)</u></p> <p>09/22/97: Dr. Janet Murnick called me @ 16:45 hours to ask for an approval for them to change their [redacted]</p>	<p>NDA#20,900 (000)</p>
<p>[redacted] I asked if they had any specification for [redacted] she said no. Then I told her that I would call her back the following day after I had crosschecked on some of my regulatory concerns</p>	<p>Telecon/Meeting</p> <p>Initiated By; Made By; <input checked="" type="checkbox"/> Applicant <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> FDA <input type="checkbox"/> In Person</p>
<p>I interacted with chemistry team leader, Eldon Leutzinger, and microbiology team leader Peter Cooney and confirmed [redacted]</p>	<p>Product Name: Pylori-Chek Breath Test Kit (100 mg ¹³C-Urea/50 mL water)</p>
<p>09/23/97: I called Dr. Murnick @ 15:15 hours to inform her that Alimenterics could go ahead with the [redacted] [redacted] But I advised that they should keep the records of their [redacted] [redacted] for inspection purposes. She asked if FDA would be issuing them an official letter of permission, I told her it would not be necessary.</p>	<p>Firm Name: Alenterics, Inc.</p> <p>Name and Title of Person at Firm: Janet G. Murnick, PhD. President Phone: 201 285 3100</p>
<p>Signed _____ IS! Date <u>9/26/97</u> A/ Qansy Salako, Ph.D. Division of Medical Imaging & Radiopharmaceutical Drug Products, HFD-160</p>	

cc: Original NDA
HFD-560/CSO/Anderson
HFD-160/Consult Chemist/Salako
HFD-160/Chemistry Team Leader/Leutzinger

IS! 10/2/97

RECORD OF TELEPHONE CONVERSATION/MEETING	DATE: 09/26/97
<p>Review of NDA#20,900 (Original Submission)</p>	<p>NDA#20,900 (000)</p>
<p>09/08/97: I called Dr. Murnick @ 09:28 hours to ask for the Country location of [REDACTED]</p>	<p>Telecon/Meeting</p>
<p>09/10/97: I called Dr. Murnick @ 09:30 hours to request for names and telephone numbers of contact persons for the following companies: (a) Alimenterics, Inc. (Applicant)</p>	<p>Initiated By; Made By; <input type="checkbox"/> Applicant x Telephone <input checked="" type="checkbox"/> FDA <input type="checkbox"/> In Person</p>
<p>[REDACTED]</p>	<p>Product Name: Pylori-Chek Breath Test Kit (100 mg ¹³C-Urea/50 mL water)</p>
<p>[REDACTED]</p>	<p>Firm Name: Alenterics, Inc.</p>
<p>Dr. Murnick faxed the information to me at the end of the day.</p>	<p>Name and Title of Person at Firm: Janet G. Murnick, PhD. President Phone: 201 285 3100</p>
<p style="text-align: center;">ISI</p> <p>Signed _____ Qansy Salako, Ph.D. Division of Medical Imaging & Radiopharmaceutical Drug Products, HFD-160</p>	<p>Date <u>9/26/97</u></p>

cc: Original NDA
HFD-560/CSO/Anderson
HFD-160/Consult Chemist/Salako
HFD-160/Chemistry Team Leader/Leutzinger

ISI 1/3/97

*This page of the document
contains confidential
information that will not
be included in the
redacted portion of the
document for the public to
obtain.*

AUG 20 1998

MEMORANDUM OF TELECON

DATE: 8/20/98

APPLICATION NUMBER: NDA 20-900 (¹³C Urea Breath Test)

BETWEEN:

Name: Larry Christman, Ben Stein, Judith Smith, David Chesney, Gene Pfeifer and Paul Conlon

Phone: (973) 285-2102

Representing: Alimenterics, Inc.

AND

Name: Robin Anderson, Mark Goldberger, Robert Hopkins and Norman Schmuff,
Division of Special Pathogen and Immunologic Drug Products, HFD-590

AND Eldon Leutzinger and Ravi Harapanhalli, HFD-160

SUBJECT: Non-approval letter for this NDA

Dr. Goldberger informed the company that a non-approval letter for this NDA would be sent by this division on 8/26/98 due to unsatisfactory GMP inspections of Alimenterics' facility. The deficiencies needing to be addressed before approval can be granted were as follows:

- Satisfactory inspection of [REDACTED] submitted to the NDA subsequent to the FDA inspection of the facilities listed in the original NDA.
- Satisfactory inspection of the Alimenterics facility. Specific deficiencies were listed in the inspection report (483) dated June 9, 1998.
- [REDACTED]

Alimenterics was advised that their procedure of resubmitting the samples in a blinded manner to [REDACTED] is acceptable for the short term while they attempt to locate a suitable laboratory for the isotope abundance assay. However, they were advised that a phase IV commitment to develop and validate an in-house method or to identify a suitable testing laboratory will be required for approval.

Alimenterics was informed that the non-approval letter would be faxed and mailed to Dr. Christman on 8/26/98. The telecon ended amicably.

/s/

Robin Anderson, Project Manager

**NDA 20-900
GENERAL CHECKLIST FOR FILABILITY**

	<u>Submitted</u>	<u>Not Submitted</u>
I. DRUG SUBSTANCE		
A. Description and Characterization	x	
B. Manufacturer	x	
C. Synthesis/Method of manufacturer	x	
D. Process Controls	x	
E. Reference Standards (refer to I.A.i also)	x	
F. Regulatory Specifications/Analytical Methods	x	
G. Container/Closure System for Storage	x	
H. Drug Substance Stability	x	
II. DRUG PRODUCT		
A. Components	x	
B. Composition	x	
C. Specifications & Methods for Inactive Components	x	
D. Manufacturing and Testing	x	
E. Method of Manufacturing and Packing	x	
F. Regulatory Specifications and Methods	x	
G. Container /Closure Syatem	x	
H. Microbiology	x	
I. Drug Product Stability	x	
III. INVESTIGATIONAL FORMULATIONS	NA	
IV. ENVIRONMENTAL ASSESSMENT		x
V. METHODS VALIDATION	x	
VI. LABELING	x	

RECOMMENDATION: NDA20-900 is filable.

/S/

9/26/97

Qansy Salako, Ph.D.
Review Chemist

/S/

10/29/97

CC: Orig. NDA #20,900
HFD-560/CSO/Anderson
HFD-160/Division File
HFD-160/Chemist/Salako
HFD-160/Chemistry Team Leader/Leutzinger
HFD-820/DMLII/Gibbs