CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER:

NDA 22-078

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

Form Approved: OMB No. 0910-0513
Expiration Date: 7/31/06
See OMB Statement on Page 3.

NDA NUMBER
22-078

NAME OF APPLICANT / NDA HOLDER
Abbott Laboratories

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)
SIMCOR

ACTIVE INGREDIENT(S)	STRENGTH(S)
niacin; simvastatin	1000 mg/20 mg/ 750 mg/20 mg; 500 mg/20 mg

DOSAGE FORM
oral tablet (niacin extended-release/simvastatin)

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.

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1. GENERAL

a. United States Patent Number	b. Issue Date of Patent	c. Expiration Date of Patent
6,129,930	10/10/2000	09/20/2013

d. Name of Patent Owner
Kos Life Sciences

Address *(of Patent Owner)*
2100 North Commerce Parkway

City/State
Weston, Florida

ZIP Code	FAX Number *(if available)*
33326	
Telephone Number	E-Mail Address *(if available)*
(954) 331-3400	

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)

☞ Robert DeBerardine
DVP, Assoc. General Csl, Chief Patent & Trademark Csl

Address *(of agent or representative named in 1.e.)*
100 Abbott Park Road

City/State
Abbott Park, Illinois

ZIP Code	FAX Number *(if available)*
60064	
Telephone Number	E-Mail Address *(if available)*
(847) 937-6100	

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)

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 Claim Number (*as listed in the patent*) see attachment Supplemental Sheet	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 proposed 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

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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.

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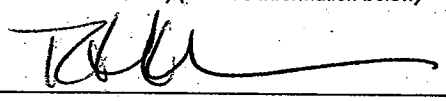	3/15/07

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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 Robert DeBerardine	
Address Abbott Laboratories 100 Abbott Park Road, Dept. 377, Bldg. AP6a-1	City/State Abbott Park, Illinois
ZIP Code 60064	Telephone Number (847) 937-6100
FAX Number *(if available)*	E-Mail Address *(if available)*

Supplemental Sheet

Question No. 4.2

1-5, 8-14, 34-44, 48-67, 71-87, 91-111, 115-120, 123-128

APPEARS THIS WAY
ON ORIGINAL

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6,676,967	01/13/2004	09/20/2013

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

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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

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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 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?		
1-27		☑ 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 proposed labeling.)*

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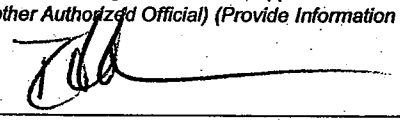	3/15/07

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6,469,035	10/22/2002	03/15/2018

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1-8, 11,17, 21-30		☑ Yes	☐ No

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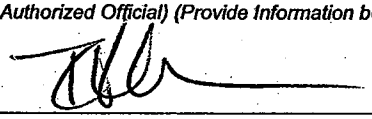	3/15/07

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7,011,848	03/14/2006	09/20/2013

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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 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?		
1-9		☑ 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 proposed labeling.)*

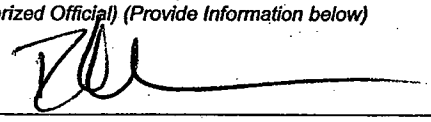
5. No Relevant Patents

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. 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)*	Date Signed
	3/15/07

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 Robert DeBerardine	
Address Abbott Laboratories 100 Abbott Park Road, Dept. 377, Bldg. AP6a-1	City/State Abbott Park, Illinois
ZIP Code 60064	Telephone Number (847) 937-6100
FAX Number *(if available)*	E-Mail Address *(if available)*

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

Form Approved: OMB No. 0910-0513
Expiration Date: 7/31/06
See OMB Statement on Page 3.

NDA NUMBER
22-078

NAME OF APPLICANT / NDA HOLDER
Abbott Laboratories

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)
SIMCOR

ACTIVE INGREDIENT(S)	STRENGTH(S)
niacin; simvastatin	1000 mg/20 mg; 750 mg/20 mg; 500 mg/20 mg

DOSAGE FORM
oral tablet (niacin extended-release/simvastatin)

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 submit 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	b. Issue Date of Patent	c. Expiration Date of Patent
6,818,229	11/16/2004	02/15/2014

d. Name of Patent Owner
Kos Life Sciences

Address *(of Patent Owner)*
2100 North Commerce Parkway

City/State
Weston, Florida

ZIP Code	FAX Number *(if available)*
33326	
Telephone Number	E-Mail Address *(if available)*
(954) 331-3400	

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)

Robert DeBerardine
DVP & Assoc. General Csl, Chief Patent & Trademark Csl

Address *(of agent or representative named in 1.e.)*
100 Abbott Park Road

City/State
Abbott Park, Illinois

ZIP Code	FAX Number *(if available)*
60064	
Telephone Number	E-Mail Address *(if available)*
(847) 937-6100	

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)

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 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 proposed labeling.)*		

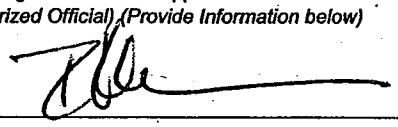
5. No Relevant Patents

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. 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)*	Date Signed
	3/15/07

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 Robert DeBerardine	
Address Abbott Laboratories 100 Abbott Park Rd., Dept. 377, Bldg. AP6a-1	City/State Abbott Park, Illinois
ZIP Code 60064	Telephone Number (847) 937-6100
FAX Number *(if available)*	E-Mail Address *(if available)*

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

Form Approved: OMB No. 0910-0513
Expiration Date: 7/31/06
See OMB Statement on Page 3.

NDA NUMBER
22-078

NAME OF APPLICANT / NDA HOLDER
Abbott Laboratories

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)
SIMCOR

ACTIVE INGREDIENT(S)	STRENGTH(S)
niacin; simvastatin	1000 mg/20 mg; 750 mg/20 mg; 500 mg/20 mg

DOSAGE FORM
oral tablet (niacin extended-release/simvastatin)

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 submit 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	b. Issue Date of Patent	c. Expiration Date of Patent
6,746,691	06/08/2004	09/20/2013

d. Name of Patent Owner
Kos Life Sciences

Address *(of Patent Owner)*
2100 North Commerce Parkway

City/State
Weston, Florida

ZIP Code	FAX Number *(if available)*
33326	
Telephone Number	**E-Mail Address *(if available)***
(954) 331-3400	

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)

☞ Robert DeBerardine
DVP & Assoc. General Csl., Chief Patent & Trademark Csl

Address *(of agent or representative named in 1.e.)*
100 Abbott Park Road

City/State
Abbott Park, Illinois

ZIP Code	FAX Number *(if available)*
60064	
Telephone Number	**E-Mail Address *(if available)***
(847) 937-6100	

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)

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 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 proposed labeling.)*		

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6. Declaration Certification

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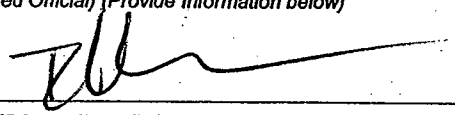
6.2 Authorized Signature of NDA Applicant/Holder or Patent Owner *(Attorney, Agent, Representative or other Authorized Official) (Provide Information below)*	Date Signed
	3/15/07

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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 Robert DeBerardine	
Address Abbott Laboratories 100 Abbott Park Road, Dept. 377, Bldg. AP6A-1	City/State Abbott Park, Illinois
ZIP Code 60064	Telephone Number (847) 937-6100
FAX Number *(if available)*	E-Mail Address *(if available)*

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

Form Approved: OMB No. 0910-0513
Expiration Date: 7/31/06
See OMB Statement on Page 3.

NDA NUMBER
22-078

NAME OF APPLICANT / NDA HOLDER
Abbott Laboratories

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)
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ACTIVE INGREDIENT(S)	STRENGTH(S)
niacin; simvastatin	1000 mg/20 mg; 750 mg/20 mg; 500 mg/20 mg

DOSAGE FORM
oral tablet (niacin extended-release/simvastatin)

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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.

1. GENERAL

a. United States Patent Number	b. Issue Date of Patent	c. Expiration Date of Patent
6,406,715	06/18/2002	09/20/2013

d. Name of Patent Owner	Address *(of Patent Owner)*	FAX Number *(if available)*
Kos Life Sciences	2100 North Commerce Parkway	
	City/State: Weston, Florida	
	ZIP Code: 33326	
	Telephone Number: (954) 331-3400	E-Mail Address *(if available)*

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.)*	FAX Number *(if available)*
☞ Robert DeBerardine DVP & Assoc. General Csl, Chief Patent & Trademark Csl	100 Abbott Park Road	
	City/State: Abbott Park, Illinois	
	ZIP Code: 60064	
	Telephone Number: (847) 937-6100	E-Mail Address *(if available)*

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

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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
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2.4 Specify the polymorphic form(s) claimed by the patent for which you have the test results described in **2.3.**		
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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 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
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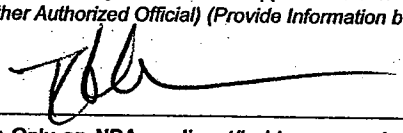
6.2 Authorized Signature of NDA Applicant/Holder or Patent Owner *(Attorney, Agent, Representative or other Authorized Official) (Provide Information below)*	Date Signed
	3/15/07

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☐ 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 Robert DeBerardine	
Address Abbott Laboratories 100 Abbott Park Road, Dept. 377, Bldg. AP6a-1	City/State Abbott Park, Illinois
ZIP Code 60064	Telephone Number (847) 937-6100
FAX Number *(if available)*	E-Mail Address *(if available)*

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

Form Approved: OMB No. 0910-0513
Expiration Date: 7/31/06
See OMB Statement on Page 3.

NDA NUMBER
22-078

NAME OF APPLICANT / NDA HOLDER
Abbott Laboratories

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)
SIMCOR

ACTIVE INGREDIENT(S)	STRENGTH(S)
niacin; simvastatin	1000 mg/20 mg; 750 mg/20 mg; 500 mg/20 mg

DOSAGE FORM
oral tablet (niacin extended-release/simvastatin)

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 submit 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	b. Issue Date of Patent	c. Expiration Date of Patent
6,080,428	06/27/2000	05/27/2017

d. Name of Patent Owner	Address *(of Patent Owner)*	
Kos Life Sciences	2100 North Commerce Parkway	
	City/State Weston, Florida	
	ZIP Code 33326	FAX Number *(if available)*
	Telephone Number (954) 331-3400	E-Mail Address *(if available)*

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.)*	
☞ Robert DeBerardine DVP & Assoc. General Csl, Chief Patent & Trademark Csl	100 Abbott Park Road	
	City/State Abbott Park, Illinois	
	ZIP Code 60064	FAX Number *(if available)*
	Telephone Number (847) 937-6100	E-Mail Address *(if available)*

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)

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 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?		
1-13		☑ 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 proposed labeling.)*

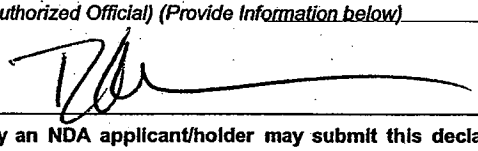
5. No Relevant Patents

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. 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)*	Date Signed
	3/15/07

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 Robert DeBerardine	
Address Abbott Laboratories 100 Abbott Park Rd., Dept. 377, Bldg. AP6a-1	City/State Abbott Park,Illinois
ZIP Code 60064	Telephone Number (847) 937-6100
FAX Number *(if available)*	E-Mail Address *(if available)*

EXCLUSIVITY SUMMARY

NDA # 22-078 SUPPL # HFD #

Trade Name SIMCOR Tablets

Generic Name niacin extended-release/simvastatin

Applicant Name Abbott Laboratories

Approval Date, If Known 2/15/08

PART I IS AN EXCLUSIVITY DETERMINATION NEEDED?

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

a) Is it a 505(b)(1), 505(b)(2) or efficacy supplement?

YES ☒ NO ☐

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

505(b)(2)

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

YES ☒ NO ☐

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

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?

No

NOTE-pediatric exclusivity was granted for simvastatin, but it has since expired.

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#

NDA#

NDA#

2. Combination product.

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

YES ☒ NO ☐

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

NDA# 20-381 Niaspan (niacin extended release) Tablets

NDA# 19-766 Zocor (simvastatin) Tablets

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 ☒

(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:	! 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: Kati Johnson
Title: Project Manager
Date: 2/19/08

Name of Office/Division Director signing form: Eric Colman, MD

Title: Deputy Director, Division of Metabolism & Endocrinology Products

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

APPEARS THIS WAY
ON ORIGINAL

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

/s/

Kati Johnson
2/19/2008 08:55:31 AM
signing for Eric Colman, MD

Replaces 1/29/08 form

2/15/08

PEDIATRIC PAGE

(Complete for all filed original applications and efficacy supplements)

NDA/BLA # : 22-078 **Supplement Type (e.g. SE5): _____** **Supplement Number: _____**

Stamp Date: 4/17/07 **PDUFA Goal Date: 2/17/08**

HFD 510 **Trade and generic names/dosage form: Simcor (niacin extended release/simvastatin) Tablets**

Applicant: Abbott Laboratories **Therapeutic Class: Lipids**

Does this application provide for new active ingredient(s), new indication(s), new dosage form, new dosing regimen, or new route of administration? *

xYes. Please proceed to the next question.

❑ No. PREA does not apply. Skip to signature block.

** SE5, SE6, and SE7 submissions may also trigger PREA. If there are questions, please contact the Rosemary Addy or Grace Carmouze.*

Indication(s) *previously approved* (please complete this section for supplements only): N/A

Each indication covered by current application under review must have pediatric studies: *Completed, Deferred, and/or Waived.*

Number of indications for this application(s): 1

Indication #1: treatment of IIa, IIb, and IV hyperipidemia when treatment with simvastatin monotherapy or niacin monotherapy is inadequate

Is this an orphan indication?

❑ Yes. PREA does not apply. Skip to signature block.

XNo. Please proceed to the next question.

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

XYes: 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
X Other: Justification: The full waiver is based on limited use, the preferences for therapies other than niacin because of niacin's tendency to cause flushing, and the fact that for patients less than 16 years, aspirin is not advisable to use to mitigate flushing due to concern regarding Reye's syndrome. Taking this product requires the addition of another pharmaceutical agent (ASA) when other approved lipid altering products without this requirement can be used.

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 (fill in applicable criteria below):

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 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 complete and should be entered into DFS.

Section C: Deferred Studies

Age/weight range being deferred (fill in applicable criteria below):

Min _____ kg_____ mo._____ yr._____ Tanner Stage_____
Max_____ kg_____ mo._____ yr._____ Tanner Stage_____

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): _____

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 (fill in applicable criteria below):

Min _____ kg_____ mo._____ yr._____ Tanner Stage_____
Max_____ kg_____ mo._____ yr._____ Tanner Stage_____

Comments:

If there are additional indications, please proceed to Attachment A. Otherwise, this Pediatric Page is complete and should be entered into DFS.

Attachment A

(This attachment is to be completed for those applications with multiple indications only.)

Indication #2: _____

Is this an orphan indication?

- ☐ **Yes. PREA does not apply. Skip to signature block.**
- ☐ **No. Please proceed to the next question.**

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 (fill in applicable criteria below)::

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 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

complete and should be entered into DFS.

Section C: Deferred Studies

Age/weight range being deferred (fill in applicable criteria below)::

Min _____ kg_____ mo._____ yr._____ Tanner Stage_____
Max_____ kg_____ mo._____ yr._____ Tanner Stage_____

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): _____

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 (fill in applicable criteria below):

Min _____ kg_____ mo._____ yr._____ Tanner Stage_____
Max_____ kg_____ mo._____ yr._____ Tanner Stage_____

Comments:

If there are additional indications, please copy the fields above and complete pediatric information as directed. If there are no other indications, this Pediatric Page is complete and should be entered into DFS.

This page was completed by:

{See appended electronic signature page.}

Regulatory Project Manager

FOR QUESTIONS ON COMPLETING THIS FORM CONTACT THE PEDIATRIC AND MATERNAL HEALTH STAFF at 301-796-0700

(Revised: 10/10/2006)

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

/s/

Kati Johnson
2/15/2008 07:24:40 AM
This form replaces the form signed on 1/29/08.

1.3.3 Debarment Certification (Form FDA 356h Item 16)

Any application for approval of a new drug product submitted on or after June 1, 1992, per the Federal Food, Drug and Cosmetic Act Section 306(k)(1), must include a certification that the applicant did not and will not use in any capacity the services of any person debarred under Section 306, subsection (a) or (b), in connection with such application.

Kos Life Sciences, Inc., a wholly owned subsidiary of Abbott Laboratories, certifies that it did not and will not use in any capacity the services of any person debarred under Section 306, subsection (a) or (b), in connection with this application.

Reference: Generic Drug Enforcement Act of 1992, Section 306(k)(1) of 21 USC 335a(k)(1)

Signed: Valerie Ahmuty Date: March 14, 2007
Valerie Ahmuty

Title: Executive Director of Regulatory Affairs
Kos Life Sciences Inc.
a wholly owned subsidiary of Abbott Laboratories

2/19/08

ACTION PACKAGE CHECKLIST

Application Information			
BLA # NDA # 22-078	BLA STN# NDA Supplement #	If NDA, Efficacy Supplement Type	
Proprietary Name: Simcor Established Name: niacin extended-release/simvastatin Dosage Form: Tablets		Applicant: Abbott Laboratories	
RPM: Kati Johnson		Division: DMEP	Phone # 301-796-1234

NDAs: NDA Application Type: ☐ 505(b)(1) X 505(b)(2) Efficacy Supplement: ☐ 505(b)(1) ☐ 505(b)(2) (A supplement can be either a (b)(1) or a (b)(2) regardless of whether the original NDA was a (b)(1) or a (b)(2). Consult page 1 of the NDA Regulatory Filing Review for this application or Appendix A to this Action Package Checklist.)	505(b)(2) NDAs and 505(b)(2) NDA supplements: Listed drug(s) referred to in 505(b)(2) application (NDA #(s), Drug name(s)): NDA 19-766 Zocor (simvastatin) Tablets Provide a brief explanation of how this product is different from the listed drug. Combined with Niacin extended-releast ☐ If no listed drug, check here and explain: **Review and confirm the information previously provided in Appendix B to the Regulatory Filing Review. Use this Checklist to update any information (including patent certification information) that is no longer correct.** XConfirmed ☐ Corrected Date: 2/14/08

❖ User Fee Goal Date ❖ Action Goal Date (if different)	2/17/08
❖ Actions	
• Proposed action	X AP ☐ TA ☐ AE ☐ NA ☐ CR
• Previous actions *(specify type and date for each action taken)*	X None
❖ Advertising *(approvals only)* Note: If accelerated approval (21 CFR 314.510/601.41), advertising must have been submitted and reviewed *(indicate dates of reviews)*	X Requested in AP letter ☐ Received and reviewed

❖ Application Characteristics

Review priority: X Standard ☐ Priority
Chemical classification (new NDAs only): 4

NDAs, BLAs and Supplements:
☐ Fast Track
☐ Rolling Review
☐ CMA Pilot 1
☐ CMA Pilot 2

☐ Orphan drug designation

NDAs: Subpart H
☐ Accelerated approval (21 CFR 314.510)
☐ Restricted distribution (21 CFR 314.520)
Subpart I
☐ Approval based on animal studies

BLAs: Subpart E
☐ Accelerated approval (21 CFR 601.41)
☐ Restricted distribution (21 CFR 601.42)
Subpart H
☐ Approval based on animal studies

NDAs and NDA Supplements:
☐ OTC drug

Other:

Other comments:

❖ Application Integrity Policy (AIP)	
• Applicant is on the AIP	☐ Yes X No
• This application is on the AIP	☐ Yes X No
• Exception for review *(file Center Director's memo in* Administrative Documents *section)*	☐ Yes ☐ No
• OC clearance for approval *(file communication in* Administrative Documents *section)*	☐ Yes ☐ Not an AP action
❖ Public communications (approvals only)	
• Office of Executive Programs (OEP) liaison has been notified of action	☐ Yes X No
• Press Office notified of action	☐ Yes X No
• Indicate what types (if any) of information dissemination are anticipated	X None ☐ FDA Press Release ☐ FDA Talk Paper ☐ CDER Q&As ☐ Other

❖ Exclusivity	
• NDAs: Exclusivity Summary (approvals only) *(file Summary in* Administrative Documents *section)*	☐ Included
• Is approval of this application blocked by any type of exclusivity?	X No ☐ Yes
• NDAs/BLAs: Is there existing orphan drug exclusivity for the "same" drug or biologic for the proposed indication(s)? *Refer to 21 CFR 316.3(b)(13) for the definition of "same drug" for an orphan drug (i.e., active moiety). This definition is NOT the same as that used for NDA chemical classification.*	X No ☐ Yes If, yes, NDA/BLA # and date exclusivity expires:
• NDAS: Is there remaining 5-year exclusivity that would bar effective approval of a 505(b)(2) application? *(Note that, even if exclusivity remains, the application may be tentatively approved if it is otherwise ready for approval.)*	X No ☐ Yes If yes, NDA # and date exclusivity expires:
• NDAs: Is there remaining 3-year exclusivity that would bar effective approval of a 505(b)(2) application? *(Note that, even if exclusivity remains, the application may be tentatively approved if it is otherwise ready for approval.)*	X No ☐ Yes If yes, NDA # and date exclusivity expires:
• NDAs: Is there remaining 6-month pediatric exclusivity that would bar effective approval of a 505(b)(2) application? *(Note that, even if exclusivity remains, the application may be tentatively approved if it is otherwise ready for approval.)*	X No ☐ Yes If yes, NDA # and date exclusivity expires:
❖ Patent Information (NDAs and NDA supplements only)	
• Patent Information: Verify that form FDA-3542a was submitted for patents that claim the drug for which approval is sought. If the drug is an old antibiotic, skip the Patent Certification questions.	xVerified ☐ Not applicable because drug is an old antibiotic.
• Patent Certification [505(b)(2) applications]: Verify that a certification was submitted for each patent for the listed drug(s) in the Orange Book and identify the type of certification submitted for each patent.	21 CFR 314.50(i)(1)(*i*)(A) x Verified 21 CFR 314.50(i)(1) ☐ (ii) ☐ (iii)
• [505(b)(2) applications] If the application includes a **paragraph III** certification, it cannot be approved until the date that the patent to which the certification pertains expires (but may be tentatively approved if it is otherwise ready for approval).	X No paragraph III certification Date patent will expire
• [505(b)(2) applications] For **each paragraph IV** certification, verify that the applicant notified the NDA holder and patent owner(s) of its certification that the patent(s) is invalid, unenforceable, or will not be infringed (review documentation of notification by applicant and documentation of receipt of notice by patent owner and NDA holder). *(If the application does not include any paragraph IV certifications, mark "N/A" and skip to the next section below (*Summary Reviews*)).*	X N/A (no paragraph IV certification) ☐ Verified
• [505(b)(2) applications] For **each paragraph IV** certification, based on the questions below, determine whether a 30-month stay of approval is in effect due to patent infringement litigation. Answer the following questions for **each** paragraph IV certification: (1) Have 45 days passed since the patent owner's receipt of the applicant's	☐ Yes ☐ No

notice of certification?

(Note: The date that the patent owner received the applicant's notice of certification can be determined by checking the application. The applicant is required to amend its 505(b)(2) application to include documentation of this date (e.g., copy of return receipt or letter from recipient acknowledging its receipt of the notice) (see 21 CFR 314.52(e))).

If "Yes," skip to question (4) below. If "No," continue with question (2).

(2) Has the patent owner (or NDA holder, if it is an exclusive patent licensee) submitted a written waiver of its right to file a legal action for patent infringement after receiving the applicant's notice of certification, as provided for by 21 CFR 314.107(f)(3)? ☐ Yes ☐ No

*If "Yes," there is no stay of approval based on this certification. Analyze the next paragraph IV certification in the application, if any. If there are no other paragraph IV certifications, skip to the next section below (*Summary Reviews*).*

If "No," continue with question (3).

(3) Has the patent owner, its representative, or the exclusive patent licensee filed a lawsuit for patent infringement against the applicant? ☐ Yes ☐ No

(Note: This can be determined by confirming whether the Division has received a written notice from the (b)(2) applicant (or the patent owner or its representative) stating that a legal action was filed within 45 days of receipt of its notice of certification. The applicant is required to notify the Division in writing whenever an action has been filed within this 45-day period (see 21 CFR 314.107(f)(2))).

If "No," the patent owner (or NDA holder, if it is an exclusive patent licensee) has until the expiration of the 45-day period described in question (1) to waive its right to bring a patent infringement action or to bring such an action. After the 45-day period expires, continue with question (4) below.

(4) Did the patent owner (or NDA holder, if it is an exclusive patent licensee) submit a written waiver of its right to file a legal action for patent infringement within the 45-day period described in question (1), as provided for by 21 CFR 314.107(f)(3)? ☐ Yes ☐ No

*If "Yes," there is no stay of approval based on this certification. Analyze the next paragraph IV certification in the application, if any. If there are no other paragraph IV certifications, skip to the next section below (*Summary Reviews*).*

If "No," continue with question (5).

(5) Did the patent owner, its representative, or the exclusive patent licensee bring suit against the (b)(2) applicant for patent infringement within 45 days of the patent owner's receipt of the applicant's notice of certification? ☐ Yes ☐ No

(Note: This can be determined by confirming whether the Division has received a written notice from the (b)(2) applicant (or the patent owner or its representative) stating that a legal action was filed within 45 days of receipt of its notice of certification. The applicant is required to notify the Division in writing whenever an action has been filed within this 45-day period (see 21 CFR 314.107(f)(2)). If no written notice appears in the NDA file, confirm with the applicant whether a lawsuit was commenced

within the 45-day period). *If "No," there is no stay of approval based on this certification. Analyze the next paragraph IV certification in the application, if any. If there are no other paragraph IV certifications, skip to the next section below (*Summary Reviews*).* *If "Yes," a stay of approval may be in effect. To determine if a 30-month stay is in effect, consult with the Director, Division of Regulatory Policy II, Office of Regulatory Policy (HFD-007) and attach a summary of the response.*	
Summary Reviews	
❖ Summary Reviews (e.g., Office Director, Division Director) *(indicate date for each review)*	2/17/08
❖ BLA approvals only: Licensing Action Recommendation Memo (LARM) *(indicate date)*	N/A
Labeling	
❖ Package Insert	
• Most recent division-proposed labeling (only if generated after latest applicant submission of labeling)	X
• Most recent applicant-proposed labeling (only if subsequent division labeling does not show applicant version)	X
• Original applicant-proposed labeling	X
• Other relevant labeling (e.g., most recent 3 in class, class labeling), if applicable	N/A
❖ Patient Package Insert	N/A
• Most-recent division-proposed labeling (only if generated after latest applicant submission of labeling)	
• Most recent applicant-proposed labeling (only if subsequent division labeling does not show applicant version)	
• Original applicant-proposed labeling	
• Other relevant labeling (e.g., most recent 3 in class, class labeling), if applicable	
❖ Medication Guide	N/A
• Most recent division-proposed labeling (only if generated after latest applicant submission of labeling)	
• Most recent applicant-proposed labeling (only if subsequent division labeling does not show applicant version)	
• Original applicant-proposed labeling	
• Other relevant labeling (e.g., most recent 3 in class, class labeling)	
❖ Labels (**full color** carton and immediate-container labels)	X
• Most-recent division-proposed labels (only if generated after latest applicant submission)	
• Most recent applicant-proposed labeling	
❖ Labeling reviews and minutes of any labeling meetings *(indicate dates of reviews and meetings)* **N/A**	☐ DMETS ☐ DSRCS ☐ DDMAC ☐ SEALD ☐ Other reviews ☐ Memos of Mtgs

Administrative Documents	
❖ Administrative Reviews (RPM Filing Review/Memo of Filing Meeting; ADRA) *(indicate date of each review)*	RPM Filing-6/25/07
❖ NDA and NDA supplement approvals only: Exclusivity Summary *(signed by Division Director)*	X Included
❖ AIP-related documents • Center Director's Exception for Review memo • If AP: OC clearance for approval	N/A
❖ Pediatric Page (all actions)	X Included
❖ Debarment certification (original applications only): verified that qualifying language was not used in certification and that certifications from foreign applicants are cosigned by U.S. agent. *(Include certification.)*	X Verified, statement is acceptable
❖ Postmarketing Commitment Studies	X None
• Outgoing Agency request for post-marketing commitments *(if located elsewhere in package, state where located)*	
• Incoming submission documenting commitment	
❖ Outgoing correspondence (letters including previous action letters, emails, faxes, telecons)	X
❖ Internal memoranda, telecons, email, etc.	N/A
❖ Minutes of Meetings	
• Pre-Approval Safety Conference *(indicate date; approvals only)*	
• Pre-NDA/BLA meeting *(indicate date)*	☐ No mtg 9/26/06
• EOP2 meeting *(indicate date)*	☐ No mtg
• Other (e.g., EOP2a, CMC pilot programs)	
❖ Advisory Committee Meeting	X No AC meeting
• Date of Meeting	
• 48-hour alert or minutes, if available	
❖ Federal Register Notices, DESI documents, NAS/NRC reports (if applicable)	N/A
CMC/Product Quality Information	
❖ CMC/Product review(s) *(indicate date for each review)*	10/4/07, 1/28/08, 2/12/08
❖ Reviews by other disciplines/divisions/Centers requested by CMC/product reviewer *(indicate date for each review)*	X None
❖ BLAs: Product subject to lot release (APs only)	☐ Yes ☐ No
❖ Environmental Assessment (check one) (original and supplemental applications)	
• X Categorical Exclusion *(indicate review date)(all original applications and all efficacy supplements that could increase the patient population)*	Page 143 of 10/4/07 CMC review
• ☐ Review & FONSI *(indicate date of review)*	
• ☐ Review & Environmental Impact Statement *(indicate date of each review)*	
❖ NDAs: Microbiology reviews (sterility & apyrogenicity) *(indicate date of each review)*	X Not a parenteral product
❖ Facilities Review/Inspection	
❖ NDAs: Facilities inspections (include EER printout)	Date completed: 2/11/08 X Acceptable ☐ Withhold recommendation

❖ BLAs: Facility-Related Documents • Facility review *(indicate date(s))* • Compliance Status Check (approvals only, both original and supplemental applications) *(indicate date completed, must be within 60 days prior to AP)*	☐ Requested ☐ Accepted ☐ Hold
❖ NDAs: Methods Validation	X Completed ☐ Requested ☐ Not yet requested ☐ Not needed
Nonclinical Information	
❖ Pharm/tox review(s), including referenced IND reviews *(indicate date for each review)*	1/26/08
❖ Review(s) by other disciplines/divisions/Centers requested by P/T reviewer *(indicate date for each review)*	X None
❖ Statistical review(s) of carcinogenicity studies *(indicate date for each review)*	X No carc
❖ ECAC/CAC report/memo of meeting	N/A
❖ Nonclinical inspection review Summary (DSI)	X None requested
Clinical Information	
❖ Clinical review(s) *(indicate date for each review)*	2/15/08
❖ Financial Disclosure reviews(s) or location/date if addressed in another review	Page 21 of 2/15/08 clinical review
❖ Clinical consult reviews from other review disciplines/divisions/Centers *(indicate date of each review)*	X None
❖ Microbiology (efficacy) reviews(s) *(indicate date of each review)*	X Not needed
❖ Safety Update review(s) *(indicate location/date if incorporated into another review)*	Page 121 of 2/15/08 clinical review
❖ Risk Management Plan review(s) (including those by OSE) *(indicate location/date if incorporated into another review)*	N/A
❖ Controlled Substance Staff review(s) and recommendation for scheduling *(indicate date of each review)*	X Not needed
❖ DSI Inspection Review Summary(ies) *(include copies of DSI letters to investigators)*	☐ None requested
• Clinical Studies	1/8/08
• Bioequivalence Studies	
• Clin Pharm Studies	
❖ Statistical Review(s) *(indicate date for each review)*	☐ None 2/11/08
❖ Clinical Pharmacology review(s) *(indicate date for each review)*	☐ None 2/15/08

Appendix A to Action Package Checklist

An NDA or NDA supplemental application is likely to be a 505(b)(2) application if:

(1) It relies on published literature to meet any of the approval requirements, and the applicant does not have a written right of reference to the underlying data. If published literature is cited in the NDA but is not necessary for approval, the inclusion of such literature will not, in itself, make the application a 505(b)(2) application.

(2) **Or** it relies for approval on the Agency's previous findings of safety and efficacy for a listed drug product and the applicant does not own or have right to reference the data supporting that approval.

(3) **Or** it relies on what is "generally known" or "scientifically accepted" about a class of products to support the safety or effectiveness of the particular drug for which the applicant is seeking approval. (Note, however, that this does not mean *any* reference to general information or knowledge (e.g., about disease etiology, support for particular endpoints, methods of analysis) causes the application to be a 505(b)(2) application.)

Types of products for which 505(b)(2) applications are likely to be submitted include: fixed-dose combination drug products (e.g., heart drug and diuretic (hydrochlorothiazide) combinations); OTC monograph deviations(see 21 CFR 330.11); new dosage forms; new indications; and, new salts.

An efficacy supplement can be either a (b)(1) or a (b)(2) regardless of whether the original NDA was a (b)(1) or a (b)(2).

An efficacy supplement is a 505(b)(1) supplement if the supplement contains all of the information needed to support the approval of the change proposed in the supplement. For example, if the supplemental application is for a new indication, the supplement is a 505(b)(1) if:

(1) The applicant has conducted its own studies to support the new indication (or otherwise owns or has right of reference to the data/studies).

(2) **And** no additional information beyond what is included in the supplement or was embodied in the finding of safety and effectiveness for the original application or previously approved supplements is needed to support the change. For example, this would likely be the case with respect to safety considerations if the dose(s) was/were the same as (or lower than) the original application.

(3) **And** all other "criteria" are met (e.g., the applicant owns or has right of reference to the data relied upon for approval of the supplement, the application does not rely for approval on published literature based on data to which the applicant does not have a right of reference).

An efficacy supplement is a 505(b)(2) supplement if:

(1) Approval of the change proposed in the supplemental application would require data beyond that needed to support our previous finding of safety and efficacy in the approval of the original application (or earlier supplement), and the applicant has not conducted all of its own studies for approval of the change, or obtained a right to reference studies it does not own. For example, if the change were for a new indication AND a higher dose, we would likely require clinical efficacy data and preclinical safety data to approve the higher dose. If the applicant provided the effectiveness data, but had to rely on a different listed drug, or a new aspect of a previously cited listed drug, to support the safety of the new dose, the supplement would be a 505(b)(2).

(2) **Or** the applicant relies for approval of the supplement on published literature that is based on data that the applicant does not own or have a right to reference. If published literature is cited in the supplement but is not necessary for approval, the inclusion of such literature will not, in itself, make the supplement a 505(b)(2) supplement.

(3) **Or** the applicant is relying upon any data they do not own or to which they do not have right of reference.

If you have questions about whether an application is a 505(b)(1) or 505(b)(2) application, consult with your ODE's Office of Regulatory Policy representative.

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/s/

Kati Johnson
2/19/2008 07:17:47 AM

Johnson, Kati

From: David C Ross [David.Ross@abbott.com]
Sent: Friday, February 15, 2008 1:55 PM
To: Johnson, Kati
Subject: Re: Simcor AP letter
Attachments: simcorAPletter.pdf

This email is to confim Abbott's receipt of the Simcor NDA approval letter (below).

Thanks for all your help. David

David C. Ross, Pharm.D., MBA
Director, Global Pharmaceutical Regulatory Affairs
Global Pharmaceutical Research & Development

Abbott Laboratories
200 Abbott Park Road
Dept. PA76, Bldg. AP30-1NE
Abbott Park, IL 60064-6157

Phone: (847) 935-6505
Fax: (847) 887-8251
David.Ross@abbott.com

Abbott
A Promise for Life

"Johnson, Kati" <kati.johnson@fda.hhs.gov>

02/15/2008 12:25 PM

To "David C Ross" <David.Ross@secure.abbott.com>
cc
Subject Simcor AP letter

It is noon somewhere in the world:):)
Please confirm receipt.

<<simcorAPletter.pdf>>
Thanks for all your help,
Kati

NOTE NEW E-MAIL ADDRESS BELOW

Kati Johnson
Project Manager
Division of Metabolism and Endocrinology Products
Office of Drug Evaluation II
Center for Drug Evaluation and Research
Phone-301-796-1234

Fax-301-796-9718
Kati.Johnson@fda.hhs.gov

Johnson, Kati

From: Colangelo, Kim M
Thursday, January 24, 2008 1:32 PM
Johnson, Kati
Duvall Miller, Beth A
Subject: RE: Lipitor reference in Simcor Label

Kati,

You are cleared from a (b)(2) perspective to take an action on this application.

Have fun!
Kim

Kim Colangelo
Associate Director for Regulatory Affairs
Office of New Drugs, CDER, FDA
301-796-0700 (OND IO main)
301-796-0140 (direct)
301-796-9856 (facsimile)
Kim.Colangelo@fda.hhs.gov

From: Johnson, Kati
Sent: Wednesday, January 23, 2008 2:08 PM
To: Colangelo, Kim M
Subject: FW: Lipitor reference in Simcor Label

see note below from SIMCOR MO.
another crisis resolved.....

NOTE NEW E-MAIL ADDRESS BELOW

Kati Johnson
Project Manager
Division of Metabolism and Endocrinology Products
Office of Drug Evaluation II
Center for Drug Evaluation and Research
Phone-301-796-1234
Fax-301-796-9718
Kati.Johnson@fda.hhs.gov

From: Chowdhury, Iffat
Sent: Wednesday, January 23, 2008 1:14 PM
To: Johnson, Kati
Cc: Colman, Eric C
Subject: Lipitor reference in Simcor Label

Hi Kati,
I believe its reasonable to remove the following sentence from the Simcor label (

Actual text:

1/8/08

MEMORANDUM

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

CLINICAL INSPECTION SUMMARY

DATE: January 8, 2008

TO: Kati Johnson, Regulatory Project Manager
Iffat Chowdhury, MD, Clinical Reviewer
Division of Metabolism and Endocrinology Products

THROUGH: Constance Lewin, M.D., M.P.H.
Branch Chief
Good Clinical Practice Branch I
Division of Scientific Investigations

FROM: Andrea Slavin, RN
Consumer Safety Officer

SUBJECT: Evaluation of Clinical Inspections

NDA: 22-078

APPLICANT: Abbott Laboratories

DRUG: Simcor® (niacin ER/simvastatin) Tablets

THERAPEUTIC CLASSIFICATION: Standard review

INDICATION: Treatment of hypercholesterolemia, mixed dyslipidemia, and hypertriglyceridemia

CONSULTATION REQUEST DATE: June 27, 2007

DIVISION ACTION GOAL DATE: February 15, 2008

PDUFA DATE: February 17, 2008

I. BACKGROUND:

Simcor (niacin ER/simvastatin) is an investigational formulation combining niacin with simvastatin. The tablet consists of a niacin extended release (ER) ——— with simvastatin. The drug is a new combination. The goals of the inspections were to assess adherence to FDA regulatory requirements, specifically, investigator oversight, protocol compliance, verification of primary efficacy endpoint data, adequacy of study records and protection of subjects' rights, safety, and welfare. The sites were selected based on subject enrollment and previous inspectional history.

The inspections audited protocol #019-01-03-CR, "The Safety and Efficacy of a Combination of Niacin ER and Simvastatin in Patients with Dyslipidemia: A Dose-Ranging Study" (SEACOAST).

Summary Report of Inspections

II. RESULTS (by protocol/site):

Name of CI and site #, if known	City, State	Protocol	Inspection Date	EIR Received Date	Final Classification
Robert Weiss, MD/ME01	Auburn, ME	019-01-03-CR	9/24/07-10/1/07	10/16/07	NAI
*Craig Brett, MD/ME02	Scarborough, ME	019-01-03-CR	10/17/07	11/7/07	NAI
Stephen Fortmann, MD/CA01	Stanford, CA	019-01-03-CR	11/16/07-11/28/07	12/19/07	VAI

*assumed investigator responsibilities from Dr. Paul McGrath

Key to Classifications
NAI = No deviation from regulations. Data acceptable.
VAI-No Response Requested= Deviation(s) from regulations. Data acceptable.
VAI-Response Requested = Deviation(s) from regulations. See specific comments below for data acceptability
OAI = Significant deviations from regulations. Data unreliable.

Protocol #019-01-03-CR

1. Robert Weiss, M.D.
   Androscoggin Cardiology Associates
   2 Great Falls Plaza
   Auburn, ME 04210

a. What was inspected: At this site, 41 subjects were screened, 15 subjects were randomized, and 12 subjects completed the study. An audit of all subjects' records was conducted.

b. Limitations of inspection: None

c. General observations/commentary: In general, the sponsor's data listings were accurate representations of data at the site; however, for 3 subjects, adverse events observed in the eCRFs at the site, were not listed in the sponsor's AE data listing: #4055 (generalized pain related to a fall), #4057 (flu and bursitis in right elbow), and #4071 (dizzy spells and leg cramping).

d. Data acceptability: Data at this site appear acceptable.

2. Craig M. Brett, M.D.
   Cardiovascular Consultants of Maine
   96 Campus Drive, Suite 1
   Scarborough, ME 04074

Dr. Brett assumed investigator responsibilities when Dr. Paul McGrath retired.

a. What was inspected: At this site, 17 subjects were screened, 8 subjects were randomized, and 4 subjects completed the study. An audit of all subjects' records was conducted.

b. Limitations of inspection: None

c. General observations/commentary: Two minor protocol deviations were observed; for subject 4, the 24-week visit was 3 days out of window and for subject 12, the 24-week visit was 2 days out of window.

d. Data acceptability: Data from this site appear acceptable.

3. Stephen P. Fortmann, M.D.
Director, Stanford Prevention Research Center
211 Quarry Road
Hoover Pavilion, Rm. N229
Stanford, CA 94305

a. What was inspected: At this site, 83 subjects were screened, 13 subjects were randomized, and 12 subjects completed the study. An audit of all subjects' records was conducted.

b. Limitations of inspection: None

c. General observations/commentary: For 4 subjects (551, 552, 553, and 554) a discrepancy was observed in the number of tablets dispensed at each visit. At week 24, subject 554 signed an incorrect version of the consent form; the subject signed version 5, but should have signed version 6.

d. Data acceptability: Data from this site appear acceptable.

III. OVERALL ASSESSMENT OF FINDINGS AND GENERAL RECOMMENDATIONS

As stated above, minor issues were noted at each of the sites. None of these issues appear to have a significant impact on data integrity. Data from these sites appear acceptable in support of NDA 22-078.

{See appended electronic signature page}

Andrea Slavin, RN
Consumer Safety Officer

CONCURRENCE:

{See appended electronic signature page}

Constance Lewin, M.D., M.P.H.
Branch Chief
Good Clinical Practice Branch I
Division of Scientific Investigations

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

/s/

Andrea Slavin
1/8/2008 01:26:45 PM
CSO

Constance Lewin
1/8/2008 01:47:41 PM
MEDICAL OFFICER

10/23/07

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

NDA 22-078

INFORMATION REQUEST LETTER

Abbott Laboratories
Attention: David C. Ross, Pharm.D., MBA
Director, Global Pharmaceutical Regulatory Affairs
200 Abbott Park Road
Abbott Park, IL 60064-6157

Dear Dr. Ross:

Please refer to your April 14, 2007 new drug application (NDA) submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Simcor (niacin extended-release/simvastatin) Tablets, 500 mg/20 mg, 750 mg/20 mg, 1000 mg/20 mg.

We are reviewing the carton and container labeling contained in your initial submission and have the following comments and information requests. We recognize that you have submitted amended labeling on October 12, 2007, which addresses some of the comments but other comments are still pertinent. We request a prompt written response in order to continue our evaluation of your NDA.

3.

If you have any questions, call Kati Johnson, Project Manager, at (301) 796-1234.

Sincerely,

{See appended electronic signature page}

Mary Parks, MD
Director
Division of Metabolism and Endocrinology 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/

Eric Colman
10/23/2007 11:13:24 AM
Eric Colman for Mary Parks

10/11/07

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

NDA 22-078

DISCIPLINE REVIEW LETTER

Abbott Laboratories
Attention: Natalie Tolli
Associate Director, Dyslipidemia
200 Abbott Park Road
Abbott Park, IL 60064-6157

Dear Ms. Tolli:

Please refer to your April 17, 2007 new drug application (NDA) submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Simcor (niacin extended-release and simvastatin) Tablets.

Our review of the Chemistry, Manufacturing and Controls section of your submission is complete, and we have identified the following deficiencies:

1. Revise the established name to read "simvastatin and niacin extended release tablets".

2. Change the word — to "tablet"; — is not an officially recognized dosage form.

3. Provide a target range for the BHA assay as a way to evaluate consistency of manufacturer.

4. Submit a revised SIMCOR certificate of analysis containing the dissolution data for simvastatin in the same format as that used to report the dissolution data for niacin.

5. We await the stability update to establish an expiry period for the drug product.

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

If you have any questions, call Kati Johnson, Project Manager, at (301) 796-1234.

Sincerely,

{See appended electronic signature page}

Enid Galliers
Chief, Project Management Staff
Division of Metabolism and Endocrinology Products
Office of Drug Evaluation II
Center for Drug Evaluation and Research

APPEARS THIS WAY
ON ORIGINAL

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

/s/

Kati Johnson
10/11/2007 06:33:51 AM
signing for Enid Galliers

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

8/31/07

NDA 22-078

INFORMATION REQUEST LETTER

Abbott Laboratories
Attention: Natalie Tolli
Associate Director, Dyslipidemia
PA76, Bldg. AP30-1NE
200 Abbott Park Road
Abbott Park, IL 60064-6157

Dear Ms. Tolli:

Please refer to your April 17, 2007 new drug application (NDA) submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Simcor (niacin extended release and simvastatin) Tablets.

We are reviewing the Clinical and Clinical Pharmacology sections of 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.

Clinical

1. Simcor tablets strengths will be manufactured at 500/20, 750/20, and 1000/20. This would allow for Simcor dosing at 1000/40, 1500/40 and 2000/40. The 2000/20 studied dose will not be captured by the tablet strengths offered. How does Abbott plan to address this issue?
2. The original NDA separates the flushing events from the adverse events data. Please provide (or show us the location of) the combined flushing and adverse events data. The flushing data must include all flushing events, not just those leading to discontinuation or serious adverse events.
3. Clarify the location in the application or submit a rationale for assuming the applicability of foreign data to the US population.

Clinical Pharmacology

Please provide electronic data files (e.g., plasma concentrations and PK parameters for Phase I studies CP-03-012004, and 019-04-05-CP.

If you have any questions, call Kati Johnson, Project Manager, at (301) 796-1234.

Sincerely,

{See appended electronic signature page}

Mary H. Parks, MD
Director
Division of Metabolism and Endocrinology 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/

Eric Colman
8/31/2007 09:45:06 AM
Eric Colman for Mary Parks

Johnson, Kati

From: Chowdhury, Iffat
nt: Monday, August 27, 2007 3:56 PM
: Johnson, Kati
Cc: Colman, Eric C
Subject: Letter to Abbott re: Simcor

Hi Kati,
There are a couple of requests I would like to make to Abbott. Would you be able to help in communicating those to the applicant?

1) Simcor tablets strengths will be manufactured at 500/20, 750/20, and 1000/20. This would allow for Simcor dosing at 1000/40, 1500/40 and 2000/40. The 2000/20 studied dose will not be captured by the tablet strengths offered. How does Abbott plan to address this issue?

2) The original NDA separates the flushing events from the adverse events data. Please provide (or show us the location of) the combined flushing and adverse events data. The flushing data must include all flushing events, not just those leading to discontinuation or serious adverse events.

Thanks,
Iffat

APPEARS THIS WAY
ON ORIGINAL

6/28/07

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Food and Drug Administration
Rockville, MD 20857

FILING COMMUNICATION

NDA 22-078

Abbott Laboratories
Attention: Jeanne M. Fox
Senior Director, Global Pharmaceutical Regulatory Affairs
200 Abbott Park Road
Abbott Park, IL 60064-6157

Dear Ms. Fox:

Please refer to your April 17, 2007new drug application (NDA) submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Simcor (niacin extended-release and simvastatin) Tablets, 500 mg/20 mg, 750 mg/20 mg, and 1000 mg/20 mg.

We have completed our filing review and have determined that your application is sufficiently complete to permit a substantive review. Therefore, this application has been filed under section 505(b) of the Act on June 16, 2007 in accordance with 21 CFR 314.101(a).

At this time, we have not identified any potential filing review issues. Our filing review is only a preliminary evaluation of the application and is not indicative of deficiencies that may be identified during our review.

If you have any questions, call me at 301-796-1234.

Sincerely,

{See appended electronic signature page}

Kati Johnson
Project Manager
Division of Metabolism and Endocrinology 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/

Kati Johnson
6/28/2007 07:44:42 AM

Johnson, Kati

m: Lewin, Constance
t: Wednesday, June 27, 2007 2:00 PM
: Slavin, Andrea; Walters, Dana L; George, Sherry; Johnson, Kati
Subject: FW: DFS Email - N 022078 N 000 17-Apr-2007 - Forms

Importance: High

Attachments: 09001464807b69d5.pdf

09001464807b69d5
.pdf (20 KB)

Andrea - Please follow through on this PDUFA consult request as the assigned GCP1 reviewer.
Dana/Sherry - Please enter into the consult request into the database, noting Andrea as the assigned reviewer.
Kati - Please work with Andrea Slavin directly on this application. As always, I'm here if you need my assistance with anything.
Thanks,
Connie

-----Original Message-----
From: cderdocadmin@cder.fda.gov [mailto:cderdocadmin@cder.fda.gov]
Sent: Wednesday, June 27, 2007 11:58 AM
To: CDER DDRDSI; CDER DSI; Salewski, Joseph; CDER DDR510 Public Folder; Ball, Leslie; Lewin, Constance
bject: DFS Email - N 022078 N 000 17-Apr-2007 - Forms

ocument room update the following:

	Decision Date	Decision Code
N 022078 N 000 17-Apr-2007	27-Jun-2007	:

Document Type: Forms
Form Group: CONSULT
Form Name: Request for DSI Audit of Clinical Study Sites
Submission Description: DSI consult request

Author(s)/Discipline(s)
---
1. Kati Johnson, CSO

Signer(s)
---
1. Kati Johnson
27-Jun-2007

Supervisory Signer(s)
---
1. Kati Johnson
27-Jun-2007

6/25/07

NDA REGULATORY FILING REVIEW
(Including Memo of Filing Meeting)

NDA # 22-078 Supplement # Efficacy Supplement Type SE-

Proprietary Name: Simcor Tablets
Established Name: niacin extended-release/simvastatin
Strengths: 500/20, 750/20, and 1000/20

Applicant: Abbott Laboratories
Agent for Applicant (if applicable): N/A

Date of Application: April 17, 2007
Date of Receipt: April 17, 2007
Date clock started after UN: N/A
Date of Filing Meeting: 6/14/07
Filing Date: 6/16/07
Action Goal Date (optional): 2/17/08 User Fee Goal Date:

Indication(s) requested: primary hypercholesterolemia, mixed dyslipidemia, hypertriglyceridemia

Type of Original NDA:	(b)(1) ☐	(b)(2) X☐
AND (if applicable) Type of Supplement:	(b)(1) ☐	(b)(2) ☐

NOTE:

(1) If you have questions about whether the application is a 505(b)(1) or 505(b)(2) application, see Appendix A. A supplement can be either a (b)(1) or a (b)(2) regardless of whether the original NDA was a (b)(1) or a (b)(2). If the application or efficacy supplement is a (b)(2), complete Appendix B.

Review Classification:	S X☐	P ☐
Resubmission after withdrawal?	☐	Resubmission after refuse to file? ☐
Chemical Classification: (1,2,3 etc.)	4,5	
Other (orphan, OTC, etc.)	N/A	

Form 3397 (User Fee Cover Sheet) submitted: YES X ☐ NO ☐

User Fee Status: Paid X☐ Exempt (orphan, government) ☐
Waived (e.g., small business, public health) ☐

NOTE: *If the NDA is a 505(b)(2) application, and the applicant did not pay a fee in reliance on the 505(b)(2) exemption (see box 7 on the User Fee Cover Sheet), confirm that a user fee is not required by contacting the User Fee staff in the Office of Regulatory Policy. The applicant is required to pay a user fee if: (1) the product described in the 505(b)(2) application is a new molecular entity or (2) the applicant claims a new indication for a use that that has not been approved under section 505(b). Examples of a new indication for a use include a new indication, a new dosing regime, a new patient population, and an Rx-to-OTC switch. The best way to determine if the applicant is claiming a new indication for a use is to compare the applicant's proposed labeling to labeling that has already been approved for the product described in the application. Highlight the differences between the proposed and approved labeling. If you need assistance in determining if the applicant is claiming a new indication for a use, please contact the User Fee staff.*

- Is there any 5-year or 3-year exclusivity on this active moiety in any approved (b)(1) or (b)(2) application? YES ☐ NO X ☐

  If yes, explain:

Note: If the drug under review is a 505(b)(2), this issue will be addressed in detail in appendix B.

- Does another drug have orphan drug exclusivity for the same indication? YES ☐ NO X ☐

- If yes, is the drug considered to be the same drug according to the orphan drug definition of sameness [21 CFR 316.3(b)(13)]? YES ☐ NO ☐

  If yes, consult the Director, Division of Regulatory Policy II, Office of Regulatory Policy (HFD-007).

- Is the application affected by the Application Integrity Policy (AIP)? YES ☐ NO X ☐

  If yes, explain:

- If yes, has OC/DMPQ been notified of the submission? YES ☐ NO ☐

- Does the submission contain an accurate comprehensive index? YES X ☐ NO ☐

  If no, explain:

- Was form 356h included with an authorized signature? YES X ☐ NO ☐

  If foreign applicant, both the applicant and the U.S. agent must sign.

- Submission complete as required under 21 CFR 314.50? YES X NO ☐
  If no, explain:

- Answer 1, 2, or 3 below (do not include electronic content of labeling as an partial electronic submission).

  1. This application is a paper NDA YES ☐

  2. This application is an eNDA or combined paper + eNDA YES ☐
     This application is: All electronic X☐ Combined paper + eNDA ☐
     This application is in: NDA format ☐ CTD format X☐
     Combined NDA and CTD formats ☐

     Does the eNDA, follow the guidance?
     (http://www.fda.gov/cder/guidance/2353fnl.pdf) YES X ☐ NO ☐

     If an eNDA, all forms and certifications must be in paper and require a signature.

     If combined paper + eNDA, which parts of the application were submitted in electronic format?