



NDA 010841/S-022

SUPPLEMENT APPROVAL

Lunbeck Pharmaceuticals, Inc.
Attention: Kathryn B. Patterson
Associate Director, Global Regulatory Affairs
Four Parkway North, Suite 200
Deerfield, IL 60015

Dear Ms. Patterson:

Please refer to your supplemental new drug application (sNDA), dated April 17, 2009 and received April 20, 2009, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Peganone[®] (ethotoin) Tablets, 250 mg.

We acknowledge receipt of your submissions dated May 4 and 7, 2010.

This "Prior Approval" supplemental new drug application provides for a comprehensive Medication Guide and a risk evaluation and mitigation strategy (REMS).

We have completed our review of this application, as amended, and it is approved, effective on the date of this letter, for use as recommended in the enclosed, agreed-upon labeling text.

CONTENT OF LABELING

As soon as possible, but no later than 14 days from the date of this letter, submit, using the FDA automated drug registration and listing system (eLIST), the content of labeling [21 CFR 314.50(l)] in structured product labeling (SPL) format, as described at <http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm>, that is identical to the enclosed labeling (text for the package insert and Medication Guide) and include the labeling changes proposed in any pending "Changes Being Effected" (CBE) supplements. Information on submitting SPL files using eLIST may be found in the guidance for industry titled "SPL Standard for Content of Labeling Technical Qs and As" at <http://www.fda.gov/downloads/DrugsGuidanceComplianceRegulatoryInformation/Guidances/UCM072392.pdf>.

The SPL will be accessible from publicly available labeling repositories.

Also within 14 days, amend all pending supplemental applications for this NDA, including pending "Changes Being Effected" (CBE) supplements, for which FDA has not yet issued an

action letter, with the content of labeling [21 CFR 314.50(l)(1)(i)] in MS Word format that includes the changes approved in this supplemental application.

We request that the revised labeling approved today be available on your website within 10 days of receipt of this letter.

CARTON AND IMMEDIATE CONTAINER LABELS

Submit final printed carton and container labels that are identical to the carton and immediate container labels submitted on January 12, 2010 as soon as they are available, but no more than 30 days after they are printed. Please submit these labels electronically according to the guidance for industry titled *Providing Regulatory Submissions in Electronic Format – Human Pharmaceutical Product Applications and Related Submissions Using the eCTD Specifications (October 2005)*. Alternatively, you may submit 12 paper copies, with 6 of the copies individually mounted on heavy-weight paper or similar material. For administrative purposes, designate this submission “Final Printed Carton and Container Labels for approved NDA 10-841/S-022.” Approval of this submission by FDA is not required before the labeling is used.

RISK EVALUATION AND MITIGATION STRATEGY (REMS) REQUIREMENTS

Section 505-1 of the FDCA authorizes FDA to require the submission of a REMS if FDA becomes aware of new safety information and makes a determination that such a strategy is necessary to ensure that the benefits of the drug outweigh the risks (section 505-1(a)). The details of the REMS requirements were outlined in our safety labeling change/REMS notification letter dated December 16, 2008.

Since Peganone (ethotoin) was approved on April 22, 1957, we have become aware of new safety information indicating an increased risk of suicidal thoughts and behavior with antiepileptic drugs (AEDs). An increased risk of suicidal thoughts and behavior was demonstrated in an FDA meta-analysis (dated May 23, 2008) of randomized, parallel-arm, placebo-controlled clinical trial data for 11 AEDs. In the meta-analysis, the odds ratio for suicidal behavior or ideation for all AEDs studied was 1.80 (95% CI: 1.24, 2.66); the estimated incidence of suicidal behavior or ideation was 0.43% among 27,863 drug-treated patients and 0.24% among 16,029 placebo-treated patients. This finding was generally consistent among drugs in the data analyzed. It was shared by drugs with varying mechanisms of action and was observed for all indications studied; this observation suggests that the risk applies to all AEDs regardless of indication of use. We considered this information to be “new safety information” as defined in section 505-1(b) of the FDCA.

Your proposed REMS, submitted on April 17, 2009, amended on May 5, 2010, and appended to this letter, is approved. The REMS consists of the Medication Guide included with this letter and the timetable for submission of assessments of the REMS.

The REMS assessment plan should include but is not limited to the following:

- a. An evaluation of patients’ understanding of the serious risks of Peganone[®] (ethotoin)

- b. A report on periodic assessments of the distribution and dispensing of the Medication Guide in accordance with 21 CFR 208.24
- c. A report on failures to adhere to distribution and dispensing requirements, and corrective actions taken to address noncompliance

The requirements for assessments of an approved REMS under section 505-1(g)(3) include, in section 505-1(g)(3)(B) and (C), information on the status of any postapproval study or clinical trial required under section 505(o) or otherwise undertaken to investigate a safety issue. You can satisfy these requirements in your REMS assessments by referring to relevant information included in the most recent annual report required under section 506B and 21 CFR 314.81(b)(2)(vii) and including any updates to the status information since the annual report was prepared. Failure to comply with the REMS assessments provisions in 505-1(g) could result in enforcement action.

We remind you that in addition to the assessments submitted according to the timetable included in the approved REMS, you must submit a REMS assessment and may propose a modification to the approved REMS when you submit a supplemental application for a new indication for use as described in section 505-1(g)(2)(A) of FDCA.

Prominently identify submissions containing REMS assessments or proposed modifications of the REMS with the following wording in bold capital letters at the top of the first page of the submission:

NDA 010841 REMS ASSESSMENT

**NEW SUPPLEMENT FOR NDA 010841
PROPOSED REMS MODIFICATION
REMS ASSESSMENT**

**NEW SUPPLEMENT FOR (NEW INDICATION FOR USE)
FOR NDA 010841
REMS ASSESSMENT
PROPOSED REMS MODIFICATION (if included)**

If you do not submit electronically, please send 5 copies of REMS-related submissions.

PROMOTIONAL MATERIALS

All promotional materials for your drug product that include representations about your drug product must be promptly revised to make it consistent with the labeling changes approved in this supplement, including any new safety information [21 CFR 314.70(a)(4)]. The revisions to your promotional materials should include prominent disclosure of the important new safety information that appears in the revised package labeling. Within 7 days of receipt of this letter, submit your statement of intent to comply with 21 CFR 314.70(a)(4) to the following address or by facsimile at 301-847-8444:

Food and Drug Administration
Center for Drug Evaluation and Research
Division of Drug Marketing, Advertising, and Communications
5901-B Ammendale Road
Beltsville, MD 20705-1266

In addition, as required under 21 CFR 314.81(b)(3)(i), you must submit your updated final promotional materials, and the package insert(s), at the time of initial dissemination or publication, accompanied by a Form FDA-2253, directly to the above address. For instruction on completing the Form FDA 2253, see page 2 of the Form. For more information about submission of promotional materials to the Division of Drug Marketing, Advertising, and Communications (DDMAC), see <http://www.fda.gov/AboutFDA/CentersOffices/CDER/ucm090142.htm>.

LETTERS TO HEALTH CARE PROFESSIONALS

If you issue a letter communicating important safety related information about this drug product (i.e., a “Dear Health Care Professional” letter), we request that you submit an electronic copy of the letter to both this NDA and to the following address:

MedWatch
Food and Drug Administration
5600 Fishers Lane, Room 12B05
Rockville, MD 20857

REPORTING REQUIREMENTS

We remind you that you must comply with reporting requirements for an approved NDA (21 CFR 314.80 and 314.81).

If you have any questions, call Susan Daugherty, Regulatory Project Manager, at (301) 796-0878.

Sincerely,

{See appended electronic signature page}

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

Enclosures:

Content of Labeling
Carton and Container Labeling
REMS

Application Type/Number	Submission Type/Number	Submitter Name	Product Name
----- NDA-10841	----- SUPPL-22	----- LUNDBECK INC	----- PEGANONE

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

/s/

RUSSELL G KATZ
06/07/2010