CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER:

204683Orig1s000

CLINICAL PHARMACOLOGY AND BIOPHARMACEUTICS REVIEW(S)

Clinical Pharmacology Review				
NDA:	204683			
Generic Name:	Desvenlafaxine (base)			
Trade Name:	Khedezla®			
Strength and Dosage Form:	50 mg and 100 mg Extended Release Tablets			
Indication:	Major Depressive Disorder (MDD)			
Sponsor:	Osmotica Kft			
Submission Type:	Original NDA [505(b)(2)]			
Priority Classification:	Standard			
Submission Date:	9/13/2012			
OCP Division:	DCP1			
OND Division:	DPP			
Reviewer:	Kofi Kumi, Ph.D.			
Team Leader:	Hao Zhu, Ph.D.			

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Executive Summary

The sponsor submitted Desvenlafaxine base Extended Release (ER) (Khedezla®, Osmotica Kft)) tablets as a 505(b)(2) application using the approved Desvenlafaxine succinate ER (Pristiq[®]) as the reference product. The development program mainly depended on demonstrating bioequivalence between Khedezla ER and Pristiq. Clinical safety and efficacy studies were not conducted for this application. The sponsor is seeking the indication of major depressive disorder which is approved for Pristiq. Our findings are summarized as follows:

- Khedezla is bioequivalent to Pristiq at the strengths of 50 mg and 100 mg, under fasting conditions.
- > Khedezla is bioequivalent to Pristiq 100 mg under fed conditions.
- > Khedezla can be administered with or without food.
- > Khedezla exhibits extended release characteristics similar to the approved Pristiq.

1.1 Recommendation

The Office of Clinical Pharmacology (OCP) supports a recommendation for approval of Desvenlafaxine (base) ER (Khedezla, Osmotica) at the same dosing recommendation approved for Pristiq for the treatment of major depressive disorder (MDD).

1.2 Post Market Studies

No post-marketing studies are recommended by OCP.

1.3 Labeling Recommendations

The following language should be incorporated into the label under Pharmacokinetics, Section 12.3

The mean \pm sd terminal half-life, $t_{1/2}$, after administration of Khedezla is about 9.5 \pm 1.5 hours. The median (range) time to peak concentration (Tmax) was 6 (3 – 14) hours after administration of 50 mg Khedezla.

Equal doses of Khedezla are bioequivalent to Desvenlafaxine Succinate ER tablets. Khedezla ER can be administered with or without food.

1.4 Summary of Clinical Pharmacology and Biopharmaceutics

Bioequivalence

Khedezla® (Desvenlafaxine base) 100 mg ER tablet was demonstrated to be bioequivalent to Pristiq® (Desvenlafaxine succinate) 100 mg ER Tablet under fasting and fed conditions. Khedezla 50 mg ER tablet was demonstrated to be bioequivalent to Pristiq 50 mg ER tablet under fasting conditions. Tables 1 to 3 contain the statistical results for the comparison of Khedezla (T) to Pristiq (R) 100 mg and 50 mg ER tablets.

Desveniariaxine 100 mg under rasting conditions						
Parameters	Geometric Least Squares Means		(T/R) %	90% CI		
	(N=35)					
	Reference (R)	Test (T)				
Cmax (ng/mL)	215.61	214.38	99.43	92.54 - 106.83		
AUC (0-t)	4679.59	4460.28	95.31	86.38 - 105.17		
(h*ng/mL)						
AUC (0-∞)	5035.17	4727.54	93.89	85.02 - 103.68		
(h*ng/mL)						
Tmax [*] (h)	7.0 (3 – 24)	6.5 (3 – 11)	NA	NA		

Table 1: Geometric Least Squares Means, Ratios and 90% Confidence Interval for Desvenlafaxine 100 mg under fasting conditions

*Median (range), T = Khedezla, Reference = Pristiq

Table 2: Geometric Least Squares Mean, Ratios and 90% Confidence Interval for
Desvenlafaxine 100 mg under fed conditions

Parameters	Geometric Mean (N = 33)		(T/R) %	90% CI
	Reference (R)	Test (T)		
Cmax	276.37	282.29	97.9	94.16 - 101.79
AUC (0-t)	5640.98	5763.12	97.88	94.23 - 101.68
AUC (0-∞)	5773.88	5911.24	97.68	93.84 - 101.67
Tmax [*]	7.71	8.46	NA	NA

*Median (range), T = Khedezla, Reference = Pristiq

Table 3: Geometric Least Squares Mean, Ratios and 90% Confidence Interval for	
Desvenlafaxine 50 mg under fasting conditions	

Parameters	Geometric Mean (N = 33)		(T/R) %	90% CI
	Reference (R)	Test (T)		
Cmax	109.73	108.52	98.90	92.77 - 105.44
AUC (0-t)	2423.03	2280.43	94.11	86.53 - 102.36
AUC (0-∞)	2503.10	2366.66	94.55	87.31 - 102.39
Tmax [*]	7.00 (4 -24)	6.00 (3 – 14)	NA	NA

*Median (range), T = Khedezla, Reference = Pristiq

The plasma concentration time profiles after administration of Khedezla and Pristiq are similar suggesting that Khedezla exhibits similar extended release characteristics as Pristiq (Figure 1).

Figure 1: Mean plasma concentration-time profile of Desvenlafaxine after administration of 50 mg Pristiq (R) and Khedezla (T) formulations



The Tmax of desvenlafaxine after administration of Khedezla ER and Pristiq ER are comparable under fasting conditions. However, Khedezla median Tmax was later when the study was conducted under fed conditions. The difference in median Tmax when the study was conducted under fed conditions is not expected to be clinically relevant. Therefore, Khedezla can be administered with or without food. After administration of Khedezla 50 mg ER under fasting conditions, there was not a significant difference in half-life for desvenlafaxine when after administration of Khedezla ER (T $\frac{1}{2}$ = 9.78 hours) or Pristiq ER (T $\frac{1}{2}$ = 9.45 hours). Similar results were observed when Khedezla ER or Pristiq ER 100 mg was administered.

Alcohol Dose Dumping

Dose dumping due to alcohol was not observed based on an *in vitro* study. Refer to Biophmarmaceutics review.

Clinical and Bioanalytical Site Inspections:

The bioequivalence studies were inspected by the Office of Scientific Investigations (OSI) and found the clinical and bioanalytical portions to be acceptable (Refer to the OSI inspection review in the Appendix (4.2)).

Question Based Review (QBR)

General Attributes

2.1.1 What pertinent regulatory background or history contributes to the current assessment of the clinical pharmacology and biopharmaceutics of this drug?

The sponsor submitted a 505(b)(2) application for Desvenlafaxine Extended Release (ER) tablets. The reference drug for this application is Pristiq[®] (desvenlafaxine succinate ER) tablet which is currently approved for the treatment of major depressive disorder (MDD). The application was mainly based on demonstration of bioequivalence between Desvenlafaxine ER (Osmotica KFT) and Pristiq. Clinical safety and efficacy studies were not conducted

2.1.2 What are the highlights of the chemistry and physical-chemical properties of the drug substance and the formulation of the drug product as they relate to clinical pharmacology and biopharmaceutics?

Desvenlafaxine is a white to off-white crystalline powder that is sparingly soluble in dimethyl sulfoxide. Figure 2 is the structure of desvenlafaxine.



Figure 2: Structure of Desvenlafaxine

Desvenlafaxine (O-Desmethyl Venlafaxine) structure contains one chiral carbon atom in its structure and exists as (+) and (-) enantiomers. The sponsor has developed an ER tablet formulation that contains desvenlafaxine (base) as the active moiety. The reference product, Pristiq, contains desvenlafaxine succinate as the active moiety.

2.1.3 What are the proposed mechanism (s) of action and therapeutic indication(s)?

Desvenlafaxine is a selective serotonin and norepinephrine reuptake inhibitor (SNRI). It is indicated for the treatment of major depressive disorder (MDD).

2.1.4 What are the proposed dosage and route of administration?

The recommended dose for desvenlafaxine is 50 mg daily, with or without food administered orally. In clinical studies doses of 50 to 400 mg/day were shown to be effective, although no additional benefit was demonstrated at doses greater than 50 mg/day and adverse events and discontinuations were more frequent at higher doses.

2.1.5 What is the reported adverse event profile from the bioequivalence studies?

The sponsor reported that the investigational drug was well tolerated by healthy subjects in the bioequivalence studies. There were no deaths or serious adverse events reported in the study by the sponsor. The sponsor reported that across the three trials, two events were reported by more than a single subject and more in Desvenlafaxine 100 mg ER-treated subjects than Pristiq 100 mg ER-treated subjects: headache (3 subjects in Study OS230-1006, all in the Desvenlafaxine 100 mg ER treatment period) and vomiting (3 subjects in Study 11-VIN-478, 2 subjects in the Desvenlafaxine 100 mg ER treatment period and 1 subject in the Pristiq 100 mg ER treatment period). Headache was not reported in Study 11-VIN-478 or Study 11-VIN-479. Vomiting was reported by 1 subject in each treatment period in Study OS230-1006, and by 3 subjects in treatment period in Study 11-VIN-479. Refer to medical review for Agency's assessment of safety.

2.2. General Clinical Pharmacology and Biopharmaceutics

2.2.1 What are the design features of the clinical pharmacology and/or bopharmaceutics studies used to support dosing or claims?

The sponsor is seeking approval for treatment of major depressive disorder (MDD) which is currently approved for Pristiq. Therefore, the following bioequivalence studies comparing

Desvenlafaxine ER (desvenlafaxine base) to Pristiq (desvenlafaxine succinate) are the basis for dosing and claims.

A Relative Bioavailability Study of Desvenlafaxine 100 mg ER tablets versus Pristiq 100 mg under Fed Conditions (Study OS230-1006).

A Randomized, Open Label, Two Treatment, Two Period, Two Sequence, Single Dose, Crossover, Oral Comparative Bioavailability Study Of Desvenlafaxine Extended Release Tablets 50mg of Osmotica Kft and PRISTIQ® Extended Release Tablets 50mg of Wyeth Pharmaceuticals Inc., USA in Healthy, Adult, Human Subjects, Under Fasting Condition (Study 11-VIN-478); and

A Randomized, Open Label, Two Treatment, Two Period, Two Sequence, Single Dose, Crossover, Oral Comparative Bioavailability Study of Desvenlafaxine Extended Release Tablets 100mg of Osmotica Kft and PRISTIQ® Extended Release Tablets 100mg of Wyeth Pharmaceuticals Inc., USA in Healthy, Adult, Human Subjects, under Fasting Condition (Study 11-VIN-479)

2.2.2 Is Desvenlafaxine (Khedzla®, Osmotica) 100 mg ER bioequivalent to the reference listed drug, Pristiq (desvenlafaxine succinate) 100 mg ER under fasting conditions?

Desvenlafaxine 100 mg ER tablets (Osmotica) and Pristiq® (desvenlafaxine succinate) 100 mg ER tablets (Wyeth) are bioequivalent under fasting conditions.

The sponsor conducted a single dose, randomized, open-label, 2-period bioequivalence study in healthy subjects to demonstrate that Desvenlafaxine base (Khedezla, Osmotica) was bioequivalent to Desvenlafaxine succinate (Pristiq, Wyeth) under fasting conditions. The mean plasma concentration-time profiles after administration of 100 mg Khedezla or 100 mg Pristiq under fasting conditions are provided in Figure 3.



Figure 3: Mean Plasma Concentration Time profile for Desvenlafaxine

Table 4 contains the statistical analysis for Desvenlafaxine. R refers to Pristiq and T to Khedezla.

Table 4: Geometric Least Squares Means, Ratios and 90% Confidence Interval for Desvenlafaxine 100 mg under fasting conditions

Parameters	Geometric Least Squares Means		(T/R) %	90% CI
	(N=35)			
	Reference (R)	Test (T)		
Cmax (ng/mL)	215.61	214.38	99.43	92.54 - 106.83
AUC (0-t)	4679.59	4460.28	95.31	86.38 - 105.17
(h*ng/mL)				
AUC (0-∞)	5035.17	4727.54	93.89	85.02 - 103.68
(h*ng/mL)				
Tmax [*] (h)	7.0 (3 – 24)	6.5 (3 – 11)	NA	NA

R= Pristiq, T= Desvenlafaxine base (Osmotica, Khedezla), ^{*}Median (range). Geometric Means are based on LSM of In-transformed values

The 90% confidence intervals (CIs) of the ratios of Cmax, AUC (0-t), and AUC($0-\infty$) between test and reference are within the regulatory criteria (80% to 125%) for bioequivalence; therefore, Khedezla is bioequivalent to Pristiq. The mean half-life for Desvenlafaxine after administration of Khedezla and Pristiq were 10.6 and 10.4 hours, respectively.

2.2.3 Is the exposure to Desvenlafaxine significantly different after administration of Desvenlafaxine (ER (Khedezla) 100 mg and Pristiq 100 mg when administered under fed conditions?

The Sponsor assessed the bioequivalence of Desvenlafaxine after administration of Khedezla and Pristiq under fed conditions. The study was a single dose, randomized, open label, cross over, 2-period study in healthy volunteers. Figure 4 is the mean plasma concentration time curve for Desvenlafaxine after administration of 100 mg Pristiq or 100 mg Khedezla.



Figure 4: Mean Plasma Concentration-Time profile for Desvenlafaxine

Test Product A = Khedezla, Reference Product B = Pristiq

Table 5 is the statistical evaluation for Desvenlafaxine after administration of Khedezla or Pristiq under fed conditions.

- •* • • • • • • • • • • • • • • • • • •						
Geometric Mean $(N = 33)$		(T/R) %	90% CI			
Reference (R)	Test (T)					
276.37	282.29	97.9	94.16 - 101.79			
5640.98	5763.12	97.88	94.23 - 101.68			
5773.88	5911.24	97.68	93.84 - 101.67			
7.71	8.46	NA	P = 0.09			
	Geometric M Reference (R) 276.37 5640.98 5773.88 7.71	Geometric Mean (N = 33)Reference (R)Test (T)276.37282.295640.985763.125773.885911.247.718.46	Geometric Mean (N = 33)(T/R) %Reference (R)Test (T)276.37282.295640.985763.125773.885911.2497.687.718.46			

Table 5: Geometric Least Squares Mean, Ratios and 90% Confidence Interval for Desvenlafaxine 100 mg under fed conditions

Test = Khedezla, Reference = Pristiq. *Median

The 90% CIs of the ratios of the test to reference parameters fall within the regulatory criteria (80% to 125%); therefore, Khedezla and Pristiq are bioequivalent under fed conditions. Median Tmax for Pristiq and Khedezla were not significantly different. Comparing the Tmax results from the study under fasting conditions (11-VIN-479), food appears to have increased Tmax by about 1 hour. This increase is not expected to be clinically relevant.

2.2.4 Is Khedezla® (desvenlafaxine base) 50 mg ER bioequivalent to the reference listed drug, Pristiq® (desvenlafaxine succinate) 50 mg ER under fasting conditions?

Khedezla (desvenlafaxine base) Extended Release Tablets 50mg when compared with Pristiq® Extended Release Tablets 50mg meets the regulatory criteria for bioequivalence. Therefore, Khedezla is bioequivalent to Pristiq.

The sponsor conducted a randomized, open label, two treatment, two period, two sequence, single dose, crossover study to evaluate the bioequivalence of Khedezla® (Desvenlafaxine base) Extended Release Tablets 50mg and Pristiq® Extended Release Tablets 50mg in healthy, adult, human subjects, under fasting condition. Figure 5 provides the plasma concentration time profile after administration of Khedezla or Pristiq 50 mg Extended Release tablets.

Figure 5: Mean plasma concentration-time profile of Desvenlafaxine after administration of Pristiq (R) and Khedezla (T) formulations



Table 6 contains the results of the statistical evaluation for bioequivalence after administration of Pristiq or Khedezla 50 mg ER tablets after fasting conditions.

Parameters	Geometric Mean $(N = 33)$		(T/R) %	90% CI			
	Reference (R)	Test (T)					
Cmax	109.73	108.52	98.90	92.77 - 105.44			
AUC (0-t)	2423.03	2280.43	94.11	86.53 - 102.36			
AUC (0-∞)	2503.10	2366.66	94.55	87.31 - 102.39			
Tmax*	7.00 (4 -24)	6.00 (3 – 14)	NA	NA			

Table 6: Geometric Least Squares Mean, Ratios and 90% Confidence Interval for Desvenlafaxine 50 mg under fasting conditions

*Median (range)

2.2.5 What are the general ADME (Absorption, Distribution, Metabolism and Elimination) Characteristics of Desvenlafaxine?

After administration of Khedezla (Desvenlafaxine) 50 mg ER by Osmotica Pharmaceuticals, the mean elimination half-life (T $\frac{1}{2}$) was 9.5 ± 1.5 hours which is similar to that observed after administration of Pristiq (9.8 ± 1.4 hours). The median (range) time to peak concentration (Tmax) was 6.0 (3 – 14) hours.

Desvenlafaxine is primarily metabolized by conjugation (mediated by UGT isoforms) and, to a minor extent, through oxidative metabolism. CYP3A4 is the cytochrome P450 isozyme mediating the oxidative metabolism (N-demethylation) of desvenlafaxine. Approximately 45% of desvenlafaxine is excreted unchanged in urine at 72 hours after oral administration. Approximately 19% of the administered dose is excreted as the glucuronide metabolite and <5% as the oxidative metabolite (N,O-didesmethylvenlafaxine) in urine(Refer to Pristiq label for additional Pharmacokinetic information).

2.2.6 What is the composition of Desvenlafaxine base ER formulations used in the bioequivalence studies?

Table 7 contains the qualitative and quantitative composition of Khedezla (Desvenlafaxine) ER tablets.

Materials	Quality	Function	mg per tablet	% w/w	mg per /tablet	% w/w
Desvenlafaxine Base Drug Substance	In-house Spec.	API	50.0	(0) (4)	100.0	(b) (4)
Hypromellose (b) (4) (b) (4)	USP		(b) (4)		. (b) (4)	
Citric Acid, Monohydrate,	USP					
Microcrystalline Cellulose and Colloidal Silicon Dioxide (b) (4)	USP					
Talc (b) (4)	USP					
Magnesium Stearate (b) (4) (b) (4)	NF					
(b) (4)						
^{(b) (4)} Film Coating ^{(b) (4)}	Proprietary					
Total-Film Coated Tablets			517.5 mg	100%	517.5 mg	100%
						(b) (4)

Table 7: Components and Composition of Desvenlafaxine ER Tablets 50 and 100 mg

Analytical Methods

Are the active moieties in the plasma (or other biological fluid) appropriately identified and measured to assess pharmacokinetic parameters?

Yes, the active moiety, desvenlafaxine was appropriately measured in biological fluids.

What bioanalytical methods are used to assess concentrations of desvenlafaxine and is the validation complete and acceptable?

The concentrations of desvenlafaxine in human plasma were determined using a precise and accurate LC-MS/MS method. The calibration range of the method is 2 to 1000 ng/mL using a $50.0 \ \mu$ L aliquot of plasma. The method was sensitive, selective, accurate, and reproducible. Odesmethylvenlafaxine is stable during storage, processing and analysis in human plasma samples. The analytical method was adequately validated and acceptable. The following is a tabular summary of the validation of the bioanalytical method.

Information Requested	Data
Bioanalytical method validation report location	Module 5.3.1.4, analyt-validation.pdf
Analyte	O-Desmethylvenlafaxine
Internal standard (IS)	O-Desmethyl Venlafaxine-d10
Method description	Protein precipitation extraction with LC-MS/MS method
Limit of quantitation (ng/mL)	2.000 ng/mL
Average recovery of drug (%)	73.17%
Average recovery of IS (%)	111.7%
Standard curve concentrations (ng/mL)	2.000, 4.000, 10.00, 20.00, 40.00, 100.0, 400.0, 800.0, 1000 ng/mL
QC concentrations (ng/mL)	6.000, 60.00 and 750.0 ng/mL
QC Intraday precision range (%)	1.0 to 5.7%
QC Intraday accuracy range (%)	-14.6 to -8.1%
QC Interday precision range (%)	2.4 to 4.3%
QC Interday accuracy range (%)	-14.0 to -9.1%
Bench-top stability (hrs)	24 hours in human plasma @ room temperature
Stock stability (days/hours)	6 hours @ room temperature for drug and internal standard Drug: Provided by manufacturer @ 5°C Internal standard: Established as the non-labeled molecule O-desmethylvenlafaxine @ 5°C
Processed stability (hrs)	97 hours @ room temperature
Freeze-thaw stability (cycles)	5 freeze-thaw cycles
Long-term storage stability (days)	7 days @ -20°C
Dilution integrity	5000 ng/mL diluted 10-fold
Selectivity	No interfering peaks noted in blank plasma samples

4. Appendix

4.1 Individual Studies

Report #:	OS230-	Study	Period: Octob	ber EDF	Link:	
1006 (C10-	2062,	27, 20	11 to November	r 6, \\Cd	sesub1\evsprod	d\nda204683\0000\m5\53-
S11-0011)		2011		clin-	stud-rep	
SIT-0011) 2011 remi-stud-tep Title A Relative Bioavailability Study of Desvenlafaxine 100 mg ER Tablets Versus Pristiq 100 mg ER Tablets Under Fed Conditions To assess the relative bioavailability of Desvenlafaxine 100 mg ER Tablets compared to that of Pristiq 100 mg ER Tablets following a single oral dose (1 x 100 ER mg tablet) in healthy adult subjects when administered under fed conditions.						g ER Tablets Versus 0 mg ER Tablets single oral dose (1 x 100 under fed conditions.
Study Desi	gn					
ØBioequiv	alence		D Bioav	ailability		
Single-I	Dose Ran	domized	l Open-Label Ci	oss-Over Sin	gle-Center 2-Pe	eriod Healthy Vonuteers
Screening:	\leq 28 day	s W	ashout: ≥ 7 da	ys, outpatien	t	
Period 1/2	36 ho	urs Inpa	tient stay 🗹 🏾	N:		
Treatment Meal: FDA toast with b	Treatments: (Active: Desvenlafaxine) Meal: FDA Standardized High Fat Meal (2 eggs cooked in butter, 2 strips of bacon, 2 slices of toast with butter, 4 ounces of hash brown potatoes, 8 fluid ounces of whole milk)					
				Test	Reference	
		D	losage Form	ER Tablet	s Pristiq ER]
		D	osage Strength	100 mg	100 mg]
		В	atch #.	B110515	E99244	
		A	dministration	Oral	Oral	
		Ν	Ianufacture	Osmotica	Wyeth	
Sampling 7	limes (Pl	K, plasi	ma)			
• Test : 0) (predose), 1, 2,	3, 4, 5, 5.5, 6, 6	.5, 7, 7.5, 8,	8.5, 9, 10, 11, 1	12, 14, 16, 24, 36, 48, and

Biopharmaceutics

60 hours post dose

• Reference: 0 (predose), 1, 2, 3, 4, 5, 5.5, 6, 6.5, 7, 7.5, 8, 8.5, 9, 10, 11, 12, 14, 16, 24 36, 48, and 60 hours post dose

•

Analytical Method: The performance of the analytical method is acceptable. Yes ☑ No □ LC/MS/MS. Calibration range 2 to 1000 ng/mL

Statistical Method: ANOVA on log transformed parameters fitting for sequence, period, and treatment. LS mean and 90% CI for the difference were constructed. %CV < 15%, %Bias > - 14%.

Study Population :

y .	opulation .	
	Randomized/Completed/ Discontinued Due to AE	36/33/1
	Age [Mean \pm SD (range)] years	$35.3 \pm 9.9 (20 - 53)$
	Male/Female	21/15
	Race (Caucasian/Black/Asian/other)	17/14/1/1

Results



Site Inspected				
Tmax	7.71	8.46	NA	P = 0.09
AUC (0-∞)	5773.88	5911.24	97.68	93.84 - 101.67
AUC (0-t)	5640.98	5763.12	97.88	94.23 - 101.68

|--|

Safety

■ Was there any death or serious adverse events? □ Yes ☑ No □ NA

The sponsor reported that overall, the most common AEs reported were nausea, headache, and vomiting. Nausea was reported on at least one occasion in 4 (4/36) subjects (11.11%). Headache was reported on one occasion in 3 (3/36) subjects (8.33%). Vomiting was reported on one occasion in 2 (2/36) subjects (5.56%). The frequently reported adverse events were nausea, vomiting and headache. The sponsor reported that overall Desvenlafaxine 100 mg ER tablets (Osmotica) were well tolerated.

Conclusion

The results of this study indicate that bioequivalence criteria were met when Osmotica Kft.'s Desvenlafaxine 100 mg ER Tablets and Pristiq 100 mg ER Tablets were administered under fed conditions.

Comments

The reviewer agrees with the sponsor's conclusions. Tmax was not significantly affected when administered under fed conditions.

Report #:	S	Study Period:	EDR Link: <u>\\Cdsesub</u> 1\evsprod\nda204683\0000\m5\53-		
OS230-1007		une 24, 2012 to	clin-stud-rep		
(11-VIN-478)	J	uly 4, 2012			
	A randomized, open label, two treatment, two period, two sequence,				
	singl	e dose, crossov	er, oral comparative bioavailability study of		
	Desv	enlafaxine Exte	ended Release Tablets 50mg of Osmotica Kft and		
Title	Pristi	iq® Extended F	Release Tablets 50mg of Wyeth Pharmaceuticals Inc.,		
	USA	in healthy, adu	lt, human subjects, under fasting condition		
Object- ive	To co	ompare and eva	luate the single-dose oral comparative bioavailability of		
	Desvenlafaxine Extended Release Tablets 50mg of Osmotica Kft and Pristiq®				
	Extended Release Tablets 50mg of Wyeth Pharmaceuticals Inc., USA in				
	healt	hy, adult, huma	in subjects, under fasting condition as well as to monitor for		
	adver	rse events and e	ensure the safety of subjects.		
Study Design	l				
⊠Bioequivale	ence	🗆 Bio	pavailability		
Single-Do	Single-Dose Randomized Open-Label Cross-Over Single-Center 2-Period Healthy Vonuteers				
Screening: \leq	Screening: ≤ 28 Washout: ≥ 7 days, outpatient				
days	ays				
Period 1/2	Period 1/2 2 days, Inpatient stay ☑Y □ N:				
Treatments:	(Activ	e Ingredient: D	vesvenlafaxine)		

Biopharmaceutics

			Test	Reference		
		Dosage Form	ER	Pristiq [®] ER		
		Dosage Strength	50 mg	50 mg		
		Batch #.	B120137	F51192		
		Administration	Oral	Oral		
Sampli	ng Times (PK, pla	sma)				
• Tes	t : 0 (pre-dose), 1, 2	2, 3, 4, 5, 5.5, 6, 6.5	5, 7, 7.5, 8,	8.5, 9, 10, 11,	12, 14, 16, 24, 36, 4	48, 60
hou	rs post dose					
• Ref	erence: 0 (pre-dose), 1, 2, 3, 4, 5, 5.5,	6, 6.5, 7, 7.	5, 8, 8.5, 9, 10	, 11, 12, 14, 16, 24	, 36,
48,	60 hours post dose					
Analyti	ical Method: The p	performance of the	analytical n	nethod is acce	ptable. Yes 🗹 No 🛛	ן כ
Method	: HPLC-ESI-MS/N	IS. Calibration Cu	ve (CC) rai	nge: 3 to 750 r	ng/mL	
QC san	ples: Precision (CV	7%): $\leq 7.26\%$, Ac	curacy (%B	ias) = -1.56 to	0 1.17	
CC sam	ples: Precision (CV	$7\%) \le 6.56$, Accur	acy (%Bias) = -2.50 to 2.	40	
Statisti	cal Method: ANO	VA on log transfor	med param	eters fitting for	r sequence, period,	and
treatme	nt. LS mean and 90	% CI for the differ	ence were o	constructed.		
Study 1	Population :					
	Randomized/Com	pleted/ Discontinu	ed Due to A	Æ	42/38//3	
	Age [Mean ± SD	(range)] years		28.	.9 ± 5.7 (19 - 42)	
	Male/Female				28/14	
	Race (Caucasian/Black/Asian/other) N/A					
Results	Results					
Mean Pharmacokinetic Parameters estimated for reference (R) and Test (T) products						
I I			16	L CD		

Parameters (Units)	$\frac{Mean \pm SD}{(N = 36)}$				
	Reference product (R)	Test product (T)			
$^{+}T_{max}(h)$	7.000 (4.00 - 24.00)	6.000 (3.00 - 14.00)			
C_{max} (ng/mL)	114.710 ± 33.5828	112.185 ± 30.2233			
AUC _{0-t} (hr*ng/mL)	2581.895 ± 871.4037	2460.345 ± 936.6981			
AUC _{0-inf} (hr*ng/mL)	2662.738 ± 897.5032	2542.991 ± 958.7692			
K _{el} (1/hr)	0.0723 ± 0.01043	0.0750 ± 0.01155			
t _{1/2} (hr)	9.778 ± 1.4180 9.453 ± 1.4670				

For T_{max} median (min – max)

Parameters	Ln-transfo Squares	med Geome Means and it (N = 36)	tric Least 's ratio	Intra	90% Confidence	Power
(Units)	Reference Product (R)	Test Product (T)	(T/R)%	%CV	Interval	
C _{max} (ng/mL)	109.727	108.521	98.90%	16.61%	92.77% - 105.44%	99.99%
AUC _{0-t} (hr*ng/mL)	2423.030	2280.434	94.11%	21.91%	86.53% - 102.36%	99.59%
AUC _{0-inf} (hr*ng/mL)	2503.103	2366.659	94.55%	20.76%	87.31% - 102.39%	99.78%

Mean plasma concentration-time profile of Desvenlafaxine after administration of Reference (R) and Test (T) formulations



Conclusion

The Test Product (T) (Desvenlafaxine Extended Release Tablets 50mg of Osmotica Kft) when compared with the Reference Product (R) (Pristiq® Extended Release Tablets 50mg of Wyeth Pharmaceuticals Inc., USA) meets the bioequivalence criteria in terms of rate and extent of absorption after administration of single dose as set in the protocol.

Comments

Reviewer agrees with the sponsor's conclusions. The two products at the strength of 50 mg are bioequivalent.

Report #: 0	DS230-	Study Period: June 2	8, EDR	CLink:				
1009 (11-VIN-479)		2012 to July 8, 2012	<u>\\Cd</u>	\\Cdsesub1\evsprod\nda204683\0000\m5\53				
			clin-	stud-rep				
Title	Title							
	A randor	A randomized, open label, two treatment, two period, two sequence,						
	single do	single dose, crossover, oral comparative bioavailability study of						
	Desvenla	faxine Extended Releas	e Tablets 10	00mg of Osmo	otica Kft and			
	Pristiq®	Extended Release Table	ets 100mg o	f Wyeth Phari	naceuticals			
	Inc., USA	A in healthy, adult, hum	an subjects,	under fasting	condition.			
	To comp	are and evaluate the sin	gle-dose ora	al comparative	bioavailability of			
Objective	Desvenla	faxine Extended Releas	e Tablets 1	00mg of Osmo	otica Kft and Pristige			
	Extended	l Release Tablets 100mg	g of Wyeth	Pharmaceutica	als Inc., USA in			
	healthy,	adult, human subjects, u	nder fasting	g condition as	well as to monitor for			
	Adverse	Events and ensure the sa	afety of sub	jects				
				-				
Study Desi	gn							
⊠Bioequiv	alence	🗖 Bioava	ilability					
Single-I	Dose Rand	domized Open-Label Cro	ss-Over Sin	gle-Center 2-P	eriod Healthy Vonuteers			
Screening:	\leq 28 days	Washout: \geq 7days	, outpatient					
Period 1/2	36 ho	urs, Inpatient stay 🗹 🗆	N:					
Treatment	s: (Active	Ingredient: Desvenlafa	xine)					
			Test	Deference				
		Dosago Form	FD	Dristic [®] ED				
		Dosage Form		Plistiq EK				
		Dosage Strength	100 mg	100 mg				
		Balch #.	B120138	E99244				
Come Prove 7	F :		Urai	Urai				
Sampling	imes (PK	x, piasma)		0.5 0 10 11	10 14 16 04 26 40 60			
• 1est:0	(pre-dose), 1, 2, 3, 4, 5, 5.5, 6, 6.5	0, /, /.3, 8,	8.5, 9, 10, 11,	12, 14, 10, 24, 36, 48, 60			
nours p	ost dose	1 1 2 2 4 5 5 5		5 0 0 5 0 10				
• Reference: 0 (pre-dose), 1, 2, 3, 4, 5, 5.5, 6, 6.5, 7, 7.5, 8, 8.5, 9, 10, 11, 12, 14, 16, 24, 36,								

Biopharmaceutics



	Parameters		$Mean \pm SD$ (N = 35)				
	(Units)		Refei	rence product (R)	Te	est product (T)	
	$^{+}T_{max}(h)$		7.000 (3.	00 - 24.00)	6.500 (3.0	0 - 11.00)	
	C _{max} (ng/mL))	226.969 :	± 70.7776	220.582 ±	57.7648	
	AUC _{0-t} (hr*ng/mL)		4908.080) ± 1546.0981	4807.837	± 1809.6713	
	AUC _{0-inf} (hr*ng/mL)		5390.441	± 1968.9921	5100.523	± 1986.8400	
	K _{el} (1/hr)		$0.0709 \pm$	0.01557	0.0701 ± 0	0.01484	
	t _{1/2} (hr)		$10.436 \pm$	3.3184	10.583 ± 3	3.8200	
+	For T _{max} med	lian (m	in – max)				
P	arameters	Ln-tra Squar	ansformed Geometric Least res Means (N=35)		(T/R) %	90% CI	
		Refere	ence (R)	Test (T)			
(Cmax	215.6	1	214.38	99.43	92.54 - 106.83	
A	AUC (0-t)	4679.5	59	4460.28	95.31	86.38 - 105.17	
A	AUC (0-∞)	5035.1	17	4727.54	93.89	85.02 - 103.68	
Si	te Inspected						
R	equested: Yes⊠	No 🗆	Perf	formed: Yes No	\square N/A \square		
Sa	ıfety						
• • T}	 Was there any death or serious adverse events? □ Yes ☑ No □ NA The sponsor reported that no significant or serious adverse event occurred during the conduct of the study. Vomiting was the most frequent adverse event reported. 						
C	onclusion						
Th int the sig	The study results indicated that the bioequivalence criteria were met. The 90% confidence interval for the geometric mean ratio for Cmax, AUC(0-t) and AUC(0- ∞) were contained with the regulatory acceptance range of 80% to 125%. Mean Tmax for the two formulations were not significantly different						
C	omments	Comments					

4.2 OSI Report

4 Pages Have Been Withheld As A Duplicate Copy Of The "OSI Report" dated May 7, 2013 Which Is Located In The Other Review Section Of This NDA Approval Package.

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

/s/

KOFI A KUMI 05/31/2013

HAO ZHU 05/31/2013

BIOPHARMACEUTICS REVIEW						
Office of New Drug Quality Assessment						
Application No.:	NDA 204683	Biopharmaceutics Reviewer:				
Submission Date:	September 13, 2012	Elsbeth Chikha	le, PhD			
Division:	Division of Psychiatry Products	Biopharmaceutics Team Leader: Angelica Dorantes, PhD				
Applicant:	Osmotica Kereskedelmies Szolgaltato Kft	Acting Supervisor: Richard Lostritto, PhD				
Trade Name:	Khedezla (desvenlafaxine) Extended Release Tablets	Date Assigned:September 24, 20				
Generic Name:	Desvenlafaxine	Date of Review:May 9, 2013				
Indication:	Treatment of major depressive disorder	Type of Submission:505(b)(2)Original New Drug Application				
Dosage form/ strengths	Extended Release Tablet/ 50 mg/tablet and 100 mg/tablet					
Route of Administration	Oral					

SUMMARY

Submission: This 505(b)(2) New Drug Application is for an extended release (ER) film coated desvenlafaxine tablet indicated for the treatment of major depressive disorder. Desvenlafaxine ER tablets contain 50 mg or 100 mg desvenlafaxine free base. The proposed drug product is a

drug product, formulated to exhibit extended release properties. This application is an electronic NDA, filed as a 505(b)(2) application, with Pristiq® (NDA 21992) as the reference product.

Review: The Biopharmaceutics review for this NDA is being focused on the evaluation and acceptability of 1) the proposed dissolution methodology, 2) the dissolution acceptance criteria, 3) the in vitro alcohol dose dumping study, 4) the extended release claim, and 5) $\binom{b}{4}$

RECOMMENDATION:

ONDQA-Biopharmaceutics has evaluated the information provided in NDA 204683 and concludes the following:

> The dissolution method and acceptance criteria as summarized below are acceptable.

Dissolution method: USP Apparatus I (basket)

Temperature: 37 °C	
Rotation speed: 75 rpm	
Medium: 000 mL 0.0% NaCl in water	
Wednum. 900 mil 0.970 Wach m water	
Dissolution acceptance criteria:	
50 mg tablet: Hour 2: (6)(4)%	100 mg tablet: Hour 2: (6) (4) %
Hour 8. (b) (4) %	Hour 8: (b) (4) %
Hour 12: NI T $^{(0)}$ %	Hour 12: NI T (b) %
110ul 12. NL1 (4) 70	110u1 12.1 (4) 70
In vitro alcohol dose dumping study:	
Dose dumping in the presence of alcohol d	oes not occur in vitro.
Fytended release claim:	
The enter ded release claim.	d date and head is a control la
The extended release claim for the propose	d drug product is acceptable.
	(b) (4)
·	
Isbeth Chikhale, Ph.D.	Angelica Dorantes, Ph.D.
Lisbeth Chikhale, Ph.D.	Angelica Dorantes, Ph.D. Biopharmacautics Team Leader
Elsbeth Chikhale, Ph.D. Biopharmaceutics Reviewer	Angelica Dorantes, Ph.D. Biopharmaceutics Team Leader
<u>Asbeth Chikhale, Ph.D.</u> Siopharmaceutics Reviewer Office of New Drug Quality Assessment	<u>Angelica Dorantes, Ph.D.</u> Biopharmaceutics Team Leader Office of New Drug Quality Assessment
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<u>Alsbeth Chikhale, Ph.D.</u> Biopharmaceutics Reviewer Office of New Drug Quality Assessment	Angelica Dorantes, Ph.D. Biopharmaceutics Team Leader Office of New Drug Quality Assessment
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Elsbeth Chikhale, Ph.D. Biopharmaceutics Reviewer Office of New Drug Quality Assessment	Angelica Dorantes, Ph.D. Biopharmaceutics Team Leader Office of New Drug Quality Assessment

BIOPHARMACEUTICS EVALUATION – REVIEWER NOTES

SUBMISSION:

This 505(b)(2) New Drug Application is for an extended release film coated desvenlafaxine tablet indicated for the treatment of major depressive disorder. Desvenlafaxine is a selective serotonin and norepinephrine reuptake inhibitor (SNRI). Desvenlafaxine ER Tablets 50 mg and 100 mg are ^{(b)(4)} manufactured from desvenlafaxine free base. ^{(b)(4)}

The drug

product was designed to be bioequivalent to Pristiq®. This application is an electronic NDA, filed as a 505(b)(2) application, with Pristiq® (NDA 21992) as the reference product, however, instead of using the desvenlafaxine succinate used in the reference product as the drug substance this Applicant (Osmotica) chose to use the desvenlafaxine free base (b)(4) There are

BIOPHARMACEUTICS INFORMATION:

The Biopharmaceutics review for this NDA will be focused on the evaluation and acceptability of 1) the proposed dissolution methodology,

2) the dissolution acceptance criteria,

- 3) the in vitro alcohol dose dumping study,
- 4) the extended release claim, and

5)

(b) (4)



Reviewer's Assessment of the proposed dissolution method:

The Applicant has justified the selected dissolution apparatus and dissolution medium. The discriminating power of the dissolution method has been demonstrated. The rotation speed should ⁽⁰⁾⁽⁴⁾ 75 rpm, ⁽⁰⁾⁽⁴⁾

Information request dated 2/28/13: Revise your dissolution method to include a rotation speed of 75 rpm instead of ^{(b) (4)} *rpm.* (b) (4)

Applicant's response dated 3/21/13:

As indicated in the response to Drug Product Question 6 below, Osmotica would like to collect additional data to verify that the change in the dissolution basket rotation speed to 75 RPMs is appropriate for controlling the quality of Desvenlafaxine ER Tablets 50 mg and 100 mg and will provide the data and a specification proposal by April 8, 2013.

Applicant's response dated 4/5/13:

The data obtained from dissolution studies on 3 lots of Desvenlafaxine ER Tablets, 50 mg are provided in Table 1 through Table 6 and 3 lots of Desvenlafaxine ER Tablets, 100 mg are provided in Table 7 through Table 12.

Based on the

results of this study, Osmotica has adopted the FDA request to revise the rotation speed of the method to 75 RPM. The method has been updated and has been submitted to the NDA.

<u>Reviewer's Overall Assessment of the dissolution method and the dissolution method</u> validation: Acceptable

The Applicant has revised the rotation speed to 75 rpm as requested. The revised dissolution method is found acceptable.

DISSOLUTION ACCEPTANCE CRITERIA:

The proposed dissolution acceptance criteria are: <u>Level 1 (N=6)</u> No individual value lies outside the stated % release ranges of: Hour 2: Hour 8: Hour 8: Hour 00(4) NLT (b) (4)

Level 2 (N=12) Average value for all units are within the % released ranges: Hour 2: (b) (4) Hour 8: Hour 1 (b) (4) NLT (6) (4) % Hour 2: (b) (4) Hour 2: (b) (4) Hour 2: (b) (4) Hour 3: Hour 2: (b) (4) Hour 8: Hour 2: (b) (4) Hour 8: Hour 2: (b) (4) Hour 8: Hour 1 (b) (4) No individual unit is LT (6) (4) % Level 3 (N=24) Average value for all units are within the % released ranges: Hour 2: $^{(b)(4)}$ Hour 8: Hour $^{(b)(4)}$ NLT $^{(b)}_{(4)}$ % and NMT 2 individual units of 24 units are outside the % release of: Hour 2: $^{(b)(4)}$ Hour 8: Hour $^{(b)}$ NLT $^{(b)(4)}$ None of the individual units of 24 units are outside the % release of: Hour 2: $^{(b)(4)}$ Hour 8: Hour 2: $^{(b)(4)}$ Hour 5: Hour 2: $^{(b)(4)}$ Hour 8: Hour 4) NLT $^{(b)(4)}_{(4)}$

The Applicant states that the proposed acceptance criteria are based on results from clinical batches:

Table 2	Dissolution Data at Release and on Stability for Bio Lots, 30 Count
	Bottles

Reviewer's Assessment of the proposed dissolution acceptance criterion:

(b) (4) and not supported by the provided data, and The proposed acceptance criteria therefore are not acceptable. Dissolution acceptance criteria with ranges of mean $\pm 10\%$ are standard for extended release solid oral dosage forms. The following information request was sent to the Applicant on 2/28/13:

Information request dated 2/28/13:

Revise your dissolution acceptance criteria to a range of \pm 10% *of target for the 2 hour and 8* hour time points.

Applicant's response dated 3/21/13:

After evaluation and analysis of all dissolution data for the registration batches, the dissolution specifications for the 2 and 8 hour time points for each strength tablet has been updated to reflect dissolution specifications $\pm 10\%$ as follows:

50 mg tal	blets:	100 mg tablet	's:
• 2 hour:	(b) (4)	• 2 hour:	(b) (4)
• 8 hour:	(b) (4)	• 8 hour:	(b) (4)

Level 1, 2, and 3 testing per USP are included in the revised drug product specification sheet.

Reviewer's Assessment of the response: Acceptable.

ALCOHOL DOSE-DUMPING:

The effect of different concentrations of alcohol on the dissolution of both the 50 mg and 100 mg desvenlafaxine tablets was studied in 0.1N HCl and in 0.9% NaCl.



Effect of Alcohol (50mg in 0.1N HCl)





Reviewer's Assessment of the alcohol dose-dumping study:

The graphs demonstrate that the drug does not dose-dump in vitro with alcohol compared to without alcohol. The general trend for both strengths whether in 0.1 N HCl or 0.9% NaCl is that the drug release is slower with alcohol than without alcohol and the release rate decreases with the increase in alcohol.

EXTENDED RELEASE CLAIM:

The proposed 50 mg and 100 mg tablets are bioequivalent to the approved 50 mg and 100 mg Pristiq® extended release tablets, and both products have a comparable half life of 9-10 hours. Therefore, the extended release claim for the proposed drug product is acceptable.

(b) (4)



4 Page(s) have been Withheld in Full as b4 (CCI/TS) immediately following this page

Reviewer's final Assessment of the response: Acceptable.

RECOMMENDATION:

The applicant's dissolution method and acceptance criteria, as summarized below are acceptable by the Agency:

<u>Dissolution method:</u> USP Apparatus I (basket) Temperature: 37°C Rotation speed: 75 rpm Medium: 900 mL 0.9% NaCl in water

Dissolution acceptance criteria:

Based on the dissolution data provided, the following dissolution acceptance criterion is acceptable: 50 mg tablet: Hour 2: (*)(4)% 100 mg tablet: Hour 2: (*)(4)%

mg tablet:	Hour 2:	^{(b) (4)} %	100 mg tablet:	Hour 2:	^{(b) (4)} %
	Hour 8:	^{(b) (4)} %		Hour 8:	^{(b) (4)} %
	Hour 12	2: NLT (4)%		Hour 12	2: NLT (4)%

Alcohol dose-dumping:

≻

The Applicant has provided data to indicate that dose-dumping does not occur in vitro.

Extended release claim: The extended release claim for the proposed drug product is acceptable.

(b) (4)

(b) (4)

From the Biopharmaceutics perspective, NDA 204683 for Khedezla (desvenlafaxine) Extended Release Tablets (50 and 100 mg/tablet) is recommended for **APPROVAL**.

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

ELSBETH G CHIKHALE 05/09/2013

/s/

ANGELICA DORANTES 05/09/2013

Office of Clinical Pharmacology

New Drug Application Filing and Review Form

	Information		Information
NDA/BLA Number	204683	Brand Name	(b) (4)
OCP Division (I, II, III, IV, V)	Ι	Generic Name	Desvenlafaxine (base)
Medical Division	DPP	Drug Class	SNRI
OCP Reviewer	Kofi Kumi	Indication(s)	Treatment of Major Depressive Disorder
OCP Team Leader	Hao Zhu	Dosage Form	Extended Release Tablets (50mg and 100 mg)
Pharmacometrics Reviewer		Dosing Regimen	50 mg daily
Date of Submission	9/13/2012	Route of Administration	Oral
Estimated Due Date of OCP Review	6/8/13	Sponsor	Osmotica Pharmaceutical
Medical Division Due Date	6/22/13	Priority Classification	Standard
PDUFA Due Date	7/13/13		

Summary

The sponsor has developed a desvenlafaxine base Extended Release (ER) and is seeking approval via the 505(b)(2) route. The sponsor is cross referencing Pristiq (Desvenlafaxine Succinate) ER by Wyeth, which is approved for major depressive disorder. The dosing in MDD for Pristiq is 50 mg daily. The sponsor has developed a 50 and 100 mg ER tablets. Pristiq is also available in 50 mg and 100 mg ER tablets. Clinical studies for Pristiq were conducted using doses from 50 to 400 mg tablets. There is no clinical advantage of the higher doses over the 50 mg dose.

The NDA is dependent on 3 bioequivalent studies:

Study C10-2062: A randomized, open label, two treatment, two treatment, two sequence, single dose, crossover, oral comparative bioavailability study of Desvenlafaxine Extended Release Tablets 50 mg of Osmotica Kft and Pristiq Extended Release Tables 50 mg of Wyeth Pharmaceuticals in healthy, adult, human subjects under fasting condition

Study-VIN-478: A randomized, open label, two treatment, two period, two sequence, single dose, crossover, oral comparative bioavailability study of Desvenlafaxine Extended Release Tablets 100 mg of Osmotica Kft and Pristiq Extended Release Tablets 100 mg of Wyeth Pharmaceuticals Inc in healthy adult human subjects under fasting conditions

Study-VIN-479: A relative bioavailability study of Desvenlafaxine 100 mg ER tablets versus Pristiq 100 mg ER Tablets under fed conditions

	"X" if included at filing	Number of studies submitted	Number of studies reviewed	Critical Comments If any
STUDY TYPE	505 (b)(2)			
Table of Contents present and sufficient to locate reports, tables, data, etc.	x			
Tabular Listing of All Human Studies	х	3		
HPK Summary	х			
Labeling	х			
Reference Bioanalytical and Analytical	х	3		Bioanalytical Reports
Methods				
I. Clinical Pharmacology	х			
Mass balance:				
Isozyme characterization:				
Blood/plasma ratio:				
Plasma protein binding:				
Pharmacokinetics (e.g., Phase I) -	х			
Healthy Volunteers-				
single dose:	х	3		
multiple dose:				
Patients-				
single dose:				
multiple dose:				
Dose proportionality -				

Clin. Pharm. and Biopharm. Information

fasting / non-fasting single dose:			
fasting / non-fasting multiple dose:			
Drug-drug interaction studies -			
In-vivo effects on primary drug:			
In-vivo effects of primary drug:			
In-vitro:			
Subpopulation studies -			
ethnicity:			
gender:			
pediatrics:			
geriatrics:			
renal impairment:			
hepatic impairment:			
PD -			
Phase 2:			
Phase 3:			
PK/PD -			
Phase 1 and/or 2, proof of concept:			
Phase 3 clinical trial:			
Population Analyses -			
Data rich:			
Data sparse:			
II. Biopharmaceutics			
Absolute bioavailability			
Relative bioavailability -			
solution as reference:			
alternate formulation as reference:			
Bioequivalence studies -			
traditional design; single / multi dose:			
replicate design; single / multi dose:			
Food-drug interaction studies			
Bio-waiver request based on BCS			
BCS class			
Dissolution study to evaluate alcohol induced			
dose-dumping			
III. Other CPB Studies			
Genotype/phenotype studies			
Chronopharmacokinetics			
Pediatric development plan			
Literature References			
Total Number of Studies	3		

On **initial** review of the NDA/BLA application for filing:

	Content Parameter	Yes	No	N/A	Comment
Cri	teria for Refusal to File (RTF)				
1	Has the applicant submitted bioequivalence data comparing to-be-	Х			
	marketed product(s) and those used in the pivotal clinical trials?				
2	Has the applicant provided metabolism and drug-drug interaction			х	
	information?				
3	Has the sponsor submitted bioavailability data satisfying the CFR	х			
	requirements?				
4	Did the sponsor submit data to allow the evaluation of the validity of	х			
	the analytical assay?				
5	Has a rationale for dose selection been submitted?	X			

6	Is the clinical pharmacology and biopharmaceutics section of the NDA organized, indexed and paginated in a manner to allow substantive review to begin?	х		
7	Is the clinical pharmacology and biopharmaceutics section of the NDA	х		
	legible so that a substantive review can begin?			
8	Is the electronic submission searchable, does it have appropriate	Х		
	hyperlinks and do the hyperlinks work?			
			•	·
Cri	teria for Assessing Quality of an NDA (Preliminary Assessment of Qu	uality)		
	Data			
9	Are the data sets, as requested during pre-submission discussions,	х		
	submitted in the appropriate format (e.g., CDISC)?			
10	If applicable, are the pharmacogenomic data sets submitted in the		х	
	appropriate format?			
	Studies and Analyses			
11	Is the appropriate pharmacokinetic information submitted?	х		
12	Has the applicant made an appropriate attempt to determine reasonable		x	
	dose individualization strategies for this product (i.e., appropriately			
	designed and analyzed dose-ranging or pivotal studies)?			
13	Are the appropriate exposure-response (for desired and undesired		X	
	effects) analyses conducted and submitted as described in the			
	Exposure-Response guidance?			
14	Is there an adequate attempt by the applicant to use exposure-response		х	
	relationships in order to assess the need for dose adjustments for			
	intrinsic/extrinsic factors that might affect the pharmacokinetic or			
	pharmacodynamics?			
15	Are the pediatric exclusivity studies adequately designed to		х	
	demonstrate effectiveness, if the drug is indeed effective?			
16	Did the applicant submit all the pediatric exclusivity data, as described		х	
	in the WR?			
17	Is there adequate information on the pharmacokinetics and exposure-		х	
	response in the clinical pharmacology section of the label?			
	General			
18	Are the clinical pharmacology and biopharmaceutics studies of	x		
	appropriate design and breadth of investigation to meet basic			
	requirements for approvability of this product?			
19	Was the translation (of study reports or other study information) from			x
	another language needed and provided in this submission?			

IS THE CLINICAL PHARMACOLOGY SECTION OF THE APPLICATION FILEABLE? ____Yes____

If the NDA/BLA is not fileable from the clinical pharmacology perspective, state the reasons and provide comments to be sent to the Applicant.

Please identify and list any potential review issues to be forwarded to the Applicant for the 74-day letter.

Reviewing Clinical Pharmacol	logist Kofi Kumi, Ph.D.	Date 10/24/12
Team Leader/Supervisor	Hao Zhu, Ph.D.	Date

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/s/

KOFI A KUMI 11/08/2012

HAO ZHU 11/08/2012

PRODUCT QUALITY - BIOPHARMACEUTICS FILING REVIEW

NDA Number	204683
Submission Date	9/13/12
Product name, generic name of the active	^{(b) (4)} (desvenlafaxine)
Dosage form and strength	ER tablets - 50 mg/tablet and 100 mg/tablet
Route of Administration	Oral
Applicant	Osmotica Kereskedelmies Szolgaltato Kft
Clinical Division	Division of Psychiatry Products
Type of Submission	Original NDA $-505(b)(2)$
Biopharmaceutics Reviewer	Elsbeth Chikhale, Ph.D.
Biopharmaceutics Acting Team Leader	Sandra Suarez, Ph.D.

The following parameters for the ONDQA's Product Quality-Biopharmaceutics filing checklist are necessary in order to initiate a full biopharmaceutics review (i.e., complete enough to review but may have deficiencies).

ONDQA-BIOPHARMACEUTICS <u>A. INITIAL</u> OVERVIEW OF THE NDA APPLICATION FOR FILING						
	Parameter	Yes	No	Comment		
1.	Does the application contain dissolution data?	x				
2.	Is the dissolution test part of the DP specifications?	x		Proposed method: Apparatus 1 (basket), 900 mL of 0.9% NaCl in water at 37 °C, at ^{(b) (4)} rpm Proposed acceptance criteria: · 2 hour: ^{(b) (4)} % · 8 hours: ^{(b) (4)} %		
3.	Does the application contain data to support the proposed dissolution acceptance criteria	x		Section 3.2.P.5.6 Section 3.2.P.8.1		
4.	Does the application contain the dissolution method development report?	x		Section 2.7.1		
5.	Does the application contain data on the discriminating ability of the dissolution method		x	Data to show the discriminating ability of the dissolution method need to be requested.		
6.	Is there a validation package for the analytical method and dissolution methodology?	x		Section 3.2.P.5.3		
7.	Does the application include a biowaiver request?		x	Not needed		
8.	Does the application include an IVIVC model?		x	Not applicable		

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PRODUCT QUALITY - BIOPHARMACEUTICS FILING REVIEW

9.	Is information such as BCS classification mentioned, and supportive data provided?		x	Not applicable
10.	Is information on mixing the product with foods or liquids included?		x	Not applicable
11.	Is there any in <i>vivo</i> BA or BE information in the submission?	x		Relative bioavailability studies of the proposed 50 and 100 mg ER tablet versus the RLD 50 and 100 mg ER tablet were conducted. The studies will be reviewed by OCP.
12.	Does the application include in <i>vitro</i> alcohol interaction studies?	x		Section 2.7.1

B. FILING CONCLUSION						
	Parameter	Yes	No	Comment		
13.	IS THE BIOPHARMACEUTICS					
	SECTIONS OF THE	X				
14.	If the NDA is not fileable from the product quality-biopharmaceutics perspective, state the reasons and provide filing comments to be sent to the Applicant.			Not applicable		
15.	If the NDA is not fileable from the biopharmaceutics perspective, state the reasons and provide filing comments to be sent to the Applicant.			Not applicable		
16.	Are there any potential review issues to be forwarded to the Applicant for the 74-day letter?		x	See <u>information request</u> for 74 day letter		

- Biopharmaceutics information request for 74 day letter:
 Provide solubility data for desvenlaxavine
 (b) (4) across the physiological pH range.
 - Provide the complete dissolution data for the testing conducted to demonstrate the discriminating • capability of the proposed dissolution method.
 - Provide a proposed drug release mechanism for your drug product with supporting data if • available.

{See appended electronic signature page}

Elsbeth Chikhale, Ph.D. **Biopharmaceutics Reviewer** Office of New Drug Quality Assessment

11/8/12 Date

PRODUCT QUALITY - BIOPHARMACEUTICS FILING REVIEW

[See appended electronic signature page] Sandra Suarez, Ph.D.

Sandra Suarez, Ph.D. Biopharmaceutics Acting Team Leader Office of New Drug Quality Assessment 11/8/12 Date

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/s/

ELSBETH G CHIKHALE 11/08/2012

SANDRA SUAREZ 11/08/2012