

**CENTER FOR DRUG EVALUATION AND  
RESEARCH**

*APPLICATION NUMBER:*

**NDA 22-185**

**ADMINISTRATIVE and CORRESPONDENCE  
DOCUMENTS**

Department of Health and Human Services Food and Drug Administration  <b>PATENT INFORMATION SUBMITTED WITH THE                  FILING OF AN NDA, AMENDMENT, OR SUPPLEMENT</b>  <i>For Each Patent That Claims a Drug Substance                  (Active Ingredient), Drug Product (Formulation and                  Composition) and/or Method of Use</i>		Form Approved: OMB No. 0910-0513 Expiration Date: 07/31/06 See OMB Statement on Page 3.	
		NDA NUMBER 22-185	
		NAME OF APPLICANT / NDA HOLDER LEO Pharmaceutical Products Ltd. A/S (LEO Pharma A/S)	
<i>The following is provided in accordance with Section 505(b) and (c) of the Federal Food, Drug, and Cosmetic Act.</i>			
TRADE NAME (OR PROPOSED TRADE NAME) Taclonex Scalp®			
ACTIVE INGREDIENT(S) Calcipotriene hydrate Betamethasone dipropionate		STRENGTH(S) Calcipotriene, 0.005% and betamethasone dipropionate, 0.064%	
DOSAGE FORM Gel			
This patent declaration form is required to be submitted to the Food and Drug Administration (FDA) with an NDA application, amendment, or supplement as required by 21 CFR 314.53 at the address provided in 21 CFR 314.53(d)(4). Within thirty (30) days after approval of an NDA or supplement, or within thirty (30) days of issuance of a new patent, a new patent declaration must be submitted pursuant to 21 CFR 314.53(c)(2)(ii) with all of the required information based on the approved NDA or supplement. The information submitted in the declaration form submitted upon or after approval will be the only information relied upon by FDA for listing a patent in the Orange Book.			
For hand-written or typewriter versions (only) of this report: If additional space is required for any narrative answer (i.e., one that does not require a "Yes" or "No" response), please attach an additional page referencing the question number.			
FDA will not list patent information if you file an incomplete patent declaration or the patent declaration indicates the patent is not eligible for listing.			
For each patent submitted for the pending NDA, amendment, or supplement referenced above, you must submit all the information described below. If you are not submitting any patents for this pending NDA, amendment, or supplement, complete above section and sections 5 and 6.			
<b>1. GENERAL</b>			
a. United States Patent Number 4,866,048		b. Issue Date of Patent 9/12/1989	c. Expiration Date of Patent 12/29/2007
d. Name of Patent Owner LEO Pharmaceutical Products Ltd. A/S (LEO Pharma A/S)		Address (of Patent Owner) Industriparken 55	
		City/State Ballerup, Denmark	
		ZIP Code DK-2750	FAX Number (if available) +45 44 53 50 88
		Telephone Number +45 44 94 58 88	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)  ☞ Alberto Grignolo, Ph.D. Corporate V.P. and General Manager PAREXEL Consulting		Address (of agent or representative named in 1.e.) 900 Chelmsford Street, Suite 310	
		City/State Lowell, MA 01851	
		ZIP Code MA 01851	FAX Number (if available) +1 781 487 0525
		Telephone Number +1 978 275 0062	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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
g. If the patent referenced above has been submitted previously for listing, is the expiration date a new expiration date?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

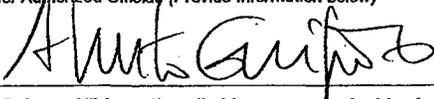
<p><b>For the patent referenced above, provide the following information on the drug substance, drug product and/or method of use that is the subject of the pending NDA, amendment, or supplement.</b></p>		
<p><b>2. Drug Substance (Active Ingredient)</b></p>		
2.1	Does the patent claim the drug substance that is the active ingredient in the drug product described in the pending NDA, amendment, or supplement?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).	<input type="checkbox"/> Yes <input type="checkbox"/> 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.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2.6	Does the patent claim only an intermediate?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>3. Drug Product (Composition/Formulation)</b></p>		
3.1	Does the patent claim the drug product, as defined in 21 CFR 314.3, in the pending NDA, amendment, or supplement?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.2	Does the patent claim only an intermediate?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>4. Method of Use</b></p>		
<p><i>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:</i></p>		
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.2	Patent Claim Number (as listed in the patent) 15-16	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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.2a	If the answer to 4.2 is "Yes," identify with specificity the use with reference to the proposed labeling for the drug product.	Use: (Submit indication or method of use information as identified specifically in the approved labeling.) Taclonex Scalp® gel is indicated for the topical treatment of psoriasis vulgaris of the scalp in adults aged 18 years and above.
<p><b>5. No Relevant Patents</b></p>		
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.		<input type="checkbox"/> Yes

6. Declaration Certification	
<p><b>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.</b></p> <p><b>Warning: A willfully and knowingly false statement is a criminal offense under 18 U.S.C. 1001.</b></p>	
<p><b>6.2 Authorized Signature of NDA Applicant/Holder or Patent Owner (Attorney, Agent, Representative or other Authorized Official) (Provide Information Below)</b></p> <p><i>Alberto Grignolo</i></p>	<p>Date Signed</p> <p><i>May 7, 2007</i></p>
<p><b>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).</b></p>	
<p><b>Check applicable box and provide information below.</b></p>	
<input type="checkbox"/> NDA Applicant/Holder	<input checked="" type="checkbox"/> NDA Applicant's/Holder's Attorney, Agent (Representative) or other Authorized Official
<input type="checkbox"/> Patent Owner	<input type="checkbox"/> Patent Owner's Attorney, Agent (Representative) or Other Authorized Official
<p>Name                      Alberto Grignolo, Ph.D, Corporate V.P. and General Manager, PAREXEL Consulting</p>	
<p>Address                      900 Chelmsford Street, Suite 310</p>	<p>City/State                      Lowell, MA 01851</p>
<p>ZIP Code                      MA 01851</p>	<p>Telephone Number                      +1 978 275 0062</p>
<p>FAX Number (if available)                      +1 1781 487 0525</p>	<p>E-Mail Address (if available)</p>
<p>The public reporting burden for this collection of information has been estimated to average 9 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:</p> <p style="text-align: center;">Food and Drug Administration                      CDER (HFD-007)                      5600 Fishers Lane                      Rockville, MD 20857</p> <p style="text-align: center;"><i>An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.</i></p>	

Department of Health and Human Services Food and Drug Administration		Form Approved: OMB No. 0910-0513 Expiration Date: 07/31/06 See OMB Statement on Page 3.	
<b>PATENT INFORMATION SUBMITTED WITH THE                  FILING OF AN NDA, AMENDMENT, OR SUPPLEMENT</b> For Each Patent That Claims a Drug Substance (Active Ingredient), Drug Product (Formulation and Composition) and/or Method of Use		NDA NUMBER 22-185	
		NAME OF APPLICANT / NDA HOLDER LEO Pharmaceutical Products Ltd. A/S (LEO Pharma A/S)	
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) Taclonex Scalp®			
ACTIVE INGREDIENT(S) Calcipotriene hydrate Betamethasone dipropionate		STRENGTH(S) Calcipotriene, 0.005% and betamethasone dipropionate, 0.064%	
DOSAGE FORM Gel			
This patent declaration form is required to be submitted to the Food and Drug Administration (FDA) with an NDA application, amendment, or supplement as required by 21 CFR 314.53 at the address provided in 21 CFR 314.53(d)(4). Within thirty (30) days after approval of an NDA or supplement, or within thirty (30) days of issuance of a new patent, a new patent declaration must be submitted pursuant to 21 CFR 314.53(c)(2)(ii) with all of the required information based on the approved NDA or supplement. The information submitted in the declaration form submitted upon or after approval will be the only information relied upon by FDA for listing a patent in the Orange Book.			
For hand-written or typewriter versions (only) of this report: If additional space is required for any narrative answer (i.e., one that does not require a "Yes" or "No" response), please attach an additional page referencing the question number.			
FDA will not list patent information if you file an incomplete patent declaration or the patent declaration indicates the patent is not eligible for listing.			
For each patent submitted for the pending NDA, amendment, or supplement referenced above, you must submit all the information described below. If you are not submitting any patents for this pending NDA, amendment, or supplement, complete above section and sections 5 and 6.			
<b>1. GENERAL</b>			
a. United States Patent Number 5,763,426		b. Issue Date of Patent 6/9/1998	c. Expiration Date of Patent 6/9/2015
d. Name of Patent Owner LEO Pharmaceutical Products Ltd. A/S (LEO Pharma A/S)		Address (of Patent Owner) Industriparken 55	
		City/State Ballerup, Denmark	
		ZIP Code DK-2750	FAX Number (if available) +45 44 53 50 88
		Telephone Number +45 44 94 58 88	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)  <input checked="" type="checkbox"/> Alberto Grignolo, Ph.D. Corporate V.P. and General Manager PAREXEL Consulting		Address (of agent or representative named in 1.e.) 900 Chelmsford Street, Suite 310	
		City/State Lowell, MA 01851	
		ZIP Code MA 01851	FAX Number (if available) +1 781 487 0525
		Telephone Number +1 978 275 0062	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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
g. If the patent referenced above has been submitted previously for listing, is the expiration date a new expiration date?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).	<input type="checkbox"/> Yes <input type="checkbox"/> 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.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2.6 Does the patent claim only an intermediate?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.)	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.2 Does the patent claim only an intermediate?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Method of Use	
<i>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:</i>	
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.2 Patent Claim Number (as listed in the patent)	Does the patent claim referenced in 4.2 claim a pending method of use for which approval is being sought in the pending NDA, amendment, or supplement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.2a If the answer to 4.2 is "Yes," identify with specificity the use with reference to the proposed labeling for the drug product.	Use: (Submit indication or method of use information as identified specifically in the approved labeling.)
5. No Relevant Patents	
For this pending NDA, amendment, or supplement, there are no relevant patents that claim the drug substance (active ingredient), drug product (formulation or composition) or method(s) of use, for which the applicant is seeking approval and with respect to which a claim of patent infringement could reasonably be asserted if a person not licensed by the owner of the patent engaged in the manufacture, use, or sale of the drug product. <input type="checkbox"/> Yes	

6. Declaration Certification	
<p>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.</p> <p><b>Warning: A willfully and knowingly false statement is a criminal offense under 18 U.S.C. 1001.</b></p>	
<p>6.2 Authorized Signature of NDA Applicant/Holder or Patent Owner (Attorney, Agent, Representative or other Authorized Official) (Provide Information below)</p> 	<p>Date Signed</p> <p>May 7, 2007</p>
<p>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).</p>	
<p>Check applicable box and provide information below.</p>	
<input type="checkbox"/> NDA Applicant/Holder	<input checked="" type="checkbox"/> NDA Applicant's/Holder's Attorney, Agent (Representative) or other Authorized Official
<input type="checkbox"/> Patent Owner	<input type="checkbox"/> Patent Owner's Attorney, Agent (Representative) or Other Authorized Official
<p>Name          Alberto Grignolo, Ph.D, Corporate V.P. and General Manager, PAREXEL Consulting</p>	
<p>Address          900 Chelmsford Street, Suite 310</p>	<p>City/State          Lowell, MA 01851</p>
<p>ZIP Code          MA 01851</p>	<p>Telephone Number          +1 978 275 0062</p>
<p>FAX Number (if available)          +1 1781 487 0525</p>	<p>E-Mail Address (if available)</p>
<p>The public reporting burden for this collection of information has been estimated to average 9 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:</p> <p style="text-align: center;">Food and Drug Administration          CDER (HFD-007)          5600 Fishers Lane          Rockville, MD 20857</p> <p style="text-align: center;"><i>An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.</i></p>	

Department of Health and Human Services Food and Drug Administration		Form Approved: OMB No. 0910-0513 Expiration Date: 07/31/06 See OMB Statement on Page 3.	
<b>PATENT INFORMATION SUBMITTED WITH THE                  FILING OF AN NDA, AMENDMENT, OR SUPPLEMENT</b> For Each Patent That Claims a Drug Substance (Active Ingredient), Drug Product (Formulation and Composition) and/or Method of Use		NDA NUMBER 22-185	
		NAME OF APPLICANT / NDA HOLDER LEO Pharmaceutical Products Ltd. A/S (LEO Pharma A/S)	
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) Taclonex Scalp®			
ACTIVE INGREDIENT(S) Calcipotriene hydrate Betamethasone dipropionate		STRENGTH(S) Calcipotriene, 0.005% and betamethasone dipropionate, 0.064%	
DOSAGE FORM Gel			
This patent declaration form is required to be submitted to the Food and Drug Administration (FDA) with an NDA application, amendment, or supplement as required by 21 CFR 314.53 at the address provided in 21 CFR 314.53(d)(4). Within thirty (30) days after approval of an NDA or supplement, or within thirty (30) days of issuance of a new patent, a new patent declaration must be submitted pursuant to 21 CFR 314.53(c)(2)(ii) with all of the required information based on the approved NDA or supplement. The information submitted in the declaration form submitted upon or after approval will be the only information relied upon by FDA for listing a patent in the Orange Book.			
For hand-written or typewriter versions (only) of this report: If additional space is required for any narrative answer (i.e., one that does not require a "Yes" or "No" response), please attach an additional page referencing the question number.			
FDA will not list patent information if you file an incomplete patent declaration or the patent declaration indicates the patent is not eligible for listing.			
For each patent submitted for the pending NDA, amendment, or supplement referenced above, you must submit all the information described below. If you are not submitting any patents for this pending NDA, amendment, or supplement, complete above section and sections 5 and 6.			
<b>1. GENERAL</b>			
a. United States Patent Number 6,753,013		b. Issue Date of Patent 6/22/2004	c. Expiration Date of Patent 1/27/2020
d. Name of Patent Owner LEO Pharmaceutical Products Ltd. A/S (LEO Pharma A/S)		Address (of Patent Owner) Industriparken 55	
		City/State Ballerup, Denmark	
		ZIP Code DK-2750	FAX Number (if available) +45 44 53 50 88
		Telephone Number +45 44 94 58 88	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)  Alberto Grignolo, Ph.D. Corporate V.P. and General Manager PAREXEL Consulting		Address (of agent or representative named in 1.e.) 900 Chelmsford Street, Suite 310	
		City/State Lowell, MA 01851	
		ZIP Code MA 01851	FAX Number (if available) +1 781 487 0525
		Telephone Number +1 978 275 0062	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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
g. If the patent referenced above has been submitted previously for listing, is the expiration date a new expiration date?		<input type="checkbox"/> Yes <input type="checkbox"/> 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.**

<b>2. Drug Substance (Active Ingredient)</b>	
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).	<input type="checkbox"/> Yes <input type="checkbox"/> 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.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2.6 Does the patent claim only an intermediate?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3. Drug Product (Composition/Formulation)</b>	
3.1 Does the patent claim the drug product, as defined in 21 CFR 314.3, in the pending NDA, amendment, or supplement?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.2 Does the patent claim only an intermediate?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4. Method of Use</b>	
<i>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:</i>	
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.2 Patent Claim Number (as listed in the patent) 18-21	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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.2a If the answer to 4.2 is "Yes," identify with specificity the use with reference to the proposed labeling for the drug product.	Use: (Submit indication or method of use information as identified specifically in the approved labeling.) Taclonex Scalp® gel is indicated for the topical treatment of psoriasis vulgaris of the scalp in adults aged 18 years and above.
<b>5. No Relevant Patents</b>	
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.	
<input type="checkbox"/> Yes	

Department of Health and Human Services Food and Drug Administration  <b>PATENT INFORMATION SUBMITTED WITH THE                  FILING OF AN NDA, AMENDMENT, OR SUPPLEMENT</b>  <i>For Each Patent That Claims a Drug Substance                  (Active Ingredient), Drug Product (Formulation and                  Composition) and/or Method of Use</i>		Form Approved: OMB No. 0910-0513 Expiration Date: 07/31/06 See OMB Statement on Page 3.	
		NDA NUMBER 22-185	
		NAME OF APPLICANT / NDA HOLDER LEO Pharmaceutical Products Ltd. A/S (LEO Pharma A/S)	
<i>The following is provided in accordance with Section 505(b) and (c) of the Federal Food, Drug, and Cosmetic Act.</i>			
TRADE NAME (OR PROPOSED TRADE NAME) Taclonex Scalp®			
ACTIVE INGREDIENT(S) Calcipotriene hydrate Betamethasone dipropionate		STRENGTH(S) Calcipotriene, 0.005% and betamethasone dipropionate, 0.064%	
DOSAGE FORM Gel			
This patent declaration form is required to be submitted to the Food and Drug Administration (FDA) with an NDA application, amendment, or supplement as required by 21 CFR 314.53 at the address provided in 21 CFR 314.53(d)(4). Within thirty (30) days after approval of an NDA or supplement, or within thirty (30) days of issuance of a new patent, a new patent declaration must be submitted pursuant to 21 CFR 314.53(c)(2)(ii) with all of the required information based on the approved NDA or supplement. The information submitted in the declaration form submitted upon or after approval will be the only information relied upon by FDA for listing a patent in the Orange Book.			
For hand-written or typewriter versions (only) of this report: If additional space is required for any narrative answer (i.e., one that does not require a "Yes" or "No" response), please attach an additional page referencing the question number.			
FDA will not list patent information if you file an incomplete patent declaration or the patent declaration indicates the patent is not eligible for listing.			
For each patent submitted for the pending NDA, amendment, or supplement referenced above, you must submit all the information described below. If you are not submitting any patents for this pending NDA, amendment, or supplement, complete above section and sections 5 and 6.			
<b>1. GENERAL</b>			
a. United States Patent Number 6,787,529		b. Issue Date of Patent 9/07/2004	c. Expiration Date of Patent 1/27/2020
d. Name of Patent Owner LEO Pharmaceutical Products Ltd. A/S (LEO Pharma A/S)		Address (of Patent Owner) Industriparken 55	
		City/State Ballerup, Denmark	
		ZIP Code DK-2750	FAX Number (if available) +45 44 53 50 88
		Telephone Number +45 44 94 58 88	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)  <input checked="" type="checkbox"/> Alberto Grignolo, Ph.D. Corporate V.P. and General Manager PAREXEL Consulting		Address (of agent or representative named in 1.e.) 900 Chelmsford Street, Suite 310	
		City/State Lowell, MA 01851	
		ZIP Code MA 01851	FAX Number (if available) +1 781 487 0525
		Telephone Number +1 978 275 0062	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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
g. If the patent referenced above has been submitted previously for listing, is the expiration date a new expiration date?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

6. Declaration Certification	
<p><b>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.</b></p> <p><b>Warning: A willfully and knowingly false statement is a criminal offense under 18 U.S.C. 1001.</b></p>	
<p><b>6.2 Authorized Signature of NDA Applicant/Holder or Patent Owner (Attorney, Agent, Representative or other Authorized Official) (Provide information below)</b></p> <p><i>Alberto Grignolo</i></p>	<p><b>Date Signed</b></p> <p><i>May 7, 2007</i></p>
<p><b>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).</b></p>	
<p><b>Check applicable box and provide information below .</b></p>	
<input type="checkbox"/> NDA Applicant/Holder	<input checked="" type="checkbox"/> NDA Applicant's/Holder's Attorney, Agent (Representative) or other Authorized Official
<input type="checkbox"/> Patent Owner	<input type="checkbox"/> Patent Owner's Attorney, Agent (Representative) or Other Authorized Official
<p><b>Name</b>                      Alberto Grignolo, Ph.D, Corporate V.P. and General Manager, PAREXEL Consulting</p>	
<p><b>Address</b>                      900 Chelmsford Street, Suite 310</p>	<p><b>City/State</b>                      Lowell, MA 01851</p>
<p><b>ZIP Code</b>                      MA 01851</p>	<p><b>Telephone Number</b>                      +1 978 275 0062</p>
<p><b>FAX Number (if available)</b>                      +1 1781 487 0525</p>	<p><b>E-Mail Address (if available)</b></p>
<p>The public reporting burden for this collection of information has been estimated to average 9 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:</p> <p style="text-align: center;">Food and Drug Administration                      CDER (HFD-007)                      5600 Fishers Lane                      Rockville, MD 20857</p> <p style="text-align: center;"><i>An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.</i></p>	

## EXCLUSIVITY SUMMARY

NDA # 22-185

SUPPL #

HFD # 540

Trade Name Taclonex Scalp Topical Suspension

Generic Name calcipotriene 0.005% and betamethasone dipropionate 0.064%

Applicant Name LEO Pharmaceuticals Products, Ltd.

Approval Date, If Known April 28, 2008

### PART I IS AN EXCLUSIVITY DETERMINATION NEEDED?

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

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

YES

NO

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

505(b)(1)

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

YES

NO

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

N/A

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:

N/A

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

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

YES  NO

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

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

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

YES  NO

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

## **PART II FIVE-YEAR EXCLUSIVITY FOR NEW CHEMICAL ENTITIES**

(Answer either #1 or #2 as appropriate)

1. Single active ingredient product.

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

YES  NO

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

NDA#

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#	20-273	Dovonex
	20-010	Lotrisone
NDA#	20-554	Dovonex
	19-716	Diprolene
	19-555	Diprolene AF
NDA#	20-611	Dovonex
	18-827	Lotrisone
	18-741	Diprolene

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:

N/A

(2) If the answer to 2(b) is "no," are you aware of published studies not conducted or sponsored by the applicant or other publicly available data that could independently

demonstrate the safety and effectiveness of this drug product?

YES

NO

If yes, explain:

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

MBL 0405, MBL 0406

Studies comparing two products with the same ingredient(s) are considered to be bioavailability studies for the purpose of this section.

3. In addition to being essential, investigations must be "new" to support exclusivity. The agency interprets "new clinical investigation" to mean an investigation that 1) has not been relied on by the agency to demonstrate the effectiveness of a previously approved drug for any indication and 2) does not duplicate the results of another investigation that was relied on by the agency to demonstrate the effectiveness of a previously approved drug product, i.e., does not redemonstrate something the agency considers to have been demonstrated in an already approved application.

- a) For each investigation identified as "essential to the approval," has the investigation been relied on by the agency to demonstrate the effectiveness of a previously approved drug product? (If the investigation was relied on only to support the safety of a previously approved drug, answer "no.")

Investigation #1

YES

NO

Investigation #2

YES

NO

If you have answered "yes" for one or more investigations, identify each such investigation and the NDA in which each was relied upon:

N/A

- b) For each investigation identified as "essential to the approval", does the investigation duplicate the results of another investigation that was relied on by the agency to support the effectiveness of a previously approved drug product?

Investigation #1

MBL 0405

YES

NO



Investigation #1

YES

Explain:

!

!

! NO

! Explain:

Investigation #2

YES

Explain:

!

!

! NO

! Explain:

(c) Notwithstanding an answer of "yes" to (a) or (b), are there other reasons to believe that the applicant should not be credited with having "conducted or sponsored" the study? (Purchased studies may not be used as the basis for exclusivity. However, if all rights to the drug are purchased (not just studies on the drug), the applicant may be considered to have sponsored or conducted the studies sponsored or conducted by its predecessor in interest.)

YES

NO

If yes, explain:

N/A

---

Name of person completing form: Melinda Bauerlien, M.S.

Title: Regulatory Project Manager

Date: April 22, 2008

Name of Office/Division Director signing form: Susan J. Walker, M.D.

Title: Division Director

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

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

/s/

-----  
Stanka Kukich  
4/28/2008 04:32:08 PM

Taclonex Scalp® gel  
1.3.5.3 Exclusivity Request

Page 1 of 1  
12-Apr-2007  
ID 00093582

### 1.3.5.3 EXCLUSIVITY REQUEST

The applicant, LEO Pharmaceutical Products Ltd. A/S (LEO Pharma A/S), believes that approval of the New Drug Application, Taclonex Scalp® gel, is entitled to a 3-year period of marketing exclusivity under the provision of 21 CFR 314.108, and is therefore claiming exclusivity.

Reference is made to 21 CFR 314.108 (b) (4) to support the claim for exclusivity for Taclonex Scalp® gel.

The applicant requests three years' exclusivity under the Hatch-Waxman amendments for Taclonex Scalp® gel in accordance with exclusivity under the Federal Food, Drug, and Cosmetic Act section 505(c)(3)(D) as the application contains reports of new clinical investigations (other than bioavailability studies) conducted or sponsored by the applicant that were essential to approval of the application.



THIS DOCUMENT CONTAINS TRADE SECRETS, OR COMMERCIAL OR FINANCIAL INFORMATION, PRIVILEGED OR CONFIDENTIAL, DELIVERED IN CONFIDENCE AND RELIANCE THAT SUCH INFORMATION WILL NOT BE COPIED OR MADE AVAILABLE TO ANY THIRD PARTY WITHOUT THE WRITTEN CONSENT OF LEO PHARMA A/S - LEO PHARMACEUTICAL PRODUCTS LTD. A/S

**PEDIATRIC PAGE**

(Complete for all filed original applications and efficacy supplements)

NDA/BLA #: 22-185 Supplement Type (e.g. SE5): \_\_\_\_\_ Supplement Number: \_\_\_\_\_

Stamp Date: June 28, 2007 PDUFA Goal Date: April 28, 2007

HFD-540 \_\_\_\_\_ Trade and generic names/dosage form: Taclonex (calcipotriene hydrate and betamethasone dipropionate)

Applicant: LEO Pharmaceuticals, Ltd. Therapeutic Class: vitamin D analog and corticosteroid

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

- Yes. 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): \_\_\_\_\_

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: topical treatment of psoriasis vulgaris of the scalp in adults aged 18 years and above

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. 0 yr. \_\_\_\_\_ Tanner Stage \_\_\_\_\_  
Max \_\_\_\_\_ kg \_\_\_\_\_ mo. \_\_\_\_\_ yr. 11 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. 12 Tanner Stage \_\_\_\_\_  
Max \_\_\_\_\_ kg \_\_\_\_\_ mo. \_\_\_\_\_ yr. 17 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.*

This page was completed by:

Taclonex Scalp® gel  
1.9.1 Request for Waiver of Paediatric Studies

Page 4 of 9  
22-May-2007

LEO eDoc ID No 00089755

## REQUEST FOR WAIVER OF PAEDIATRIC STUDIES

This waiver was prepared in accordance with the sample waiver request included as Attachment A in the draft Guidance for Industry-Recommendations for Complying with the Pediatric Rule (21 CFR 314.55(a) and 601.27(a)).

### NDA NUMBER:

Taclonex Scalp® gel NDA number 22-185

### SPONSOR:

LEO Pharmaceutical Products Ltd. A/S (LEO Pharma A/S)

### INDICATION:

Psoriasis vulgaris of the scalp

### 1. AGE RANGES INCLUDED IN THE WAIVER REQUEST

Paediatric patients aged from 0 to 11 years including newborn infants, infants and toddlers, and children.

### 2. REASON FOR WAIVING PAEDIATRIC STUDIES

Item (c) The product would be ineffective or unsafe in this age group

### 3. JUSTIFICATION FOR WAIVER

#### 3.1 Background

Taclonex Scalp® gel (also known as Daivobet® gel) is a fixed combination of a vitamin D analogue (calcipotriol) and a corticosteroid (betamethasone dipropionate) in a new gel vehicle. Both compounds have been marketed for many years and their safety profiles are well known. Calcipotriol is the active constituent in Dovonex® ointment which is not currently registered for use in the paediatric population in the US. Betamethasone dipropionate may be considered a potent (World Health Organisation [WHO] group III) (1) steroid and, like other potent topical corticosteroids, is associated with a risk of local and systemic adverse reactions. The same combination of calcipotriol and betamethasone dipropionate formulated



THIS DOCUMENT CONTAINS TRADE SECRETS, OR COMMERCIAL OR FINANCIAL INFORMATION, PRIVILEGED OR CONFIDENTIAL, DELIVERED IN CONFIDENCE AND RELIANCE THAT SUCH INFORMATION WILL NOT BE COPIED OR MADE AVAILABLE TO ANY THIRD PARTY WITHOUT THE WRITTEN CONSENT OF LEO PHARMA A/S - LEO PHARMACEUTICAL PRODUCTS LTD. A/S

Taclonex Scalp® gel  
1.9.2 Request for Deferral of Paediatric Studies

Page 4 of 5  
22-May-2007

LEO eDoc ID No 00089754

## REQUEST FOR DEFERRAL OF PAEDIATRIC STUDIES

This deferral was prepared in accordance with the sample deferral request included as Attachment B in the Guidance for Industry-Recommendations for Complying with the Pediatric Rule (21 CFR 314.55(a) and 601.27(a)).

### NDA NUMBER:

Taclonex Scalp® gel NDA number 22-185

### SPONSOR:

LEO Pharmaceutical Products Ltd. A/S (LEO Pharma A/S)

### INDICATION:

Psoriasis vulgaris of the scalp

### 1. WHAT AGES ARE INCLUDED IN THE DEFERRAL REQUEST?

Adolescent patients aged from 12 to 17 years.

Reason for not including the entire Paediatric Population in the studies or in the deferral request:

Item (c) Requesting a waiver.

A partial waiver in accordance with 21 CFR 314.55(c) for paediatric studies in patients aged from 0 to 11 years (which includes newborn infants, infants and toddlers and children) is being submitted with this NDA (1.9.1).

### 2. REASON(S) FOR DEFERRING PAEDIATRIC STUDIES:

Item (a) Adult studies completed and ready for approval.

### 3. HAVE PAEDIATRIC DRUG DEVELOPMENT PLANS BEEN SUBMITTED TO THE AGENCY?

Yes.



THIS DOCUMENT CONTAINS TRADE SECRETS, OR COMMERCIAL OR FINANCIAL INFORMATION, PRIVILEGED OR CONFIDENTIAL, DELIVERED IN CONFIDENCE AND RELIANCE THAT SUCH INFORMATION WILL NOT BE COPIED OR MADE AVAILABLE TO ANY THIRD PARTY WITHOUT THE WRITTEN CONSENT OF LEO PHARMA A/S - LEO PHARMACEUTICAL PRODUCTS LTD. A/S

Taclonex Scalp® gel  
1.9.2 Request for Deferral of Paediatric Studies

Page 5 of 5  
22-May-2007

LEO eDoc ID No 00089754

Draft paediatric plans were submitted in the briefing document for the end of phase 2 meeting and were discussed with FDA at the end of phase 2 meeting on 1 Dec 2004 (see Memorandum of Meeting Minutes of December 1, 2004. IND 67,835, Dovobet® Gel, 1.6.3).

Updated paediatric plans are being submitted with this NDA. A protocol synopsis for the proposed study in adolescent patients is appended to this deferral request.

b(4)

#### 4. SUGGESTED DEFERRAL DATE FOR SUBMISSION OF STUDIES

Three large, empty, curved lines are present, likely representing redacted information or a placeholder for a table.



THIS DOCUMENT CONTAINS TRADE SECRETS, OR COMMERCIAL OR FINANCIAL INFORMATION, PRIVILEGED OR CONFIDENTIAL, DELIVERED IN CONFIDENCE AND RELIANCE THAT SUCH INFORMATION WILL NOT BE COPIED OR MADE AVAILABLE TO ANY THIRD PARTY WITHOUT THE WRITTEN CONSENT OF LEO PHARMA A/S - LEO PHARMACEUTICAL PRODUCTS LTD. A/S



**LEO Pharma A/S (LEO Pharmaceutical Products Ltd. A/S)**

**Debarment Certification**

LEO Pharma A/S (LEO Pharmaceutical Products Ltd. A/S) hereby certifies that it did not and will not use in any capacity the services of any person debarred under section 306 of the Federal Food, Drug and Cosmetic Act in connection with this New Drug Application for Daivobet® gel.

Date: 19 June 2007

Jesper Kihl

Jesper Kihl  
Vice President  
Regulatory Affairs & Safety  
LEO Pharma A/S (LEO Pharmaceutical Products A/S)  
Industriparken 55  
DK-2750 Ballerup, Denmark  
Telephone: +45 44 94 58 88

Counter-signature:

Date:

Alberto Grignolo

Alberto Grignolo, Ph.D.  
Corporate Vice President, and General  
Manager  
PAREXEL Consulting  
900 Chelmsford Street, Suite 310  
Lowell, MA 01851  
Telephone: 978-275-0062

## ACTION PACKAGE CHECKLIST

Application Information		
BLA # NDA # 22-185	BLA STN# NDA Supplement #	If NDA, Efficacy Supplement Type
Proprietary Name: TACLONEX SCALP® Established Name: calcipotriene 0.005% and betamethasone dipropionate 0.064% Dosage Form: Topical Suspension		Applicant: LEO Pharmaceuticals Products, Ltd.
RPM: Melinda Bauerlien, M.S.		Division: DDDP      Phone # 301-796-2110
<p>NDA Application Type: <input checked="" type="checkbox"/> 505(b)(1)    <input type="checkbox"/> 505(b)(2)</p> <p>Efficacy Supplement:    <input type="checkbox"/> 505(b)(1)    <input type="checkbox"/> 505(b)(2)</p> <p>(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.)</p>	<p>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)):</p> <p>N/A</p> <p>Provide a brief explanation of how this product is different from the listed drug.</p> <p><input type="checkbox"/> If no listed drug, check here and explain:</p> <p><b>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.</b></p> <p><input type="checkbox"/> Confirmed      <input type="checkbox"/> Corrected</p> <p>Date:</p>	
❖ User Fee Goal Date		April 28, 2008
❖ Action Goal Date (if different)		
❖ Actions		
• Proposed action		<input checked="" type="checkbox"/> AP <input type="checkbox"/> TA <input type="checkbox"/> AE <input type="checkbox"/> NA <input type="checkbox"/> CR
• Previous actions ( <i>specify type and date for each action taken</i> )		<input checked="" type="checkbox"/> None
❖ Advertising ( <i>approvals only</i> ) Note: If accelerated approval (21 CFR 314.510/601.41), advertising must have been submitted and reviewed ( <i>indicate dates of reviews</i> )		<input checked="" type="checkbox"/> Requested in AP letter <input type="checkbox"/> Received and reviewed

❖ Application Characteristics	
Review priority: <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Priority Chemical classification (new NDAs only): 3	
NDAs, BLAs and Supplements: <input type="checkbox"/> Fast Track <input type="checkbox"/> Rolling Review <input type="checkbox"/> CMA Pilot 1 <input type="checkbox"/> CMA Pilot 2  <input type="checkbox"/> Orphan drug designation	
NDAs: Subpart H <input type="checkbox"/> Accelerated approval (21 CFR 314.510) <input type="checkbox"/> Restricted distribution (21 CFR 314.520) Subpart I <input type="checkbox"/> Approval based on animal studies	BLAs: Subpart E <input type="checkbox"/> Accelerated approval (21 CFR 601.41) <input type="checkbox"/> Restricted distribution (21 CFR 601.42) Subpart H <input type="checkbox"/> Approval based on animal studies
NDAs and NDA Supplements: <input type="checkbox"/> OTC drug	
Other: N/A  Other comments: N/A	
❖ Application Integrity Policy (AIP)	
<ul style="list-style-type: none"> <li>Applicant is on the AIP</li> </ul>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<ul style="list-style-type: none"> <li>This application is on the AIP                             <ul style="list-style-type: none"> <li>Exception for review (<i>file Center Director's memo in Administrative Documents section</i>)</li> <li>OC clearance for approval (<i>file communication in Administrative Documents section</i>)</li> </ul> </li> </ul>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> Not an AP action
❖ Public communications (approvals only)	
<ul style="list-style-type: none"> <li>Office of Executive Programs (OEP) liaison has been notified of action</li> </ul>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<ul style="list-style-type: none"> <li>Press Office notified of action</li> </ul>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<ul style="list-style-type: none"> <li>Indicate what types (if any) of information dissemination are anticipated</li> </ul>	<input checked="" type="checkbox"/> None <input type="checkbox"/> FDA Press Release <input type="checkbox"/> FDA Talk Paper <input type="checkbox"/> CDER Q&As <input type="checkbox"/> Other



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

<p>within the 45-day period).</p> <p><i>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).</i></p> <p><i>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.</i></p>	
<b>Summary Reviews</b>	
❖ Summary Reviews (e.g., Office Director, Division Director) <i>(indicate date for each review)</i>	April 28, 2008
❖ BLA approvals only: Licensing Action Recommendation Memo (LARM) <i>(indicate date)</i>	N/A
<b>Labeling</b>	
❖ Package Insert	
• Most recent division-proposed labeling (only if generated after latest applicant submission of labeling)	May 9, 2008
• Most recent applicant-proposed labeling (only if subsequent division labeling does not show applicant version)	N/A
• Original applicant-proposed labeling	June 19, 2007
• Other relevant labeling (e.g., most recent 3 in class, class labeling), if applicable	N/A
❖ Patient Package Insert	
• Most-recent division-proposed labeling (only if generated after latest applicant submission of labeling)	May 9, 2008
• Most recent applicant-proposed labeling (only if subsequent division labeling does not show applicant version)	N/A
• Original applicant-proposed labeling	June 19, 2007
• Other relevant labeling (e.g., most recent 3 in class, class labeling), if applicable	N/A
❖ Medication Guide	
• Most recent division-proposed labeling (only if generated after latest applicant submission of labeling)	N/A
• Most recent applicant-proposed labeling (only if subsequent division labeling does not show applicant version)	N/A
• Original applicant-proposed labeling	N/A
• Other relevant labeling (e.g., most recent 3 in class, class labeling)	N/A
❖ Labels ( <b>full color</b> carton and immediate-container labels)	
• Most-recent division-proposed labels (only if generated after latest applicant submission)	N/A
• Most recent applicant-proposed	April 28, 2008
❖ Labeling reviews and minutes of any labeling meetings <i>(indicate dates of reviews and meetings)</i>	<input checked="" type="checkbox"/> DMETS 4/25/08 <input checked="" type="checkbox"/> DSRCS 2/13/08 <input checked="" type="checkbox"/> DDMAC 2/15/08 <input type="checkbox"/> SEALD N/A <input type="checkbox"/> Other reviews N/A <input type="checkbox"/> Memos of Mtgs

Administrative Documents	
❖ Administrative Reviews (RPM Filing Review/Memo of Filing Meeting; ADRA) ( <i>indicate date of each review</i> )	Filing 4/17/08
❖ NDA and NDA supplement approvals only: Exclusivity Summary ( <i>signed by Division Director</i> )	<input checked="" type="checkbox"/> Included
❖ AIP-related documents <ul style="list-style-type: none"> <li>Center Director's Exception for Review memo</li> <li>If AP: OC clearance for approval</li> </ul>	N/A N/A
❖ Pediatric Page (all actions)	<input checked="" type="checkbox"/> 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. ( <i>Include certification.</i> )	<input checked="" type="checkbox"/> Verified, statement is acceptable
❖ Postmarketing Commitment Studies	<input type="checkbox"/> None
<ul style="list-style-type: none"> <li>Outgoing Agency request for post-marketing commitments (<i>if located elsewhere in package, state where located</i>)</li> </ul>	4/10/08
<ul style="list-style-type: none"> <li>Incoming submission documenting commitment</li> </ul>	4/11/08
❖ Outgoing correspondence (letters including previous action letters, emails, faxes, telecons)	yes
❖ Internal memoranda, telecons, email, etc.	yes
❖ Minutes of Meetings	
<ul style="list-style-type: none"> <li>Pre-Approval Safety Conference (<i>indicate date; approvals only</i>)</li> </ul>	2/20/08
<ul style="list-style-type: none"> <li>Pre-NDA/BLA meeting (<i>indicate date</i>)</li> </ul>	<input type="checkbox"/> No mtg      1/30/07
<ul style="list-style-type: none"> <li>EOP2 meeting (<i>indicate date</i>)</li> </ul>	<input type="checkbox"/> No mtg      12/1/04
<ul style="list-style-type: none"> <li>Other (e.g., EOP2a, CMC pilot programs)</li> </ul>	N/A
❖ Advisory Committee Meeting	<input checked="" type="checkbox"/> No AC meeting
<ul style="list-style-type: none"> <li>Date of Meeting</li> <li>48-hour alert or minutes, if available</li> </ul>	
❖ <u>Federal Register</u> Notices, DESI documents, NAS/NRC reports (if applicable)	
CMC/Product Quality Information	
❖ CMC/Product review(s) ( <i>indicate date for each review</i> )	2/7/08
❖ Reviews by other disciplines/divisions/Centers requested by CMC/product reviewer ( <i>indicate date for each review</i> )	<input checked="" type="checkbox"/> None
❖ BLAs: Product subject to lot release (APs only)	<input type="checkbox"/> Yes <input type="checkbox"/> No
❖ Environmental Assessment (check one) (original and supplemental applications)	
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Categorical Exclusion (<i>indicate review date</i>)(<i>all original applications and all efficacy supplements that could increase the patient population</i>)</li> </ul>	2/7/08
<ul style="list-style-type: none"> <li><input type="checkbox"/> Review &amp; FONSI (<i>indicate date of review</i>)</li> </ul>	2/7/08
<ul style="list-style-type: none"> <li><input type="checkbox"/> Review &amp; Environmental Impact Statement (<i>indicate date of each review</i>)</li> </ul>	2/7/08
❖ NDAs: Microbiology reviews (sterility & apyrogenicity) ( <i>indicate date of each review</i> )	<input checked="" type="checkbox"/> Not a parenteral product
❖ Facilities Review/Inspection	
<ul style="list-style-type: none"> <li>NDAs: Facilities inspections (include EER printout)</li> </ul>	Date completed: 9/24/07 <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Withhold recommendation

❖ BLAs: Facility-Related Documents <ul style="list-style-type: none"> <li>• Facility review (<i>indicate date(s)</i>)</li> <li>• Compliance Status Check (approvals only, both original and supplemental applications) (<i>indicate date completed, must be within 60 days prior to AP</i>)</li> </ul>	<input type="checkbox"/> Requested <input type="checkbox"/> Accepted <input type="checkbox"/> Hold
❖ NDAs: Methods Validation	<input checked="" type="checkbox"/> Completed <input type="checkbox"/> Requested <input type="checkbox"/> Not yet requested <input type="checkbox"/> Not needed
<b>Nonclinical Information</b>	
❖ Pharm/tox review(s), including referenced IND reviews ( <i>indicate date for each review</i> )	2/20/08
❖ Review(s) by other disciplines/divisions/Centers requested by P/T reviewer ( <i>indicate date for each review</i> )	<input checked="" type="checkbox"/> None
❖ Statistical review(s) of carcinogenicity studies ( <i>indicate date for each review</i> )	<input checked="" type="checkbox"/> No carc
❖ ECAC/CAC report/memo of meeting	N/A
❖ Nonclinical inspection review Summary (DSI)	<input checked="" type="checkbox"/> None requested
<b>Clinical Information</b>	
❖ Clinical review(s) ( <i>indicate date for each review</i> )	4/23/08
❖ Financial Disclosure reviews(s) or location/date if addressed in another review	4/23/08
❖ Clinical consult reviews from other review disciplines/divisions/Centers ( <i>indicate date of each review</i> )	<input checked="" type="checkbox"/> None
❖ Microbiology (efficacy) reviews(s) ( <i>indicate date of each review</i> )	<input checked="" type="checkbox"/> Not needed
❖ Safety Update review(s) ( <i>indicate location/date if incorporated into another review</i> )	4/23/08
❖ Risk Management Plan review(s) (including those by OSE) ( <i>indicate location/date if incorporated into another review</i> )	N/A
❖ Controlled Substance Staff review(s) and recommendation for scheduling ( <i>indicate date of each review</i> )	<input checked="" type="checkbox"/> Not needed
❖ DSI Inspection Review Summary(ies) ( <i>include copies of DSI letters to investigators</i> )	<input checked="" type="checkbox"/> None requested
• Clinical Studies	N/A
• Bioequivalence Studies	N/A
• Clin Pharm Studies	N/A
❖ Statistical Review(s) ( <i>indicate date for each review</i> )	<input type="checkbox"/> None      3/31/08
❖ Clinical Pharmacology review(s) ( <i>indicate date for each review</i> )	<input type="checkbox"/> None      3/19/08

## 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.



THE FUSION OF EXPERTISE™

April 11, 2008

Susan Walker, MD, Director  
Division of Dermatology and Dental Products (HFD-540)  
Center for Drug Evaluation and Research  
Food and Drug Administration  
5901-B Ammendale Road  
Beltsville, MD 20705-1266

Re: **NDA 22-185 Amendment 13**  
**Taclonex Scalp® topical suspension**

**Response to FDA – Phase 4 Commitments**

Dear Dr. Walker,

Reference is made to New Drug Application (NDA) 22-185, submitted to the Division of Dermatology and Dental Products on June 28, 2007, by PAREXEL International Corporation (PAREXEL) as U.S. Agent for LEO Pharmaceutical Products Ltd A/S (Leo Pharma A/S). In addition, please reference the FDA comments regarding Phase 4 Commitments dated April 10, 2008.

PAREXEL, as U.S. agent on behalf of LEO Pharma A/S, is hereby submitting Amendment 13 to NDA 22-185, Taclonex Scalp® topical suspension. This information enclosed will be provided to you electronically through e-mail correspondence and will also be submitted officially to the NDA electronically.

**Description of Commitment 1:**

The Sponsor commits to conducting the carcinogenicity study as described in the FDA correspondence dated April 10, 2008.

**Description of Commitment 2:**

The Sponsor commits to conduct the pediatric study as described in the FDA correspondence dated April 10, 2008.

Measurements of calcium metabolism will be done in all patients and will include

1. After having received FDA comments/recommendations regarding the study protocol, the study protocol will have to be submitted to and approved by the national authorities in the countries where the study will be conducted.

b(4)

b(4)

Please refer to the attachment for more specific information regarding the study commitments and timelines as requested.

For any additional matters regarding this Application, please contact me at 301-634-8025 (fax: 301-634-8040) or via e-mail at [patrick.guinn@parexel.com](mailto:patrick.guinn@parexel.com).

Sincerely,



Patrick F. Guinn  
Manager  
Drug Development Consulting  
PAREXEL Consulting

cc: LEO Pharmaceutical Products Ltd. A/S (LEO Pharma A/S): Jesper Kihl, Vice President, Regulatory Affairs and Safety  
PAREXEL: Alberto Grignolo, Corporate Vice President and General Manager

### Attachment

Please see below the information requested in the FDA correspondence dated April 10, 2008, regarding the Phase 4 Study Commitments and the corresponding timelines. The dates provided are based on an Approval of NDA 22-185 on the PDUFA date of April 28, 2008.

#### Commitment 1:

Evaluation of the carcinogenicity of calcipotriene in a two-year oral study in rats. The sponsor will submit a protocol for this study with appropriate supporting documents for evaluation by the executive carcinogenicity assessment committee of CDER following approval of NDA 22-185.

Protocol Submission: December 2008  
Study Start: September 2009  
Final Report Submission: September 2012

#### Commitment 2:

The applicant will conduct a study in pediatric patients with scalp psoriasis, ages 12 to 17 years. Enrollment will be sufficient to allow for 100 evaluable subjects. The sponsor will evaluate the effect of Taclonex Scalp® topical suspension on calcium metabolism in all subjects and the effects of their product on the hypothalamic-pituitary axis in a subset of 30 subjects.

Protocol Submission: \_\_\_\_\_  
Study Start: \_\_\_\_\_  
Final Report Submission: September 2012

b(4)



**Food and Drug Administration  
Center for Drug Evaluation and Research  
Office of Drug Evaluation III**

**FACSIMILE TRANSMITTAL SHEET**

**DATE: April 10, 2008**

<b>To: Patrick Guinn</b>	<b>From: Melinda Bauerlien, M.S. Project Manager</b>
<b>Company: Parexel Consulting for LEO Pharmaceuticals</b>	<b>Division of Dermatology &amp; Dental Products</b>
<b>Fax number: 301-634-8040</b>	<b>Fax number: (301) 796-9895</b>
<b>Phone number: 301-643-8025</b>	<b>Phone number: (301) 796-2110</b>
<b>Subject: NDA 22-185</b>	

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

Comments: Please submit your agreement to conduct the Phase 4 commitments below and include dates.

**Document to be mailed:**             YES             NO

**THIS DOCUMENT IS INTENDED ONLY FOR THE USE OF THE PARTY TO WHOM IT IS  
ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL,  
AND PROTECTED FROM DISCLOSURE UNDER APPLICABLE LAW.**

If you are not the addressee, or a person authorized to deliver this document to the addressee, you are hereby notified that any review, disclosure, dissemination, copying, or other action based on the content of this communication is not authorized. If you have received this document in error, please notify us immediately by telephone at (301) 796-2110. Thank you.

NDA 22-185 Phase 4 Commitments

1. Description of Commitment:

Evaluation of the carcinogenicity of calcipotriene in a two-year oral study in rats. The sponsor should submit a protocol for this study with appropriate supporting documents for evaluation by the executive carcinogenicity assessment committee of CDER following approval of NDA 22-185.

Protocol Submission: by (insert date - \_\_\_\_\_)

Study Start: by (insert date - \_\_\_\_\_)

Final Report Submission: by (insert date - \_\_\_\_\_)

b(4)

2. Description of Commitment:

The applicant should conduct a study in pediatric patients with scalp psoriasis, ages 12 to 17 years. Enrollment should be sufficient to allow for 100 evaluable subjects. The sponsor should evaluate the effect of their product on calcium metabolism in all subjects and the effects of their product on the hypothalamic-pituitary axis in a subset of 30 subjects.

Protocol Submission: by (insert date \_\_\_\_\_)

Study Start: by (insert date - \_\_\_\_\_)

Final Report Submission: by (insert date - \_\_\_\_\_)

b(4)

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

/s/

-----  
Melinda Bauerlien  
4/10/2008 01:57:32 PM  
CSO

## REQUEST FOR CONSULTATION

TO (Office/Division): **DMEP**  
**Kati Johnson and Enid Galliers**

FROM (Name, Office/Division, and Phone Number of Requestor):  
**Melinda Bauerlien, M.S.**  
**Project Manager**  
**Division of Dermatology and Dental Products**

DATE March 31, 2008	IND NO.	NDA NO. 22-185	TYPE OF DOCUMENT new NDA	DATE OF DOCUMENT June 19, 2007
------------------------	---------	-------------------	-----------------------------	-----------------------------------

NAME OF DRUG <b>Taclonex Scalp Gel</b> (calcipotriene hydrate and betamethasone dipropionate)	PRIORITY CONSIDERATION	CLASSIFICATION OF DRUG	DESIRED COMPLETION DATE April 11, 2008
---	------------------------	------------------------	---

NAME OF FIRM: **LEO Pharmaceuticals Ltd.**

### REASON FOR REQUEST

#### I. GENERAL

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> NEW PROTOCOL<br><input type="checkbox"/> PROGRESS REPORT<br><input type="checkbox"/> NEW CORRESPONDENCE<br><input type="checkbox"/> DRUG ADVERTISING<br><input type="checkbox"/> ADVERSE REACTION REPORT<br><input type="checkbox"/> MANUFACTURING CHANGE / ADDITION<br><input type="checkbox"/> MEETING PLANNED BY | <input type="checkbox"/> PRE-NDA MEETING<br><input type="checkbox"/> END-OF-PHASE 2a MEETING<br><input type="checkbox"/> END-OF-PHASE 2 MEETING<br><input type="checkbox"/> RESUBMISSION<br><input type="checkbox"/> SAFETY / EFFICACY<br><input type="checkbox"/> PAPER NDA<br><input type="checkbox"/> CONTROL SUPPLEMENT | <input type="checkbox"/> RESPONSE TO DEFICIENCY LETTER<br><input type="checkbox"/> FINAL PRINTED LABELING<br><input type="checkbox"/> LABELING REVISION<br><input type="checkbox"/> ORIGINAL NEW CORRESPONDENCE<br><input type="checkbox"/> FORMULATIVE REVIEW<br><input checked="" type="checkbox"/> OTHER (SPECIFY BELOW):<br>Electronic NDA |
|--|---|--|

#### II. BIOMETRICS

- |   |  |
|---|--|
| <input type="checkbox"/> PRIORITY P NDA REVIEW<br><input type="checkbox"/> END-OF-PHASE 2 MEETING<br><input type="checkbox"/> CONTROLLED STUDIES<br><input type="checkbox"/> PROTOCOL REVIEW<br><input type="checkbox"/> OTHER (SPECIFY BELOW): | <input type="checkbox"/> CHEMISTRY REVIEW<br><input type="checkbox"/> PHARMACOLOGY<br><input type="checkbox"/> BIOPHARMACEUTICS<br><input type="checkbox"/> OTHER (SPECIFY BELOW): |
|---|--|

#### III. BIOPHARMACEUTICS

- |  |  |
|--|--|
| <input type="checkbox"/> DISSOLUTION<br><input type="checkbox"/> BIOAVAILABILITY STUDIES<br><input type="checkbox"/> PHASE 4 STUDIES | <input type="checkbox"/> DEFICIENCY LETTER RESPONSE<br><input type="checkbox"/> PROTOCOL - BIOPHARMACEUTICS<br><input type="checkbox"/> IN-VIVO WAIVER REQUEST |
|--|--|

#### IV. DRUG SAFETY

- |   |   |
|---|---|
| <input type="checkbox"/> PHASE 4 SURVEILLANCE/EPIDEMIOLOGY PROTOCOL<br><input type="checkbox"/> DRUG USE, e.g., POPULATION EXPOSURE, ASSOCIATED DIAGNOSES<br><input type="checkbox"/> CASE REPORTS OF SPECIFIC REACTIONS (List below)<br><input type="checkbox"/> COMPARATIVE RISK ASSESSMENT ON GENERIC DRUG GROUP | <input type="checkbox"/> REVIEW OF MARKETING EXPERIENCE, DRUG USE AND SAFETY<br><input type="checkbox"/> SUMMARY OF ADVERSE EXPERIENCE<br><input type="checkbox"/> POISON RISK ANALYSIS |
|---|---|

#### V. SCIENTIFIC INVESTIGATIONS

- |                                   |                                      |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> CLINICAL | <input type="checkbox"/> NONCLINICAL |
|-----------------------------------|--------------------------------------|

**COMMENTS / SPECIAL INSTRUCTIONS:** For topical products containing corticosteroids, DDDP has unofficial "class labeling" that is incorporated into the PI. The content has not changed much through the years, but the wording has evolved so that there are various versions as to how that content is expressed. Two examples from labeling, one from a recently approved corticosteroid (not PLR), and the analogous draft section for a product that is about to be approved (PLR), are provided. Please advise on the best way to communicate these concepts in labeling.

/ / /

*blat*

Three large, curved, handwritten lines, likely representing a signature or scribble, spanning across the top half of the page.

11/9

SIGNATURE OF REQUESTOR  
Melinda Bauerlien, M.S.  
Project Manager 6-0906

METHOD OF DELIVERY (Check one)  
 DFS     EMAIL     MAIL     HAND

PRINTED NAME AND SIGNATURE OF RECEIVER

PRINTED NAME AND SIGNATURE OF DELIVERER

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

/s/

-----  
Melinda Bauerlien  
3/31/2008 10:37:18 AM

**Document Information Page**

This page is for FDA internal use only. Do **NOT** send this page with the letter!

**Application #(s):** NDA 22-185

**Document Type:** Form

**Document Group:** Meeting Minutes

**Document Name:** NDA Telecon

**Shortcut ID Code:**

**COMIS Decision:** No Decision Code  
(TELECON)

**COMIS Data Entry:**

**Drafted by:** MB/December 10, 2007

**Revised by:**

**Initialed by:** SD 1/16, ZG 1/16, BC 2/7, JL 2/7

**Finalized:** MB/ February 20, 2008

**Filename:** C:\Windows\Desktop\N22185 tcon 10 dec 07.doc

**DFS Key Words:** Minutes tcon, 12/10/07

**Notes:**

**Linking Instructions:** Link this document to submission. If there is no such document link it to the initial submission of the NDA.

**END OF DOCUMENT INFORMATION PAGE**

The letter begins on the next page

**Response:**

The sponsor addressed the issue of \_\_\_\_\_ and provided a synopsis of the studies conducted to test \_\_\_\_\_. The Agency requested that the sponsor send the information presented in the t-con in a written form. The sponsor will submit the data in writing via e-mail next week and follow up with a formal submission to the NDA during the first or second week of January.

b(4)

**Question 2:**

For the analytical \_\_\_\_\_ Assay and identification of calcipotriol by HPLC), clarify whether you report the calcipotriol content as \_\_\_\_\_

b(4)

**Response:**

The Agency requested that the sponsor provide detailed information in writing to address this point. The sponsor will contact the Regulatory Project Manager to propose a timeline for submitting the information. The Agency will let the sponsor know whether the proposed timeframe is acceptable.

**Question 3:**

Based on the flow behavior of the drug product, the drug product is a liquid rather than a semi-solid. Please label the drug product as a Suspension instead of Gel.

**Response:**

The sponsor understands and agrees that the drug product will be labeled as a suspension instead of a gel.

The conversation ended amicably.

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

/s/

-----  
Melinda Bauerlien  
2/20/2008 01:40:17 PM  
CSO

Stanka Kukich  
2/27/2008 02:03:59 PM  
MEDICAL OFFICER



**Food and Drug Administration  
Center for Drug Evaluation and Research  
Office of Drug Evaluation III**

**FACSIMILE TRANSMITTAL SHEET**

**DATE: February 14, 2008**

<b>To: Patrick Guinn</b>	<b>From: Melinda Bauerlien, M.S. Project Manager</b>
<b>Company: Parexel Consulting for LEO Pharmaceuticals</b>	<b>Division of Dermatology &amp; Dental Products</b>
<b>Fax number: 301-634-8040</b>	<b>Fax number: (301) 796-9895</b>
<b>Phone number: 301-643-8025</b>	<b>Phone number: (301) 796-2110</b>
<b>Subject: NDA 22-185</b>	

**Total no. of pages including cover: 2**

**Comments: Please provide revised carton/container labels with suspension instead of gel**

**Document to be mailed:**             YES             NO

**THIS DOCUMENT IS INTENDED ONLY FOR THE USE OF THE PARTY TO WHOM IT IS  
ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL,  
AND PROTECTED FROM DISCLOSURE UNDER APPLICABLE LAW.**

**If you are not the addressee, or a person authorized to deliver this document to the  
addressee, you are hereby notified that any review, disclosure, dissemination, copying, or  
other action based on the content of this communication is not authorized. If you have  
received this document in error, please notify us immediately by telephone at (301) 796-  
2110. Thank you.**

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

/s/

-----  
Melinda Bauerlien  
2/14/2008 01:13:08 PM  
CSO



**Food and Drug Administration  
Center for Drug Evaluation and Research  
Office of Drug Evaluation III**

**FACSIMILE TRANSMITTAL SHEET**

**DATE: January 31, 2007**

<b>To: Patrick Guinn</b>	<b>From: Melinda Bauerlien, M.S. Project Manager</b>
<b>Company: Parexel Consulting for LEO Pharmaceuticals</b>	<b>Division of Dermatology &amp; Dental Products</b>
<b>Fax number: 301-634-8040</b>	<b>Fax number: (301) 796-9895</b>
<b>Phone number: 301-643-8025</b>	<b>Phone number: (301) 796-2110</b>
<b>Subject: NDA 22-185</b>	

**Total no. of pages including cover: 2**

**Comments: Clinical request for information**

At your earliest opportunity, please provide the following:

- the specific reason(s) for dropping out for each of the 52 subjects, treated with the investigational product, who dropped out due to "Other" reasons (or identify the location of this information in the submission).
- the specific reason(s) for discontinuation for each of the 19 subjects treated with the investigational product who discontinued due to adverse events for "Other" reasons (or identify the location of this information in the submission).

**Document to be mailed:**             YES             NO

**THIS DOCUMENT IS INTENDED ONLY FOR THE USE OF THE PARTY TO WHOM IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, AND PROTECTED FROM DISCLOSURE UNDER APPLICABLE LAW.**

**If you are not the addressee, or a person authorized to deliver this document to the addressee, you are hereby notified that any review, disclosure, dissemination, copying, or other action based on the content of this communication is not authorized. If you have received this document in error, please notify us immediately by telephone at (301) 796-2110. Thank you.**

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

/s/

-----  
Melinda Bauerlien  
1/31/2008 02:08:51 PM  
CSO



**Food and Drug Administration  
Center for Drug Evaluation and Research  
Office of Drug Evaluation III**

---

**FACSIMILE TRANSMITTAL SHEET**

---

**DATE: January 15, 2008**

<b>To:</b> Patrick Guinn	<b>From:</b> Melinda Bauerlien, M.S. Project Manager
<b>Company:</b> Parexel Consulting for LEO Pharmaceuticals	Division of Dermatology & Dental Products
<b>Fax number:</b> (301) 634-8040	<b>Fax number:</b> (301) 796-9895
<b>Phone number:</b> (301) 643-8025	<b>Phone number:</b> (301) 796-0906
<b>Subject:</b> NDA 22-185	

**Total no. of pages including cover: 2**

**Comments:** Clinical Information Request

1. At your earliest opportunity, please provide the total amounts (grams) each subject applied of each study product in study MBL 0404 FR (included HPA axis evaluation).
2. Also, please provide the extent of body surface area involvement for each subject at baseline.

---

**Document to be mailed:**                       YES                       NO

---

**THIS DOCUMENT IS INTENDED ONLY FOR THE USE OF THE PARTY TO WHOM IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, AND PROTECTED FROM DISCLOSURE UNDER APPLICABLE LAW.**

**If you are not the addressee, or a person authorized to deliver this document to the addressee, you are hereby notified that any review, disclosure, dissemination, copying, or other action based on the content of this communication is not authorized. If you have received this document in error, please notify us immediately by telephone at (301) 796-2110. Thank you.**

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

/s/

-----  
Melinda Bauerlien  
1/15/2008 11:10:08 AM  
CSO



THE FUSION OF EXPERTISE™

October 10, 2007

Susan Walker, MD, Director  
Division of Dermatology and Dental Products (HFD-540)  
Center for Drug Evaluation and Research  
Food and Drug Administration  
5901-B Ammendale Road  
Beltsville, MD 20705-1266

**Re: NDA 22-185 Amendment 5  
Taclonex Scalp® gel  
Safety Update Report (120 Day Safety Update)  
Other – Long-term safety data from Study MBL-0502-US**

Dear Dr. Walker,

Reference is made to New Drug Application (NDA) 22-185, submitted to the Division of Dermatology and Dental Products on June 28, 2007, by PAREXEL International Corporation (PAREXEL) as U.S. Agent for LEO Pharmaceutical Products Ltd A/S (Leo Pharma A/S). In addition, please refer to the Investigational New Drug (IND) application 67,835, submitted on August 31, 2004, and the Pre-NDA Meeting held on January 30, 2007.

PAREXEL, as U.S. agent on behalf of LEO Pharma A/S, is hereby submitting Amendment 5 to NDA 22-185, Taclonex Scalp® gel. This submission includes the Safety Update Report (120 Day Safety Update) according to 21 CFR 314.50(d)(5)(vi)(b) and the long-term safety data from Study MBL-0502-US. The 52-Week final clinical study report for MBL-0502-US will be submitted in December 2007, as agreed in the Pre-NDA Meeting held on January 30, 2007.

The following sections of the eCTD are contained in this submission:

Module 1:

- 1.1.1 FDA Form 356h
- 1.2 Cover Letter
- 1.11.2 Safety Information Amendment (120-day Safety Update Report)

Module 2:

- 2.7.4 Addendum to 2.7.4 Summary of Clinical Safety

Module 5:

- 5.3.5.1 MBL 0502 US - CRFs and datasets from all patients in the study in CDISC (SDTM) format
- 5.3.5.3 Addendum to 2.7.4 Summary of Clinical Safety

**NDA 22-185 Amendment 5  
Safety Update Report; Long-term Safety Data**

**Taclonex Scalp® gel  
October 10, 2007**

5.3.5.3 Addendum to Statistical Tables for Integrated Analysis of Safety  
5.4 Literature References

For any additional matters regarding this Application, please contact me at 301-634-8025  
(fax: 301-634-8040) or via e-mail at [patrick.guinn@parexel.com](mailto:patrick.guinn@parexel.com).

Sincerely,



Patrick F. Guinn  
Manager  
Drug Development Consulting  
PAREXEL Consulting

cc: LEO Pharmaceutical Products Ltd. A/S (LEO Pharma A/S): Jesper Kihl, Vice  
President, Regulatory Affairs and Safety  
PAREXEL: Alberto Grignolo, Corporate Vice President and General Manager



Food and Drug Administration  
Center for Drug Evaluation and Research  
Office of Drug Evaluation III

---

---

**FACSIMILE TRANSMITTAL SHEET**

---

---

**DATE:** December 6, 2007

<b>To:</b> Patrick Guinn	<b>From:</b> Melinda Bauerlien, M.S. Project Manager
<b>Company:</b> Parexel Consulting for LEO Pharmaceuticals	Division of Dermatology & Dental Products
<b>Fax number:</b> 301-634-8040	<b>Fax number:</b> (301) 796-9895
<b>Phone number:</b> 301-643-8025	<b>Phone number:</b> (301) 796-2110
<b>Subject:</b> NDA 22-185	

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

**Comments:** CMC information request to be discussed at Monday's tcon

---

---

**Document to be mailed:**             YES             NO

---

---

**THIS DOCUMENT IS INTENDED ONLY FOR THE USE OF THE PARTY TO WHOM IT IS  
ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL,  
AND PROTECTED FROM DISCLOSURE UNDER APPLICABLE LAW.**

If you are not the addressee, or a person authorized to deliver this document to the addressee, you are hereby notified that any review, disclosure, dissemination, copying, or other action based on the content of this communication is not authorized. If you have received this document in error, please notify us immediately by telephone at (301) 796-2110. Thank you.

**NDA 22-185 CMC Information Request**

- Your amendment of 04-Sep-2007 did not contain sufficient information regarding

*[Handwritten scribbles]*

**b(4)**

- For the analytical method (Assay and identification of calcipotriol by HPLC), clarify whether you report the calcipotriol content

*[Redacted line]*

**b(4)**

- Based on the flow behavior of the drug product, the drug product is a liquid rather than a semi-solid. Please label the drug product as a Suspension instead of Gel.

**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/

Melinda Bauerlien  
12/6/2007 11:57:58 AM  
CSO

## REQUEST FOR CONSULTATION

TO (Office/Division): OSE

FROM (Name, Office/Division, and Phone Number of Requestor):  
Melinda Bauerlien, M.S. for Margo Owens  
Project Manager  
Division of Dermatology and Dental Products

DATE  
September 24, 2007

IND NO.

NDA NO.  
22-185

TYPE OF DOCUMENT  
new NDA

DATE OF DOCUMENT  
June 19, 2007

NAME OF DRUG  
Taclonex Scalp Gel  
(calcipotriene hydrate and  
betamethasone dipropionate)

PRIORITY CONSIDERATION

CLASSIFICATION OF DRUG

DESIRED COMPLETION DATE  
labeling will be scheduled  
for mid February

NAME OF FIRM: LEO Pharmaceuticals Ltd.

### REASON FOR REQUEST

#### I. GENERAL

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> NEW PROTOCOL                    | <input type="checkbox"/> PRE-NDA MEETING         | <input type="checkbox"/> RESPONSE TO DEFICIENCY LETTER     |
| <input type="checkbox"/> PROGRESS REPORT                 | <input type="checkbox"/> END-OF-PHASE 2a MEETING | <input type="checkbox"/> FINAL PRINTED LABELING            |
| <input type="checkbox"/> NEW CORRESPONDENCE              | <input type="checkbox"/> END-OF-PHASE 2 MEETING  | <input type="checkbox"/> LABELING REVISION                 |
| <input type="checkbox"/> DRUG ADVERTISING                | <input type="checkbox"/> RESUBMISSION            | <input type="checkbox"/> ORIGINAL NEW CORRESPONDENCE       |
| <input type="checkbox"/> ADVERSE REACTION REPORT         | <input type="checkbox"/> SAFETY / EFFICACY       | <input type="checkbox"/> FORMULATIVE REVIEW                |
| <input type="checkbox"/> MANUFACTURING CHANGE / ADDITION | <input type="checkbox"/> PAPER NDA               | <input checked="" type="checkbox"/> OTHER (SPECIFY BELOW): |
| <input type="checkbox"/> MEETING PLANNED BY              | <input type="checkbox"/> CONTROL SUPPLEMENT      | Electronic NDA   |

#### II. BIOMETRICS

- |   |   |
|---|---|
| <input type="checkbox"/> PRIORITY P NDA REVIEW  | <input type="checkbox"/> CHEMISTRY REVIEW       |
| <input type="checkbox"/> END-OF-PHASE 2 MEETING | <input type="checkbox"/> PHARMACOLOGY           |
| <input type="checkbox"/> CONTROLLED STUDIES     | <input type="checkbox"/> BIOPHARMACEUTICS       |
| <input type="checkbox"/> PROTOCOL REVIEW        | <input type="checkbox"/> OTHER (SPECIFY BELOW): |
| <input type="checkbox"/> OTHER (SPECIFY BELOW): |   |

#### III. BIOPHARMACEUTICS

- |  |  |
|--|--|
| <input type="checkbox"/> DISSOLUTION             | <input type="checkbox"/> DEFICIENCY LETTER RESPONSE  |
| <input type="checkbox"/> BIOAVAILABILITY STUDIES | <input type="checkbox"/> PROTOCOL - BIOPHARMACEUTICS |
| <input type="checkbox"/> PHASE 4 STUDIES         | <input type="checkbox"/> IN-VIVO WAIVER REQUEST      |

#### IV. DRUG SAFETY

- |  |  |
|--|--|
| <input type="checkbox"/> PHASE 4 SURVEILLANCE/EPIDEMIOLOGY PROTOCOL                | <input type="checkbox"/> REVIEW OF MARKETING EXPERIENCE, DRUG USE AND SAFETY |
| <input type="checkbox"/> DRUG USE, e.g., POPULATION EXPOSURE, ASSOCIATED DIAGNOSES | <input type="checkbox"/> SUMMARY OF ADVERSE EXPERIENCE                       |
| <input type="checkbox"/> CASE REPORTS OF SPECIFIC REACTIONS (List below)           | <input type="checkbox"/> POISON RISK ANALYSIS                                |
| <input type="checkbox"/> COMPARATIVE RISK ASSESSMENT ON GENERIC DRUG GROUP         |  |

#### V. SCIENTIFIC INVESTIGATIONS

- |                                   |                                      |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> CLINICAL | <input type="checkbox"/> NONCLINICAL |
|-----------------------------------|--------------------------------------|

COMMENTS / SPECIAL INSTRUCTIONS: Please review and comment on the patient package insert for the above NDA. Also attached are the draft PI and carton/container labeling. Please let me know if you need any further information.

SIGNATURE OF REQUESTOR  
Melinda Bauerlien, M.S.  
Project Manager 6-0906

METHOD OF DELIVERY (Check one)  
 DFS     EMAIL     MAIL     HAND

PRINTED NAME AND SIGNATURE OF RECEIVER

PRINTED NAME AND SIGNATURE OF DELIVERER

**REQUEST FOR CONSULTATION**

TO (Office/Division): **Division of Medication Errors and Technical Support (DMETS)**

FROM (Name, Office/Division, and Phone Number of Requestor):  
**Melinda Bauerlien, M.S. for Margo Owens**  
**Project Manager**  
**Division of Dermatology and Dental Products**

DATE <b>September 24, 2007</b>	IND NO.	NDA NO. <b>22-185</b>	TYPE OF DOCUMENT <b>new NDA</b>	DATE OF DOCUMENT <b>June 19, 2007</b>
NAME OF DRUG <b>Taclonex Scalp Gel</b> <b>(calcipotriene hydrate and betamethasone dipropionate)</b>		PRIORITY CONSIDERATION	CLASSIFICATION OF DRUG	DESIRED COMPLETION DATE <b>March 1, 2008</b>

NAME OF FIRM: **LEO Pharmaceuticals Ltd.**

**REASON FOR REQUEST**

**I. GENERAL**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> NEW PROTOCOL                    | <input type="checkbox"/> PRE-NDA MEETING         | <input type="checkbox"/> RESPONSE TO DEFICIENCY LETTER     |
| <input type="checkbox"/> PROGRESS REPORT                 | <input type="checkbox"/> END-OF-PHASE 2a MEETING | <input type="checkbox"/> FINAL PRINTED LABELING            |
| <input type="checkbox"/> NEW CORRESPONDENCE              | <input type="checkbox"/> END-OF-PHASE 2 MEETING  | <input type="checkbox"/> LABELING REVISION                 |
| <input type="checkbox"/> DRUG ADVERTISING                | <input type="checkbox"/> RESUBMISSION            | <input type="checkbox"/> ORIGINAL NEW CORRESPONDENCE       |
| <input type="checkbox"/> ADVERSE REACTION REPORT         | <input type="checkbox"/> SAFETY / EFFICACY       | <input type="checkbox"/> FORMULATIVE REVIEW                |
| <input type="checkbox"/> MANUFACTURING CHANGE / ADDITION | <input type="checkbox"/> PAPER NDA               | <input checked="" type="checkbox"/> OTHER (SPECIFY BELOW): |
| <input type="checkbox"/> MEETING PLANNED BY              | <input type="checkbox"/> CONTROL SUPPLEMENT      | Electronic NDA   |

**II. BIOMETRICS**

- |   |   |
|---|---|
| <input type="checkbox"/> PRIORITY P NDA REVIEW  | <input type="checkbox"/> CHEMISTRY REVIEW       |
| <input type="checkbox"/> END-OF-PHASE 2 MEETING | <input type="checkbox"/> PHARMACOLOGY           |
| <input type="checkbox"/> CONTROLLED STUDIES     | <input type="checkbox"/> BIOPHARMACEUTICS       |
| <input type="checkbox"/> PROTOCOL REVIEW        | <input type="checkbox"/> OTHER (SPECIFY BELOW): |
| <input type="checkbox"/> OTHER (SPECIFY BELOW): |   |

**III. BIOPHARMACEUTICS**

- |  |  |
|--|--|
| <input type="checkbox"/> DISSOLUTION             | <input type="checkbox"/> DEFICIENCY LETTER RESPONSE  |
| <input type="checkbox"/> BIOAVAILABILITY STUDIES | <input type="checkbox"/> PROTOCOL - BIOPHARMACEUTICS |
| <input type="checkbox"/> PHASE 4 STUDIES         | <input type="checkbox"/> IN-VIVO WAIVER REQUEST      |

**IV. DRUG SAFETY**

- |  |  |
|--|--|
| <input type="checkbox"/> PHASE 4 SURVEILLANCE/EPIDEMIOLOGY PROTOCOL                | <input type="checkbox"/> REVIEW OF MARKETING EXPERIENCE, DRUG USE AND SAFETY |
| <input type="checkbox"/> DRUG USE, e.g., POPULATION EXPOSURE, ASSOCIATED DIAGNOSES | <input type="checkbox"/> SUMMARY OF ADVERSE EXPERIENCE                       |
| <input type="checkbox"/> CASE REPORTS OF SPECIFIC REACTIONS (List below)           | <input type="checkbox"/> POISON RISK ANALYSIS                                |
| <input type="checkbox"/> COMPARATIVE RISK ASSESSMENT ON GENERIC DRUG GROUP         |  |

**V. SCIENTIFIC INVESTIGATIONS**

- |                                   |                                      |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> CLINICAL | <input type="checkbox"/> NONCLINICAL |
|-----------------------------------|--------------------------------------|

COMMENTS / SPECIAL INSTRUCTIONS: Please review the following tradename:  
**Taclonex Scalp Gel.**

Please find attached the draft PI, PPI and carton/container labeling. Please let me know if you need any further information.

SIGNATURE OF REQUESTOR  
**Melinda Bauerlien, M.S.**  
**Project Manager 6-0906**

METHOD OF DELIVERY (Check one)  
 DFS     EMAIL     MAIL     HAND

PRINTED NAME AND SIGNATURE OF RECEIVER

PRINTED NAME AND SIGNATURE OF DELIVERER

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

/s/

-----  
Melinda Bauerlien  
9/24/2007 12:24:32 PM

## REQUEST FOR CONSULTATION

TO (Office/Division): Division of Drug Marketing, Advertising,  
and Communications, HFD-42  
Andrew Haffer  
WO22, Rm 1487

FROM (Name, Office/Division, and Phone Number of Requestor):  
Melinda Bauerlien, M.S. for Margo Owens  
Project Manager  
Division of Dermatology and Dental Products

DATE  
August 27, 2007

IND NO.

NDA NO.  
22-185

TYPE OF DOCUMENT  
new NDA

DATE OF DOCUMENT  
June 19, 2007

NAME OF DRUG  
Taclonex Scalp Gel

PRIORITY CONSIDERATION  
Standard

CLASSIFICATION OF DRUG

DESIRED COMPLETION DATE  
Labeling scheduled for mid  
February

NAME OF FIRM: Leo Pharmaceuticals

### REASON FOR REQUEST

#### I. GENERAL

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> NEW PROTOCOL                    | <input type="checkbox"/> PRE-NDA MEETING         | <input type="checkbox"/> RESPONSE TO DEFICIENCY LETTER                    |
| <input type="checkbox"/> PROGRESS REPORT                 | <input type="checkbox"/> END-OF-PHASE 2a MEETING | <input type="checkbox"/> FINAL PRINTED LABELING                           |
| <input type="checkbox"/> NEW CORRESPONDENCE              | <input type="checkbox"/> END-OF-PHASE 2 MEETING  | <input type="checkbox"/> LABELING REVISION                                |
| <input type="checkbox"/> DRUG ADVERTISING                | <input type="checkbox"/> RESUBMISSION            | <input type="checkbox"/> ORIGINAL NEW CORRESPONDENCE                      |
| <input type="checkbox"/> ADVERSE REACTION REPORT         | <input type="checkbox"/> SAFETY / EFFICACY       | <input type="checkbox"/> FORMULATIVE REVIEW                               |
| <input type="checkbox"/> MANUFACTURING CHANGE / ADDITION | <input type="checkbox"/> PAPER NDA               | <input checked="" type="checkbox"/> OTHER (SPECIFY BELOW): Electronic NDA |
| <input type="checkbox"/> MEETING PLANNED BY              | <input type="checkbox"/> CONTROL SUPPLEMENT      |   |

#### II. BIOMETRICS

- |   |   |
|---|---|
| <input type="checkbox"/> PRIORITY P NDA REVIEW  | <input type="checkbox"/> CHEMISTRY REVIEW       |
| <input type="checkbox"/> END-OF-PHASE 2 MEETING | <input type="checkbox"/> PHARMACOLOGY           |
| <input type="checkbox"/> CONTROLLED STUDIES     | <input type="checkbox"/> BIOPHARMACEUTICS       |
| <input type="checkbox"/> PROTOCOL REVIEW        | <input type="checkbox"/> OTHER (SPECIFY BELOW): |
| <input type="checkbox"/> OTHER (SPECIFY BELOW): |   |

#### III. BIOPHARMACEUTICS

- |  |  |
|--|--|
| <input type="checkbox"/> DISSOLUTION             | <input type="checkbox"/> DEFICIENCY LETTER RESPONSE  |
| <input type="checkbox"/> BIOAVAILABILITY STUDIES | <input type="checkbox"/> PROTOCOL - BIOPHARMACEUTICS |
| <input type="checkbox"/> PHASE 4 STUDIES         | <input type="checkbox"/> IN-VIVO WAIVER REQUEST      |

#### IV. DRUG SAFETY

- |  |  |
|--|--|
| <input type="checkbox"/> PHASE 4 SURVEILLANCE/EPIDEMIOLOGY PROTOCOL                | <input type="checkbox"/> REVIEW OF MARKETING EXPERIENCE, DRUG USE AND SAFETY |
| <input type="checkbox"/> DRUG USE, e.g., POPULATION EXPOSURE, ASSOCIATED DIAGNOSES | <input type="checkbox"/> SUMMARY OF ADVERSE EXPERIENCE                       |
| <input type="checkbox"/> CASE REPORTS OF SPECIFIC REACTIONS (List below)           | <input type="checkbox"/> POISON RISK ANALYSIS                                |
| <input type="checkbox"/> COMPARATIVE RISK ASSESSMENT ON GENERIC DRUG GROUP         |  |

#### V. SCIENTIFIC INVESTIGATIONS

- |                                   |                                      |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> CLINICAL | <input type="checkbox"/> NONCLINICAL |
|-----------------------------------|--------------------------------------|

COMMENTS / SPECIAL INSTRUCTIONS: Please review the Package Insert, PPI, and carton and container labels that are attached.

Please let me know if you need anything further.

SIGNATURE OF REQUESTOR  
Melinda Bauerlien, M.S.  
Project Manager 9-0906

METHOD OF DELIVERY (Check one)  
 DFS     EMAIL     MAIL     HAND

PRINTED NAME AND SIGNATURE OF RECEIVER

PRINTED NAME AND SIGNATURE OF DELIVERER

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

/s/

-----  
Melinda Bauerlien  
8/27/2007 10:29:57 AM



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration  
Rockville, MD 20857

NDA 22-185

**NDA ACKNOWLEDGMENT**

Parexel Consulting for LEO Pharmaceutical Products, Ltd.  
Attention: Alberto Grignolo, Ph.D., Corporate Vice President and General Manager  
900 Chelmsford Street  
Lowell, MA 01851

Dear Dr. Grignolo:

We have received your new drug application (NDA) submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for the following:

Name of Drug Product: Taclonex Scalp Gel (calcipotriol 0.005% and betamethasone dipropionate 0.064%)

Review Priority Classification: Standard (S)

Date of Application: June 19, 2007

Date of Receipt: June 28, 2007

Our Reference Number: NDA 22-185

Unless we notify you within 60 days of the receipt date that the application is not sufficiently complete to permit a substantive review, we will file the application on August 27, 2007, in accordance with 21 CFR 314.101(a). If the application is filed, the user fee goal date will be April 28, 2008.

All applications for new active ingredients, new dosage forms, new indications, new routes of administration, and new dosing regimens are required to contain an assessment of the safety and effectiveness of the product in pediatric patients unless this requirement is waived or deferred. We note that you have not fulfilled the requirements. We acknowledge receipt of your request for a waiver of pediatric studies for ages 11 years and younger and a deferral for ages 12 to 17 years for this application. Once the application has been filed we will notify you whether we have waived the pediatric study requirement for this application.

Please cite the NDA number listed above at the top of the first page of all submissions to this application. Send all submissions, electronic or paper, including those sent by overnight mail or courier, to the following address:

NDA 22-185

Page 2

Food and Drug Administration  
Center for Drug Evaluation and Research  
Division of Dermatology and Dental Products  
5901-B Ammendale Road  
Beltsville, MD 20705-1266

If you have any questions, call Melinda Bauerlien, Regulatory Project Manager, at (301) 796-2110.

Sincerely,

*{See appended electronic signature page}*

Margaret Kober, R.Ph., M.P.A.  
Acting Chief, Project Management Staff  
Division of Dermatology and Dental  
Products  
Office of Drug Evaluation III  
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/

-----  
Margaret Kober  
8/1/2007 01:41:20 PM

copy

USER FEE PAYMENT & PDUFA/FDAMA VALIDATION SHEET

Must be completed for ALL original NDAs, efficacy supplements and initial rolling review submissions

NDA # 22-185 SUPP TYPE & # N-000 Division 540 UFID # 3007318

Applicant Name: Leo Pharm Drug Name: Taclonex Scalp Gel

For assistance in filling out this form see the Document Processing Manual for complete instructions and examples.

1. Was a Cover Sheet submitted?  
 Yes  No

2. Firm in Arrears?  
 Yes  No

3. Bundling Policy Applied Appropriately? Refer to Draft "Guidance for Industry: Submitting Separate Marketing Applications and Clinical Data for Purposes of Assessing User Fees"  
<http://www.fda.gov/cder/guidance>  
 Yes  No (explain in comments)

4. Administrative Split? (list all NDA#s and Divisions)  
NDA #/Doc Type Div. Fee? (Y/N)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Type 6?  
 Yes  No  
Type 6 to which other application?  
NDA # \_\_\_\_\_ Supp Type & # \_\_\_\_\_

6. Clinical Data Required for Approval? (Check one)  
 Yes\*  
 Yes, by reference to another application.  
NDA # \_\_\_\_\_ Supp Type & # \_\_\_\_\_  
 No

\* Yes if NDA contains study or literature reports of what are explicitly or implicitly represented by the application to be adequate and well-controlled trials. Clinical data do not include data used to modify the labeling to add a restriction that would improve the safe use of the drug (e.g., adding an adverse reaction, contraindication or warning to the labeling).

7. 505(b)(2) application? (NDA original applications only) Refer to Draft "Guidance for Industry Applications Covered by Section 505(b)(2)"  
<http://www.fda.gov/cder/guidance>  
 Yes  No  To be determined

8. Subpart H (Accelerated Approval/Restricted Distribution)?  
 Yes  No  To be determined

9. Exclusion from fees? (Circle the appropriate exclusion. For questions, contact User Fee staff)  
List of exclusions:  
2 - No fee - administrative split  
4 - No fee - 505b2  
7 - Supplement fee - administrative split  
9 - No fee Subpart H supplement - confirmatory study  
11 - No fee Orphan Exception  
13 - No fee State/Federal exemption from fees

10. Waiver Granted?  
 Yes (letter enclosed)  No  
Select Waiver Type below: Letter Date: \_\_\_\_\_  
 Small Business  Barrier-to-Innovation  
 Public Health  Other (explain)

11. If required, was the appropriate fee paid?  
 Yes  No

12. Application Review Priority  
 Priority  Standard  To be determined

13. Fast Track/Rolling Review Presubmission?  
 Yes  No

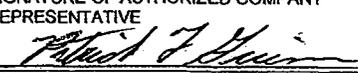
Comments  
M. Bauerlin 8/1/07  
PM Signature/Date

This form is the initial data extraction of information for both User Fee payment and PDUFA/FDAMA data elements. The information entered may be subject to change due to communication with the User Fee staff. This form will not reflect those changes. Please return this form to your document room for processing.

CC: original archival file HFD-007 Processor Name & Date QC Name & Date

Store: PDUFA CoverSheet

Page 1 of 1

Form Approved: OMB No. 0910 - 0297 Expiration Date: January 31, 2010 See instructions for OMB Statement, below.		
DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION		<b>PRESCRIPTION DRUG USER FEE                  COVERSHEET</b>
A completed form must be signed and accompany each new drug or biologic product application and each new supplement. See exceptions on the reverse side. If payment is sent by U.S. mail or courier, please include a copy of this completed form with payment. Payment instructions and fee rates can be found on CDER's website: <a href="http://www.fda.gov/cder/pdufa/default.htm">http://www.fda.gov/cder/pdufa/default.htm</a>		
1. APPLICANT'S NAME AND ADDRESS  LEO PHARMACEUTICAL PRODUCTS LTD Patrick Guinn 4800 EAST WEST HIGHWAY SUITE 350 Bethesda MD 20814 US		4. BLA SUBMISSION TRACKING NUMBER (STN) / NDA NUMBER  22-185
2. TELEPHONE NUMBER 301-634-8025		5. DOES THIS APPLICATION REQUIRE CLINICAL DATA FOR APPROVAL? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  IF YOUR RESPONSE IS "NO" AND THIS IS FOR A SUPPLEMENT, STOP HERE AND SIGN THIS FORM. IF RESPONSE IS "YES", CHECK THE APPROPRIATE RESPONSE BELOW: <input checked="" type="checkbox"/> THE REQUIRED CLINICAL DATA ARE CONTAINED IN THE APPLICATION <input type="checkbox"/> THE REQUIRED CLINICAL DATA ARE SUBMITTED BY REFERENCE TO:
3. PRODUCT NAME TACLONEX SCALP GEL ( calcipotriol 0.005% and betamethasone dipropionate 0.064% )		6. USER FEE I.D. NUMBER PD3007318
7. IS THIS APPLICATION COVERED BY ANY OF THE FOLLOWING USER FEE EXCLUSIONS? IF SO, CHECK THE APPLICABLE EXCLUSION. <input type="checkbox"/> A LARGE VOLUME PARENTERAL DRUG PRODUCT APPROVED UNDER SECTION 505 OF THE FEDERAL FOOD, DRUG, AND COSMETIC ACT BEFORE 9/1/92 (Self Explanatory) <input type="checkbox"/> A 505(b)(2) APPLICATION THAT DOES NOT REQUIRE A FEE <input type="checkbox"/> THE APPLICATION QUALIFIES FOR THE ORPHAN EXCEPTION UNDER SECTION 736(a)(1)(E) of the Federal Food, Drug, and Cosmetic Act <input type="checkbox"/> THE APPLICATION IS SUBMITTED BY A STATE OR FEDERAL GOVERNMENT ENTITY FOR A DRUG THAT IS NOT DISTRIBUTED COMMERCIALY		
8. HAS A WAIVER OF AN APPLICATION FEE BEEN GRANTED FOR THIS APPLICATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
OMB Statement: Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Department of Health and Human Services Food and Drug Administration CBER, HFM-99 1401 Rockville Pike Rockville, MD 20852-1448		
Food and Drug Administration CDER, HFD-94 12420 Parklawn Drive, Room 3046 Rockville, MD 20852		An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.
SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE 		TITLE <i>Manager</i> PAREXEL Consulting
		DATE 5/13/2007
9. USER FEE PAYMENT AMOUNT FOR THIS APPLICATION \$896,200.00		
Form FDA 3397 (03/07)		

Close Print Cover sheet