

**CENTER FOR DRUG EVALUATION AND RESEARCH**

**Approval Package for:**

***APPLICATION NUMBER:***

**202450Orig1s000**

***Trade Name:*** Tudorza Pressair 400 mcg.

***Generic Name:*** aclidinium bromide inhalation powder, 400 mcg.

***Sponsor:*** Forest Laboratories, Inc.

***Approval Date:*** July 23, 2012

***Indications:*** Provides for the use of Tudorza Pressair (aclidinium bromide inhalation powder) 400 mcg twice daily for the long-term maintenance treatment of bronchospasm associated with chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema.

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## 202450Orig1s000

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*APPLICATION NUMBER:*

**202450Orig1s000**

**APPROVAL LETTER**



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration  
Silver Spring, MD 20993

NDA 202450

**NDA APPROVAL**

Forest Laboratories, Inc.  
Harborside Financial Center  
Plaza V, Suite 1900  
Jersey City, NJ 07311

Attention: Amjad M. Iqbal, Pharm.D.  
Associate Director, Regulatory Affairs

Dear Dr. Iqbal:

Please refer to your New Drug Application (NDA) dated June 23, 2011, received June 23, 2011, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Tudorza Pressair (aclidinium bromide inhalation powder) 400 mcg.

We acknowledge receipt of your amendments dated July 12, August 11, 17, and 29, September 14, 22, and 23, October 18, 19, 20, 21, and 31, November 4, and December 1, 2, and 12, 2011, and January 6, 17, 23, and 26, February 8, 10, 13, and 23, March 12, 14, and 30, April 6 and 10, May 11 and 24, June 11, and July 3, 12, 17, and 19, 2012.

This new drug application provides for the use of Tudorza Pressair (aclidinium bromide inhalation powder) 400 mcg twice daily for the long-term maintenance treatment of bronchospasm associated with chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema.

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

**CONTENT OF LABELING**

As soon as possible, but no later than 14 days from the date of this letter, submit the content of labeling [21 CFR 314.50(l)] in structured product labeling (SPL) format using the FDA automated drug registration and listing system (eLIST), as described at <http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm>. Content of labeling must be identical to the enclosed labeling (text for the package insert, text for the patient information leaflet, text for instructions for use). 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* available at

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

The SPL will be accessible via publicly available labeling repositories.

### **CARTON AND IMMEDIATE-CONTAINER LABELS**

Submit final printed carton and container labels that are identical to the enclosed carton and immediate-container labels, as soon as they are available, but no more than 30 days after they are printed. 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*. 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 202450.**” 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.

We are waiving the pediatric study requirement for this application because necessary studies are impossible or highly impracticable because COPD does not exist in pediatric patients.

### **POSTMARKETING REQUIREMENTS UNDER 505(o)**

Section 505(o)(3) of the FDCA authorizes FDA to require holders of approved drug and biological product applications to conduct postmarketing studies and clinical trials for certain purposes, if FDA makes certain findings required by the statute.

We have determined that an analysis of spontaneous postmarketing adverse events reported under subsection 505(k)(1) of the FDCA will not be sufficient to assess a signal of a serious risk of major adverse cardiac events with aclidinium bromide.

Furthermore, the new pharmacovigilance system that FDA is required to establish under section 505(k)(3) of the FDCA will not be sufficient to assess this serious risk.

Finally, we have determined that only a clinical trial (rather than a nonclinical or observational study) will be sufficient to assess a signal of a serious risk of major adverse cardiac events.

Therefore, based on appropriate scientific data, FDA has determined that you are required to conduct the following:

1903-1: Conduct a randomized, controlled trial to evaluate the risk of major adverse cardiac events with aclidinium bromide in patients with COPD.

The timetable you submitted on May 24, 2012, states that you will conduct this trial according to the following schedule:

Final Protocol Submission:	November 30, 2012
Trial Completion:	September 30, 2017
Final Report Submission:	June 30, 2018

Submit the protocol to your IND 068653, with a cross-reference letter to this NDA. Submit the final report to your NDA. Prominently identify submissions with the following wording in bold capital letters at the top of the first page of the submission, as appropriate: **“Required Postmarketing Protocol Under 505(o),” “Required Postmarketing Final Report Under 505(o),” “Required Postmarketing Correspondence Under 505(o).”**

Section 505(o)(3)(E)(ii) of the FDCA requires you to report periodically on the status of any study or clinical trial required under this section. This section also requires you to periodically report to FDA on the status of any study or clinical trial otherwise undertaken to investigate a safety issue. Section 506B of the FDCA, as well as 21 CFR 314.81(b)(2)(vii), requires you to report annually on the status of any postmarketing commitments or required studies or clinical trials.

FDA will consider the submission of your annual report under section 506B and 21 CFR 314.81(b)(2)(vii) to satisfy the periodic reporting requirement under section 505(o)(3)(E)(ii), provided that you include the elements listed in 505(o) and 21 CFR 314.81(b)(2)(vii). We remind you that to comply with 505(o), your annual report must also include a report on the status of any study or clinical trial otherwise undertaken to investigate a safety issue. Failure to submit an annual report for studies or clinical trials required under 505(o) on the date required will be considered a violation of FDCA section 505(o)(3)(E)(ii) and could result in enforcement action.

### **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  
Office of Prescription Drug Promotion  
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 Office of Prescription Drug Promotion (OPDP), see <http://www.fda.gov/AboutFDA/CentersOffices/CDER/ucm090142.htm>.

### **REPORTING REQUIREMENTS**

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

### **MEDWATCH-TO-MANUFACTURER PROGRAM**

The MedWatch-to-Manufacturer Program provides manufacturers with copies of serious adverse event reports that are received directly by the FDA. New molecular entities and important new biologics qualify for inclusion for three years after approval. Your firm is eligible to receive copies of reports for this product. To participate in the program, please see the enrollment instructions and program description details at <http://www.fda.gov/Safety/MedWatch/HowToReport/ucm166910.htm>.

### **POST-ACTION FEEDBACK MEETING**

New molecular entities and new biologics qualify for a post-action feedback meeting. Such meetings are used to discuss the quality of the application and to evaluate the communication process during drug development and marketing application review. The purpose is to learn from successful aspects of the review process and to identify areas that could benefit from improvement. If you would like to have such a meeting with us, call the Regulatory Project Manager for this application.

If you have any questions, call Sadaf Nabavian, Regulatory Project Manager, at (301) 796-2777.

Sincerely,

*{See appended electronic signature page}*

Curtis J. Rosebraugh, M.D., M.P.H.  
Director  
Office of Drug Evaluation II  
Center for Drug Evaluation and Research

Enclosures:

Content of Labeling  
Carton and Container Labeling

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**This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.**  
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/s/  
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CURTIS J ROSEBRAUGH  
07/23/2012