

CENTER FOR DRUG EVALUATION AND RESEARCH

Approval Package for:

APPLICATION NUMBER:

022432Orig1s000

Trade Name: H.P. Acthar Gel

Generic Name: Repository Corticotropin Injection

Sponsor: Questcor Pharmaceuticals, Inc.

Approval Date: October 15, 2010

Indications: an adrenocorticotrophic hormone (ACTH) analogue indicated as monotherapy for the treatment of infantile spasms in infants and children under 2 years of age;

Indicated for the treatment of exacerbations of multiple sclerosis in adults;

May be used for the following disorders and diseases: rheumatic; collagen; dermatologic; allergic states; ophthalmic; respiratory; and edematous state

CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER:
022432Orig1s000

CONTENTS

Reviews / Information Included in this NDA Review.

Approval Letter	X
Other Action Letters	
Labeling	X
REMS	X
Summary Review	X
Officer/Employee List	X
Office Director Memo	
Cross Discipline Team Leader Review	X
Medical Review(s)	X
Chemistry Review(s)	X
Environmental Assessment	
Pharmacology Review(s)	X
Statistical Review(s)	X
Microbiology Review(s)	
Clinical Pharmacology/Biopharmaceutics Review(s)	X
Other Reviews	X
Risk Assessment and Risk Mitigation Review(s)	X
Proprietary Name Review(s)	
Administrative/Correspondence Document(s)	X

**CENTER FOR DRUG EVALUATION AND
RESEARCH**

APPLICATION NUMBER:
022432Orig1s000

APPROVAL LETTER



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration
Silver Spring MD 20993

NDA 022432

NDA APPROVAL

Questcor Pharmaceuticals, Inc.
Attention: Sian Bigora, Pharm.D.
Vice President, Regulatory Affairs
3260 Whipple Road
Union City, CA 94587

Dear Dr. Bigora:

Please refer to your New Drug Application (NDA) dated June 16, 2006, received June 23, 2006, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for H.P. Acthar[®] Gel (repository corticotropin) Injection.

We acknowledge receipt of your amendments dated December 10, 2009, and January 19, April 1, 22, and 28, June 8, and August 10, 2010.

The December 10, 2009, submission constituted a complete response to our May 10, 2007, action letter.

This new drug application provides for the use of H.P. Acthar[®] Gel (repository corticotropin) to treat infantile spasms.

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

We are waiving the requirements of 21 CFR 201.57(d)(8) regarding the length of Highlights of prescribing information. This waiver applies to all future supplements containing revised labeling unless we notify you otherwise.

CONTENT OF LABELING

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

<http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM072392.pdf>.

The SPL will be accessible via publicly available labeling repositories.

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

CARTON AND IMMEDIATE CONTAINER LABELS

Submit final printed carton and container labels that are identical to the enclosed carton and immediate container labels, except with the revisions listed below, as soon as they are available, but no more than 30 days after they are printed.

1. Because H.P. Acthar Gel is a multiple-dose injectable product, the strength per total volume should be the primary and prominent expression on the principle display panel, followed in close proximity by the strength per mL enclosed by parenthesis per USP standards. Please revise the strength expression on all labels and labeling to read as follows:

400 USP units/5 mL
(80 USP units/mL)

2. Relocate the strength expression immediately following the established name presentation in all labels and labeling.

Please submit these labels electronically according to the guidance for industry titled “Providing Regulatory Submissions in Electronic Format – Human Pharmaceutical Product Applications and Related Submissions Using the eCTD Specifications (June 2008).” Alternatively, you may submit 12 paper copies, with 6 of the copies individually mounted on heavy-weight paper or similar material. For administrative purposes, designate this submission “**Final Printed Carton and Container Labels for approved NDA 022432.**” Approval of this submission by FDA is not required before the labeling is used.

Marketing the product with FPL that is not identical to the approved labeling text may render the product misbranded and an unapproved new drug.

REQUIRED PEDIATRIC ASSESSMENTS

Under the Pediatric Research Equity Act (PREA) (21 U.S.C. 355c), all applications for new active ingredients, new indications, new dosage forms, new dosing regimens, or new routes of administration are required to contain an assessment of the safety and effectiveness of the product for the claimed indication(s) in pediatric patients unless this requirement is waived, deferred, or inapplicable.

Because this drug product for this indication has an orphan drug designation, you are exempt

from this requirement.

RISK EVALUATION AND MITIGATION STRATEGY REQUIREMENTS

Section 505-1 of the FDCA authorizes FDA to require the submission of a risk evaluation and mitigation strategy (REMS), if FDA determines that such a strategy is necessary to ensure that the benefits of the drug outweigh the risks [section 505-1(a)]. The details of the REMS requirements were outlined in our REMS notification letter dated September 27, 2010.

H.P. Acthar Gel (repository corticotrophin) was approved on April 29, 1952, for multiple indications. The label was later expanded to include multiple sclerosis (MS) in 1972. We are now adding the indication of infantile spasms in pediatric patients. The known risks of infections and blood pressure elevation in MS patients have also been identified as risks in the pediatric population based on clinical trial data. Additionally, the risk of adrenal insufficiency seen in other patient populations is an important potential serious adverse event in the pediatric population. The extension of the indication to pediatrics changes the risk benefit profile of H.P. Acthar Gel (repository corticotrophin) and is considered to be “new safety information” as defined in section 505-1(b)(3) of the FDCA.

Your proposed REMS, submitted on September 28, 2010, and appended to this letter, is approved. The REMS consists of a Medication Guide and timetable for submission of assessments of the REMS.

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

An evaluation of patients’ understanding of the serious risks of H.P. Acthar[®] Gel (repository corticotropin).

Assessments of an approved REMS must also include, under section 505-1(g)(3)(B) and (C), information on the status of any postapproval study or clinical trial required under section 505(o) or otherwise undertaken to investigate a safety issue. With respect to any such postapproval study, you must include the status of such study, including whether any difficulties completing the study have been encountered. With respect to any such postapproval clinical trial, you must include the status of such clinical trial, including whether enrollment has begun, the number of participants enrolled, the expected completion date, whether any difficulties completing the clinical trial have been encountered, and registration information with respect to requirements under subsections (i) and (j) of section 402 of the Public Health Service Act. You can satisfy these requirements in your REMS assessments by referring to relevant information included in the most recent annual report required under section 506B and 21 CFR 314.81(b)(2)(vii) and including any material or significant updates to the status information since the annual report was prepared. Failure to comply with the REMS assessments provisions in section 505-1(g) could result in enforcement action.

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

If you currently distribute or plan to distribute an authorized generic product under this NDA, you will also need to submit a REMS, REMS supporting document, and any required appended documents for that authorized generic, to this NDA. In other words, you must submit a complete proposed REMS that relates only to the authorized generic product. Review and approval of the REMS is required before you may market your product.

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

NDA 008372 REMS ASSESSMENT

**NEW SUPPLEMENT FOR NDA 008372
PROPOSED REMS MODIFICATION
REMS ASSESSMENT**

**NEW SUPPLEMENT (NEW INDICATION FOR USE)
FOR NDA 008372
REMS ASSESSMENT
PROPOSED REMS MODIFICATION (if included)**

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

PROMOTIONAL MATERIALS

You may request advisory comments on proposed introductory advertising and promotional labeling. To do so, submit, in triplicate, a cover letter requesting advisory comments, the proposed materials in draft or mock-up form with annotated references, and the package insert to:

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

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

LETTERS TO HEALTH CARE PROFESSIONALS

If you decide to issue a letter communicating important safety-related information about this drug product (i.e., a “Dear Health Care Professional” letter), we request that you submit, at least 24 hours prior to issuing the letter, an electronic copy of the letter to this NDA to the following address:

MedWatch Program
Office of Special Health Issues
Food and Drug Administration
10903 New Hampshire Ave
Building 32, Mail Stop 5353
Silver Spring, MD 20993

REPORTING REQUIREMENTS

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

All 15-day alert reports, periodic (including quarterly) adverse drug experience reports, field alerts, annual reports, supplements, and other submissions should be addressed to the original **NDA 008372** for this drug product, not to this NDA. In the future, do not make submissions to this NDA except for the final printed labeling requested above.

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

Sincerely,

{See appended electronic signature page}

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

ENCLOSURES:

Content of Labeling
Carton and Container Labeling
REMS

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

/s/

RUSSELL G KATZ
10/15/2010