CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER:
21-658

ADMINISTRATIVE and CORRESPONDENCE DOCUMENTS
Department of Health and Human Services  
Food and Drug Administration  

PATENT INFORMATION SUBMITTED WITH THE  
FILING OF AN NDA, AMENDMENT, OR SUPPLEMENT  

For Each Patent That Claims a Drug Substance  
(Active Ingredient), Drug Product (Formulation and Composition) and/or Method of Use  

The following is provided in accordance with Section 505(b) and (c) of the Federal Food, Drug, and Cosmetic Act.  

<table>
<thead>
<tr>
<th>TRADE NAME (OR PROPOSED TRADE NAME)</th>
<th>ALVESCO</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTIVE INGREDIENT(S)</td>
<td>Pegnra-1,4-diene-3,20-dione, 16,17-[[[(R)-cyclohexylmethylenecis(oxy)]-11-hydroxy-21-(2-methyl-1-oxopropoxy)-(11β, 16α)]</td>
</tr>
<tr>
<td>STRENGTH(S)</td>
<td>80 micrograms, and 160 micrograms</td>
</tr>
<tr>
<td>DOSAGE FORM</td>
<td>Metered dose inhaler</td>
</tr>
</tbody>
</table>

This patent declaration form is required to be submitted to the Food and Drug Administration (FDA) with an NDA application, amendment, or supplement as required by 21 CFR 314.53 at the address provided in 21 CFR 314.53(d)(4).  

Within thirty (30) days after approval of an NDA or supplement, or within thirty (30) days of issuance of a new patent, a new patent declaration must be submitted pursuant to 21 CFR 314.53(c)(2)(ii) with all of the required information based on the approved NDA or supplement. The information submitted in the declaration form submitted upon or after approval will be the only information relied upon by FDA for listing a patent in the Orange Book.  

For hand-written or typewriter versions (only) of this report: If additional space is required for any narrative answer (i.e., one that does not require a "Yes" or "No" response), please attach an additional page referencing the question number.  

FDA will not list patent information if you file an incomplete patent declaration or the patent declaration indicates the patent is not eligible for listing.  

For each patent submitted for the pending NDA, amendment, or supplement referenced above, you must submit all the information described below. If you are not submitting any patents for this pending NDA, amendment, or supplement, complete above section and sections 5 and 6.  

1. GENERAL  

| a. United States Patent Number | 5,482,934 |
| b. Issue Date of Patent | 1/9/1996 |
| c. Expiration Date of Patent | 1/9/2013 |
| d. Name of Patent Owner | ALTANA Pharma AG |
| Address (of Patent Owner) | Byk-Gulden-Straße 2 |
| City/State | Konstanz, Germany |
| ZIP Code | D-78467 |
| Telephone Number | +49-(0)7531-840 |
| FAX Number (if available) | +49-(0)7531-845321 |
| E-Mail Address (if available) | ekeon.IPPA-DE@altanapharma.com |

e. Name of agent or representative who resides or maintains a place of business within the United States authorized to receive notice of patent certification under section 505(b)(3) and (j)(2)(B) of the Federal Food, Drug, and Cosmetic Act and 21 CFR 314.52 and 314.95 (if patent owner or NDA applicant/holder does not reside or have a place of business within the United States)  

| Address (of agent or representative named in e.) | Aventis Pharmaceuticals Inc. 1041 Route 202-206 P.O. Box 6800 City/State Bridgewater, NJ |
| ZIP Code | 08807-0800 |
| Telephone Number | 908-231-5721 |
| FAX Number (if available) | 908-231-2691 |
| E-Mail Address (if available) | lou.wille@aventis.com |

- Louis J. Wille  

f. Is the patent referenced above a patent that has been submitted previously for the approved NDA or supplement referenced above?  

☐ Yes  ☒ No
9. If the patent referenced above has been submitted previously for listing, is the expiration date a new expiration date?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
For the patent referenced above, provide the following information on the drug substance, drug product and/or method of use that is the subject of the pending NDA, amendment, or supplement.

### 2. Drug Substance (Active Ingredient)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Does the patent claim the drug substance that is the active ingredient in the drug product described in the pending NDA, amendment, or supplement?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2.2 Does the patent claim a drug substance that is a different polymorph of the active ingredient described in the pending NDA, amendment, or supplement?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>2.3 If the answer to question 2.2 is &quot;Yes,&quot; do you certify that, as of the date of this declaration, you have test data demonstrating that a drug product containing the polymorph will perform the same as the drug product described in the NDA? The type of test data required is described at 21 CFR 314.53(b).</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>2.4 Specify the polymorphic form(s) claimed by the patent for which you have the test results described in 2.3.</td>
<td></td>
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<tr>
<th>Question</th>
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<th>No</th>
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<tbody>
<tr>
<td>2.5 Does the patent claim only a metabolite of the active ingredient pending in the NDA or supplement? (Complete the information in section 4 below if the patent claims a pending method of using the pending drug product to administer the metabolite.)</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>2.6 Does the patent claim only an intermediate?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2.7 If the patent referenced in 2.1 is a product-by-process patent, is the product claimed in the patent novel? (An answer is required only if the patent is a product-by-process patent.)</td>
<td>Yes</td>
<td>No</td>
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### 3. Drug Product (Composition/Formulation)

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<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Does the patent claim the drug product, as defined in 21 CFR 314.3, in the pending NDA, amendment, or supplement?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3.2 Does the patent claim only an intermediate?</td>
<td>No</td>
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<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### 4. Method of Use

Sponsors must submit the information in section 4 separately for each patent claim claiming a method of using the pending drug product for which approval is being sought. For each method of use claim referenced, provide the following information:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Does the patent claim one or more methods of use for which approval is being sought in the pending NDA, amendment, or supplement?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4.2 Patent Claim Number (as listed in the patent)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5, 7 Does the patent claim referenced in 4.2 claim a pending method of use for which approval is being sought in the pending NDA, amendment, or supplement?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4.2a If the answer to 4.2 is &quot;Yes,&quot; identify with specificity the use with reference to the proposed labeling for the drug product. Use: (Submit indication or method of use information as identified specifically in the approved labeling.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patent Claims: A method of treating inflammatory conditions which comprises administering to a patient an anti-inflammatory effective amount of the drug substance. Also, a method for the treatment and control of inflammatory conditions characterized by topical administration of the drug substance. Indication: Copy of proposed labelling is provided in the Notes.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 5. No Relevant Patents

For this pending NDA, amendment, or supplement, there are no relevant patents that claim the drug substance (active ingredient), drug product (formulation or composition) or method(s) of use, for which the applicant is seeking approval and with respect to which a claim of patent infringement could reasonably be asserted if a person not licensed by the owner of the patent engaged in the manufacture, use, or sale of the drug product.

---

Form FDA 3542a (7/03)
6.1 The undersigned declares that this is an accurate and complete submission of patent information for the NDA, amendment, or supplement pending under section 505 of the Federal Food, Drug, and Cosmetic Act. This time-sensitive patent information is submitted pursuant to 21 CFR 314.53. I attest that I am familiar with 21 CFR 314.53 and this submission complies with the requirements of the regulation. I verify under penalty of perjury that the foregoing is true and correct.

Warning: A willfully and knowingly false statement is a criminal offense under 18 U.S.C. 1001.

6.2 Authorized Signature of NDA Applicant/Holder or Patent Owner (Attorney, Agent, Representative or other Authorized Official) (Provide Information below)

[Signature]

Date Signed 12/5/2003

NOTE: Only an NDA applicant/holder may submit this declaration directly to the FDA. A patent owner who is not the NDA applicant/holder is authorized to sign the declaration but may not submit it directly to FDA. 21 CFR 314.53(o)(4) and (d)(4).

Check applicable box and provide information below.

- [ ] NDA Applicant/Holder
- [x] NDA Applicant/holder's Attorney, Agent (Representative) or other Authorized Official
- [ ] Patent Owner
- [x] Patent Owner's Attorney, Agent (Representative) or Other Authorized Official

<table>
<thead>
<tr>
<th>Name</th>
<th>City/State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Herbert Rupp</td>
<td>Konstanz, Germany</td>
</tr>
<tr>
<td>c/o ALTANA Pharma AG</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>Byk-Gulden-Str. 2</td>
<td>+49-(0)7531-845314</td>
</tr>
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<table>
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<tr>
<th>ZIP Code</th>
<th>E-Mail Address (if available)</th>
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<tbody>
<tr>
<td>78467</td>
<td><a href="mailto:Dekon.IPPA-DE@altanapharma.com">Dekon.IPPA-DE@altanapharma.com</a></td>
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The public reporting burden for this collection of information has been estimated to average 9 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

Food and Drug Administration
CDER (HFD-007)
5600 Fishers Lane
Rockville, MD 20857

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.
INFORMATION AND INSTRUCTIONS FOR FORM 3542a
PATENT INFORMATION SUBMITTED WITH THE FILING OF AN NDA, AMENDMENT OR SUPPLEMENT

General Information

- To submit patent information to the agency the appropriate patent declaration form must be used. Two forms are available for patent submissions. The approval status of your New Drug Application will determine which form you should use.

- Form 3542a should be used when submitting patent information with original NDA submissions, NDA amendments and NDA supplements prior to approval.

- Form 3542 should be used after NDA or supplemental approval. This form is to be submitted within 30 days after approval of an application. This form should also be used to submit patent information relating to an approved supplement under 21 CFR 314.53(d) to change the formulation, add a new indication or other condition of use, change the strength, or to make any other patented change regarding the drug, drug product, or any method of use.

- Form 3542 is also to be used for patents issued after drug approval. Patents issued after drug approval are required to be submitted within 30 days of patent issuance for the patent to be considered "timely filed."

- Only information from form 3542 will be used for Orange Book Publication purposes.

- Forms should be submitted as described in 21 CFR 314.53. An additional copy of form 3542 to the Orange Book Staff will expedite patent publication in the Orange Book. The Orange Book Staff address (as of July 2003) is: Orange Book Staff, Office of Generic Drugs OGD/HFD-610, 7500 Standish Place, Rockville, MD 20855.

- The receipt date is the date that the patent information is date stamped in the central document room. Patents are considered listed on the date received.

- Additional copies of these forms may be downloaded from the Internet at: http://forms.psc.gov/forms/fdahtm/fdahtm.html.

First Section

Complete all items in this section.

1. General Section

Complete all items in this section with reference to the patent itself.

1c) Include patent expiration date, including any Hatch-Waxman patent extension already granted. Do not include any applicable pediatric exclusivity. The agency will include pediatric exclusivities where applicable upon publication.

1d) Include full address of patent owner. If patent owner resides outside the U.S. indicate the country in the zip code block.

1e) Answer this question if applicable. If patent owner and NDA applicant(holder reside in the United States, leave space blank.

2. Drug Substance (Active Ingredient)

Complete all items in this section if the patent claims the drug substance that is the subject of the pending NDA, amendment, or supplement.

2.4) Name the polymorphic form of the drug identified by the patent.

2.5) A patent for a metabolite of the approved active ingredient may not be submitted. If the patent claims an approved method of using the approved drug product to administer the metabolite, the patent may be submitted as a method of use patent depending on the responses to section 4 of this form.

2.7) Answer this question only if the patent is a product-by-process patent.

3. Drug Product (Composition/Formulation)

Complete all items in this section if the patent claims the drug product that is the subject of the pending NDA, amendment, or supplement.

3.3) An answer to this question is required only if the referenced patent is a product-by-process patent.

4. Method of Use

Complete all items in this section if the patent claims a method of use of the drug product that is the subject of the pending NDA, amendment, or supplement.

4.2) Identify by number each claim in the patent that claims the use(s) of the drug for which approval is being sought. Indicate whether or not each individual claim is a claim for a method(s) of use of the drug for which approval is being sought.

4.2a) Specify the part of the proposed drug labeling that is claimed by the patent.

5. No Relevant Patents

Complete this section only if applicable.

6. Declaration Certification

Complete all items in this section.

6.2) Authorized signature. Check one of the four boxes that best describes the authorized signature.
Notes to Form FDA 3542a for US Patent No. 5,482,934 for NDA 21-658:

Note to Question 2.2: US Patent No. 5,482,934 claims the active ingredient of the drug product ALVESCO as a compound, and these claims are not limited to the specific polymorphic forms. However, the patent does not specifically claim any particular polymorph of the active ingredient, and therefore the answer to Question 2.2 is “no”.

Note to Question 4.2a: The proposed indications are as follows:

**INDICATIONS AND USAGE**

ALVESCO is indicated for the maintenance treatment of asthma as prophylactic therapy in adult and pediatric patients 4 years of age and older. It is also indicated for patients requiring oral corticosteroid therapy for asthma management. Many of these patients may be able to reduce or eliminate their requirement for oral corticosteroids over time. ALVESCO is NOT indicated for the relief of acute bronchospasm.
**Department of Health and Human Services**  
Food and Drug Administration

**PATENT INFORMATION SUBMITTED WITH THE**  
**FILING OF AN NDA, AMENDMENT, OR SUPPLEMENT**

*For Each Patent That Claims a Drug Substance*  
*(Active Ingredient), Drug Product (Formulation and Composition) and/or Method of Use*

<table>
<thead>
<tr>
<th>TRADE NAME (OR PROPOSED TRADE NAME)</th>
<th>ALVESCO</th>
</tr>
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</table>

**ACTIVE INGREDIENT(S)**  
Pregna-1,4-diene-3,20-dione, 16,17-\{[(R)-cyclohexylmethylenebis(oxy)]-11-hydroxy-21-(2-methyl-1-oxopropoxy)-(11β, 16α)]\}  

**STRENGTH(S)**  
- 80 micrograms, and 160 micrograms

**DOSAGE FORM**  
Metered dose inhaler

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**For hand-written or typewriter versions (only) of this report:** If additional space is required for any narrative answer (i.e., one that does not require a "Yes" or "No" response), please attach an additional page referencing the question number.

**FDA will not list patent information if you file an incomplete patent declaration or the patent declaration indicates the patent is not eligible for listing.**

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**For each patent submitted for the pending NDA, amendment, or supplement referenced above, you must submit all the information described below. If you are not submitting any patents for this pending NDA, amendment, or supplement, complete above section and sections 5 and 6.**

<table>
<thead>
<tr>
<th>1. GENERAL</th>
<th></th>
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<tbody>
<tr>
<td>6,264,923</td>
<td>7/24/2001</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>d. Name of Patent Owner</th>
<th>Address (of Patent Owner)</th>
</tr>
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<tbody>
<tr>
<td>Byk-Gulden Lomberg Chemische Fabrik GmbH</td>
<td>Byk-Gulden-Straße 2</td>
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<table>
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<tr>
<th>City/State</th>
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<tr>
<th>e. Name of agent or representative who resides or maintains a place of business within the United States authorized to receive notice of patent certification under section 505(b)(3) and (j)(2)(B) of the Federal Food, Drug, and Cosmetic Act and 21 CFR 314.52 and 314.95 (if patent owner or NDA applicant/holder does not reside or have a place of business within the United States)</th>
<th>Address (of agent or representative named in 1.e.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Louis J. Wille</td>
<td>Aventis Pharmaceuticals Inc.</td>
</tr>
</tbody>
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<table>
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<tr>
<th>City/State</th>
<th>Bridgewater, NJ</th>
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<td><a href="mailto:Dekon.IPPA.DE@altanalpharma.com">Dekon.IPPA.DE@altanalpharma.com</a></td>
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<td>908-231-5721</td>
<td><a href="mailto:lou.wille@aventis.com">lou.wille@aventis.com</a></td>
</tr>
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| f. Is the patent referenced above a patent that has been submitted previously for the approved NDA or supplement referenced above? | ☐ Yes ☒ No |
g. If the patent referenced above has been submitted previously for listing, is the expiration date a new expiration date? □ Yes  □ No
For the patent referenced above, provide the following information on the drug substance, drug product and/or method of use that is the subject of the pending NDA, amendment, or supplement.

2. Drug Substance (Active Ingredient)

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3. Drug Product (Composition/Formulation)

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4. Method of Use

Sponsors must submit the information in section 4 separately for each patent claim claiming a method of using the pending drug product for which approval is being sought. For each method of use claimed referenced, provide the following information:

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<tr>
<td>4.2 Patent Claim Number (as listed in the patent) Does the patent claim referenced in 4.2 claim a pending method of use for which approval is being sought in the pending NDA, amendment, or supplement?</td>
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<tr>
<td>4.2a If the answer to 4.2 is &quot;Yes,&quot; identify with specificity the use with reference to the proposed labeling for the drug product. Use: (Submit indication or method of use information as identified specifically in the approved labeling.)</td>
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5. No Relevant Patents

For this pending NDA, amendment, or supplement, there are no relevant patents that claim the drug substance (active ingredient), drug product (formulation or composition) or method(s) of use, for which the applicant is seeking approval and with respect to which a claim of patent infringement could reasonably be asserted if a person not licensed by the owner of the patent engaged in the manufacture, use, or sale of the drug product. | Yes |     |
### 6. Declaration Certification

**6.1** The undersigned declares that this is an accurate and complete submission of patent information for the NDA, amendment, or supplement pending under section 505 of the Federal Food, Drug, and Cosmetic Act. This time-sensitive patent information is submitted pursuant to 21 CFR 314.53. I attest that I am familiar with 21 CFR 314.53 and this submission complies with the requirements of the regulation. I verify under penalty of perjury that the foregoing is true and correct.

**Warning:** A willfully and knowingly false statement is a criminal offense under 18 U.S.C. 1001.

**6.2** Authorized Signature of NDA Applicant/Holder or Patent Owner (Attorney, Agent, Representative or other Authorized Official) (Provide Information below)

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Bernd Kratzer</td>
<td></td>
</tr>
<tr>
<td>c/o ALTANA Pharma AG</td>
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<th>Address</th>
<th>City/State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Byk-Gulden-Str. 2</td>
<td>Konstanz</td>
</tr>
<tr>
<td></td>
<td>Germany</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ZIP Code</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>78467</td>
<td>+49-(0)7531-845338</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FAX Number (if available)</th>
<th>E-Mail Address (if available)</th>
</tr>
</thead>
<tbody>
<tr>
<td>+49-(0)7531-845321</td>
<td><a href="mailto:Dekon.IPPA-DE@altanapharma.com">Dekon.IPPA-DE@altanapharma.com</a></td>
</tr>
</tbody>
</table>

**Date Signed**

![Signature]

21-Nov-2003

NOTE: Only an NDA applicant/holder may submit this declaration directly to the FDA. A patent owner who is not the NDA applicant/holder is authorized to sign the declaration but may not submit it directly to FDA. 21 CFR 314.53(c)(4) and (d)(4).

Check applicable box and provide information below.

- [ ] NDA Applicant/Holder
- [ ] NDA Applicant's/Holder's Attorney, Agent (Representative) or other Authorized Official
- [ ] Patent Owner
- [x] Patent Owner's Attorney, Agent (Representative) or Other Authorized Official

The public reporting burden for this collection of information has been estimated to average 9 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

Food and Drug Administration
CDER (HFD-007)
5600 Fishers Lane
Rockville, MD 20857

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.
General Information

- To submit patent information to the agency the appropriate patent declaration form must be used. Two forms are available for patent submissions. The approval status of your New Drug Application will determine which form you should use.

- Form 5342a should be used when submitting patent information with original NDA submissions, NDA amendments and NDA supplements prior to approval.

- Form 5342 should be used after NDA or supplemental approval. This form is to be submitted within 30 days after approval of an application. This form should also be used to submit patent information relating to an approved supplement under 21 CFR 314.53(d) to change the formulation, add a new indication or other condition of use, change the strength, or to make any other patented change regarding the drug, drug product, or any method of use.

- Form 5342 is also to be used for patents issued after drug approval. Patents issued after drug approval are required to be submitted within 30 days of patent issuance for the patent to be considered "timely filed."

- Only information from form 5342 will be used for Orange Book Publication purposes.

- Forms should be submitted as described in 21 CFR 314.53. An additional copy of form 5342 to the Orange Book Staff will expedite patent publication in the Orange Book. The Orange Book Staff address (as of July 2003) is: Orange Book Staff, Office of Generic Drugs OGD/HFD-610, 7500 Standish Place, Rockville, MD 20855.

- The receipt date is the date that the patent information is date stamped in the central document room. Patents are considered listed on the date received.

- Additional copies of these forms may be downloaded from the Internet at: [http://forms.fda.gov/forms/fdahtm/fdahtm.html](http://forms.fda.gov/forms/fdahtm/fdahtm.html).

First Section

Complete all items in this section.

1. General Section

Complete all items in this section with reference to the patent itself.

1c) Include patent expiration date, including any Hatch-Waxman patent extension already granted. Do not include any applicable pediatric exclusivity. The agency will include pediatric exclusivities where applicable upon publication.

1d) Include full address of patent owner. If patent owner resides outside the U.S. indicate the country in the zip code block.

1e) Answer this question if applicable. If patent owner and NDA applicant/holder reside in the United States, leave space blank.

2. Drug Substance (Active Ingredient)

Complete all items in this section if the patent claims the drug substance that is the subject of the pending NDA, amendment, or supplement.

2.4) Name the polymorphic form of the drug identified by the patent.

2.5) A patent for a metabolite of the approved active ingredient may not be submitted. If the patent claims an approved method of using the approved drug product to administer the metabolite, the patent may be submitted as a method of use patent depending on the responses to section 4 of this form.

2.7) Answer this question only if the patent is a product-by-process patent.

3. Drug Product (Composition/Formulation)

Complete all items in this section if the patent claims the drug product that is the subject of the pending NDA, amendment, or supplement.

3.3) An answer to this question is required only if the referenced patent is a product-by-process patent.

4. Method of Use

Complete all items in this section if the patent claims a method of use of the drug product that is the subject of the pending NDA, amendment, or supplement.

4.2) Identify by number each claim in the patent that claims the use(s) of the drug for which approval is being sought. Indicate whether or not each individual claim is a claim for a method(s) of use of the drug for which approval is being sought.

4.2a) Specify the part of the proposed drug labeling that is claimed by the patent.

5. No Relevant Patents

Complete this section only if applicable.

6. Declaration Certification

Complete all items in this section.

6.2) Authorized signature. Check one of the four boxes that best describes the authorized signature.
Notes to Form FDA 3542a for US Patent No. 6,264,923 for NDA 21-658:

Note to Question 1.D: ________________ Company's address is: __________________

b(4)
Department of Health and Human Services
Food and Drug Administration

PATENT INFORMATION SUBMITTED WITH THE
FILING OF AN NDA, AMENDMENT, OR SUPPLEMENT

For Each Patent That Claims a Drug Substance
(Active Ingredient), Drug Product (Formulation and
Composition) and/or Method of Use

The following is provided in accordance with Section 505(b) and (c) of the Federal Food, Drug, and Cosmetic Act.

TRADE NAME (OR PROPOSED TRADE NAME)
ALVESCO

ACTIVE INGREDIENT(S)
Pregna-1,4-diene-3,20-dione,16,17-[(R)-cyclohexymethylenbis(oxy)]-11-hydroxy-21-(2-methyl-1-oxopropoxy)-(11β, 16α)

STRENGTH(S)
80 micrograms, and 160 micrograms

DOSAGE FORM
Metered dose inhaler

This patent declaration form is required to be submitted to the Food and Drug Administration (FDA) with an NDA application, amendment, or supplement as required by 21 CFR 314.53 at the address provided in 21 CFR 314.53(d)(4). Within thirty (30) days after approval of an NDA or supplement, or within thirty (30) days of issuance of a new patent, a new patent declaration must be submitted pursuant to 21 CFR 314.53(c)(2)(ii) with all of the required information based on the approved NDA or supplement. The information submitted in the declaration form submitted upon or after approval will be the only information relied upon by FDA for listing a patent in the Orange Book.

For hand-written or typewriter versions (only) of this report: If additional space is required for any narrative answer (i.e., one that does not require a "Yes" or "No" response), please attach an additional page referencing the question number.

FDA will not list patent information if you file an incomplete patent declaration or the patent declaration indicates the patent is not eligible for listing.

For each patent submitted for the pending NDA, amendment, or supplement referenced above, you must submit all the information described below. If you are not submitting any patents for this pending NDA, amendment, or supplement, complete above section and sections 5 and 6.

1. GENERAL

a. United States Patent Number
6,120,752

b. Issue Date of Patent
9/19/2000

c. Expiration Date of Patent
5/13/2018

d. Name of Patent Owner
Byk-Gulden Lomberg Chemische Fabrik GmbH

and

Address (of Patent Owner)
Byk-Gulden-Straße 2

City/State
Konstanz, Germany

ZIP Code
D-78467

FAX Number (if available)
+49-(0)7531-845321

Telephone Number
+49-(0)7531-84-0

E-Mail Address (if available)
Dekon.IPPA-DE@altanapharma.com

e. Name of agent or representative who resides or maintains a place of business within the United States authorized to receive notice of patent certification under section 505(b)(3) and (j)(2)(B) of the Federal Food, Drug, and Cosmetic Act and 21 CFR 314.52 and 314.55 (if patent owner or NDA applicant/holder does not reside or have a place of business within the United States)

Address (of agent or representative named in 1.e.)
Aventis Pharmaceuticals Inc.
1041 Route 202-206
P.O. Box 6800
City/State
Bridgewater, NJ

ZIP Code
08807-0800

FAX Number (if available)
908-231-2691

Telephone Number
908-231-5721

E-Mail Address (if available)
louis.wille@aventis.com

Louis J. Wille

f. Is the patent referenced above a patent that has been submitted previously for the approved NDA or supplement referenced above?

☐ Yes  ☒ No
For the patent referenced above, provide the following information on the drug substance, drug product and/or method of use that is the subject of the pending NDA, amendment, or supplement.

### 2. Drug Substance (Active Ingredient)

2.1 Does the patent claim the drug substance that is the active ingredient in the drug product described in the pending NDA, amendment, or supplement?  
☐ Yes  ☒ No

2.2 Does the patent claim a drug substance that is a different polymorph of the active ingredient described in the pending NDA, amendment, or supplement?  
☐ Yes  ☐ No

2.3 If the answer to question 2.2 is "Yes," do you certify that, as of the date of this declaration, you have test data demonstrating that a drug product containing the polymorph will perform the same as the drug product described in the NDA? The type of test data required is described at 21 CFR 314.53(b).  
☐ Yes  ☐ No

2.4 Specify the polymorphic form(s) claimed by the patent for which you have the test results described in 2.3.

2.5 Does the patent claim only a metabolite of the active ingredient pending in the NDA or supplement?  
(Complete the information in section 4 below if the patent claims a pending method of using the pending drug product to administer the metabolite.)  
☐ Yes  ☒ No

2.6 Does the patent claim only an intermediate?  
☐ Yes  ☒ No

2.7 If the patent referenced in 2.1 is a product-by-process patent, is the product claimed in the patent novel? (An answer is required only if the patent is a product-by-process patent.)  
☐ Yes  ☐ No

### 3. Drug Product (Composition/Formulation)

3.1 Does the patent claim the drug product, as defined in 21 CFR 314.3, in the pending NDA, amendment, or supplement?  
☒ Yes  ☐ No

3.2 Does the patent claim only an intermediate?  
☐ Yes  ☒ No

3.3 If the patent referenced in 3.1 is a product-by-process patent, is the product claimed in the patent novel? (An answer is required only if the patent is a product-by-process patent.)  
☐ Yes  ☐ No

### 4. Method of Use

Sponsors must submit the information in section 4 separately for each patent claim claiming a method of using the pending drug product for which approval is being sought. For each method of use claim referenced, provide the following information:

4.1 Does the patent claim one or more methods of use for which approval is being sought in the pending NDA, amendment, or supplement?  
☐ Yes  ☒ No

4.2 Patent Claim Number (as listed in the patent)  

<table>
<thead>
<tr>
<th>Patent Claim Number</th>
<th>Does the patent claim referenced in 4.2 claim a pending method of use for which approval is being sought in the pending NDA, amendment, or supplement?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Yes  ☒ No</td>
</tr>
</tbody>
</table>

4.2a If the answer to 4.2 is "Yes," identify with specificity the use with reference to the proposed labeling for the drug product.  
(Submit indication or method of use information as identified specifically in the approved labeling.)

### 5. No Relevant Patents

For this pending NDA, amendment, or supplement, there are no relevant patents that claim the drug substance (active ingredient), drug product (formulation or composition) or method(s) of use, for which the applicant is seeking approval and with respect to which a claim of patent infringement could reasonably be asserted if a person not licensed by the owner of the patent engaged in the manufacture, use, or sale of the drug product.  
☐ Yes
g. If the patent referenced above has been submitted previously for listing, is the expiration date a new expiration date?  □ Yes  □ No
6. Declaration Certification

6.1 The undersigned declares that this is an accurate and complete submission of patent information for the NDA, amendment, or supplement pending under section 505 of the Federal Food, Drug, and Cosmetic Act. This time-sensitive patent information is submitted pursuant to 21 CFR 314.53. I attest that I am familiar with 21 CFR 314.53 and this submission complies with the requirements of the regulation. I verify under penalty of perjury that the foregoing is true and correct.

Warning: A willfully and knowingly false statement is a criminal offense under 18 U.S.C. 1001.

6.2 Authorized Signature of NDA Applicant/Holder or Patent Owner (Attorney, Agent, Representative or other Authorized Official) (Provide Information below)

<table>
<thead>
<tr>
<th>Name</th>
<th>City/State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Bernd Kratzer</td>
<td>Konstanz</td>
</tr>
<tr>
<td>c/o ALTANA Pharma AG</td>
<td>Germany</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Byk-Gulden-Str. 2</td>
<td>+49-(0)7531-845338</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ZIP Code</th>
<th>E-Mail Address (if available)</th>
</tr>
</thead>
<tbody>
<tr>
<td>78467</td>
<td><a href="mailto:Dekon.IPPA-DE@altanapharma.com">Dekon.IPPA-DE@altanapharma.com</a></td>
</tr>
</tbody>
</table>

| FAX Number (if available) | |
|---------------------------| +49-(0)7531-845321 |

NOTE: Only an NDA applicant/holder may submit this declaration directly to the FDA. A patent owner who is not the NDA applicant/holder is authorized to sign the declaration but may not submit it directly to FDA. 21 CFR 314.53(c)(4) and (d)(4).

Check applicable box and provide information below.

- [ ] NDA Applicant/Holder  - [ ] NDA Applicant's/Holder's Attorney, Agent (Representative) or other Authorized Official
- [ ] Patent Owner  - [x] Patent Owner's Attorney, Agent (Representative) or Other Authorized Official

The public reporting burden for this collection of information has been estimated to average 9 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

Food and Drug Administration
CDER (HFD-007)
5600 Fishers Lane
Rockville, MD 20857

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.
INFORMATION AND INSTRUCTIONS FOR FORM 3542a

PATENT INFORMATION SUBMITTED WITH THE FILING OF AN NDA, AMENDMENT OR SUPPLEMENT

General Information

- To submit patent information to the agency the appropriate patent declaration form must be used. Two forms are available for patent submissions. The approval status of your New Drug Application will determine which form you should use.
- Form 3542a should be used when submitting patent information with original NDA submissions, NDA amendments and NDA supplements prior to approval.
- Form 3542 should be used after NDA or supplemental approval. This form is to be submitted within 30 days after approval of an application. This form should also be submitted with patent information relating to an approved supplement under 21 CFR 314.53(d) to change the formulation, add a new indication or other condition of use, change the strength, or to make any other patented change regarding the drug, drug product, or any method of use.
- Form 3542 is also to be used for patents issued after drug approval. Patents issued after drug approval are required to be submitted within 30 days of issuance for the patent to be considered "timely filed."
- Only information from form 3542 will be used for Orange Book Publication purposes.
- Forms should be submitted as described in 21 CFR 314.53. An additional copy of form 3542 to the Orange Book Staff will expedite patent publication in the Orange Book. The Orange Book Staff address (as of July 2003) is: Orange Book Staff, Office of Generic Drugs OGD/HFD-610, 7500 Standish Place, Rockville, MD 20855.
- The receipt date is the date that the patent information is date stamped in the central document room. Patents are considered listed on the date received.
- Additional copies of these forms may be downloaded from the Internet at: http://forms.fda.gov/forms/fdahtm/fdahtm.html.

First Section

Complete all items in this section.

1. General Section

Complete all items in this section with reference to the patent itself.

1c) Include patent expiration date, including any Hatch-Waxman patent extension already granted. Do not include any applicable pediatric exclusivity. The agency will include pediatric exclusivities where applicable upon publication.

1d) Include full address of patent owner. If patent owner resides outside the U.S. indicate the country in the zip code block.

1e) Answer this question if applicable. If patent owner and NDA applicant/holder reside in the United States, leave space blank.

2. Drug Substance (Active Ingredient)

Complete all items in this section if the patent claims the drug substance that is the subject of the pending NDA, amendment, or supplement.

2.4) Name the polymorphic form of the drug identified by the patent.

2.5) A patent for a metabolite of the approved active ingredient may not be submitted. If the patent claims an approved method of using the approved drug product to administer the metabolite, the metabolism may be submitted as a method of use patent depending on the responses to section 4 of this form.

2.7) Answer this question only if the patent is a product-by-process patent.

3. Drug Product (Composition/Formulation)

Complete all items in this section if the patent claims the drug product that is the subject of the pending NDA, amendment, or supplement.

3.3) An answer to this question is required only if the referenced patent is a product-by-process patent.

4. Method of Use

Complete all items in this section if the patent claims a method of use of the drug product that is the subject of the pending NDA, amendment, or supplement.

4.2) Identify by number each claim in the patent that claims the use(s) of the 'drug for which approval is being sought. Indicate whether or not each individual claim is a claim for a method(s) of use of the drug for which approval is being sought.

4.2a) Specify the part of the proposed drug labeling that is claimed by the patent.

5. No Relevant Patents

Complete this section only if applicable.

6. Declaration Certification

Complete all items in this section.

6.2) Authorized signature. Check one of the four boxes that best describes the authorized signature.
Notes to Form FDA 3542a for US Patent No. 6,120,752 for NDA 21-658:

Note to Question 1.D: ______________. Company’s address is:

b(4)
Department of Health and Human Services
Food and Drug Administration

PATENT INFORMATION SUBMITTED WITH THE
FILING OF AN NDA, AMENDMENT, OR SUPPLEMENT

For Each Patent That Claims a Drug Substance
(Active Ingredient), Drug Product (Formulation and
Composition) and/or Method of Use

The following is provided in accordance with Section 505(b) and (c) of the Federal Food, Drug, and Cosmetic Act.

TRADE NAME (OR PROPOSED TRADE NAME)
ALVESCO

ACTIVE INGREDIENT(S)
Pregna-1,4-diene-3,20-dione, 16,17-[[[(R)-
cyclohexylmethylenebis(oxy)]-11-hydroxy-21-(2-methyl-1-
oxopropoxy)-(11β, 16α)]

STRENGTH(S)
80 micrograms, and 160 micrograms

b(4)

DOSAGE FORM
Metered dose inhaler

This patent declaration form is required to be submitted to the Food and Drug Administration (FDA) with an NDA application, amendment, or supplement as required by 21 CFR 314.53 at the address provided in 21 CFR 314.53(d)(4).

Within thirty (30) days after approval of an NDA or supplement, or within thirty (30) days of issuance of a new patent, a new patent declaration must be submitted pursuant to 21 CFR 314.53(e)(2)(ii) with all of the required information based on the approved NDA or supplement. The information submitted in the declaration form submitted upon or after approval will be the only information relied upon by FDA for listing a patent in the Orange Book.

For hand-written or typewriter versions (only) of this report: If additional space is required for any narrative answer (i.e., one that does not require a "Yes" or "No" response), please attach an additional page referencing the question number.

FDA will not list patent information if you file an incomplete patent declaration or the patent declaration indicates the patent is not eligible for listing.

For each patent submitted for the pending NDA, amendment, or supplement referenced above, you must submit all the information described below. If you are not submitting any patents for this pending NDA, amendment, or supplement, complete above section and sections 5 and 6.

I. GENERAL:

a. United States Patent Number
5,775,321

b. Issue Date of Patent
7/7/1998

c. Expiration Date of Patent
7/7/2015

d. Name of Patent Owner

b(4)

Address (of Patent Owner)

f. Name of agent or representative who resides or maintains a place of business within the United States authorized to receive notice of patent certification under section 505(b)(3) and (j)(2)(B) of the Federal Food, Drug, and Cosmetic Act and 21 CFR 314.52 and 314.95 (if patent owner or NDA applicant/holder does not reside or have a place of business within the United States)

Louis J. Wille

Address (of agent or representative named in f.)
Aventis Pharmaceuticals Inc.
1041 Route 202-206
P.O. Box 6800
City/State
Bridgewater, NJ

ZIP Code
08807-0800

FAX Number (if available)
908-231-2691

Telephone Number
908-231-5721

E-Mail Address (if available)
lou.wille@aventis.com

f. Is the patent referenced above a patent that has been submitted previously for the approved NDA or supplement referenced above?

☐ Yes  ☒ No
g. If the patent referenced above has been submitted previously for listing, is the expiration date a new expiration date? □ Yes □ No
For the patent referenced above, provide the following information on the drug substance, drug product and/or method of use that is the subject of the pending NDA, amendment, or supplement.

### Drug Substance (Active Ingredient)

2.1 Does the patent claim the drug substance that is the active ingredient in the drug product described in the pending NDA, amendment, or supplement?  
☐ Yes  ☒ No

2.2 Does the patent claim a drug substance that is a different polymorph of the active ingredient described in the pending NDA, amendment, or supplement?  
☐ Yes  ☒ No

2.3 If the answer to question 2.2 is "Yes," do you certify that, as of the date of this declaration, you have test data demonstrating that a drug product containing the polymorph will perform the same as the drug product described in the NDA? The type of test data required is described at 21 CFR 314.53(b).  
☐ Yes  ☒ No

2.4 Specify the polymorphic form(s) claimed by the patent for which you have the test results described in 2.3.

2.5 Does the patent claim only a metabolite of the active ingredient pending in the NDA or supplement? (Complete the information in section 4 below if the patent claims a pending method of using the pending drug product to administer the metabolite.)  
☐ Yes  ☒ No

2.6 Does the patent claim only an intermediate?  
☐ Yes  ☒ No

2.7 If the patent referenced in 2.1 is a product-by-process patent, is the product claimed in the patent novel? (An answer is required only if the patent is a product-by-process patent.)  
☐ Yes  ☒ No

### Drug Product (Composition/Formulation)

3.1 Does the patent claim the drug product, as defined in 21 CFR 314.3, in the pending NDA, amendment, or supplement?  
☒ Yes  ☐ No

3.2 Does the patent claim only an intermediate?  
☐ Yes  ☒ No

3.3 If the patent referenced in 3.1 is a product-by-process patent, is the product claimed in the patent novel? (An answer is required only if the patent is a product-by-process patent.)  
☐ Yes  ☒ No

### Method of Use

Sponsors must submit the information in section 4 separately for each patent claim claiming a method of using the pending drug product for which approval is being sought. For each method of use claimed referenced, provide the following information:

4.1 Does the patent claim one or more methods of use for which approval is being sought in the pending NDA, amendment, or supplement?  
☐ Yes  ☒ No

4.2 Patent Claim Number (as listed in the patent)  

4.2a If the answer to 4.2 is "Yes," identify with specificity the use with reference to the proposed labeling for the drug product.  

Use: (Submit indication or method of use information as identified specifically in the approved labeling.)  

4.2b Does the patent claim referenced in 4.2 claim a pending method of use for which approval is being sought in the pending NDA, amendment, or supplement?  
☐ Yes  ☒ No

## 5. No Relevant Patents

For this pending NDA, amendment, or supplement, there are no relevant patents that claim the drug substance (active ingredient), drug product (formulation or composition) or method(s) of use, for which the applicant is seeking approval and with respect to which a claim of patent infringement could reasonably be asserted if a person not licensed by the owner of the patent engaged in the manufacture, use, or sale of the drug product.  

☐ Yes
6.1 The undersigned declares that this is an accurate and complete submission of patent information for the NDA, amendment, or supplement pending under section 505 of the Federal Food, Drug, and Cosmetic Act. This timesensitive patent information is submitted pursuant to 21 CFR 314.53. I attest that I am familiar with 21 CFR 314.53 and this submission complies with the requirements of the regulation. I verify under penalty of perjury that the foregoing is true and correct.

Warning: A willfully and knowingly false statement is a criminal offense under 18 U.S.C. 1001.

6.2 Authorized Signature of NDA Applicant/Holder or Patent Owner (Attorney, Agent, Representative or other Authorized Official) (Provide Information below) Date Signed

Nov. 24, 2003

NOTE: Only an NDA applicant/holder may submit this declaration directly to the FDA. A patent owner who is not the NDA applicant/holder is authorized to sign the declaration but may not submit it directly to FDA. 21 CFR 314.53(c)(4) and (d)(4).

Check applicable box and provide information below.

☐ NDA Applicant/Holder ☐ NDA Applicant's/Holder's Attorney, Agent (Representative) or other Authorized Official

☐ Patent Owner ☐ Patent Owner's Attorney, Agent (Representative) or Other Authorized Official

b(4)

The public reporting burden for this collection of information has been estimated to average 9 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

Food and Drug Administration
CDER (HFZ-807)
5600 Fishers Lane
Rockville, MD 20857

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.
INFORMATION AND INSTRUCTIONS FOR FORM 3542a

PATENT INFORMATION SUBMITTED WITH THE FILING OF AN NDA, AMENDMENT OR SUPPLEMENT

General Information

- To submit patent information to the agency the appropriate patent declaration form must be used. Two forms are available for patent submissions. The approval status of your New Drug Application will determine which form you should use.

- Form 3542a should be used when submitting patent information with original NDA submissions, NDA amendments and NDA supplements prior to approval.

- Form 3542 should be used after NDA or supplemental approval. This form is to be submitted within 30 days after approval of an application. This form should also be used to submit patent information relating to an approved supplement under 21 CFR 314.53(d) to change the formulation, add a new indication or other condition of use, change the strength, or to make any other patented change regarding the drug, drug product, or any method of use.

- Form 3542 is also to be used for patents issued after drug approval. Patents issued after drug approval are required to be submitted within 30 days of patent issuance for the patent to be considered "timely filed."

- Only information from form 3542 will be used for Orange Book Publication purposes.

- Forms should be submitted as described in 21 CFR 314.53. An additional copy of form 3542 to the Orange Book Staff will expedite patent publication in the Orange Book. The Orange Book Staff address (as of July 2003) is: Orange Book Staff, Office of Generic Drugs OGD/HFD-610, 7500 Standish Place, Rockville, MD 20855.

- The receipt date is the date that the patent information is date stamped in the central document room. Patents are considered listed on the date received.

- Additional copies of these forms may be downloaded from the Internet at: http://forms.fda.gov/forms/dahtm/ndahtm.html.

First Section

Complete all items in this section.

1. General Section

Complete all items in this section with reference to the patent itself.

1c) Include patent expiration date, including any Hatch-Waxman patent extension already granted. Do not include any applicable pediatric exclusivity. The agency will include pediatric exclusivities where applicable upon publication.

1d) Include full address of patent owner. If patent owner resides outside the U.S. indicate the country in the zip code block.

1e) Answer this question if applicable. If patent owner and NDA applicant/holder reside in the United States, leave space blank.

2. Drug Substance (Active Ingredient)

Complete all items in this section if the patent claims the drug substance that is the subject of the pending NDA, amendment, or supplement.

2.4) Name the polymorphic form of the drug identified by the patent.

2.5) A patent for a metabolite of the approved active ingredient may not be submitted. If the patent claims an approved method of using the approved drug product to administer the metabolite, the patent may be submitted as a method of use patent depending on the responses to section 4 of this form.

2.7) Answer this question only if the patent is a product-by-process patent.

3. Drug Product (Composition/Formulation)

Complete all items in this section if the patent claims the drug product that is the subject of the pending NDA, amendment, or supplement.

3.3) An answer to this question is required only if the referenced patent is a product-by-process patent.

4. Method of Use

Complete all items in this section if the patent claims a method of use of the drug product that is the subject of the pending NDA, amendment, or supplement.

4.2) Identify by number each claim in the patent that claims the use(s) of the drug for which approval is being sought. Indicate whether or not each individual claim is a claim for a method(s) of use of the drug for which approval is being sought.

4.2a) Specify the part of the proposed drug labeling that is claimed by the patent.

5. No Relevant Patents

Complete this section only if applicable.

6. Declaration Certification

Complete all items in this section.

6.2) Authorized signature. Check one of the four boxes that best describes the authorized signature.
The following is provided in accordance with Section 505(b) and (c) of the Federal Food, Drug, and Cosmetic Act.

**TRADENAME OR PROPOSED TRADE NAME**

ALVESCO

**ACTIVE INGREDIENT (S)**

Pregna-1,4-diene-3,20-dione, 16,17-[(R)-cyclohexymethylenebis(oxy)]-11-hydroxy-21-(2-methyl-1-oxopropoxy)-(11β, 16α)

**STRENGTH(S)**

80 micrograms, and 160 micrograms

**DOSAGE FORM**

Metered dose inhaler

This patent declaration form is required to be submitted to the Food and Drug Administration (FDA) with an NDA application, amendment, or supplement as required by 21 CFR 314.63 at the address provided in 21 CFR 314.59(d)(4). Within thirty (30) days after approval of an NDA or supplement, or within thirty (30) days of issuance of a new patent, a new patent declaration must be submitted pursuant to 21 CFR 314.53(c)(2)(ii) with all of the required information based on the approved NDA or supplement. The information submitted in the declaration form submitted upon or after approval will be the only information relied upon by FDA for listing a patent in the Orange Book.

For hand-written or typewriter versions (only) of this report: If additional space is required for any narrative answer (i.e., one that does not require a "Yes" or "No" response), please attach an additional page referencing the question number.

**FDA will not list patent information if you file an incomplete patent declaration or the patent declaration indicates the patent is not eligible for listing.**

For each patent submitted for the pending NDA, amendment, or supplement referenced above, you must submit all the information described below. If you are not submitting any patents for this pending NDA, amendment, or supplement, complete above section and sections 5 and 6.

<table>
<thead>
<tr>
<th>GENERAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. United States Patent Number 6,006,745</td>
</tr>
<tr>
<td>b. Issue Date of Patent 12/28/1999</td>
</tr>
<tr>
<td>c. Expiration Date of Patent 12/28/2016</td>
</tr>
<tr>
<td>d. Name of Patent Owner</td>
</tr>
<tr>
<td>e. Name of agent or representative who resides or maintains a place of business within the United States authorized to receive notices of patent certification under section 505(b)(3) and 505(b)(2) of the Federal Food, Drug, and Cosmetic Act and 21 CFR 314.52 and 314.95 if patent owner or NDA applicant/holder does not reside or have a place of business within the United States</td>
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<tr>
<td></td>
</tr>
</tbody>
</table>

f. Is the patent referenced above a patent that has been submitted previously for the approved NDA or supplement referenced above? ☑ Yes ☐ No
g. If the patent referenced above has been submitted previously for listing, is the expiration date a new expiration date? □ Yes □ No
For the patent referenced above, provide the following information on the drug substance, drug product and/or method of use that is the subject of the pending NDA, amendment, or supplement:

### Drug Substance (Active Ingredient)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Does the patent claim the drug substance that is the active ingredient in the drug product described in the pending NDA, amendment, or supplement?</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>2.2 Does the patent claim a drug substance that is a different polymorph of the active ingredient described in the pending NDA, amendment, or supplement?</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>2.3 If the answer to question 2.2 is &quot;Yes,&quot; do you certify that, as of the date of this declaration, you have test data demonstrating that a drug product containing the polymorph will perform the same as the drug product described in the NDA? The type of test data required is described at 21 CFR 314.53(b).</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>2.4 Specify the polymorphic form(s) claimed by the patent for which you have the test results described in 2.3.</td>
<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.5 Does the patent claim only a metabolite of the active ingredient pending in the NDA or supplement? (Complete the information in section 4 below if the patent claims a pending method of using the pending drug product to administer the metabolite.)</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>2.6 Does the patent claim only an intermediate?</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>2.7 If the patent referenced in 2.1 is a product-by-process patent, is the product claimed in the patent novel? (An answer is required only if the patent is a product-by-process patent.)</td>
<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>

### Drug Product (Composition/Formulation)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Does the patent claim the drug product, as defined in 21 CFR 314.3, in the pending NDA, amendment, or supplement?</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>3.2 Does the patent claim only an intermediate?</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>3.3 If the patent referenced in 3.1 is a product-by-process patent, is the product claimed in the patent novel? (An answer is required only if the patent is a product-by-process patent.)</td>
<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>

### Methods of Use

Sponsors must submit the information in section 4 separately for each patent claim claiming a method of using the pending drug product for which approval is being sought. For each method of use claim referenced, provide the following information:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Does the patent claim one or more methods of use for which approval is being sought in the pending NDA, amendment, or supplement?</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>4.2 Patent Claim Number (as listed in the patent) Does the patent claim referenced in 4.2 claim a pending method of use for which approval is being sought in the pending NDA, amendment, or supplement?</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>4.2a If the answer to 4.2 is &quot;Yes,&quot; identify with specificity the use with reference to the proposed labeling for the drug product. Use: (Submit indication or method of use information as identified specifically in the approved labeling.)</td>
<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>

### No Relevant Patents

No relevant patents.

For this pending NDA, amendment, or supplement, there are no relevant patents that claim the drug substance (active ingredient), drug product (formulation or composition) or method(s) of use, for which the applicant is seeking approval and with respect to which a claim of patent infringement could reasonably be asserted if a person not licensed by the owner of the patent engaged in the manufacture, use, or sale of the drug product.
6.1 The undersigned declares that this is an accurate and complete submission of patent information for the NDA, amendment, or supplement pending under section 505 of the Federal Food, Drug, and Cosmetic Act. This time-sensitive patent information is submitted pursuant to 21 CFR 314.53. I attest that I am familiar with 21 CFR 314.53 and this submission complies with the requirements of the regulation. I verify under penalty of perjury that the foregoing is true and correct.

**Warning:** A willfully and knowingly false statement is a criminal offense under 18 U.S.C. 1001.

6.2 Authorized Signature of NDA Applicant/Holder or Patent Owner (Attorney, Agent, Representative or other Authorized Official) (Provide Information below)

Date Signed

**Nov. 24, 2003**

NOTE: Only an NDA applicant/holder may submit this declaration directly to the FDA. A patent owner who is not the NDA applicant/holder is authorized to sign the declaration but may not submit it directly to FDA. 21 CFR 314.53(c)(4) and (d)(4).

Check applicable box and provide information below.

- [ ] NDA Applicant/Holder
- [ ] NDA Applicant/Holder’s Attorney, Agent (Representative) or other Authorized Official
- [ ] Patent Owner
- [X] Patent Owner’s Attorney, Agent (Representative) or Other Authorized Official

Name

\[b(4)\]

The public reporting burden for this collection of information has been estimated to average 9 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

Food and Drug Administration
CDER (HPD-907)
5600 Fishers Lane
Rockville, MD 20857

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.
INFORMATION AND INSTRUCTIONS FOR FORM 3542a
PATENT INFORMATION SUBMITTED WITH THE FILING OF AN NDA, AMENDMENT OR SUPPLEMENT

General Information

- To submit patent information to the agency the appropriate patent declaration form must be used. Two forms are available for patent submissions. The approval status of your New Drug Application will determine which form you should use.

- Form 3542a should be used when submitting patent information with original NDA submissions, NDA amendments and NDA supplements prior to approval.

- Form 3542 should be used after NDA or supplemental approval. This form is to be submitted within 30 days after approval of an application. This form should also be used to submit patent information relating to an approved supplement under 21 CFR 314.53(d) to change the formulation, add a new indication or other condition of use, change the strength, or to make any other patented change regarding the drug, drug product, or any method of use.

- Form 3542 is also to be used for patents issued after drug approval. Patents issued after drug approval are required to be submitted within 30 days of patent issuance for the patent to be considered "timely filed."

- Only information from form 3542 will be used for Orange Book Publication purposes.

- Forms should be submitted as described in 21 CFR 314.53. An additional copy of form 3542 to the Orange Book Staff will expedite patent publication in the Orange Book. The Orange Book Staff address (as of July 2003) is: Orange Book Staff, Office of Generic Drugs OGD/HFD-610, 7500 Standish Place, Rockville, MD 20855.

- The receipt date is the date that the patent information is date stamped in the central document room. Patents are considered listed on the date received.

- Additional copies of these forms may be downloaded from the Internet at: http://forms.psc.gov/forms/fdahtm/fdahtm.html.

First Section

Complete all items in this section.

1. General Section

Complete all items in this section with reference to the patent itself.

1c) Include patent expiration date, including any Hatch-Waxman patent extension already granted. Do not include any applicable pediatric exclusivity. The agency will include pediatric exclusivities where applicable upon publication.

1d) Include full address of patent owner. If patent owner resides outside the U.S. indicate the country in the zip code block.

1e) Answer this question if applicable. If patent owner and NDA applicant/holder reside in the United States, leave space blank.

2. Drug Substance (Active Ingredient)

Complete all items in this section if the patent claims the drug substance that is the subject of the pending NDA, amendment, or supplement.

2.4) Name the polymorphic form of the drug identified by the patent.

2.5) A patent for a metabolite of the approved active ingredient may not be submitted. If the patent claims an approved method of using the approved drug product to administer the metabolite, the patent may be submitted as a method of use patent depending on the responses to section 4 of this form.

2.7) Answer this question only if the patent is a product-by-process patent.

3. Drug Product (Composition/Formulation)

Complete all items in this section if the patent claims the drug product that is the subject of the pending NDA, amendment, or supplement.

3.3) An answer to this question is required only if the referenced patent is a product-by-process patent.

4. Method of Use

Complete all items in this section if the patent claims a method of use of the drug product that is the subject of the pending NDA, amendment, or supplement.

4.2) Identify by number each claim in the patent that claims the use(s) of the drug for which approval is being sought. Indicate whether or not each individual claim is a claim for a method(s) of use of the drug for which approval is being sought.

4.2a) Specify the part of the proposed drug labeling that is claimed by the patent.

5. No Relevant Patents

Complete this section only if applicable.

6. Declaration Certification

Complete all items in this section.

6.2) Authorized signature. Check one of the four boxes that best describes the authorized signature.
For Each Patent That Claims a Drug Substance (Active Ingredient), Drug Product (Formulation and Composition) and/or Method of Use

The following is provided in accordance with Section 505(b) and (c) of the Federal Food, Drug, and Cosmetic Act.

TRADE NAME (OR PROPOSED TRADE NAME)
ALVESCO

ACTIVE INGREDIENT(S)
Pregna-1,4-diene-3,20-dione,16,17-[[[(R)-cyclohexylmethyleneis(oxy)]-11-hydroxy-21-(2-methyl-1-oxopropoxy)-(11β,16α)]

STRENGTH(S)
80 micrograms, and 160 micrograms

DOSAGE FORM:
Metered dose inhaler

This patent declaration form is required to be submitted to the Food and Drug Administration (FDA) with an NDA application, amendment, or supplement as required by 21 CFR 314.53 at the address provided in 21 CFR 314.53(d)(4). Within thirty (30) days after approval of an NDA or supplement, or within thirty (30) days of issuance of a new patent, a new patent declaration must be submitted pursuant to 21 CFR 314.53(c)(2)(ii) with all of the required information based on the approved NDA or supplement. The information submitted in the declaration form submitted upon or after approval will be the only information relied upon by FDA for listing a patent in the Orange Book.

For hand-written or typewriter versions (only) of this report: If additional space is required for any narrative answer (i.e., one that does not require a "Yes" or "No" response), please attach an additional page referencing the question number.

FDA will not list patent information if you file an incomplete patent declaration or the patent declaration indicates the patent is not eligible for listing.

For each patent submitted for the pending NDA, amendment, or supplement referenced above, you must submit all the information described below. If you are not submitting any patents for this pending NDA, amendment, or supplement, complete above section and sections 5 and 6.

1. GENERAL
   a. United States Patent Number
   6,036,942
   b. Issue Date of Patent
   3/14/2000
   c. Expiration Date of Patent
   4/30/2013
   d. Name of Patent Owner
   Address of Patent Owner

   e. Name of agent or representative who resides or maintains a place of business within the United States authorized to receive notice of patent certification under section 505(b)(3) and (j)(2)(B) of the Federal Food, Drug, and Cosmetic Act and 21 CFR 314.52 and 314.95 (if patent owner or NDA applicant/holder does not reside or have a place of business within the United States)

   Address of agent or representative named in 1.e.
   Aventis Pharmaceuticals Inc.
   1041 Route 202-206
   P.O. Box 6800
   City/State
   Bridgewater, NJ
   ZIP Code
   08807-0800
   FAX Number (if available)
   908-231-2691
   Telephone Number
   908-231-5721
   E-Mail Address (if available)
   lou.wille@aventis.com

   f. Is the patent referenced above a patent that has been submitted previously for the approved NDA or supplement referenced above?
   [ ] Yes [X] No
g. If the patent referenced above has been submitted previously for listing, is the expiration date a new expiration date?

☐ Yes ☐ No
For the patent referenced above, provide the following information on the drug substance, drug product and/or method of use that is the subject of the pending NDA, amendment, or supplement.

### Drug Substance (Active Ingredient)

2.1 Does the patent claim the drug substance that is the active ingredient in the drug product described in the pending NDA, amendment, or supplement? □ Yes □ No

2.2 Does the patent claim a drug substance that is a different polymorph of the active ingredient described in the pending NDA, amendment, or supplement? □ Yes □ No

2.3 If the answer to question 2.2 is "Yes," do you certify that, as of the date of this declaration, you have test data demonstrating that a drug product containing the polymorph will perform the same as the drug product described in the NDA? The type of test data required is described at 21 CFR 314.53(b). □ Yes □ No

2.4 Specify the polymorphic form(s) claimed by the patent for which you have the test results described in 2.3.

2.5 Does the patent claim only a metabolite of the active ingredient pending in the NDA or supplement? (Complete the information in section 4 below if the patent claims a pending method of using the pending drug product to administer the metabolite.) □ Yes □ No

2.6 Does the patent claim only an intermediate? □ Yes □ No

2.7 If the patent referenced in 2.1 is a product-by-process patent, is the product claimed in the patent novel? (An answer is required only if the patent is a product-by-process patent.) □ Yes □ No

### Drug Product (Composition/Formulation)

3.1 Does the patent claim the drug product, as defined in 21 CFR 314.3, in the pending NDA, amendment, or supplement? □ Yes □ No

3.2 Does the patent claim only an intermediate? □ Yes □ No

3.3 If the patent referenced in 3.1 is a product-by-process patent, is the product claimed in the patent novel? (An answer is required only if the patent is a product-by-process patent.) □ Yes □ No

### Method of Use

Sponsors must submit the information in section 4 separately for each patent claim claiming a method of using the pending drug product for which approval is being sought. For each method of use claim referenced, provide the following information:

4.1 Does the patent claim one or more methods of use for which approval is being sought in the pending NDA, amendment, or supplement? □ Yes □ No

4.2 Patent Claim Number (as listed in the patent) Does the patent claim referenced in 4.2 claim a pending method of use for which approval is being sought in the pending NDA, amendment, or supplement? □ Yes □ No

4.2a If the answer to 4.2 is "Yes," identify with specificity the use with reference to the proposed labeling for the drug product. Use: (Submit indication or method of use information as identified specifically in the approved labeling.)

### 5. No Relevant Patents

For this pending NDA, amendment, or supplement, there are no relevant patents that claim the drug substance (active ingredient), drug product (formulation or composition) or method(s) of use, for which the applicant is seeking approval and with respect to which a claim of patent infringement could reasonably be asserted if a person not licensed by the owner of the patent engaged in the manufacture, use, or sale of the drug product. □ Yes
6.1 The undersigned declares that this is an accurate and complete submission of patent information for the NDA, amendment, or supplement pending under section 505 of the Federal Food, Drug, and Cosmetic Act. This time-sensitive patent information is submitted pursuant to 21 CFR 314.53. I attest that I am familiar with 21 CFR 314.53 and this submission complies with the requirements of the regulation. I verify under penalty of perjury that the foregoing is true and correct.

Warning: A willfully and knowingly false statement is a criminal offense under 18 U.S.C. 1001.

6.2 Authorized Signature of NDA Applicant/Holder or Patent Owner (Attorney, Agent, Representative or other Authorized Official) (Provide Information below)  

Date Signed: 

Nov 24, 2003

NOTE: Only an NDA applicant/holder may submit this declaration directly to the FDA. A patent owner who is not the NDA applicant/holder is authorized to sign the declaration but may not submit it directly to FDA. 21 CFR 314.53(c)(4) and (d)(4).

Check applicable box and provide information below.

☐ NDA Applicant/Holder  ☐ NDA Applicant's/Holder's Attorney, Agent (Representative) or other Authorized Official

☐ Patent Owner  ☒ Patent Owner's Attorney, Agent (Representative) or Other Authorized Official

Name: 

b(4)

The public reporting burden for this collection of information has been estimated to average 9 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

Food and Drug Administration  
CDER (HFD-007)  
5600 Fishers Lane  
Rockville, MD 20857

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.
INFORMATION AND INSTRUCTIONS FOR FORM 3542a
PATENT INFORMATION SUBMITTED WITH THE FILING
OF AN NDA, AMENDMENT OR SUPPLEMENT

General Information

- To submit patent information to the agency the appropriate
  patent declaration form must be used. Two forms are available
  for patent submissions. The approval status of your New Drug
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- Form 3542a should be used when submitting patent
  information with original NDA submissions, NDA amendments
  and NDA supplements prior to approval.

- Form 3542 should be used after NDA or supplemental
  approval. This form is to be submitted within 30 days after
  approval of an application. This form should also be used to
  submit patent information relating to an approved supplement
  under 21 CFR 314.53(d) to change the formulation, add a new
  indication or other condition of use, change the strength, or to
  make any other patented change regarding the drug, drug
  product, or any method of use.

- Form 3542 is also to be used for patents issued after drug
  approval. Patents issued after drug approval are required to be
  submitted within 30 days of patent issuance for the patent to be
  considered "timely filed."

- Only information from form 3542 will be used for Orange
  Book Publication purposes.

- Forms should be submitted as described in 21 CFR 314.53. An
  additional copy of form 3542 to the Orange Book Staff will
  expedite patent publication in the Orange Book. The Orange
  Book Staff address is: Orange Book Staff, Office of Generic Drugs OGD/HPD-610, 7500 Standish Place,
  Rockville, MD 20855.

- The receipt date is the date that the patent information is date
  stamped in the central document room. Patents are considered
  listed on the date received.

- Additional copies of these forms may be downloaded from the
  Internet at: http://forms.fda.gov/forms/idahin/idahim.html.

First Section

Complete all items in this section.

1. General Section

Complete all items in this section with reference to the patent
itself.

1c) Include patent expiration date, including any Hatch-Waxman
patent extension already granted. Do not include any
applicable pediatric exclusivity. The agency will include
pediatric exclusivities where applicable upon publication.

1d) Include full address of patent owner. If patent owner resides
outside the U.S. indicate the country in the zip code block.

1e) Answer this question if applicable. If patent owner and NDA
applicant/holder reside in the United States, leave space
blank.

2. Drug Substance (Active Ingredient)

Complete all items in this section if the patent claims the drug
substance that is the subject of the pending NDA, amendment, or
supplement.

2.4) Name the polymorphic form of the drug identified by the
patent.

2.5) A patent for a metabolite of the approved active ingredient
may not be submitted. If the patent claims an approved
method of using the approved drug product to administer
the metabolite, the patent may be submitted as a method of
use patent depending on the responses to section 4 of this
form.

2.7) Answer this question only if the patent is a product-by-
process patent.

3. Drug Product (Composition/Formulation)

Complete all items in this section if the patent claims the drug
product that is the subject of the pending NDA, amendment, or
supplement.

3.3) An answer to this question is required only if the referenced
patent is a product-by-process patent.

4. Method of Use

Complete all items in this section if the patent claims a method of
use of the drug product that is the subject of the pending NDA,
amendment, or supplement.

4.2) Identify by number each claim in the patent that claims the
use(s) of the drug for which approval is being sought. Indicate whether or not each individual claim is a claim for
a method(s) of use of the drug for which approval is being
sought.

4.2a) Specify the part of the proposed drug labeling that is
claimed by the patent.

5. No Relevant Patents

Complete this section only if applicable.

6. Declaration Certification

Complete all items in this section.

6.2) Authorized signature. Check one of the four boxes that best
describes the authorized signature.
EXCLUSIVITY SUMMARY

NDA # 21-658 SUPPL # HFD # 570

Trade Name  Alvesco
Generic Name  ciclesonide
Applicant Name  Nycomed
Approval Date, If Known  1/10/2008

PART I  IS AN EXCLUSIVITY DETERMINATION NEEDED?

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

   a) Is it a 505(b)(1), 505(b)(2) or efficacy supplement?  YES ☑  NO ☐

If yes, what type? Specify 505(b)(1), 505(b)(2), SE1, SE2, SE3, SE4, SE5, SE6, SE7, SE8

   505(b)(1)

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

      YES ☑  NO ☐

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

If it is a supplement requiring the review of clinical data but it is not an effectiveness supplement, describe the change or claim that is supported by the clinical data:

d) Did the applicant request exclusivity?
YES ☑ NO ☐

If the answer to (d) is "yes," how many years of exclusivity did the applicant request?

3 years

e) Has pediatric exclusivity been granted for this Active Moiety?

YES ☐ NO ☑

If the answer to the above question in YES, is this approval a result of the studies submitted in response to the Pediatric Written Request?

IF YOU HAVE ANSWERED "NO" TO ALL OF THE ABOVE QUESTIONS, GO DIRECTLY TO THE SIGNATURE BLOCKS AT THE END OF THIS DOCUMENT.

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

YES ☐ NO ✗

IF THE ANSWER TO QUESTION 2 IS "YES," GO DIRECTLY TO THE SIGNATURE BLOCKS ON PAGE 8 (even if a study was required for the upgrade).

PART II    FIVE-YEAR EXCLUSIVITY FOR NEW CHEMICAL ENTITIES
(Answer either #1 or #2 as appropriate)

1. Single active ingredient product.

Has FDA previously approved under section 505 of the Act any drug product containing the same active moiety as the drug under consideration? Answer "yes" if the active moiety (including other esterified forms, salts, complexes, chelates or clathrates) has been previously approved, but this particular form of the active moiety, e.g., this particular ester or salt (including salts with hydrogen or coordination bonding) or other non-covalent derivative (such as a complex, chelate, or clathrate) has not been approved. Answer "no" if the compound requires metabolic conversion (other than deesterification of an esterified form of the drug) to produce an already approved active moiety.

YES ☑ NO ☐

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

NDA#  22-004    OMNARIS

Page 2
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#
NDA#

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

PART III    THREE-YEAR EXCLUSIVITY FOR NDAs AND SUPPLEMENTS

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

1. Does the application contain reports of clinical investigations? (The Agency interprets "clinical investigations" to mean investigations conducted on humans other than bioavailability studies.) If the application contains clinical investigations only by virtue of a right of reference to clinical investigations in another application, answer "yes," then skip to question 3(a). If the answer to 3(a) is "yes" for any investigation referred to in another application, do not complete remainder of summary for that investigation.

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

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

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

YES ☑  NO ☐

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

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

YES ☐  NO ☑

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

YES ☐  NO ☑

If yes, explain:

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

YES ☐  NO ☑

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

Study 321, 322, 323/324, 325, 341, 342, 3030, and 3030

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 ☐

If you have answered "yes" for one or more investigation, identify the NDA in which a similar investigation was relied on:
c) If the answers to 3(a) and 3(b) are no, identify each "new" investigation in the application or supplement that is essential to the approval (i.e., the investigations listed in #2(c), less any that are not "new"):

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

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

Investigation #1

IND # 53391

YES ☒ ! NO ☐

! Explain:

Investigation #2

IND #

YES ☐ ! NO ☐

! Explain:

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

Investigation #1

YES ☒ ! NO ☐

Explain:
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: Colette Jackson
Title: Regulatory Health Project Manager
Date: 1/10/2008

Name of Office/Division Director signing form: Badrul A. Chowdhury, M.D., Ph.D.
Title: Division Director, DPAP

Form OGD-011347; Revised 05/10/2004; formatted 2/15/05
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/s/

Badrul Chowdhury
1/10/2008 02:09:48 PM
PEDIATRIC DEFERRAL REQUEST

Pediatric Studies – 6 months to 4 years of age
Pediatric Studies – 6 months to 4 years of age

Reference is made to NDA 21-658, to the January 22, 2004 FDA letter, the submissions to the Agency of March 22, 2004 and May 27, 2004 and the FDA letter of October 1, 2004. The Sponsor requested, from the FDA, in the March 22, 2004 correspondence, a waiver for studies in pediatric patients below the age of 6 months. The FDA granted in a correspondence dated October 1, 2004, a waiver for patients zero to 6 months of age, as asthma is unlikely to exist or is difficult to diagnose in this age group.

The Sponsor had provided to the FDA in the correspondence of May 27, 2004 that the Sponsor refers to a telephone conversation between Colette Jackson (FDA) and Daniel Bollag (sanofi-aventis) on January 26, 2005 during which Ms. Jackson communicated that, FDA had no

The FDA had granted, in a correspondence dated January 22, 2004, a deferral for completing pediatric studies in patients 6 months to 4 years of age until October 23, 2007. Ms Jackson indicated in a February 1, 2005 voicemail to Daniel Bollag that the date of October 27, 2007 could be amended.

Sanofi-aventis is requesting from the FDA, a deferral from the current date of October 27, 2007 for completion of studies in children 6 months to 4 years of age, with asthma. NDA 21-658 is currently under review, b(4) Studies in the youngest patients with asthma can commence, once the dosing of Alvesco has been determined.
PEDIATRIC PAGE

(Complete for all filed original applications and efficacy supplements)

NDA # 21-658  Supplement Type (e.g. SE5): ______  Supplement Number: ______

Stamp Date: December 23, 2003  Action Date: October 23, 2004

HFD 570  Trade and generic names/dosage form: Alvesco (ciclesonide) MDI

Applicant: Aventis  Therapeutic Class: IS

Indication(s) previously approved:

Each approved indication must have pediatric studies: Completed, Deferred, and/or Waived.

Number of indications for this application(s): 1

Indication #1: Asthma

Is there a full waiver for this indication (check one)?

☐ Yes: Please proceed to Section A.

☐ ✓ No: Please check all that apply: ✓ Partial Waiver ✓ Deferred ✓ Completed

NOTE: More than one may apply

Please proceed to Section B, Section C, and/or Section D and complete as necessary.

Section A: Fully Waived Studies

Reason(s) for full waiver:

☐ Products in this class for this indication have been studied/labeled for pediatric population
☐ Disease/condition does not exist in children
☐ Too few children with disease to study
☐ There are safety concerns
☐ Other: ____________________________

If studies are fully waived, then pediatric information is complete for this indication. If there is another indication, please see Attachment A. Otherwise, this Pediatric Page is complete and should be entered into DFS.

Section B: Partially Waived Studies

Age/weight range being partially waived:

Min____  kg____  mo.____  yr.____  Tanner Stage____

Max____  kg____  mo.____  yr.____  Tanner Stage____

Reason(s) for partial waiver:

☐ Products in this class for this indication have been studied/labeled for pediatric population
☐ ✓ Disease/condition does not exist or is difficult to diagnose in children
☐ Too few children with disease to study
☐ There are safety concerns
☐ Adult studies ready for approval
☐ Formulation needed
☐ Other: ____________________________

If studies are deferred, proceed to Section C. If studies are completed, proceed to Section D. Otherwise, this Pediatric Page is
Section C: Deferred Studies

Age/weight range being deferred:

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<th>Tanner Stage</th>
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<td>mo.</td>
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</tr>
</tbody>
</table>

Reason(s) for deferral:

- ✓ Products in this class for this indication have been studied/labeled for pediatric population
- Disease/condition does not exist in children
- Too few children with disease to study
- ✓ There are safety concerns
- Adult studies ready for approval
- Formulation needed
- Other: ____________________________________________

Date studies are due (mm/dd/yy): October 23, 2007

If studies are completed, proceed to Section D. Otherwise, this Pediatric Page is complete and should be entered into DFS.

Section D: Completed Studies

Age/weight range of completed studies:

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Comments:
This page was completed by:

(See appended electronic signature page)

Regulatory Project Manager

cc: NDA 21-621
    HFD-960/ Grace Carmouze

FOR QUESTIONS ON COMPLETING THIS FORM CONTACT THE DIVISION OF PEDIATRIC DRUG DEVELOPMENT, HFD-960, 301-594-7337.

(revised 10-14-03)
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/s/

Colette Jackson
9/30/04 04:29:10 PM
Debarment Certification

June 01, 2007

Sanofi-aventis U.S. LLC hereby certifies that it has not used and will not use in any capacity the services of any person debarred pursuant to section 306(a) of the Federal Food, Drug, and Cosmetic Act [21 U.S.C. 335(a) and (b)] in connection with this application.

Francis P. Barbone, Ph.D
Drug Regulatory Affairs
sanofi-aventis U.S. Inc
On behalf of sanofi-aventis U.S. LLC
1.4.3 DEBARMENT CERTIFICATE

Aventis Pharmaceutical Inc. hereby certifies that it has not used and will not use in any capacity the services of any person debarred pursuant to Sections 306(a) and (b) of the Food, Drug and Cosmetic Act [21 U.S.C.335(a) and (b) in connection with this application.

It is noted that in the 341 and 341LT trials there is an investigator whose name is identical to an investigator on the FDA debarment list (Ashok R. Patel). The attached memo confirms that ciclesonide investigator Ashok R. Patel, MD is not the same person as the investigator on the FDA debarment list.

Ashok Patel
Memo.pdf

Steve CAFFE, M.D.
Vice President, Head of Regulatory Affairs
With respect to all covered clinical studies (or specific clinical studies listed below (if appropriate)) submitted in support of this application, I certify to one of the statements below as appropriate. I understand that this certification is made in compliance with 21 CFR part 54 and that for the purposes of this statement, a clinical investigator includes the spouse and each dependent child of the investigator as defined in 21 CFR 54.2(d).

☐ (1) As the sponsor of the submitted studies, I certify that I have not entered into any financial arrangement with the listed clinical investigators (enter names of clinical investigators below or attach list of names to this form) whereby the value of compensation to the investigator could be affected by the outcome of the study as defined in 21 CFR 54.2(a). I also certify that each listed clinical investigator required to disclose to the sponsor whether the investigator had a proprietary interest in this product or a significant equity in the sponsor as defined in 21 CFR 54.2(b) did not disclose any such interests. I further certify that no listed investigator was the recipient of significant payments of other sorts as defined in 21 CFR 54.2(f).

☐ (2) As the applicant who is submitting a study or studies sponsored by a firm or party other than the applicant, I certify that based on information obtained from the sponsor or from participating clinical investigators, the listed clinical investigators (attach list of names to this form) did not participate in any financial arrangement with the sponsor of a covered study whereby the value of compensation to the investigator for conducting the study could be affected by the outcome of the study (as defined in 21 CFR 54.2(a)); had no proprietary interest in this product or significant equity interest in the sponsor of the covered study (as defined in 21 CFR 54.2(b)); and was not the recipient of significant payments of other sorts (as defined in 21 CFR 54.2(f)).

☐ (3) As the applicant who is submitting a study or studies sponsored by a firm or party other than the applicant, I certify that I have acted with due diligence to obtain from the listed clinical investigators (attach list of names) or from the sponsor the information required under 54.4 and it was not possible to do so. The reason why this information could not be obtained is attached.

NAME
Mark Staudenmeier

TITLE
Vice President, Finance

FIRM / ORGANIZATION
sanofi-aventis U.S. LLC, on behalf of sanofi-aventis U.S. Inc

SIGNATURE
Mark Staudenmeier

DATE
01/19/07

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Department of Health and Human Services
Food and Drug Administration
5600 Fishers Lane, Room 14C-03
Rockville, MD 20857
Page(s) Withheld

Trade Secret / Confidential (b4)
Draft Labeling (b4)
Draft Labeling (b5)
Deliberative Process (b5)
**DATE:** January 3, 2008

| **To:** Cheryl Czachorowski  
Senior Manager, Regulatory Affairs | **From:** Colette Jackson  
Division of Pulmonary and Allergy Products |
| **Company:** ALTANA PHARMA | **Fax number:** 973-236-1695  
**Phone number:** 973-514-4271 |
| **Fax number:** 301-796-9718  
**Phone number:** 301-796-1230 |

**Subject:** NDA 21-658 Statistical Comment

**Total no. of pages including cover:** 3

**Comments:**

**Document to be mailed:** YES  
**x** NO

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NDA 21-658
Alvesco® (ciclesonide) MDI

Please refer to your July 10, 2007, new drug application (NDA) for Alvesco® (ciclesonide) MDI. We have the following request.

Provide an explanation for the calculation of the imputed dose level for the following patients with both the protocol specified method (variable name PRED2 in dataset EFFPRED) and the changed method specified in SAP (variable name PRED).

0048/32502
0209/32503
0719/32501
0010/32505
0072/32505
0087/32504
0701/32501
0021/32502
0106/32502
0221/32507
0708/32503

Please submit this information by COB January 4, 2008.

If there are any questions, please contact Ms. Colette Jackson, Project Manager, at 301-796-1230.
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/s/

Colette Jackson
1/3/2008 05:18:21 PM
CSO
**FACSIMILE TRANSMITTAL SHEET**

**DATE:** December 28, 2007

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<th><strong>From:</strong> Colette Jackson</th>
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<tr>
<td>Senior Manager, Regulatory Affairs</td>
<td>Division of Pulmonary and Allergy Products</td>
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**Subject:** NDA 21-658 Comment

**Total no. of pages including cover:** 3

Comments:

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**Document to be mailed:** YES  

x NO

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NDA 21-658
Alvesco® (ciclesonide) MDI

Please refer to your July 10, 2007, new drug application (NDA) for Alvesco® (ciclesonide) MDI. We have the following comment:

We notice that the imputation method used in the primary analyses for Study 325 was different from the method specified in the study protocol. The following imputation method was used in the study report:

*If the patient completed the study, the prednisone dose at Visit 15 was considered the final prednisone dose. If the patient withdrew from the study due to exacerbation of asthma, or lack of efficacy, the final prednisone dose was to be imputed as 10 mg once daily (or 20 mg every other day) higher than the prednisone dose at the time of discontinuation.*

The method specified in the study protocol:

*If the patient completed the study, the prednisone dose at Visit 15 would be considered the final prednisone dose. If the patient discontinued from the study for an exacerbation of asthma, the final prednisone dose would be 2.5 mg more than the prednisone dose at the time of exacerbation for patients taking daily prednisone dose and 5 mg more for patients taking prednisone on an alternate day regimen.*

In the study results, more than 30% of the patients discontinued the study in the placebo group as compared with 17% and 10% in the ciclesonide 320 and 640 mcg BID, respectively. Almost all the patients discontinued for lack of efficacy. Because of the differences in the rates of discontinuation due to lack of efficacy among treatment groups, we are concerned that the imputation method used in the study report could exaggerate the treatment difference.

Provide analyses using the protocol specified method. In your response, include the SAS code used for the analyses and SAS output generated by the code.

In addition, provide the submission date(s) which outlined the change of the imputation method.

If there are any questions, please contact Ms. Colette Jackson, Project Manager, at 301-796-1230.
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/s/

Colette Jackson
12/28/2007 04:00:11 PM
CSO
DATE: December 21, 2007

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<th>To: Cheryl Czachorowski</th>
<th>From: Colette Jackson</th>
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<tr>
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<td>Division of Pulmonary and Allergy Products</td>
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<td>Fax number: 973-236-1695</td>
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<tr>
<td>Phone number: 973-514-4271</td>
<td>Phone number: 301-796-1230</td>
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Subject: NDA 21-658 Carton and Container Labeling Comments

Total no. of pages including cover: 3

Comments:

Document to be mailed: YES xNO

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Please refer to your July 10, 2007, new drug application (NDA) for ciclesonide nasal spray. We have the following labeling recommendations for the Carton and Container labels. These comments are not all inclusive and we may have additional comments. Submit revised draft labeling by COB December 28, 2007, incorporating the changes outlined below.

These comments pertain to the Carton/Container label

1) The colors of the label and carton for the 80 mcg strength are __________ while the actuator is brown. Change the color of the container label and carton for the 80 μg strength to match the color of the actuator (brown).

2) Debold the font utilized for the net quantity (i.e. One 6.1 g Canister) in order to make the information easier to read.

3) Increase the font utilized (maintaining the bold) utilized for the total number of actuations (i.e. 60 Metered Actuations)

4) Revise the product strength to read “80 mcg/actuation” or 160 mcg/actuation.

This comment pertains to the Carton

5) Revise the second sentence on the back display panel to read “The XX mcg strength of Alvesco delivers XXX mcg from the valve and XX mcg of ciclesonide from the actuator. As currently presented (Alvesco 80 mcg and Alvesco 160 mcg) it appears that the product strength is part of the proprietary name.

If there are any questions, please contact Ms. Colette Jackson, Project Manager, at 301-796-1230.
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/s/

____________________
Colette Jackson
12/21/2007 01:56:14 PM
CSO
**REQUEST FOR CONSULTATION**

(Division/Office):
OPS Microbiology Review Staff

FROM:
Arthur B. Shaw, Review Chemist, ONDQA, DPA1

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NAME OF FIRM: Sanofi Aventis

**REASON FOR REQUEST**

**I. GENERAL**

☐ NEW PROTOCOL
☐ PROGRESS REPORT
☐ NEW CORRESPONDENCE
☐ DRUG ADVERTISING
☐ ADVERSE REACTION
☐ MANUFACTURING
☐ MEETING PLANNED BY

☐ PRE--NDA MEETING
☐ END OF PHASE II MEETING
☐ RESUBMISSION
☐ SAFETY/EFFICACY
☐ PAPER NDA
☐ CONTROL SUPPLEMENT

☐ RESPONSE TO DEFICIENCY LETTER
☐ FINAL PRINTED LABELING
☐ LABELING REVISION
☐ ORIGINAL NEW CORRESPONDENCE
☐ FORMULATIVE REVIEW
☐ OTHER (SPECIFY BELOW):

**COMMENTS/SPECIAL INSTRUCTIONS:**

In our October 21, 2004 Approvable Letter, the applicant was asked (Question B.3.(c)) to “...provide results for recovery of spiked Pseudomonas aeruginosa or Salmonella abony in the validation of the Microbial Count Method.”

b(4)

Note that this is not an approvability issue.

The applicant responded in Section 1.2 of the July 10, 2007 submission.

Please review the acceptability of this response.
**FACSIMILE TRANSMITTAL SHEET**

**DATE:** October 4, 2007

<table>
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<th>From:</th>
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<tr>
<td>Judy Plon</td>
<td>Colette Jackson</td>
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<td>610-889-6910</td>
<td>610-889-6947</td>
</tr>
<tr>
<td>Fax number</td>
<td>Phone number</td>
</tr>
<tr>
<td>301-796-9718</td>
<td>301-796-1230</td>
</tr>
</tbody>
</table>

**Subject:** NDA 21-658 IR Letter

**Total no. of pages including cover:** 4

**Comments:**

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**Document to be mailed:** YES  NO

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INFORMATION REQUEST LETTER

Sanofi Aventis
200 Crossing Boulevard
P.O. Box 6890
Bridgewater, NJ 08807-0890

Attention: Judy Plon
Regulatory Affairs

Dear Ms. Plon:

Please refer to your July 10, 2007 new drug application (NDA) submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Alvesco (ciclesonide) MDI.

We are reviewing your submission and have the following comments and information requests. We request a prompt written response in order to continue our evaluation of your NDA.

1. Provide Case Report Forms as required by 21 CFR 314.50(f)(2).

2. Provide a dataset with subject identifications and percent reversibility of FEV₁ for each subject enrolled in Study 3030.

3. Provide a dataset with subject identifications and number of times screened for all subjects screened for Study 3031.

4. Your March 15, 2007, submission to the NDA identifies a new actuator supplier for your drug product. Clarify whether the experiments used to qualify the dose counter were conducted using the actuators described in the original application or using the new actuator supplier.

5. Each summarized statement located under Highlights must cross-reference the section(s) or subsection(s) of the FPI that contains more detailed information (§201.56(d)(3)). Please add references to the first statement in the Indications and Usage heading and to the table under the Dosage and Administration heading in Highlights. The preferred presentation of cross-references in Highlights is the numerical identifier in parentheses following the summarized labeling information. For tables, we recommend placing this numerical identifier inside the table and after the table title or column headings.

6. Please remove the periods after the FPI headings numbers for sections 1 through 8. Refer to http://www.fda.gov/ceder/regulatory/physLabel/default.htm for fictitious examples of labeling in the new format.
The following statement is found on page 151 of the report for Study 3027:

“Ophthalmologic findings considered by the ophthalmologist to be clinically relevant were defined in the clinical study protocol as alert terms. These alert term events were subject to expedited reporting to the sponsor’s Pharmacovigilance department for blinded review while the study was still being conducted. The alert term events recorded in the Pharmacovigilance database consisted of diagnoses and symptoms, and therefore do not correspond directly with the TEAE reporting in the clinical database. The alert term events were not recorded in the CRF and were therefore not entered into the clinical database.”

However, the following statement is found in section 8.1.3 of the protocol:

“No special events are subject to reporting as alert terms in this study”.

The tables that are referenced for the data (Listing C.3.2 – 19 and C.3.2 – 20) contain three lists, one for Fexofenadine, one for Ciclesonide and one for other. There is no explanation for the inclusion of Fexofenadine, nor is there a specific identification of the “Other” product. Finally the listing of ophthalmologic of alert events includes “spinal osteoarthritis” and “pain in extremity”. Please explain.

If you have any questions, call Colette Jackson, Regulatory Health Project Manager, at 301-796-1230.

Sincerely,

{See appended electronic signature page}

Sandy Barnes
Supervisory CSO
Division of Pulmonary and Allergy Products
Office of Drug Evaluation II
Center for Drug Evaluation and Research
This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.

/s/

Sandra Barnes
10/3/2007 11:58:44 AM
CONSULTATION RESPONSE

DIVISION OF MEDICATION ERRORS AND TECHNICAL SUPPORT
OFFICE OF SURVEILLANCE AND EPIDEMIOLOGY
(DMETS; WO22, Mail Stop Room 4447)

DATE RECEIVED: September 17, 2007
DATE OF DOCUMENT: July 10, 2007

TO: Badrul Chowdury, MD
    Director, Division of Pulmonary and Allergy Products
    HFD-570

THROUGH: Linda Kim-Jung, PharmD, Team Leader
    Denise Toyer, PharmD, Deputy Director
    Carol Holquist, RPh, Director
    Division of Medication Errors and Technical Support

FROM: Kristina C. Arnwine, PharmD, Safety Evaluator
    Division of Medication Errors and Technical Support

PRODUCT NAME:

Asco
(Besconide Inhalation Aerosol)
80 mcg and 160 mcg

NDA#: 21-658

NDA SPONSOR: Sanofi-Aventis Pharmaceuticals

RECOMMENDATIONS:

1. DMETS has no objections to the use of the proprietary name, Alvesco. This is considered a final decision. If the approval of the NDA is delayed beyond 90 days from the signature date of this document, the name with its associated labels and labeling must be re-evaluated. A re-review of the name prior to NDA approval will rule out any objections based upon approvals of other proprietary or established names from the signature date of this document.

2. DMETS recommends implementation of the label and labeling revisions outlined in section III of this review to minimize potential errors with the use of this product.

3. DDMAC finds the proprietary name, Alvesco, acceptable from a promotional perspective.

DMETS would appreciate feedback of the final outcome of this consult. We would be willing to meet with the Division for further discussion, if needed. Please copy DMETS on any correspondence to the sponsor relating to this review. If you have further questions or need clarifications, please contact Darrell Jenkins, project manager, at 301-796-0558.
REQUEST FOR CONSULTATION

TO (Division/Office):
Mail: ODS

FROM: Colette Jackson
Project Manager
Division of Pulmonary and Allergy Drug Products, HFD-570

DATE
September 17, 2007

IND NO.

NDA NO.
21-658

TYPE OF DOCUMENT
N

DATE OF DOCUMENT
July 10, 2007

NAME OF DRUG
ALVESCO (ciclesonide)

PRIORITY CONSIDERATION
Standard

CLASSIFICATION OF DRUG
Pro-corticosteroid

DESIRED COMPLETION DATE
December 1, 2007

NAME OF FIRM: Sanofi-Aventis Pharmaceuticals

REASON FOR REQUEST

I. GENERAL

☐ NEW PROTOCOL
☐ PROGRESS REPORT
☐ NEW CORRESPONDENCE
☐ DRUG ADVERTISING
☐ ADVERSE REACTION REPORT
☐ MANUFACTURING CHANGE/ADDITION
☐ MEETING PLANNED BY

☐ PRE-NDA MEETING
☐ END OF PHASE II MEETING
☐ RESUBMISSION
☐ SAFETY/EFFICACY
☐ PAPER NDA
☐ CONTROL SUPPLEMENT

☐ RESPONSE TO DEFICIENCY LETTER
☐ FINAL PRINTED LABELING
☐ LABELING REVISION
☐ ORIGINAL NEW CORRESPONDENCE
☐ FORMULATIVE REVIEW
☐ OTHER (SPECIFY BELOW):

II. BIOMETRICS

STATISTICAL EVALUATION BRANCH

☐ TYPE A OR B NDA REVIEW
☐ END OF PHASE II MEETING
☐ CONTROLLED STUDIES
☐ PROTOCOL REVIEW
☐ OTHER (SPECIFY BELOW):

STATISTICAL APPLICATION BRANCH

☑ CHEMISTRY REVIEW
☑ PHARMACOLOGY
☑ BIOPHARMACEUTICS
☑ OTHER (SPECIFY BELOW):

III. BIOPHARMACEUTICS

☐ DISSOLUTION
☐ BIOAVAILABILITY STUDIES
☐ PHASE IV STUDIES

☐ DEFICIENCY LETTER RESPONSE
☐ PROTOCOL-BIOPHARMACEUTICS
☐ IN-VIVO WAIVER REQUEST

IV. DRUG EXPERIENCE

☐ PHASE IV SURVEILLANCE/EPIDEMIOLOGY PROTOCOL
☐ DRUG USE e.g. POPULATION EXPOSURE, ASSOCIATED DIAGNOSES
☐ CASE REPORTS OF SPECIFIC REACTIONS (List below)
☐ COMPARATIVE RISK ASSESSMENT ON GENERIC DRUG GROUP

☐ REVIEW OF MARKETING EXPERIENCE, DRUG USE AND SAFETY
☐ SUMMARY OF ADVERSE EXPERIENCE
☐ POISON RISK ANALYSIS

V. SCIENTIFIC INVESTIGATIONS

☐ CLINICAL
☐ PRECLINICAL

COMMENTS/SPECIAL INSTRUCTIONS:

This is a request for an evaluation and review of the labeling for ALVESCO (ciclesonide).
This is a re-submission in response to our 10/21/2004 AE Letter
This submission is electronic only and is located in the EDR in the submission dated July 10, 2007.

PDUFA DATE: January 11, 2008

CC:
Archival NDA 21-658
HFD-570/Division File
HFD-570/Jackson

SIGNATURE OF REQUESTER

METHOD OF DELIVERY (Check one)
☐ MAIL
☐ HAND

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

/s/

Colette Jackson
9/17/2007 10:40:24 AM