# Correspondence from Applicant
# 09-27-00

Rec'd. 10-10-00
CCB

ORAPHARMA, INC.
www.orapharma.com

732 Louis Drive
Warminster, PA 18974
215/956-2200 Tel
215/443-9531 Fax



September 27, 2000

Jonathan K. Wilkin, MD
Director, Division of Dermatological and Dental Drug Products (HFD-540)
Center for Drug Evaluation & Research
Food and Drug Administration
Document Control Room
9201 Corporate Boulevard
Rockville, MD 20850

BB

RE: NDA 50-781
Minocycline PTS
Amendment: Biopharmaceutics Requested Information

Dear Dr. Wilkin:

Reference is made to telefax received on September 20, 2000 requesting additional information for the Biopharmaceutics Reviewer.

This amendment provides information / data to the FDA questions or request. I have listed each point separately followed by our response.

If you have any questions regarding this submission, please contact me at (215) 956-2207.

Sincerely,

Markus F. Herzig
Executive Director, Regulatory Affairs and Quality Assurance

Form FDA 356h
Submitted in duplicate

ORIGINAL

Question 1
Question 2
Question 3
Question 4
Attachment 1

APHARMA INC.
www.orapharma.com

732 Louis Drive
Warminster, PA 18974

215/956-2200 Tel
215/443-9531 Fax



September 11, 2000

Jonathan K. Wilkin, MD
Director, Division of Dermatological and Dental Drug Products (HFD-540)
Center for Drug Evaluation & Research
Food and Drug Administration
Document Control Room
9201 Corporate Boulevard
Rockville, MD 20850

AMENDMENT
BC

RE: NDA: 50-781
Minocycline PTS
CMC Amendment: FDA / Sponsor Contact Report

Dear Dr. Wilkin:

Attached is the contact report I prepared from the FDA / OraPharma teleconference held on September 5, 2000.

This teleconference was requested by your Chemistry review team to discuss a product identifier for our unit dose dispensers.

If you have any questions regarding this submission, please contact me at (215) 956-2207.

Sincerely,

Markus F. Herzig
Executive Director, Regulatory Affairs and Quality Assurance

Form FDA 356h
Submitted in duplicate

ORIGINAL

# Correspondence from Applicant
# 08-16-00

ORAPHARMA INC.
www.orapharma.com

732 Louis Drive
Warminster, PA 18974

215/956-2200 Tel
215/443-9531 Fax

AMENDMENT
BC

August 16, 2000

Jonathan K. Wilkin, MD
Director, Division of Dermatological and Dental Drug Products (HFD-540)
Center for Drug Evaluation & Research
Food and Drug Administration
Document Control Room
9201 Corporate Boulevard
Rockville, MD 20850

RE: NDA 50-781
ARESTIN (Minocycline HCl) Microspheres
Amendment: Product Packaging and Pouch with Label

Dear Dr. Wilkin:

As was requested by Ms. Kalyani Bhatt, Project Manager in your Division, enclosed are samples of the product box which will contain two resealable pouches of ARESTIN dispensers. Also provided are samples of the pouches as well as the labels for these pouches. The size of the box is approximately 75% of actual size, whereas the pouches and pouch labels are actual size.

If you have any questions regarding this submission please call me at (215) 956-2207.

Sincerely,

Markus F. Herzig
Executive Director, Regulatory Affairs

MFH:stk

Attachments

Form FDA 356h

DUPLICATE

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

Form Approved: OMB No. 0910-0338
Expiration Date: April 30, 2000
See OMB Statement on page 2.

FOR FDA USE ONLY
APPLICATION NUMBER

# APPLICATION TO MARKET A NEW DRUG, BIOLOGIC, OR AN ANTIBIOTIC DRUG FOR HUMAN USE

(Title 21, Code of Federal Regulations, 314 & 601)

## APPLICANT INFORMATION

| | |
|---|---|
| NAME OF APPLICANT<br>OraPharma, Inc. | DATE OF SUBMISSION<br>Augus 16, 2000 |
| TELEPHONE NO. *(Include Area Code)*<br>215-956-2200 | FACSIMILE (FAX) Number (Include Area Code)<br>215-443-9531 |
| APPLICANT ADDRESS *(Number, Street, City, State, Country, ZIP Code or Mail Code, and U.S. License number if previously issued)*:<br>732 Louis Drive<br>Warminster, PA 18974 | AUTHORIZED U.S. AGENT NAME & ADDRESS (Number, Street, City, State, ZIP Code, telephone & FAX number) IF APPLICABLE<br>Markus F. Herzig<br>732 Louis Drive<br>Warminster, PA 18974 |

## PRODUCT DESCRIPTION

NEW DRUG OR ANTIBIOTIC APPLICATION NUMBER, OR BIOLOGICS LICENSE APPLICATION NUMBER (If previously issued) 50-781

| | |
|---|---|
| ESTABLISHED NAME (e.g., Proper name, USP/USAN name) Minocycline PTS (Minocycline Periodontal Therapeutic System) | PROPRIETARY NAME (trade name) IF ANY — |
| CHEMICAL/BIOCHEMICAL/BLOOD PRODUCT NAME (If any) 7 - dimethylamine - 6 - demethyl - 6 - deoxytetracycline hydrochloride | CODE NAME (If any) — |

| | | |
|---|---|---|
| DOSAGE FORM: topical | STRENGTHS: 1 mg | ROUTE OF ADMINISTRATION: Subgingival |

(PROPOSED) INDICATION(S) FOR USE: Adjunctive therapy to scaling and root planing procedures in patients with adult periodontitis

## APPLICATION INFORMATION

APPLICATION TYPE *(check one)*
☒ NEW DRUG APPLICATION (21 CFR 314.50) ☐ ABBREVIATED APPLICATION (ANDA, AADA, 21 CFR 314.94)
☐ BIOLOGICS LICENSE APPLICATION (21 CFR part 601)

IF AN NDA, IDENTIFY THE APPROPRIATE TYPE ☒ 505 (b) (1) ☐ 505 (b) (2) ☐ 507

IF AN ANDA, OR AADA, IDENTIFY THE REFERENCE LISTED DRUG PRODUCT THAT IS THE BASIS FOR THE SUBMISSION
Name of Drug — Holder of Approved Application

TYPE OF SUBMISSION *(check one)*
☐ ORIGINAL APPLICATION ☒ AMENDMENT TO A PENDING APPLICATION ☐ RESUBMISSION
☐ PRESUBMISSION ☐ ANNUAL REPORT ☐ ESTABLISHMENT DESCRIPTION SUPPLEMENT ☐ SUPAC SUPPLEMENT
☐ EFFICACY SUPPLEMENT ☒ LABELING SUPPLEMENT ☐ CHEMISTRY MANUFACTURING AND CONTROLS SUPPLEMENT ☐ OTHER

REASON FOR SUBMISSION Requested Information

PROPOSED MARKETING STATUS *(check one)* ☒ PRESCRIPTION PRODUCT (Rx) ☐ OVER THE COUNTER PRODUCT (OTC)

NUMBER OF VOLUMES SUBMITTED _____ THIS APPLICATION IS ☒ PAPER ☐ PAPER AND ELECTRONIC ☐ ELECTRONIC

## ESTABLISHMENT INFORMATION

Provide locations of all manufacturing, packaging and control sites for drug substance and drug product (continuation sheets may be used if necessary) Include name, address, contact, telephone number, registration number (CFN), DMF number, and manufacturing steps and/or type of testing (e.g. Final dosage form, Stability testing) conducted at the site Please indicate whether the site is ready for inspection or, if not, when it will be ready.

NA

**Cross References (list related License Applications, INDs, NDAs, PMAs, 510(k)s, IDEs, BMFs, and DMFs referenced in the current application)**

NA

This application contains the following items: *(Check all that apply)*

| | | |
|---|---|---|
| ☐ | 1. Index | |
| ☒ | 2. Labeling *(check one)* | ☒ Draft Labeling ☐ Final Printed Labeling |
| ☐ | 3. Summary (21 CFR 314.50(c)) | |
| ☐ | 4. Chemistry section | |
| ☐ | A. Chemistry, manufacturing, and controls information (e.g. 21 CFR 314.50(d) (1), 21 CFR 601.2) | |
| ☐ | B. Samples (21 CFR 314.50 (e) (1), 21 CFR 601.2 (a)) (Submit only upon FDA's request) | |
| ☐ | C. Methods validation package (e.g. 21 CFR 314.50 (e) (2) (i), 21 CFR 601.2) | |
| ☐ | 5. Nonclinical pharmacology and toxicology section (e.g. 21 CFR 314.50 (d) (2), 21 CFR 601.2) | |
| ☐ | 6. Human pharmacokinetics and bioavailability section (e.g. 21 CFR 314.50 (d) (3), 21 CFR 601.2) | |
| ☐ | 7. Clinical Microbiology (e.g. 21 CFR 314.50 (d) (4)) | |
| ☐ | 8. Clinical data section (e.g. 21 CFR 314.50 (d) (5), 21 CFR 601.2) | |
| ☐ | 9. Safety update report (e.g. 21 CFR 314.50 (d) (5) (vi) (b), 21 CFR 601.2) | |
| ☐ | 10. Statistical section (e.g. 21 CFR 314.50 (d) (6), 21 CFR 601.2) | |
| ☐ | 11. Case report tabulations (e.g. 21 CFR 314.50 (f) (1), 21 CFR 601.2) | |
| ☐ | 12. Case report forms (e.g. 21 CFR 314.50 (f) (2), 21 CFR 601.2) | |
| ☐ | 13. Patent information on any patent which claims the drug (21 U.S.C. 355 (b) or (c)) | |
| ☐ | 14. A patent certification with respect to any patent which claims the drug (21 U.S.C.355 (b) (2) or (j) (2) (A) | |
| ☐ | 15. Establishment description (21 CFR Part 600, if applicable) | |
| ☐ | 16. Debarment certification (FD&C Act 306 (k) (1)) | |
| ☐ | 17. Field copy certification (21 CFR 314.50(k) (3)) | |
| ☐ | 18. User Fee Cover Sheet (Form FDA 3397) | |
| ☐ | 19. OTHER (Specify) | |

**CERTIFICATION**

I agree to update this application with new safety information about the product that may reasonably affect the statement of contraindications, warnings, precautions, or adverse reactions in the draft labeling. I agree to submit safety update reports as provided for by regulation or as requested by FDA. If this application is approved, I agree to comply with all applicable laws and regulations that apply to approved applications, including, but not limited to the following:

1. Good manufacturing practice regulations in 21 CFR 210 and 211, 606, and/or 820.
2. Biological establishment standards in 21 CFR Part 600.
3. Labeling regulations in 21 CFR 201, 606, 610, 660 and/or 809.
4. In the case of a prescription drug or biological product, prescription drug advertising regulations in 21 CFR 202.
5. Regulations on making changes in application in 21 CFR 314.70, 314.71, 314.72, 314.97, 314.99, and 601.12.
6. Regulations on Reports in 21 CFR 314.80, 314.81, 600.80 and 600.81.
7. Local, state and Federal environmental impact laws.

If this application applies to a drug product that FDA has proposed for scheduling under the Controlled Substances Act, I agree not to market the product until the Drug Enforcement Administration makes a final scheduling decision.

The data and information in this submission have been review and, to the best of my knowledge are certified to be true and accurate.

**Warning:** a willfully false statement is a criminal offense, U.S. Code, title 18, section 1001.

| SIGNATURE OF RESPONSIBLE OFFICIAL OR AGENT | TYPED NAME AND TITLE | DATE |
|---|---|---|
| | Markus F. Herzig, Executive Director Regulatory Affairs | May 18, 2000 |

| ADDRESS *(Street, City, State, and ZIP Code)* | TELEPHONE NUMBER |
|---|---|
| 732 Louis Drive<br>Warminster, PA 18974 | 215-956-2200 |



Please DO NOT RETURN this form to this address.

# Correspondence from Applicant
# 07-21-00

ORAPHARMA, INC.
www.orapharma.com

732 Louis Drive
Warminster, PA 18974
215/956-2200 Tel
215/443-9531 Fax

NEW CORRESP
NC

July 21, 2000

Ms. Kalyani Bhatt – DESK COPY
Division of Dermatologic / Dental Drug Products
Center for Drug Evaluation & Research
Food and Drug Administration
9201 Corporate Boulevard
Rockville, MD 20850

NDA – 50-781
ARESTIN (Minocycline HCl)
DESK COPY of Floppy Disk

Dear Ms. Bhatt:

Enclosed are two floppy disks containing the Phase 3 protocol for studies OPI-103A and B and the latest draft package insert which was included in our 120 day safety update.

I provided you with two disks just as a safety measure in case one is defective.

Sincerely,

Markus F. Herzig
Executive Director Regulatory Affairs

MFH:stk

Enclosure

# Correspondence from Applicant
# 06-29-00