

**CENTER FOR DRUG EVALUATION AND  
RESEARCH**

*APPLICATION NUMBER:*  
**NDA 202-971/S003**

**ADMINISTRATIVE and CORRESPONDENCE**  
**DOCUMENTS**

## EXCLUSIVITY SUMMARY

NDA # 202971

SUPPL # 003

HFD # 130

Trade Name Abilify Maintena

Generic Name aripiprazole extended-release injectable suspension for intramuscular (IM) injection 300 mg/vial and 400 mg/vial

Applicant Name Otsuka Pharmaceutical Development & Communications, Inc.

Approval Date, If Known 12/05/14

### 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), SE 8

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

YES  NO

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

If it is a supplement requiring the review of clinical data but it is not an effectiveness supplement, describe the change or claim that is supported by the clinical data:

Efficacy for (b) (4) treatment of schizophrenia

d) Did the applicant request exclusivity?

YES  NO

If the answer to (d) is "yes," how many years of exclusivity did the applicant request?

3 years

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

YES  NO

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

No

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#	21436	Abilify tablets 2mg, 5mg, 10mg, 15mg, 20mg, 30mg
NDA#	21729	Abilify orally disintegrating tablets 10mg, 15mg
NDA#	21713	Oral solution 1mg/mL
	21866	Injectable formulation 9.75mg/1.3mL

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#  
 NDA#  
 NDA#

IF THE ANSWER TO QUESTION 1 OR 2 UNDER PART II IS "NO," GO DIRECTLY TO THE SIGNATURE BLOCKS ON PAGE 8. (Caution: The questions in part II of the summary should only be answered "NO" for original approvals of new molecular entities.)  
 IF "YES," GO TO PART III.

**PART III THREE-YEAR EXCLUSIVITY FOR NDAs AND SUPPLEMENTS**

To qualify for three years of exclusivity, an application or supplement must contain "reports of new clinical investigations (other than bioavailability studies) essential to the approval of the application and conducted or sponsored by the applicant." This section should be completed only if the answer to PART II, Question 1 or 2 was "yes."

1. Does the application contain reports of clinical investigations? (The Agency interprets "clinical investigations" to mean investigations conducted on humans other than bioavailability studies.) If the application contains clinical investigations only by virtue of a right of reference to clinical

investigations in another application, answer "yes," then skip to question 3(a). If the answer to 3(a) is "yes" for any investigation referred to in another application, do not complete remainder of summary for that investigation.

YES  NO

IF "NO," GO DIRECTLY TO THE SIGNATURE BLOCKS ON PAGE 8.

2. A clinical investigation is "essential to the approval" if the Agency could not have approved the application or supplement without relying on that investigation. Thus, the investigation is not essential to the approval if 1) no clinical investigation is necessary to support the supplement or application in light of previously approved applications (i.e., information other than clinical trials, such as bioavailability data, would be sufficient to provide a basis for approval as an ANDA or 505(b)(2) application because of what is already known about a previously approved product), or 2) there are published reports of studies (other than those conducted or sponsored by the applicant) or other publicly available data that independently would have been sufficient to support approval of the application, without reference to the clinical investigation submitted in the application.

(a) In light of previously approved applications, is a clinical investigation (either conducted by the applicant or available from some other source, including the published literature) necessary to support approval of the application or supplement?

YES  NO

If "no," state the basis for your conclusion that a clinical trial is not necessary for approval AND GO DIRECTLY TO SIGNATURE BLOCK ON PAGE 8:

(b) Did the applicant submit a list of published studies relevant to the safety and effectiveness of this drug product and a statement that the publicly available data would not independently support approval of the application?

YES  NO

(1) If the answer to 2(b) is "yes," do you personally know of any reason to disagree with the applicant's conclusion? If not applicable, answer NO.

YES  NO

If yes, explain:

(2) If the answer to 2(b) is "no," are you aware of published studies not conducted or sponsored by the applicant or other publicly available data that could independently demonstrate the safety and effectiveness of this drug product?

YES  NO

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:

Trial 31-12-291

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:

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 YES  NO

Investigation #2 YES  NO

If you have answered "yes" for one or more investigation, identify the NDA in which a similar investigation was relied on:

c) If the answers to 3(a) and 3(b) are no, identify each "new" investigation in the application or supplement that is essential to the approval (i.e., the investigations listed in #2(c), less any that are not "new"):

Trial 31-12-291

4. To be eligible for exclusivity, a new investigation that is essential to approval must also have been conducted or sponsored by the applicant. An investigation was "conducted or sponsored by" the applicant if, before or during the conduct of the investigation, 1) the applicant was the sponsor of the IND named in the form FDA 1571 filed with the Agency, or 2) the applicant (or its predecessor in interest) provided substantial support for the study. Ordinarily, substantial support will mean providing 50 percent or more of the cost of the study.

a) For each investigation identified in response to question 3(c): if the investigation was carried out under an IND, was the applicant identified on the FDA 1571 as the sponsor?

Investigation #1  
IND # 67380      YES       !  
!      ! NO   
! Explain:

Investigation #2  
IND #      YES       !  
!      ! NO   
! Explain:

(b) For each investigation not carried out under an IND or for which the applicant was not identified as the sponsor, did the applicant certify that it or the applicant's predecessor in interest provided substantial support for the study?

Investigation #1  
!  
!  
YES  ! NO   
Explain: ! Explain:

Investigation #2  
!  
!  
YES  ! NO   
Explain: ! Explain:

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

YES  NO

If yes, explain:

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Name of person completing form: Simran Parihar, Pharm.D.  
Title: Regulatory Health Project Manager  
Date: December 5, 2014

Name of Office/Division Director signing form: Mitchell V. Mathis, M.D.  
Title: Director, Division of Psychiatry Products

Form OGD-011347; Revised 05/10/2004; formatted 2/15/05; removed hidden data 8/22/12



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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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SIMRAN K PARIHAR  
12/05/2014

MITCHELL V Mathis  
12/05/2014

**PEDIATRIC PAGE**  
**(Complete for all filed original applications and efficacy supplements)**

NDA/BLA#: 202971 Supplement Number: 003 NDA Supplement Type (e.g. SE5): SE 8  
Division Name: DPP PDUFA Goal Date: 12/7/14 Stamp Date: 02/7/14  
Proprietary Name: Abilify Maintena  
Established/Generic Name: aripiprazole  
Dosage Form: extended-release injectable suspension  
Applicant/Sponsor: Otsuka Pharmaceutical Company, Ltd.

Indication(s) previously approved (please complete this question for supplements and Type 6 NDAs only):

- (1) Treatment of schizophrenia  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_  
(4) \_\_\_\_\_
- 

Pediatric use for each pediatric subpopulation must be addressed for each indication covered by current application under review. A Pediatric Page must be completed for each indication.

Number of indications for this pending application(s): 1  
(Attach a completed Pediatric Page for each indication in current application.)

**Indication:** Efficacy for (b) (4) treatment of schizophrenia

**Q1:** Is this application in response to a PREA PMR? Yes  Continue  
No  Please proceed to Question 2.

If Yes, NDA/BLA#: \_\_\_\_\_ Supplement #: \_\_\_\_\_ PMR #: \_\_\_\_\_

Does the division agree that this is a complete response to the PMR?

- Yes. Please proceed to Section D.  
 No. Please proceed to Question 2 and complete the Pediatric Page, as applicable.

**Q2:** Does this application provide for (If yes, please check all categories that apply and proceed to the next question):

(a) NEW  active ingredient(s) (includes new combination);  indication(s);  dosage form;  dosing regimen; or  route of administration?\*

(b)  No. PREA does not apply. **Skip to signature block.**

**\* Note for CDER: SE5, SE6, and SE7 submissions may also trigger PREA.**

**Q3:** Does this indication have orphan designation?

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

**Q4:** Is there a full waiver for all pediatric age groups for this indication (check one)?

- Yes: (Complete Section A.)  
 No: Please check all that apply:  
 Partial Waiver for selected pediatric subpopulations (Complete Sections B)  
 Deferred for some or all pediatric subpopulations (Complete Sections C)  
 Completed for some or all pediatric subpopulations (Complete Sections D)  
 Appropriately Labeled for some or all pediatric subpopulations (Complete Sections E)  
 Extrapolation in One or More Pediatric Age Groups (Complete Section F)  
(Please note that Section F may be used alone or in addition to Sections C, D, and/or E.)

**Section A: Fully Waived Studies (for all pediatric age groups)**

Reason(s) for full waiver: (**check, and attach a brief justification for the reason(s) selected**)

- Necessary studies would be impossible or highly impracticable because:
  - Disease/condition does not exist in children
  - Too few children with disease/condition to study
  - Other (e.g., patients geographically dispersed): \_\_\_\_\_
- Product does not represent a meaningful therapeutic benefit over existing therapies for pediatric patients AND is not likely to be used in a substantial number of pediatric patients.
- Evidence strongly suggests that product would be unsafe in all pediatric subpopulations (*Note: if studies are fully waived on this ground, this information must be included in the labeling.*)
- Evidence strongly suggests that product would be ineffective in all pediatric subpopulations (*Note: if studies are fully waived on this ground, this information must be included in the labeling.*)
- Evidence strongly suggests that product would be ineffective and unsafe in all pediatric subpopulations (*Note: if studies are fully waived on this ground, this information must be included in the labeling.*)
- Justification attached.

*If studies are fully waived, then pediatric information is complete for this indication. If there is another indication, please complete another Pediatric Page for each indication. Otherwise, this Pediatric Page is complete and should be signed.*

**Section B: Partially Waived Studies (for selected pediatric subpopulations)**

Check subpopulation(s) and reason for which studies are being partially waived (fill in applicable criteria below):  
*Note: If Neonate includes premature infants, list minimum and maximum age in "gestational age" (in weeks).*

		Reason (see below for further detail):					
		minimum	maximum	Not feasible <sup>#</sup>	Not meaningful therapeutic benefit <sup>*</sup>	Ineffective or unsafe <sup>†</sup>	Formulation failed <sup>Δ</sup>
<input type="checkbox"/>	Neonate	__ wk. __ mo.	__ wk. __ mo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other	__ yr. __ mo.	__ yr. __ mo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other	__ yr. __ mo.	__ yr. __ mo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other	__ yr. __ mo.	__ yr. __ mo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other	__ yr. __ mo.	__ yr. __ mo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are the indicated age ranges (above) based on weight (kg)?  No;  Yes.

Are the indicated age ranges (above) based on Tanner Stage?  No;  Yes.

Reason(s) for partial waiver (**check reason** corresponding to the category checked above, and **attach a brief justification**):

**#** Not feasible:

- Necessary studies would be impossible or highly impracticable because:
  - Disease/condition does not exist in children
  - Too few children with disease/condition to study
  - Other (e.g., patients geographically dispersed): \_\_\_\_\_

**\*** Not meaningful therapeutic benefit:

- Product does not represent a meaningful therapeutic benefit over existing therapies for pediatric patients in this/these pediatric subpopulation(s) AND is not likely to be used in a substantial number of pediatric patients in this/these pediatric subpopulation(s).

IF THERE ARE QUESTIONS, PLEASE CONTACT THE CDER PMHS VIA EMAIL ([cderpmhs@fda.hhs.gov](mailto:cderpmhs@fda.hhs.gov)) OR AT 301-796-0700.

† Ineffective or unsafe:

- Evidence strongly suggests that product would be unsafe in all pediatric subpopulations (*Note: if studies are partially waived on this ground, this information must be included in the labeling.*)
- Evidence strongly suggests that product would be ineffective in all pediatric subpopulations (*Note: if studies are partially waived on this ground, this information must be included in the labeling.*)
- Evidence strongly suggests that product would be ineffective and unsafe in all pediatric subpopulations (*Note: if studies are partially waived on this ground, this information must be included in the labeling.*)

Δ Formulation failed:

- Applicant can demonstrate that reasonable attempts to produce a pediatric formulation necessary for this/these pediatric subpopulation(s) have failed. (*Note: A partial waiver on this ground may only cover the pediatric subpopulation(s) requiring that formulation. An applicant seeking a partial waiver on this ground must submit documentation detailing why a pediatric formulation cannot be developed. This submission will be posted on FDA's website if waiver is granted.*)

- Justification attached.

*For those pediatric subpopulations for which studies have not been waived, there must be (1) corresponding study plans that have been deferred (if so, proceed to Sections C and complete the PeRC Pediatric Plan Template); (2) submitted studies that have been completed (if so, proceed to Section D and complete the PeRC Pediatric Assessment form); (3) additional studies in other age groups that are not needed because the drug is appropriately labeled in one or more pediatric subpopulations (if so, proceed to Section E); and/or (4) additional studies in other age groups that are not needed because efficacy is being extrapolated (if so, proceed to Section F). Note that more than one of these options may apply for this indication to cover all of the pediatric subpopulations.*

**Section C: Deferred Studies (for selected pediatric subpopulations).**

Check pediatric subpopulation(s) for which pediatric studies are being deferred (and fill in applicable reason below):

Deferrals (for each or all age groups):				Reason for Deferral			Applicant Certification †
Population	minimum	maximum	Ready for Approval in Adults	Need Additional Adult Safety or Efficacy Data	Other Appropriate Reason (specify below)*	Received	
<input type="checkbox"/> Neonate	__ wk. __ mo.	__ wk. __ mo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Other	__ yr. __ mo.	__ yr. __ mo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Other	__ yr. __ mo.	__ yr. __ mo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Other	__ yr. __ mo.	__ yr. __ mo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Other	__ yr. __ mo.	__ yr. __ mo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> All Pediatric Populations	0 yr. 0 mo.	16 yr. 11 mo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date studies are due (mm/dd/yy): _____							

Are the indicated age ranges (above) based on weight (kg)?  No;  Yes.

Are the indicated age ranges (above) based on Tanner Stage?  No;  Yes.

\* Other Reason: \_\_\_\_\_

IF THERE ARE QUESTIONS, PLEASE CONTACT THE CDER PMHS VIA EMAIL ([cderpms@fda.hhs.gov](mailto:cderpms@fda.hhs.gov)) OR AT 301-796-0700.

† Note: Studies may only be deferred if an applicant submits a certification of grounds for deferring the studies, a description of the planned or ongoing studies, evidence that the studies are being conducted or will be conducted with due diligence and at the earliest possible time, and a timeline for the completion of the studies. If studies are deferred, on an annual basis applicant must submit information detailing the progress made in conducting the studies or, if no progress has been made, evidence and documentation that such studies will be conducted with due diligence and at the earliest possible time. This requirement should be communicated to the applicant in an appropriate manner (e.g., in an approval letter that specifies a required study as a post-marketing commitment.)

If all of the pediatric subpopulations have been covered through partial waivers and deferrals, Pediatric Page is complete and should be signed. If not, complete the rest of the Pediatric Page as applicable.

**Section D: Completed Studies (for some or all pediatric subpopulations).**

Pediatric subpopulation(s) in which studies have been completed (check below):					
Population		minimum	maximum	PeRC Pediatric Assessment form attached?.	
<input type="checkbox"/>	Neonate	__ wk. __ mo.	__ wk. __ mo.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/>	Other	__ yr. __ mo.	__ yr. __ mo.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/>	Other	__ yr. __ mo.	__ yr. __ mo.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/>	Other	__ yr. __ mo.	__ yr. __ mo.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/>	Other	__ yr. __ mo.	__ yr. __ mo.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/>	All Pediatric Subpopulations	0 yr. 0 mo.	16 yr. 11 mo.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Are the indicated age ranges (above) based on weight (kg)?  No;  Yes.

Are the indicated age ranges (above) based on Tanner Stage?  No;  Yes.

Note: If there are no further pediatric subpopulations to cover based on partial waivers, deferrals and/or completed studies, Pediatric Page is complete and should be signed. If not, complete the rest of the Pediatric Page as applicable.

**Section E: Drug Appropriately Labeled (for some or all pediatric subpopulations):**

Additional pediatric studies are not necessary in the following pediatric subpopulation(s) because product is appropriately labeled for the indication being reviewed:					
Population		minimum	maximum		
<input type="checkbox"/>	Neonate	__ wk. __ mo.	__ wk. __ mo.		
<input type="checkbox"/>	Other	__ yr. __ mo.	__ yr. __ mo.		
<input type="checkbox"/>	Other	__ yr. __ mo.	__ yr. __ mo.		
<input type="checkbox"/>	Other	__ yr. __ mo.	__ yr. __ mo.		
<input type="checkbox"/>	Other	__ yr. __ mo.	__ yr. __ mo.		
<input type="checkbox"/>	All Pediatric Subpopulations	0 yr. 0 mo.	16 yr. 11 mo.		

Are the indicated age ranges (above) based on weight (kg)?  No;  Yes.

Are the indicated age ranges (above) based on Tanner Stage?  No;  Yes.

If all pediatric subpopulations have been covered based on partial waivers, deferrals, completed studies, and/or

IF THERE ARE QUESTIONS, PLEASE CONTACT THE CDER PMHS VIA EMAIL ([cderpms@fda.hhs.gov](mailto:cderpms@fda.hhs.gov)) OR AT 301-796-0700.

existing appropriate labeling, this Pediatric Page is complete and should be signed. If not, complete the rest of the Pediatric Page as applicable.

**Section F: Extrapolation from Other Adult and/or Pediatric Studies (for deferred and/or completed studies)**

*Note: Pediatric efficacy can be extrapolated from adequate and well-controlled studies in adults and/or other pediatric subpopulations if (and only if) (1) the course of the disease/condition AND (2) the effects of the product are sufficiently similar between the reference population and the pediatric subpopulation for which information will be extrapolated. Extrapolation of efficacy from studies in adults and/or other children usually requires supplementation with other information obtained from the target pediatric subpopulation, such as pharmacokinetic and safety studies. Under the statute, safety cannot be extrapolated.*

Pediatric studies are not necessary in the following pediatric subpopulation(s) because efficacy can be extrapolated from adequate and well-controlled studies in adults and/or other pediatric subpopulations:					
Population		minimum	maximum	Extrapolated from:	
				Adult Studies?	Other Pediatric Studies?
<input type="checkbox"/>	Neonate	__ wk. __ mo.	__ wk. __ mo.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other	__ yr. __ mo.	__ yr. __ mo.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other	__ yr. __ mo.	__ yr. __ mo.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other	__ yr. __ mo.	__ yr. __ mo.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other	__ yr. __ mo.	__ yr. __ mo.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	All Pediatric Subpopulations	0 yr. 0 mo.	16 yr. 11 mo.	<input type="checkbox"/>	<input type="checkbox"/>

Are the indicated age ranges (above) based on weight (kg)?  No;  Yes.

Are the indicated age ranges (above) based on Tanner Stage?  No;  Yes.

*Note: If extrapolating data from either adult or pediatric studies, a description of the scientific data supporting the extrapolation must be included in any pertinent reviews for the application.*

*If there are additional indications, please complete the attachment for each one of those indications. Otherwise, this Pediatric Page is complete and should be signed and entered into DFS or DARRTS as appropriate after clearance by PeRC.*

This page was completed by:

*{See appended electronic signature page}*

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Regulatory Project Manager

(Revised: 6/2008)

**NOTE: If you have no other indications for this application, you may delete the attachments from this document.**

**Attachment A**

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

**Indication #2:** \_\_\_\_\_

**Q1:** Does this indication have orphan designation?

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

**Q2:** Is there a full waiver for all pediatric age groups for this indication (check one)?

- Yes: (Complete Section A.)  
 No: Please check all that apply:  
 Partial Waiver for selected pediatric subpopulations (Complete Sections B)  
 Deferred for some or all pediatric subpopulations (Complete Sections C)  
 Completed for some or all pediatric subpopulations (Complete Sections D)  
 Appropriately Labeled for some or all pediatric subpopulations (Complete Sections E)  
 Extrapolation in One or More Pediatric Age Groups (Complete Section F)  
(Please note that Section F may be used alone or in addition to Sections C, D, and/or E.)

<b>Section A: Fully Waived Studies (for all pediatric age groups)</b>
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Reason(s) for full waiver: (**check, and attach a brief justification for the reason(s) selected**)

- Necessary studies would be impossible or highly impracticable because:  
 Disease/condition does not exist in children  
 Too few children with disease/condition to study  
 Other (e.g., patients geographically dispersed): \_\_\_\_\_
- Product does not represent a meaningful therapeutic benefit over existing therapies for pediatric patients AND is not likely to be used in a substantial number of pediatric patients.
- Evidence strongly suggests that product would be unsafe in all pediatric subpopulations (*Note: if studies are fully waived on this ground, this information must be included in the labeling.*)
- Evidence strongly suggests that product would be ineffective in all pediatric subpopulations (*Note: if studies are fully waived on this ground, this information must be included in the labeling.*)
- Evidence strongly suggests that product would be ineffective and unsafe in all pediatric subpopulations (*Note: if studies are fully waived on this ground, this information must be included in the labeling.*)
- Justification attached.

*If studies are fully waived, then pediatric information is complete for this indication. If there is another indication, please complete another Pediatric Page for each indication. Otherwise, this Pediatric Page is complete and should be signed.*



**Section B: Partially Waived Studies (for selected pediatric subpopulations)**

Check subpopulation(s) and reason for which studies are being partially waived (fill in applicable criteria below):

Note: If Neonate includes premature infants, list minimum and maximum age in "gestational age" (in weeks).

		Reason (see below for further detail):					
		minimum	maximum	Not feasible <sup>#</sup>	Not meaningful therapeutic benefit <sup>*</sup>	Ineffective or unsafe <sup>†</sup>	Formulation failed <sup>Δ</sup>
<input type="checkbox"/>	Neonate	__ wk. __ mo.	__ wk. __ mo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other	__ yr. __ mo.	__ yr. __ mo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other	__ yr. __ mo.	__ yr. __ mo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other	__ yr. __ mo.	__ yr. __ mo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other	__ yr. __ mo.	__ yr. __ mo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are the indicated age ranges (above) based on weight (kg)?  No;  Yes.

Are the indicated age ranges (above) based on Tanner Stage?  No;  Yes.

Reason(s) for partial waiver (**check reason** corresponding to the category checked above, and **attach a brief justification**):

**#** Not feasible:

- Necessary studies would be impossible or highly impracticable because:
  - Disease/condition does not exist in children
  - Too few children with disease/condition to study
  - Other (e.g., patients geographically dispersed): \_\_\_\_\_

**\*** Not meaningful therapeutic benefit:

- Product does not represent a meaningful therapeutic benefit over existing therapies for pediatric patients in this/these pediatric subpopulation(s) AND is not likely to be used in a substantial number of pediatric patients in this/these pediatric subpopulation(s).

**†** Ineffective or unsafe:

- Evidence strongly suggests that product would be unsafe in all pediatric subpopulations (*Note: if studies are partially waived on this ground, this information must be included in the labeling.*)
- Evidence strongly suggests that product would be ineffective in all pediatric subpopulations (*Note: if studies are partially waived on this ground, this information must be included in the labeling.*)
- Evidence strongly suggests that product would be ineffective and unsafe in all pediatric subpopulations (*Note: if studies are partially waived on this ground, this information must be included in the labeling.*)

**Δ** Formulation failed:

- Applicant can demonstrate that reasonable attempts to produce a pediatric formulation necessary for this/these pediatric subpopulation(s) have failed. (*Note: A partial waiver on this ground may only cover the pediatric subpopulation(s) requiring that formulation. An applicant seeking a partial waiver on this ground must submit documentation detailing why a pediatric formulation cannot be developed. This submission will be posted on FDA's website if waiver is granted.*)

Justification attached.

For those pediatric subpopulations for which studies have not been waived, there must be (1) corresponding study plans that have been deferred (if so, proceed to Section C and complete the PeRC Pediatric Plan Template); (2) submitted studies that have been completed (if so, proceed to Section D and complete the PeRC Pediatric Assessment form); (3) additional studies in other age groups that are not needed because the drug is appropriately labeled in one or more pediatric subpopulations (if so, proceed to Section E); and/or (4) additional studies in other age groups that are not needed because efficacy is being extrapolated (if so,

IF THERE ARE QUESTIONS, PLEASE CONTACT THE CDER PMHS VIA EMAIL ([cderpmhs@fda.hhs.gov](mailto:cderpmhs@fda.hhs.gov)) OR AT 301-796-0700.



proceed to Section F).. Note that more than one of these options may apply for this indication to cover all of the pediatric subpopulations.

**Section C: Deferred Studies (for some or all pediatric subpopulations).**

Check pediatric subpopulation(s) for which pediatric studies are being deferred (and fill in applicable reason below):

Deferrals (for each or all age groups):				Reason for Deferral			Applicant Certification †
				Ready for Approval in Adults	Need Additional Adult Safety or Efficacy Data	Other Appropriate Reason (specify below)*	Received
Population	minimum	maximum					
<input type="checkbox"/> Neonate	__ wk. __ mo.	__ wk. __ mo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Other	__ yr. __ mo.	__ yr. __ mo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Other	__ yr. __ mo.	__ yr. __ mo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Other	__ yr. __ mo.	__ yr. __ mo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Other	__ yr. __ mo.	__ yr. __ mo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> All Pediatric Populations	0 yr. 0 mo.	16 yr. 11 mo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date studies are due (mm/dd/yy): _____							

Are the indicated age ranges (above) based on weight (kg)?  No;  Yes.

Are the indicated age ranges (above) based on Tanner Stage?  No;  Yes.

\* Other Reason: \_\_\_\_\_

† Note: Studies may only be deferred if an applicant submits a certification of grounds for deferring the studies, a description of the planned or ongoing studies, evidence that the studies are being conducted or will be conducted with due diligence and at the earliest possible time, and a timeline for the completion of the studies. If studies are deferred, on an annual basis applicant must submit information detailing the progress made in conducting the studies or, if no progress has been made, evidence and documentation that such studies will be conducted with due diligence and at the earliest possible time. This requirement should be communicated to the applicant in an appropriate manner (e.g., in an approval letter that specifies a required study as a post-marketing commitment.)

If all of the pediatric subpopulations have been covered through partial waivers and deferrals, Pediatric Page is complete and should be signed. If not, complete the rest of the Pediatric Page as applicable.

**Section D: Completed Studies (for some or all pediatric subpopulations).**

Pediatric subpopulation(s) in which studies have been completed (check below):					
Population		minimum	maximum	PeRC Pediatric Assessment form attached?	
<input type="checkbox"/>	Neonate	__ wk. __ mo.	__ wk. __ mo.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/>	Other	__ yr. __ mo.	__ yr. __ mo.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/>	Other	__ yr. __ mo.	__ yr. __ mo.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/>	Other	__ yr. __ mo.	__ yr. __ mo.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/>	Other	__ yr. __ mo.	__ yr. __ mo.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/>	All Pediatric Subpopulations	0 yr. 0 mo.	16 yr. 11 mo.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Are the indicated age ranges (above) based on weight (kg)?  No;  Yes.

Are the indicated age ranges (above) based on Tanner Stage?  No;  Yes.

*Note: If there are no further pediatric subpopulations to cover based on partial waivers, deferrals and/or completed studies, Pediatric Page is complete and should be signed. If not, complete the rest of the Pediatric Page as applicable.*

**Section E: Drug Appropriately Labeled (for some or all pediatric subpopulations):**

Additional pediatric studies are not necessary in the following pediatric subpopulation(s) because product is appropriately labeled for the indication being reviewed:			
Population		minimum	maximum
<input type="checkbox"/>	Neonate	__ wk. __ mo.	__ wk. __ mo.
<input type="checkbox"/>	Other	__ yr. __ mo.	__ yr. __ mo.
<input type="checkbox"/>	Other	__ yr. __ mo.	__ yr. __ mo.
<input type="checkbox"/>	Other	__ yr. __ mo.	__ yr. __ mo.
<input type="checkbox"/>	Other	__ yr. __ mo.	__ yr. __ mo.
<input type="checkbox"/>	All Pediatric Subpopulations	0 yr. 0 mo.	16 yr. 11 mo.

Are the indicated age ranges (above) based on weight (kg)?  No;  Yes.

Are the indicated age ranges (above) based on Tanner Stage?  No;  Yes.

*If all pediatric subpopulations have been covered based on partial waivers, deferrals, completed studies, and/or existing appropriate labeling, this Pediatric Page is complete and should be signed. If not, complete the rest of the Pediatric Page as applicable.*

**Section F: Extrapolation from Other Adult and/or Pediatric Studies (for deferred and/or completed studies)**

*Note: Pediatric efficacy can be extrapolated from adequate and well-controlled studies in adults and/or other pediatric subpopulations if (and only if) (1) the course of the disease/condition AND (2) the effects of the product are sufficiently similar between the reference population and the pediatric subpopulation for which information will be extrapolated. Extrapolation of efficacy from studies in adults and/or other children usually requires supplementation with other information obtained from the target pediatric subpopulation, such as pharmacokinetic and safety studies. Under the statute, safety cannot be extrapolated.*

Pediatric studies are not necessary in the following pediatric subpopulation(s) because efficacy can be extrapolated from adequate and well-controlled studies in adults and/or other pediatric subpopulations:

Population	minimum	maximum	Extrapolated from:	
			Adult Studies?	Other Pediatric Studies?
<input type="checkbox"/> Neonate	__ wk. __ mo.	__ wk. __ mo.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	__ yr. __ mo.	__ yr. __ mo.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	__ yr. __ mo.	__ yr. __ mo.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	__ yr. __ mo.	__ yr. __ mo.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	__ yr. __ mo.	__ yr. __ mo.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> All Pediatric Subpopulations	0 yr. 0 mo.	16 yr. 11 mo.	<input type="checkbox"/>	<input type="checkbox"/>

Are the indicated age ranges (above) based on weight (kg)?  No;  Yes.

Are the indicated age ranges (above) based on Tanner Stage?  No;  Yes.

*Note: If extrapolating data from either adult or pediatric studies, a description of the scientific data supporting the extrapolation must be included in any pertinent reviews for the application.*

***If there are additional indications, please copy the fields above and complete pediatric information as directed. If there are no other indications, this Pediatric Page is complete and should be entered into DFS or DARRTS as appropriate after clearance by PeRC.***

This page was completed by:

*{See appended electronic signature page}*

Regulatory Project Manager

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

(Revised: 6/2008)

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/s/  
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SIMRAN K PARIHAR  
12/04/2014

**From:** Parihar, Simran  
**To:** ["Goldberger, David"](#); ["Guinn, Patrick"](#)  
**Cc:** (b) (6)  
**Subject:** NDA 202971 S003 Abilify Maintena - FDA Labeling Comments  
**Date:** Tuesday, November 18, 2014 11:30:00 AM  
**Attachments:** [Abilify Maintena S-003 \(b\) \(4\) Annotated-draft-labeling FDA comments 11.18.14.doc](#)  
[sNDA 202971\\_003 \(b\) \(4\) Readable FDA Edited Section 14 of Label.doc](#)  
**Importance:** High

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Dear David and Patrick,

Please refer to your **NDA 202971/S-003** for Abilify Maintena (b) (4) Supplement dated February 7, 2014. We have reviewed your submission and in an effort to take a final action, we would like to secure labeling agreement. We request that you accept all changes to the labeling, and use this as your base document when responding to our draft labeling proposal. Please do not delete the Agency's bracketed comments in the labeling. We ask that you make appropriate edits to the label as proposed in our comments provided (see attached label).

Also, please see attached a separate word document for **Section 14** only. The original label had numerous edits and for purposes of clarity we created a separate document for our final edits for that particular section which are NOT updated within the actual original label. Please accept these final edits and place them in the original label.

We also remind you to update the Table of Contents after labeling revisions are complete. Your response is appreciated by COB on **Monday, November 24, 2014**.

Let me know if you have any questions.

Kind regards,  
Simran

**Simran K. Parihar, Pharm.D.**  
*Regulatory Health Project Manager  
Division of Psychiatry Products  
Office of Drug Evaluation I  
Center for Drug Evaluation and Research  
Food and Drug Administration  
Office: 301-796-7545  
Email: [simran.parihar@fda.hhs.gov](mailto:simran.parihar@fda.hhs.gov)*

74 Page(s) of Draft Labeling has been Withheld in Full as b4 (CCI/TS) immediately following this page

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SIMRAN K PARIHAR  
11/18/2014



David P. Walling, Ph.D.  
Collaborative Neuroscience Network, Inc.  
2600 Redondo Avenue, Suite 500  
Long Beach, CA 90806

Dear Dr. Walling:

The purpose of this letter is to inform you of the findings of a Food and Drug Administration (FDA) inspection conducted at your site. This inspection is part of FDA's Bioresearch Monitoring Program, which includes inspections designed to evaluate the conduct of research and to help ensure that the rights, safety, and welfare of human subjects of those studies have been protected.

Between April 28, 2014 and May 9, 2014, Ms. Angela Shepas, representing the U.S. Food and Drug Administration (FDA), met with you to review your conduct of Study 31-12-291, a clinical study sponsored by Otsuka Pharmaceutical Development, Inc. of the study drug aripiprazole (Abilify Maintena<sup>®</sup>) entitled "A 12-week, Phase 3, Multicenter, Randomized, Double-Blind, Placebo-Controlled Trial of Aripiprazole Intramuscular Depot (OPC-14597, Lu AF41155) in the Acute Treatment of Adults with Schizophrenia."

From our review of the establishment inspection report and the documents submitted with that report, we conclude that you adhered to the applicable statutory requirements and FDA regulations governing the conduct of clinical investigations and the protection of human subjects.

We appreciate the cooperation shown to Investigator Shepas during the inspection. Should you have any questions or concerns regarding this letter or the inspection, please contact me by letter at the address given below.

Sincerely,

*{See appended electronic signature page}*

LCDR LaKisha Williams-Patterson, USPHS  
Regulatory Health Project Manager  
Division of Good Clinical Practice Compliance  
Office of Scientific Investigations  
Office of Compliance  
Center for Drug Evaluation and Research  
Food and Drug Administration  
Building 51, Room 5374  
10903 New Hampshire Avenue  
Silver Spring, MD 20993-0002

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/s/  
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JONG HOON LEE  
07/24/2014

LAKISHA M WILLIAMS  
07/24/2014





Tram K. Tran-Johnson, Pharm.D.  
CNRI Clinical Trials, LLC  
446 26<sup>th</sup> Street, 6<sup>th</sup> Floor  
San Diego, CA 92102

Dear Dr. Tran-Johnson:

The purpose of this letter is to inform you of the findings of a Food and Drug Administration (FDA) inspection conducted at your site. This inspection is part of FDA's Bioresearch Monitoring Program, which includes inspections designed to evaluate the conduct of research and to help ensure that the rights, safety, and welfare of human subjects of those studies have been protected.

Between June 16, 2014 and June 27, 2014, Mr. Allen F. Hall, representing the U.S. Food and Drug Administration (FDA), met with you to review your conduct of Study 31-12-291, a clinical study sponsored by Otsuka Pharmaceutical Development, Inc. of the study drug aripiprazole (Abilify Maintena<sup>®</sup>) entitled "A 12-week, Phase 3, Multicenter, Randomized, Double-Blind, Placebo-Controlled Trial of Aripiprazole Intramuscular Depot (OPC-14597, Lu AF41155) in the Acute Treatment of Adults with Schizophrenia."

From our review of the establishment inspection report and the documents submitted with that report, we conclude that you adhered to the applicable statutory requirements and FDA regulations governing the conduct of clinical investigations and the protection of human subjects.

We appreciate the cooperation shown to Investigator Hall during the inspection. Should you have any questions or concerns regarding this letter or the inspection, please contact me by letter at the address given below.

Sincerely,

*{See appended electronic signature page}*

LCDR LaKisha Williams-Patterson, USPHS  
Regulatory Health Project Manager  
Division of Good Clinical Practice Compliance  
Office of Scientific Investigations  
Office of Compliance  
Center for Drug Evaluation and Research  
Food and Drug Administration  
Building 51, Room 5374  
10903 New Hampshire Avenue  
Silver Spring, MD 20993-0002

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/s/  
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JONG HOON LEE  
07/24/2014

LAKISHA M WILLIAMS  
07/24/2014



NDA 202971/S-003

**FILING COMMUNICATION –  
NO FILING REVIEW ISSUES IDENTIFIED**

Otsuka Pharmaceutical Co., Ltd.  
Attention: David Goldberger, R.Ph., RAC  
Vice President, Global Regulatory Affairs  
1 University Square Drive, Suite 500  
Princeton, NJ 08540

Dear Mr. Goldberger:

Please refer to your Supplemental New Drug Application (sNDA) dated February 7, 2014, received February 7, 2014, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Abilify Maintena (aripiprazole monohydrate) 400 mg/vial and 300 mg/vial extended-release intramuscular depot injection.

[REDACTED] (b) (4)  
[REDACTED], the Division (b) (4)  
will review submitted material for consideration to be described in labeling under the general disorder (schizophrenia).

We have completed our filing review and have determined that your supplemental application is sufficiently complete to permit a substantive review. Therefore, in accordance with 21 CFR 314.101(a), this supplemental application is considered filed 60 days after the date we received your supplemental application. The review classification for this supplemental application is **Standard**. Therefore, the user fee goal date is December 7, 2014.

We are reviewing your supplemental application according to the processes described in the Guidance for Review Staff and Industry: Good Review Management Principles and Practices for PDUFA Products. Therefore, we have established internal review timelines as described in the guidance, which includes the timeframes for FDA internal milestone meetings (e.g., filing, planning, mid-cycle, team and wrap-up meetings). Please be aware that the timelines described in the guidance are flexible and subject to change based on workload and other potential review issues (e.g., submission of amendments). We will inform you of any necessary information requests or status updates following the milestone meetings or at other times, as needed, during the process. If major deficiencies are not identified during the review, we plan to communicate proposed labeling and, if necessary, any postmarketing requirement/commitment requests by November 26, 2014.

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

We request that you submit the following information:

1. It appears that post-marketing safety information has only been submitted through August 2013. Please submit post-marketing safety information through the end of 2013, with subsequent updates as previously agreed.
2. The cutoff date for your literature search is July 17, 2013. Please update your literature search, using the same methodology as previously requested.

Please respond only to the above requests for information. While we anticipate that any response submitted in a timely manner will be reviewed during this review cycle, such review decisions will be made on a case-by-case basis at the time of receipt of the submission.

### **PRESCRIBING INFORMATION**

Your proposed prescribing information (PI) must conform to the content and format regulations found at 21 [CFR 201.56\(a\) and \(d\)](#) and [201.57](#). We encourage you to review the labeling review resources on the [PLR Requirements for Prescribing Information](#) website including:

- The Final Rule (Physician Labeling Rule) on the content and format of the PI for human drug and biological products
- Regulations and related guidance documents
- A sample tool illustrating the format for Highlights and Contents, and
- The Selected Requirements for Prescribing Information (SRPI) – a checklist of 42 important format items from labeling regulations and guidances.

At the end of labeling discussions, use the SRPI checklist to ensure that the PI conforms with format items in regulations and guidances.

### **PROMOTIONAL MATERIAL**

You may request advisory comments on proposed introductory advertising and promotional labeling. Please submit, in triplicate, a detailed cover letter requesting advisory comments (list each proposed promotional piece in the cover letter along with the material type and material identification code, if applicable), the proposed promotional materials in draft or mock-up form with annotated references, and the proposed package insert (PI) and Medication Guide. Submit consumer-directed, professional-directed, and television advertisement materials separately and send each submission to:

Food and Drug Administration  
Center for Drug Evaluation and Research  
Office of Prescription Drug Promotion (OPDP)  
5901-B Ammendale Road  
Beltsville, MD 20705-1266

Do not submit launch materials until you have received our proposed revisions to the package insert (PI) and Medication Guide, you believe the labeling is close to the final version.

For more information regarding OPDP submissions, please see <http://www.fda.gov/AboutFDA/CentersOffices/CDER/ucm090142.htm>. If you have any questions, call OPDP at 301-796-1200.

### **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 none of these criteria apply to your application, you are exempt from this requirement.

If you have any questions, email Simran Parihar, PharmD, Regulatory Health Project Manager, at [simran.parihar@fda.hhs.gov](mailto:simran.parihar@fda.hhs.gov).

Sincerely,

*{See appended electronic signature page}*

Mitchell V. Mathis, M.D.  
CAPT, USPHS  
Director  
Division of Psychiatry Products  
Office of Drug Evaluation I  
Center for Drug Evaluation and Research

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/s/  
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MITCHELL V Mathis  
04/21/2014

# OSI/DGCPC CONSULT: Request for Clinical Inspections

**Date:** April 16, 2014

**To:** Ann Meeker-O'Connell, Acting Division Director, DGCPC  
Constance Lewin, M.D., M.P.H, Branch Chief, GCPEB\*  
Susan Thompson, M.D., Acting Branch Chief, GCPAB  
Janice Pohlman, M.D., M.P.H., Team Leader GCPAB  
Susan Leibenhaut, M.D. Acting Team Leader, GCPAB  
CDER OSI PM Track  
Division of Good Clinical Practice Compliance  
Office of Scientific Investigations  
Office of Compliance/CDER

**Through:** Philip Kronstein, MD, Medical Reviewer, DPP  
Silvana Borges, MD, Acting Medical Team Leader, DPP

**From:** Simran Parihar, PharmD, Regulatory Health Project Manager, DPP

**Subject:** **Request for Clinical Site Inspections**

## I. General Information

Application#: NDA 202971/S-003  
Applicant: Otsuka Pharmaceutical  
Applicant contact information (to include phone/email):  
Mr. David Goldberger, R.Ph., RAC  
Vice President Regulatory Affairs  
Ph: 609-524-6797  
Email: [david.goldberger@otsuka-us.com](mailto:david.goldberger@otsuka-us.com)  
Drug Proprietary Name: Abilify Maintena  
Generic Drug Name: aripiprazole extended-release injectable suspension  
NME or Original BLA (Yes/No/Not Applicable\*): NO  
Review Priority (Standard or Priority or Not Applicable\*): Standard

Study Population includes < 17 years of age (Yes/No): NO  
Is this for Pediatric Exclusivity (Yes/No/Not Applicable\*): NO

Proposed New Indication(s): Treatment [REDACTED] (b) (4) of schizophrenia [REDACTED] (b) (4)

PDUFA: December 7, 2014  
Action Goal Date: November 7, 2014  
Inspection Summary Goal Date: September 8, 2014

OSI/DGCPC Consult  
version: 09/12/2013

**II. Protocol/Site Identification**

<b>Site # (Name,Address, Phone number, email, fax#)</b>	<b>Protocol ID</b>	<b>Number of Subjects</b>	<b>Indication/Primary endpoint and other endpoints for verification</b>
<p>Site #907</p> <p>Tram K. Tran-Johnson, PharmD, PsyD</p> <p>Neuropsychopharmacology Clinical Research Institute (CNRI - San Diego, LLC) 446 26th Street 6th Floor San Diego, CA 92102</p> <p>Phone: (619) 481-5252 Fax: (619) 481-5288 No email listed, only website: <a href="http://www.cnrisandiego.com">www.cnrisandiego.com</a></p>	<p>31-12-291</p> <p>(single pivotal study)</p>	<p>25</p>	<p>Treatment of acute episode of schizophrenia</p> <p>The primary efficacy endpoint was the change from baseline to endpoint (Week 10) in PANSS total score</p> <p>The key secondary efficacy endpoint was the change from baseline to endpoint (Week 10) in Clinical Global Impression - Severity (CGI-S).</p>
<p>Site #926</p> <p>David P. Walling, PhD</p> <p>Collaborative Neuroscience Network, Inc 2600 Redondo Ave, Suite 500 Long Beach, CA 90806</p> <p>Contact: Bobbie Theodore, Site Liaison Phone: (866) 669-0234 Fax: (208) 575-3169 <a href="mailto:clinicaltrials@btheodore.com">clinicaltrials@btheodore.com</a></p>	<p>31-12-291</p>	<p>21</p>	<p>(same as above)</p>



### **III. Site Selection/Rationale**

These two sites have the largest enrollment--together they constitute 46 of the 340 subjects randomized. They also, according to our statisticians, have big treatment differences (though not abnormally so).

#### **Domestic Inspections:**

Reasons for inspections (please check all that apply):

- Enrollment of large numbers of study subjects
- High treatment responders (specify):
- Significant primary efficacy results pertinent to decision-making
- There is a serious issue to resolve, e.g., suspicion of fraud, scientific misconduct, significant human subject protection violations or adverse event profiles.
- Other (specify):

Should you require any additional information, please contact Simran Parihar, PharmD (RPM) at 301-796-7545 or Phillip Kronstein, MD (Medical Reviewer) at 301-796-1074.

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/s/  
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SIMRAN K PARIHAR  
04/16/2014

# CLINICAL FILING CHECKLIST FOR NDA/BLA or Supplement

**NDA/BLA Number: NDA 202971**  
**Clinical Filing Checklist**

**Applicant: Otsuka**

**Stamp Date: February 7, 2014**

**Drug Name: Abilify Maintena**  
**(aripiprazole ER inj suspension)**

**NDA/BLA Type: Efficacy**  
**Supplement**

On initial overview of the NDA/BLA application for filing:

	Content Parameter	Yes	No	NA	Comment
<b>FORMAT/ORGANIZATION/LEGIBILITY</b>					
1.	Identify the general format that has been used for this application, e.g. electronic CTD.	X			
2.	On its face, is the clinical section organized in a manner to allow substantive review to begin?	X			
3.	Is the clinical section indexed (using a table of contents) and paginated in a manner to allow substantive review to begin?			X	Clinical section organized within e-CTD
4.	For an electronic submission, is it possible to navigate the application in order to allow a substantive review to begin (e.g., are the bookmarks adequate)?	X			
5.	Are all documents submitted in English or are English translations provided when necessary?	X			
6.	Is the clinical section legible so that substantive review can begin?	X			
<b>LABELING</b>					
7.	Has the applicant submitted the design of the development package and draft labeling in electronic format consistent with current regulation, divisional, and Center policies?	X			
<b>SUMMARIES</b>					
8.	Has the applicant submitted all the required discipline summaries (i.e., Module 2 summaries)?	X			Not all disciplines required as no new info
9.	Has the applicant submitted the integrated summary of safety (ISS)?			X	Single pivotal study
10.	Has the applicant submitted the integrated summary of efficacy (ISE)?			X	Single pivotal study
11.	Has the applicant submitted a benefit-risk analysis for the product?	X			
12.	Indicate if the Application is a 505(b)(1) or a 505(b)(2).				505(b)(1)
<b>505(b)(2) Applications</b>					
13.	If appropriate, what is the reference drug?			X	
14.	Did the applicant provide a scientific bridge demonstrating the relationship between the proposed product and the referenced product(s)/published literature?			X	
15.	Describe the scientific bridge (e.g., BA/BE studies)			X	
<b>DOSE</b>					
16.	If needed, has the applicant made an appropriate attempt to determine the correct dosage and schedule for this product (i.e., appropriately designed dose-ranging studies)? Study Number: Study Title: Sample Size: Location in submission:			X	Already approved for treatment of schizophrenia (maintenance), same doses used for acute treatment study.

File name: 5\_Clinical Filing Checklist for NDA\_BLA or Supplement 010908

## CLINICAL FILING CHECKLIST FOR NDA/BLA or Supplement

	Content Parameter	Yes	No	NA	Comment
<b>EFFICACY</b>					
17.	Do there appear to be the requisite number of adequate and well-controlled studies in the application?  <u>Pivotal Study</u> : 31-12-291, a 12-week, randomized, double-blind, placebo-controlled trial in acutely ill schizophrenic patients.  <u>Indication</u> : Treatment of schizophrenia	X			Only one study required, as is already approved for maintenance treatment of schizophrenia
18.	Do all pivotal efficacy studies appear to be adequate and well-controlled within current divisional policies (or to the extent agreed to previously with the applicant by the Division) for approvability of this product based on proposed draft labeling?	X			
19.	Do the endpoints in the pivotal studies conform to previous Agency commitments/agreements? Indicate if there were not previous Agency agreements regarding primary/secondary endpoints.	X			
20.	Has the application submitted a rationale for assuming the applicability of foreign data to U.S. population/practice of medicine in the submission?			X	46 of the 55 trial sites were in the U.S.
<b>SAFETY</b>					
21.	Has the applicant presented the safety data in a manner consistent with Center guidelines and/or in a manner previously requested by the Division?	X			
22.	Has the applicant submitted adequate information to assess the arrhythmogenic potential of the product (e.g., QT interval studies, if needed)?	X			Assessed as part of original NDA; ECG data submitted for sNDA pivotal study
23.	Has the applicant presented a safety assessment based on all current worldwide knowledge regarding this product?	X			No post-marketing info from EU (only PADER from US through August 2013), but only approved in by EC in 11/13. New literature search as requested submitted covering period 16 Jul 2011 through 17 Jul 2013
24.	For chronically administered drugs, have an adequate number of patients (based on ICH guidelines for exposure <sup>1</sup> ) been exposed at the dose (or dose range) believed to be			X	Adequate number of patients were exposed for the original NDA

<sup>1</sup> For chronically administered drugs, the ICH guidelines recommend 1500 patients overall, 300-600 patients for six months, and 100 patients for one year. These exposures MUST occur at the dose or dose range believed to be efficacious.

## CLINICAL FILING CHECKLIST FOR NDA/BLA or Supplement

	Content Parameter	Yes	No	NA	Comment
	efficacious?				
25.	For drugs not chronically administered (intermittent or short course), have the requisite number of patients been exposed as requested by the Division?			X	
26.	Has the applicant submitted the coding dictionary <sup>2</sup> used for mapping investigator verbatim terms to preferred terms?	X			
27.	Has the applicant adequately evaluated the safety issues that are known to occur with the drugs in the class to which the new drug belongs?	X			Doing standard safety assessments for this class of drug
28.	Have narrative summaries been submitted for all deaths and adverse dropouts (and serious adverse events if requested by the Division)?	X			
<b>OTHER STUDIES</b>					
29.	Has the applicant submitted all special studies/data requested by the Division during pre-submission discussions?			X	
30.	For Rx-to-OTC switch and direct-to-OTC applications, are the necessary consumer behavioral studies included (e.g., label comprehension, self selection and/or actual use)?			X	
<b>PEDIATRIC USE</b>					
31.	Has the applicant submitted the pediatric assessment, or provided documentation for a waiver and/or deferral?	X			
<b>ABUSE LIABILITY</b>					
32.	If relevant, has the applicant submitted information to assess the abuse liability of the product?			X	
<b>FOREIGN STUDIES</b>					
33.	Has the applicant submitted a rationale for assuming the applicability of foreign data in the submission to the U.S. population?		X		For the pivotal study, 46 of the 55 trial sites were in the US
<b>DATASETS</b>					
34.	Has the applicant submitted datasets in a format to allow reasonable review of the patient data?	X			Answered with input from stats
35.	Has the applicant submitted datasets in the format agreed to previously by the Division?	X			Answered with input from stats
36.	Are all datasets for pivotal efficacy studies available and complete for all indications requested?	X			Answered with input from stats
37.	Are all datasets to support the critical safety analyses available and complete?	X			Answered with input from stats
38.	For the major derived or composite endpoints, are all of the raw data needed to derive these endpoints included?	X			Answered with input from stats
<b>CASE REPORT FORMS</b>					
39.	Has the applicant submitted all required Case Report Forms in a legible format (deaths, serious adverse events, and adverse dropouts)?	X			
40.	Has the applicant submitted all additional Case Report Forms (beyond deaths, serious adverse events, and adverse			X	

<sup>2</sup> The “coding dictionary” consists of a list of all investigator verbatim terms and the preferred terms to which they were mapped. It is most helpful if this comes in as a SAS transport file so that it can be sorted as needed; however, if it is submitted as a PDF document, it should be submitted in both directions (verbatim -> preferred and preferred -> verbatim).

## CLINICAL FILING CHECKLIST FOR NDA/BLA or Supplement

	Content Parameter	Yes	No	NA	Comment
	drop-outs) as previously requested by the Division?				
<b>FINANCIAL DISCLOSURE</b>					
41.	Has the applicant submitted the required Financial Disclosure information?	X			
<b>GOOD CLINICAL PRACTICE</b>					
42.	Is there a statement of Good Clinical Practice; that all clinical studies were conducted under the supervision of an IRB and with adequate informed consent procedures?	X			

**IS THE CLINICAL SECTION OF THE APPLICATION FILEABLE? \_\_\_ Yes \_\_\_**

If the Application is not fileable from the clinical 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.

1. It appears that post-marketing safety information has only been submitted through August 2013. Please submit post-marketing safety information through the end of 2013, with subsequent updates as previously agreed.
2. The cutoff date for your literature search is July 17, 2013. Please update your literature search, using the same methodology as previously requested,

{Please see appended signature page}

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Reviewing Medical Officer

Date

{Please see appended signature page}

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Clinical Team Leader

Date

File name: 5\_Clinical Filing Checklist for NDA\_BLA or Supplement 010908

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/s/  
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PHILLIP D KRONSTEIN  
04/14/2014

SILVANA BORGES  
04/15/2014

## STATISTICS FILING CHECKLIST FOR A NEW NDA/BLA

**NDA Number:** 202971

**Applicant:** Otsuka

**Stamp Date:** 2/07/14

**Drug Name:** Abilify Maintena™

**NDA/BLA Type:** NDA

On **initial** overview of the NDA/BLA application for RTF:

	<b>Content Parameter</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Comments</b>
1	Index is sufficient to locate necessary reports, tables, data, etc.	√			
2	ISS, ISE, and complete study reports are available (including original protocols, subsequent amendments, etc.)	√	√		This submission does not have ISE available because only one efficacy trial is to be reviewed.
3	Safety and efficacy were investigated for gender, racial, and geriatric subgroups investigated (if applicable).	√			
4	Data sets in EDR are accessible and do they conform to applicable guidances (e.g., existence of define.pdf file for data sets).	√			The sponsor did not submit data in CDISC format.

**IS THE STATISTICAL SECTION OF THE APPLICATION FILEABLE?   Yes**

If the NDA/BLA is not fileable from the statistical 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.

<b>Content Parameter (possible review concerns for 74-day letter)</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Comment</b>
Designs utilized are appropriate for the indications requested.	√			
Endpoints and methods of analysis are specified in the protocols/statistical analysis plans.	√			
Interim analyses (if present) were pre-specified in the protocol and appropriate adjustments in significance level made. DSMB meeting minutes and data are available.		√		No interim analysis was conducted for the only efficacy study.
Appropriate references for novel statistical methodology (if present) are included.				
Safety data organized to permit analyses across clinical trials in the NDA/BLA.	√			
Investigation of effect of dropouts on statistical analyses as described by applicant appears adequate.	√	√		Note: There were too many patients who dropped out due to withdrawal consent.

File name: 5\_Statistics Filing Checklist for a New NDA\_BLA110207



**STATISTICS FILING CHECKLIST FOR A NEW NDA/BLA**

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Reviewing Statistician Date

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Supervisor/Team Leader Date

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/s/  
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YEH FONG CHEN  
03/31/2014

PEILING YANG  
03/31/2014

**REQUEST FOR OPDP (previously DDMAC) LABELING REVIEW  
CONSULTATION**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
FOOD AND DRUG ADMINISTRATION

**\*\*Please send immediately following the Filing/Planning meeting\*\***

TO:  
**CDER-OPDP-RPM**  
**Attention: Olga Salis**

FROM: (Name/Title, Office/Division/Phone number of requestor)  
**HFD-130 (Division of Psychiatry Products)**  
**Simran Parihar, Pharm.D.**

REQUEST DATE  
**3/19/14**

IND NO.

NDA/BLA NO.  
**NDA 202971/S-003**

TYPE OF DOCUMENTS  
(PLEASE CHECK OFF BELOW)  
**Efficacy supplement**

NAME OF DRUG  
**Abilify Maintena (aripiprazole ER  
injectable suspension)**

PRIORITY CONSIDERATION

CLASSIFICATION OF DRUG

DESIRED COMPLETION DATE  
(Generally 1 week before the wrap-up meeting)  
**September 29, 2014**

NAME OF FIRM:  
**Otsuka Pharmaceutical Company, Ltd.**

PDUFA Date: **12/7/14**

**TYPE OF LABEL TO REVIEW**

**TYPE OF LABELING:**

(Check all that apply)

- PACKAGE INSERT (PI)
- PATIENT PACKAGE INSERT (PPI)
- CARTON/CONTAINER LABELING
- MEDICATION GUIDE
- INSTRUCTIONS FOR USE(IFU)

**TYPE OF APPLICATION/SUBMISSION**

- ORIGINAL NDA/BLA
- IND
- EFFICACY SUPPLEMENT
- SAFETY SUPPLEMENT
- LABELING SUPPLEMENT
- PLR CONVERSION

**REASON FOR LABELING CONSULT**

- INITIAL PROPOSED LABELING
- LABELING REVISION

**EDR link to submission:**

Global Submit: [\\CDSESUB1\evsprod\NDA202971\202971.enx](http://CDSESUB1\evsprod\NDA202971\202971.enx)  
EDR Link: [\\CDSESUB1\evsprod\NDA202971\0055](http://CDSESUB1\evsprod\NDA202971\0055)  
eRoom link: [http://eroom.fda.gov/eRoom/CDER/CDER-NPC/0\\_c49fb](http://eroom.fda.gov/eRoom/CDER/CDER-NPC/0_c49fb)

Please Note: There is no need to send labeling at this time. OPDP reviews substantially complete labeling, which has already been marked up by the CDER Review Team. After the disciplines have completed their sections of the labeling, a full review team labeling meeting can be held to go over all of the revisions. Within a week after this meeting, "substantially complete" labeling should be sent to OPDP. Once the substantially complete labeling is received, OPDP will complete its review within 14 calendar days.

**COMMENTS/SPECIAL INSTRUCTIONS:**

**Mid-Cycle Meeting: July 1, 2014**  
**Labeling Meetings: July 8, 2014**  
**Wrap-Up Meeting: October 7, 2014**

Otsuka submitted a sNDA which proposes to [REDACTED] (b) (4). The efficacy and safety of Abilify Maintena is supported by the established efficacy and safety of the currently available Abilify Maintena schizophrenia maintenance and oral formulations of aripiprazole. Abilify Maintena is currently indicated for the treatment of schizophrenia. They propose to add the following statement into the indication [REDACTED] (b) (4). DPP would like OPDP to review proposed labeling as appropriate. Please let me know who the assigned reviewer will be and I will add them to the meetings for this supplement. Please let me us know if you need additional information.

Thanks,  
Simran

SIGNATURE OF REQUESTER  
**Simran Parihar, PharmD**

SIGNATURE OF RECEIVER

METHOD OF DELIVERY (Check one)

EMAIL

HAND

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/s/  
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SIMRAN K PARIHAR  
03/19/2014



NDA 202971/S-003

**ACKNOWLEDGEMENT --  
PRIOR APPROVAL SUPPLEMENT**

Otsuka Pharmaceutical Company, Ltd.  
c/o Otsuka Pharmaceutical Development & Commercialization, Inc.  
Attention: David Goldberger, R.Ph., RAC  
Vice President Regulatory Affairs  
2440 Research Boulevard  
Rockville, MD 20850

Dear Mr. Goldberger:

We have received your Supplemental New Drug Application (sNDA) submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA or the Act) for the following:

**NDA NUMBER:** 202971  
**SUPPLEMENT NUMBER:** 003  
**PRODUCT NAME:** Abilfiy Maintena (aripiprazole for extended-release injectable suspension)  
**DATE OF SUBMISSION:** February 7, 2014  
**DATE OF RECEIPT:** February 7, 2014

This supplemental application proposes the following change: (b) (4)

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 April 8, 2014, in accordance with 21 CFR 314.101(a).

If you have not already done so, promptly submit the content of labeling [21 CFR 314.50(l)(1)(i)] in structured product labeling (SPL) format as described at <http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm>. Failure to submit the content of labeling in SPL format may result in a refusal-to-file action under 21 CFR 314.101(d)(3). The content of labeling must conform to the content and format requirements of revised 21 CFR 201.56-57.

## **FDAAA TITLE VIII RESPONSIBILITIES**

You are also responsible for complying with the applicable provisions of sections 402(i) and (j) of the Public Health Service Act (PHS Act) [42 USC §§ 282 (i) and (j)], which was amended by Title VIII of the Food and Drug Administration Amendments Act of 2007 (FDAAA) (Public Law No, 110-85, 121 Stat. 904).

## **SUBMISSION REQUIREMENTS**

Cite the application 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:

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

All regulatory documents submitted in paper should be three-hole punched on the left side of the page and bound. The left margin should be at least three-fourths of an inch to assure text is not obscured in the fastened area. Standard paper size (8-1/2 by 11 inches) should be used; however, it may occasionally be necessary to use individual pages larger than standard paper size. Non-standard, large pages should be folded and mounted to allow the page to be opened for review without disassembling the jacket and refolded without damage when the volume is shelved. Shipping unbound documents may result in the loss of portions of the submission or an unnecessary delay in processing which could have an adverse impact on the review of the submission. For additional information, see <http://www.fda.gov/Drugs/DevelopmentApprovalProcess/FormsSubmissionRequirements/DrugMasterFilesDMFs/ucm073080.htm>.

If you have any questions, please email me at [simran.parihar@fda.hhs.gov](mailto:simran.parihar@fda.hhs.gov).

Sincerely,

*{See appended electronic signature page}*

Simran Parihar, Pharm.D.  
Regulatory Project Manager  
Division of Psychiatry Products  
Office of Drug Evaluation I  
Center for Drug Evaluation and Research

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/s/  
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SIMRAN K PARIHAR  
02/21/2014