CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER:

208019Orig1s000

ADMINISTRATIVE and CORRESPONDENCE DOCUMENTS

EXCLUSIVITY SUMMARY

NDA # 208019 SUPPL # HFD # 110

Trade Name N/A

Generic Name Potassium Chloride for Oral Solution

Applicant Name Pharma Research Software Solution

Approval Date, If Known:

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 X NO ☐

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

505(b)(2)

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 X

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.

The applicant established bioequivalence (by literature) with approved NDA 19123 (Klor-Con), Potassium Chloride Extended Release Tablets, NDA 17476, (Slow-K), Potassium Chloride Extended Release Tablets, NDA 17850, (Klotrix), Potassium Chloride Extended Release Tablets.

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

N/A

d) Did the applicant request exclusivity?

YES ☐ NO X

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

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

YES ☐ NO X

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

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

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

YES ☐ NO X

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).

N/A

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 X

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 X

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:

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"):

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 #	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:

==========

Name of person completing form: Edward Fromm, R.Ph., RAC
Title: Chief, Project Management Staff, Division of Cardiovascular and Renal Products
Date: 08/19/15

Name of Division Director signing form: Norman Stockbridge, M.D., Ph.D
Title: Director, Division of Cardiovascular and Renal Products

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

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

/s/

EDWARD J FROMM
08/19/2015

NORMAN L STOCKBRIDGE
08/19/2015

Pharma Research Software Solution, LLC.
84 Rotterdam Road North, Southampton, PA 18966
Phone: +1 877 290 1292 • Fax: +1 215 240 7969

DEBARMENT CERTIFICATION

Pursuant to Section 306(k)(1) of the Federal Food, Drug and Cosmetic Act, as amended by the Generic Drug Enforcement Act of 1992, Pharma Research Software Solution, LLC, hereby certifies that it did not and will not use, in any capacity, the services of any person debarred under subsection (a) or (b) of the Generic Drug Enforcement Act of 1992 in connection with this NDA.

Dmitry Izbinsky
President
Pharma Research Software Solution, LLC.

10-3-2014
Date

PeRC Meeting Minutes
August 12, 2015

PeRC Members Attending:
Lynne Yao
Linda Lewis
Gettie Audain
Rosemary Addy
Hari Cheryl Sachs
Robert "Skip" Nelson (NON-RESPONSIVE))
Gregory Reaman
Wiley Chambers
Andrew Mulberg
Peter Starke
Kevin Krudys
Thomas Smith
Dionna Green
Maura Oleary (NON-RESPONSIVE
Ruthie Davi (NON-RESPONSIVE)
Colleen LoCicero
Meshaun Payne
Adrienne Hornatko-Munoz NON-RESPONSIVE
Barbara Buch NON-RESPONSIVE

Agenda

NON-RESPONSIVE

10:30	NDA 208019	Potassium Chloride Powder for Oral Solution (Assessment)	DCRP	Potassium Chloride is indicated for the treatment and prophylaxis of hypokalemia with or without metabolic alkalosis, in patients for whom dietary management with potassium-rich foods or diuretic dose reduction are insufficient.

NON-RESPONSIVE

3 Page(s) has been Withheld in Full NON-RESPONSIVE immediately following this page

NON-RESPONSIVE

Potassium Chloride Powder for Oral Solution (Assessment)

- Proposed indication: for the treatment and prophylaxis of hypokalemia with or without metabolic alkalosis, inpatients for whom dietary management with potassium-rich foods or diuretic dose reduction are insufficient.
- The Division noted that this product is the second in a line of oral potassium products that have been required to submit NDAs under DESI (marketed unapproved drugs). The division clarified that the data used to support approval in both adults and pediatric patients is based on clinical information obtained from literature sources.

- ***PeRC Recommendations****:*

- The PeRC agreed with the division's conclusion that the product is adequately assessed for all pediatric ages.
- The PeRC recommends that labeling in section 8.4 Pediatrics include additional clarification that the safety and efficacy of the product in all pediatric patients was supported by clinical data obtained from published literature. There are recent examples of labeling (e.g., Adrenaline) that the division may consider.

NON-RESPONSIVE

NON-RESPONSIVE

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

/s/

MESHAUN L PAYNE
08/21/2015

Note: The PeRC review of this product will likely occur *after* the Review Division checks this completed document into DARRTS. The PeRC's recommendation, which may differ from the information in this document, will be described in the PeRC meeting minutes. PeRC meeting minutes are linked in DARRTS to the INDs and applications discussed during each meeting.

Dear Review Division:

The attached template includes the necessary documentation to facilitate the *required* Pediatric Review Committee (PeRC) review of Waivers, Deferrals, Pediatric Plans, and Pediatric Assessments before product approval.

Complete the section(s) of this template that are relevant to your *current submission.*

Definitions:

Deferral *– A deferral is granted when a pediatric assessment is required but has not been completed at the time the New Drug Application (NDA), Biologics License Application (BLA), or supplemental NDA or BLA is ready for approval. On its own initiative or at the request of an applicant, FDA may defer the submission of some or all required pediatric studies until a specified date after approval of the drug or issuance of the license for a biological product if the Agency finds that the drug or biological product is ready for approval in adults before the pediatric studies are completed, the pediatric studies should be delayed until additional safety and effectiveness data have been collected, or there is another appropriate reason for deferral.*

Full Waiver *– On its own initiative or at the request of an applicant, FDA may waive the requirement for a pediatric assessment for all pediatric age groups if: (1) studies would be impossible or highly impracticable; (2) there is evidence strongly suggesting that the product would be ineffective or unsafe in all pediatric age groups; or (3) the 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. If studies are being waived because there is evidence that the product would be ineffective or unsafe in all pediatric age groups, this information MUST be included in the pediatric use section of labeling.*

Partial Waiver *– FDA may waive the requirement for a pediatric assessment for a specific pediatric age group if any of the criteria for a full waiver are met for that age group or if the applicant can demonstrate that reasonable attempts to produce a pediatric formulation for that age group have failed. If a partial waiver is granted because a pediatric formulation cannot be developed, the partial waiver will only cover the pediatric groups requiring that formulation.*

Pediatric Assessment *– The pediatric assessment contains data gathered from pediatric studies using appropriate formulations for each age group for which the assessment is required. It also includes data that are adequate to: (1) assess the safety and effectiveness of the product for the claimed indications in all relevant pediatric subpopulations; and (2) support dosing and administration for each pediatric subpopulation for which the data support a finding that the product is safe and effective.*

Pediatric Plan *– A pediatric plan is the applicant's statement of intent describing the planned or ongoing pediatric studies (e.g., pharmacokinetics/pharmacodynamics, safety, efficacy) that they plan to conduct or are conducting (i.e., the pediatric studies that will comprise the pediatric assessment). If necessary, the plan should address the development of an age-appropriate formulation and must contain a timeline for the completion of studies. FDA recommends that the timeline should include the dates the applicant will: (1) submit the protocol; (2) complete the studies; and 3) submit the study reports.*

Pediatric Population/Patient- *21 CFR 201.57 defines pediatric population (s) and pediatric patient (s) as the pediatric age group, from birth to 16 years, including age groups often called neonates, infants, children, and adolescents.*

PREA Pediatric Record/Pediatric Page *– The pediatric record is completed for all NDAs, BLAs, or supplemental NDAs or BLAs. This record indicates whether the application triggers the Pediatric Research Equity Act (PREA), and if so, indicates how pediatric studies will be or have been addressed for each pediatric age group. If the Agency is waiving or deferring any or all pediatric studies, the pediatric record also includes the reason(s) for the waiver and/or deferral. (Note that with the implementation of DARRTS, the Pediatric Record is replacing the Pediatric Page for NDAs. The Pediatric Page is still to be used for BLAs.) For NDAs, the information should be entered into DARRTS and then the form should be created and submitted along with other required PeRC materials. Divisions should complete the Pediatric Page for NDAs that do not trigger PREA and submit the Pediatric Page via email to CDER PMHS until further notice.*

Pediatric Research Equity Act (PREA) Waiver Request, Deferral Request/Pediatric Plan and Assessment Template(s)

BACKGROUND

Please check all that apply: ☐ **Full Waiver** ☐ **Partial Waiver** ☒ **Pediatric Assessment** ☐ **Deferral/Pediatric Plan**

BLA/NDA#: 208019

PRODUCT PROPRIETARY NAME: N/A **ESTABLISHED/GENERIC NAME: Potassium chloride for oral solution**

APPLICANT/SPONSOR: Pharma Research Software Solution, LLC

PREVIOUSLY APPROVED INDICATION/S:
(1) **None**
(2) _____
(3) _____
(4) _____

PROPOSED INDICATION/S:
(1) Potassium Chloride is indicated for the treatment and prophylaxis of hypokalemia in patients for whom dietary management with potassium-rich foods or diuretic dose reduction are insufficient.

NDA STAMP DATE: 10/24/14

PDUFA GOAL DATE: 08/24/15

SUPPLEMENT TYPE: N/A

SUPPLEMENT NUMBER: N/A

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

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

Did the sponsor submit an Agreed iPSP? Yes ☐ ***No*** ☒

Did FDA confirm its agreement to the sponsor's Agreed iPSP? Yes ☐ ***No*** ☒

Has the sponsor submitted a Proposed Pediatric Study Request (PPSR) or does the Division believe there is an additional public health benefit to issuing a Written Request for this product, even if the plan is to grant a waiver for this indication? (Please note, Written Requests may include approved and unapproved indications and may apply to the entire moiety, not just this product.)

Yes ☐ ***No*** ☒

Is this application in response to a PREA (Postmarketing Requirement) PMR? Yes ☐ ***No*** ☒

If Yes, PMR #_____ NDA #_____

Does the division agree that this is a complete response to the PMR? Yes ☐ ***No*** ☐

If Yes, to either question Please complete the Pediatric Assessment Template.

If No, complete all appropriate portions of the template, including the assessment template if the division believes this application constitutes an assessment for any particular age group.

WAIVER REQUEST

Please attach:

☒ ***Draft Labeling (If Waiving for Safety and/or Efficacy) from the sponsor unless the Division plans to change. If changing the sponsor's proposed language, include the appropriate language under Question 4 in this form.***

☐ ***Pediatric Record***

1. Pediatric age group(s) to be waived. **N/A**

2. Reason(s) for waiving pediatric assessment requirements (***Choose one. If there are different reasons for different age groups or indications, please choose the appropriate reason for <u>each</u> age group or indication. This section should reflect the Division's thinking.***)

   ☐ Studies are impossible or highly impractical (e.g. the number of pediatric patients is so small or is geographically dispersed). (Please note that in the DARRTS record, this reason is captured as "Not Feasible.") If applicable, chose from the adult-related conditions on the next page.

   ☐ The product would be ineffective and/or unsafe in one or more of the pediatric group(s) for which a waiver is being requested. Note: If this is the reason the studies are being waived, this information MUST be included in the pediatric use section of labeling. Please provide the draft language you intend to include in the label. The language must be included in section 8.4 and describe the safety or efficacy concerns in detail.

   ☐ The product fails to represent a meaningful therapeutic benefit over existing therapies for pediatric patients **<u>and</u>** is unlikely to be used in a substantial number of all pediatric age groups or the pediatric age group(s) for which a waiver is being requested.

   ☐ Reasonable attempts to produce a pediatric formulation for one or more of the pediatric age group(s) for which the waiver is being requested have failed. (Provide documentation from Sponsor) Note: Sponsor must provide data to support this claim for review by the Division, and this data will be publicly posted***. (This reason is for Partial Waivers Only)***

3 Provide justification for Waiver:

Although the applicant requested a waiver, they also submitted literature to support their proposed pediatric labeling.

We believe this literature, in addition to the bridge established in adults between their formulation and various types of immediate and modified release products is sufficient to provide adequate instructions for use in children (all ages).

3 Provide language Review Division is proposing for Section 8.4 of the label if different from sponsor's proposed language:

The applicant's proposed language is as follows:

Pediatric Use

The safety and effectiveness of potassium chloride have been demonstrated in children with diarrhea and malnutrition from birth to18 years.

We propose the following language:

Pediatric Use

We are fine with the language above.

Adult-Related Conditions that qualify for a waiver because they rarely or never occur in pediatrics

These conditions qualify for waiver because studies would be impossible or highly impractical.

- actinic keratosis
- adjunctive treatment of major depressive disorder
- age-related macular degeneration
- Alzheimer's disease
- amyloidosis
- amyotrophic lateral sclerosis
- androgenic alopecia
- atherosclerotic cardiovascular disease
- autosomal dominant polycystic kidney disease (ADPKD)
- benign monoclonal gammopathy
- benign prostatic hyperplasia
- cancer:
  - basal cell and squamous cell skin cancer
  - bladder
  - breast
  - cervical
  - colorectal
  - endometrial
  - esophageal
  - follicular lymphoma
  - gastric
  - hairy cell leukemia
  - hepatocellular
  - indolent non-Hodgkin lymphoma
  - lung (small & non-small cell)
  - multiple myeloma
  - oropharynx (squamous cell)
  - ovarian (non-germ cell)
  - pancreatic
  - prostate
  - refractory advanced melanoma
  - renal cell
  - uterine
- chronic lymphocytic leukemia
- chronic obstructive pulmonary disease
- cryoglobulinemia
- diabetic peripheral neuropathy / macular edema

digestive disorders (gallstones)

dry eye syndrome (keratoconjunctivitis sicca)

erectile dysfunction

essential thrombocytosis

Huntington's chorea

infertility & reproductive technology

ischemic vascular diseases, such as angina, myocardial infarction, and ischemic stroke

memory loss

menopause and perimenopausal disorders

mesothelioma

myelodysplasia

myelofibrosis & myeloproliferative disorders

osteoarthritis

overactive bladder

Parkinson's disease

paroxysmal nocturnal hemoglobinuria

plasma cells and antibody production disorders

polycythemia vera

postmenopausal osteoporosis

prevention of stroke and systemic embolic events in atrial fibrillation

psoriatic arthritis

reduction of thrombotic cardiovascular events in patients with coronary artery disease

replacement therapy in males for conditions associated with a deficiency or absence of endogenous testosterone

retinal vein occlusions

stress urinary incontinence

temporary improvement in the appearance of caudal lines

treatment of incompetent great saphenous veins and varicosities

type 2 diabetic nephropathy

vascular dementia/vascular cognitive disorder/impairment

DEFERRAL REQUEST

Please attach:

☐ ***Pediatric Record***

1. **Age groups included in the deferral request:**

2. **Where deferral is only requested for certain age groups, reason(s) for not including entire pediatric population in deferral request:**

3. **Reason/s for requesting deferral of pediatric studies in pediatric patients with disease:** (***Choose one. If there are different reasons for different age groups or indications, please choose the appropriate reason for <u>each</u> age group or indication. This section should reflect the Division's thinking.***)

   a. Adult studies are completed and ready for approval
   b. Additional safety or effectiveness data needed (**describe**)
   c. Other (**specify**)

4. **Provide projected date for the submission of the pediatric assessment (deferral date):**

5. **Did applicant provide certification of grounds for deferring assessments?** ☐ **Yes** ☐ **No**

6. **Did applicant provide evidence that studies will be done with due diligence and at the earliest possible time?** ☐ **Yes** ☐ **No**

SPONSOR'S PROPOSED PEDIATRIC PLAN

1. **Has a pediatric plan been submitted to the Agency?** ☐ **Yes** ☐ **No**

2. Does the division agree with the sponsor's plan? ☐ **Yes** ☐ **No**

3. **Did the sponsor submit a timeline for the completion of studies (must include at least dates for protocol submission, study completion and studies submitted)?** ☐ **Yes** ☐ **No**

a. **Protocol Submission:**
b. **Study Completion:**
c. **Study Submission:**

4. **Has a Written Request been issued? ☐ Yes ☐ No (If yes and the WR matches the proposed pediatric plan, please attach a copy. It is not necessary to complete the remainder of this document)**

5. **Has a PPSR been submitted? ☐ Yes ☐ No (If yes, you may submit a draft WR and have PeRC review WR and deferral/plan at the same time.)**

Please note that the remainder of this section should be completed based on what the Division is requiring regardless of what the sponsor is proposing.

DIVISION'S PROPOSED PK, SAFTEY, AND EFFICACY TRIAL

Please complete as much of the information below as possible. Please note that the portions of the document that are shaded are not required for early stage pediatric plans but are useful if available.

Types of Studies/Study Design:

Nonclinical Studies:

Clinical Studies:

Age group and population (indication) in which study will be performed:
This section should list the age group and population exactly as it is in the plan.

Example:
Study 1: patients aged X to Y years.
Study 2: sufficient number of subjects to adequately characterize the pharmacokinetics in the above age groups.

Number of patients to be studied or power of study to be achieved:

Example:
Study 1: X subjects in each treatment arm and be powered to show that (drug name, concentration, form etc) DRUG is not inferior to the active comparator. 50% must be females and 25% must be less than 3 years.

Study 2: This study is powered and structured to detect a 30% change in (drug name, concentration, form etc) DRUG clearance and other relevant pharmacokinetic parameters.

Entry criteria:
This section should list pertinent inclusion/exclusion criteria.

Example:
Entry criteria: Pediatric patients with disease x diagnosed with laboratory test of LFTs
Patients must have a negative pregnancy test if female..

Clinical endpoints:

Example:
Study 1: Clinical outcome and safety will be the primary endpoints.

Study 2: The primary pharmacokinetic analysis of (drug name, concentration, form etc) DRUG should attempt to include all the patients in the study with determination of the following parameters: single dose and steady state AUC, Cmax, Tmax, and CL/F.

Timing of assessments:

Example :baseline, week 1, 4, and 6

Statistical information (statistical analyses of the data to be performed):
Example:
Study 1 non-inferiority: two-sided 95% confidence interval (CI) of treatment difference in improvement rates should be within 25% of the control's response rate.

Study 2: descriptive statistical methods for AUC, C max, Tmax, Cl/F and compared to adults.

Division comments on product safety:
Are there any safety concerns currently being assessed? ☐ **Yes** ☐ **No**

Are there safety concerns that require us to review post-marketing safety data before fully designing the pediatric studies? ☐ **Yes** ☐ **No**

Will a DSMB be required? ☐ **Yes** ☐ **No**

Other comments:

Division comments on product efficacy:

Division comments on sponsor proposal to satisfy PREA:

PeRC ASSESSMENT TEMPLATE

Please attach:

- ☐ ***Proposed Labeling from the sponsor unless the Division plans to change. If changing the language, include the appropriate language at the end of this form. The Division has not yet revised the sponsor's proposed labeling.***
- ☐ ***Pediatric Record***

Date of PREA PMR:
Description of PREA PMR: ***(Description from the PMC database is acceptable)***

Was Plan Reviewed by PeRC? ☐ **Yes** ☐ **No** If yes, did sponsor follow plan?

If studies were submitted in response to the Written Request (WR), provide the annotated WR in lieu of completing the remainder of the Pediatric Assessment template.

Indication(s) that were studied:
This section should list the indication(s) exactly as written in the *protocols.*

Example:
DRUG for the treatment of the signs and symptoms of disease x.

Number of Centers _____

Number and Names of Countries _____

Drug information:

Examples in italics

- **Route of administration**: *Oral*
- ***Formulation:** *disintegrating tablet*
- **Dosage:** *75 and 50 mg*
- **Regimen:** *list frequency of dosage administration*

**If the dosage form is powder for oral suspension; provide information on storage statement and concentration after reconstitution (e.g. with water, juice or apple sauce etc.)*

Types of Studies/ Study Design:
Example:
Study 1: Multi- center, randomized, active controlled double blind study to evaluate the safety and efficacy of (drug name, concentration, form etc) DRUG administered twice daily for the treatment of patients with disease x.
Study 2: PK and safety study of (drug name, concentration, form etc) DRUG in patients with disease x.

Age group and population in which study/ies was/were performed:

Example:
Study 1: patients aged X to Y years.
Study 2: sufficient number of patients to adequately characterize the pharmacokinetics in the above age groups.

Number of patients studied or power of study achieved:
Example:
Study 1: X patients in each treatment arm and was powered to show that (drug name, concentration, form etc) DRUG is not inferior to the active comparator. 50% were females and 25% were less than 3 years.

Study 2: powered and structured to detect a 30% change in (drug name, concentration, form etc) DRUG clearance and other relevant pharmacokinetic parameters. The study included at least X evaluable patients. .

Entry criteria:
This section should list pertinent inclusion/exclusion criteria.

Example:
Entry criteria: Pediatric patients with disease x diagnosed with laboratory test of LFTs
Patients had a negative pregnancy test if female.

Clinical endpoints: *Example:* *Study 1: Clinical outcome and safety were the primary endpoints.* *Study 2: The primary pharmacokinetic analysis of (drug name, concentration, form etc) DRUG attempted to include all the patients in the study with determination of the following parameters: single dose and steady state AUC, Cmax, Tmax, and CL/F*
Statistical information (statistical analyses of the data performed): This section should list the statistical tests conducted. *Example:* *Study 1 - two-sided 95% confidence interval (CI) of treatment difference in improvement rates were within 25% of the control's response rate.* *Study 2: descriptive statistical methods for AUC, C max, Tmax, Cl/F and compared to adults.*
Timing of assessments: *Example:* *Baseline, week 2, week, 6, and end of treatment*

Division comments and conclusions (Summary of Safety and Efficacy)
Provide language Review Division is proposing for the appropriate sections of the label if different from sponsor-proposed language.

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

/s/

EDWARD J FROMM
08/17/2015

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration
Silver Spring MD 20993

NDA 208019 **INFORMATION REQUEST**

Pharma Research Software Solution, LLC.
Attention: Mr. Dmitry Izbinsky
President
84 Rotterdam Road North
Southampton, PA 18996

Dear Mr. Izbinsky:

Please refer to your Drug Application (NDA) dated October 24, 2014, submitted pursuant to section 505(b)(2) of the Federal Food, Drug, and Cosmetic Act (FDCA), for Potassium Chloride for Oral Solution, USP, 20 mEq.

We are reviewing your application and have the following comments and recommendations from the Division of Medication Error Prevention and Analysis (DMEPA). We request a prompt written response in order to continue our evaluation of your NDA.

A. Container Label

1. As currently presented, the manufacturer's information is more prominent than the established name due to the blue font utilized in its presentation. Revise the font color of the manufacture information to black or relocate this information to the bottom of the principal display panel (PDP).
2. Remove the "Manufactured by:" statement from the PDP. This information contributes to clutter on the PDP and is redundant since it appears on the back panel of the container label.
3 Revise the net quantity statement on the PDP, "Single Dose (b) (4) to read "Single Dose (1.5 g)".
4. Revise the statement on the back panel, (b) (4) ..." to read "Each pouch contains 1.5 g of potassium chloride providing potassium 20 mEq and chloride 20 mEq.
5. Revise the (b) (4) statement on the back panel to read "Usual Dose: See prescribing information."

B. Carton Labeling

1. Revise the net quantity statement (b) (4) to 100 Single-Dose Pouches.
2. If space permitted, add the statement "Dissolve the contents of 1 pouch in 4 ounces of water or other beverage" to the PDP.

If you have any questions, please call:

Edward Fromm, R.Ph., RAC
Regulatory Project Manager
(301) 796-1072

Sincerely,

{See appended electronic signature page}
Norman Stockbridge, M.D., Ph.D
Director
Division of Cardiovascular and Renal Products
Office of Drug Evaluation I
Center for Drug Evaluation and Research

cc: Melissa L. Goodhead, MSc, RAC
PPSI
11705 Boyette Road, Suite 171
Riverview, Florida 33569

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

/s/

NORMAN L STOCKBRIDGE
07/21/2015

December 30, 2014

The attached COR-NDAFILE-05 (No Filing Review Issues Identified) letter stated the incorrect user fee goal date. The communication function of this letter has been changed to Advice. The corrected letter was issued on the same day.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration
Silver Spring MD 20993

NDA 208019

FILING COMMUNICATION –
NO FILING REVIEW ISSUES IDENTIFIED

Pharma Research Software Solution, LLC.
Attention: Mr. Dmitry Izbinsky
President
84 Rotterdam Road North
Southampton, PA 18996

Dear Mr. Izbinsky:

Please refer to your Drug Application (NDA) dated October 24, 2014, received October 24, 2014, submitted pursuant to section 505(b)(2) of the Federal Food, Drug, and Cosmetic Act (FDCA), for Potassium Chloride for Oral Solution, USP, 20 mEq.

We have completed our filing review and have determined that your application is sufficiently complete to permit a substantive review. Therefore, in accordance with 21 CFR 314.101(a), this application is considered filed 60 days after the date we received your application. The review classification for this application is **Standard**. Therefore, the user fee goal date is October 24, 2015.

We are reviewing your application according to the processes for a standard review as 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 commitment requests by July 3, 2015.

We are not currently planning to hold an advisory committee meeting to discuss this application.

We request that you submit the following information:

CMC

Provide updated stability data for the drug product as soon as they are available.

Product Quality Microbiology

You have proposed a waiver of microbial limits testing for drug product release and stability. If you wish to omit these microbial limits specifications, more information on your process is needed. Please address the following points:

1. Identify and justify critical control points in the manufacturing process that could affect microbial load of the drug product.
2. Describe microbiological monitoring and acceptance criteria for the critical control points that you have identified. Verify the suitability of your testing methods for your drug product. Conformance to the acceptance criteria established for each critical control point should be documented in the batch record in accordance with 21 CFR 211.188.
3. Provide the results of microbial limits testing performed on any recently produced batches of drug product.

If you cannot provide this information, you should plan to minimally perform microbial limits testing for product release.

Biopharmaceutics

Provide a table comparing the formulation (components and composition) of your proposed drug product versus the formulation of each drug product used in the literature references that you are relying on to support the biowaiver request. Provide a justification for any difference between the formulation of the proposed product and the formulations in the literature with respect to concentration, inactive ingredients, pH etc.

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.

During our preliminary review of your submitted labeling, we have identified the following labeling issues and have the following labeling comments or questions:

Highlights

1. Highlights (HL) must be in a minimum of 8-point font and should be in two-column format, with ½ inch margins on all sides and between columns.

Comment: Margins in Highlights are not ½ inch, column spacing is also not ½ inch.

2. The length of HL must be one-half page or less unless a waiver has been granted in a previous submission. The HL Boxed Warning does not count against the one-half page requirement.

Comment*: Highlights is greater than ½ page*

3. All headings in HL must be **bolded** and presented in the center of a horizontal line (each horizontal line should extend over the entire width of the column). The headings should be in UPPER CASE letters.

Comment: *Headings are not in the center of the horizontal lines. Horizontal lines do not span the width of the column.*

4. The **bolded** HL Limitation Statement must include the following verbatim statement: "**These highlights do not include all the information needed to use (insert name of drug product) safely and effectively. See full prescribing information for (insert name of drug product).**" The name of drug product should appear in UPPER CASE letters.

Comment: *HL Limitations statement does not follow this format.*

Table of Contents

5. The same heading for the BW that appears in HL and the FPI must also appear at the beginning of the TOC in UPPER CASE letters and **bolded**.

Comment: *You include a title for a boxed warning, but no boxed warning.*

6. The section and subsection headings in the TOC must match the section and subsection headings in the FPI.

Comment: *TOC and FPI headings do not match.*

Full Prescribing Information

7. The preferred presentation for cross-references in the FPI is the section (not subsection) heading followed by the numerical identifier. The entire cross-reference should be in *italics* and enclosed within brackets. For example, *"[see Warnings and Precautions (5.2)]*".

Comment: *Correct cross reference formatting as above.*

We request that you resubmit labeling (in Microsoft Word format) that addresses these issues by January 23, 2015. The resubmitted labeling will be used for further labeling discussions. Use the SRPI checklist to correct any formatting errors to ensure conformance with the format items in regulations and guidances. Please also refer to the approved labeling for NDA 206814, Potassium Chloride Oral Solution, for further guidance on labeling for this product.

At the end of labeling discussions, use the SRPI checklist to ensure that the PI conforms with

format items in regulations and guidances.

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.

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). 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 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.

We acknowledge receipt of your request for a full waiver of pediatric studies for this application. Once we have reviewed your request, we will notify you if the full waiver request is denied and a pediatric drug development plan is required.

If you have any questions, please call Edward Fromm, Regulatory Project Manager, at (301) 796-1072.

Sincerely,

{See appended electronic signature page}

Norman Stockbridge, M.D., Ph.D.
Director
Division of Cardiovascular and Renal Products
Office of Drug Evaluation I
Center for Drug Evaluation and Research

cc: Melissa L. Goodhead, MSc, RAC
PPSI
11705 Boyette Road, Suite 171
Riverview, Florida 33569

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

/s/

NORMAN L STOCKBRIDGE
12/30/2014

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration
Silver Spring MD 20993

NDA 208019

NDA ACKNOWLEDGMENT

Pharma Research Software Solution, LLC
c/o Pharmaceutical Project Solutions Inc.
Attention: Melissa L. Goodhead, MSc, RAC,
US Agent
11705 Boyette Road, Suite 171
Riverview, FL 33569

Dear Ms. Goodhead:

We have received your New Drug Application (NDA) submitted under section 505(b)(2) of the Federal Food, Drug, and Cosmetic Act (FDCA) for the following:

Name of Drug Product: Potassium Chloride for Oral Solution, USP, 20 mEq

Date of Application: October 24, 2014

Date of Receipt: October 24, 2014

Our Reference Number: NDA 208019

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 December 23, 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.

You are also responsible for complying with the applicable provisions of sections 402(i) and 402(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).

The NDA number provided above should be cited 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 Cardiovascular and Renal 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, please see http://www.fda.gov/Drugs/DevelopmentApprovalProcess/FormsSubmissionRequirements/DrugMasterFilesDMFs/ucm073080.htm.

Secure email between CDER and applicants is useful for informal communications when confidential information may be included in the message (for example, trade secrets or patient information). If you have not already established secure email with the FDA and would like to set it up, send an email request to SecureEmail@fda.hhs.gov. Please note that secure email may not be used for formal regulatory submissions to applications.

If you have any questions, please call me at (301) 796-1072.

Sincerely,

{See appended electronic signature page}

Edward Fromm, R.Ph., RAC
Chief, Project Management Staff
Division of Cardiovascular and Renal Products
Office of Drug Evaluation I
Center for Drug Evaluation and Research

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

/s/

EDWARD J FROMM
10/31/2014

Form Approved: OMB No. 0910 - 0297 Expiration Date: December 31, 2015. See instructions for OMB Statement, below.

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION	PRESCRIPTION DRUG USER FEE COVERSHEET

A completed form must be signed and accompany each new drug or biologic product application and each new supplement. See exceptions on the reverse side. If payment is sent by U.S. mail or courier, please include a copy of this completed form with payment. Payment instructions and fee rates can be found on FDA's website: http://www.fda.gov/ForIndustry/UserFees/PrescriptionDrugUserFee/ucm119184.htm

1. APPLICANT'S NAME AND ADDRESS	4. BLA SUBMISSION TRACKING NUMBER (STN) / NDA NUMBER
PHARMA RESEARCH SOFTWARE SOLUT Dmitriy Izbinsky 84 ROTTERDAM RD N SOUTHAMPTON US PA 189662356 US	208-019
2. NAME AND TELEPHONE NUMBER OF REPRESENTATIVE 267-3423548	5. DOES THIS APPLICATION REQUIRE CLINICAL DATA FOR APPROVAL? [ ] YES [X] NO IF YOUR RESPONSE IS "NO" AND THIS IS FOR A SUPPLEMENT, STOP HERE AND SIGN THIS FORM. IF RESPONSE IS "YES", CHECK THE APPROPRIATE RESPONSE BELOW: [ ] THE REQUIRED CLINICAL DATA ARE CONTAINED IN THE APPLICATION [ ] THE REQUIRED CLINICAL DATA ARE SUBMITTED BY REFERENCE TO:
3. PRODUCT NAME Potassium Chloride for Oral Solution, USP, 20mEq	6. USER FEE I.D. NUMBER PD3014622

7. ARE YOU REDEEMING A PRIORITY REVIEW VOUCHER FOR THE TREATMENT OF TROPICAL DISEASES? [ ] YES [X] NO

PRIORITY REVIEW VOUCHER NUMBER:

IS THIS APPLICATION COVERED BY ANY OF THE FOLLOWING USER FEE EXCLUSIONS? IF SO, CHECK THE APPLICABLE EXCLUSION.

[ ] A LARGE VOLUME PARENTERAL DRUG PRODUCT APPROVED UNDER SECTION 505 OF THE FEDERAL FOOD, DRUG, AND COSMETIC ACT BEFORE

9/1/92 (Self Explanatory)
[ ] THE APPLICATION QUALIFIES FOR THE ORPHAN EXCEPTION UNDER SECTION 736(a)(1)(F) of the Federal Food,Drug, and Cosmetic Act
[ ] THE APPLICATION IS SUBMITTED BY A STATE OR FEDERAL GOVERNMENT ENTITY FOR A DRUG THAT IS NOT DISTRIBUTED COMMERCIALLY

9. HAS A WAIVER OF AN APPLICATION FEE BEEN GRANTED FOR THIS APPLICATION? [X] YES [ ] NO
If a waiver has been granted, include a copy of the official FDA notification with your submission.

Privacy Act Notice:
This notice is provided pursuant to the Privacy Act of 1974, 5 U.S.C. 552a. The collection of this information is authorized by 21 U.S.C. 371, 379, 379e, 379h, 379h-1, 379j, 379j-12, 379j-21, 387s, and 393(d)(2); 42 U.S.C. 263b(r)(1); 5 U.S.C. 301 and 552; and 42 U.S.C. 3101. FDA will use the information to assess, collect and process user fee payments, and, facilitate debt collection under the Debt Collection Improvement Act. FDA may disclose information to courts and the Department of Justice in the context of litigation and requests for legal advice; to other Federal agencies in response to subpoenas issued by such agencies; to HHS and FDA employees and contractors to perform user fee services; to the National Archives and Records Administration and General Services Administration for records management inspections; to the Department of Homeland Security and other Federal agencies and contractors in order to respond to system breaches; to banks in order to process payment made by credit card; to Dun and Bradstreet to validate submitter contact information, and to other entities as permitted under the Debt Collection Improvement Act. Furnishing the requested information is mandatory. Failure to supply the information could prevent FDA from processing user fee payments. Additional detail regarding FDA's use of information is available online: http://www.fda.gov/RegulatoryInformation/FOI/PrivacyAct/default.htm.

OMB Statement:
Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

Department of Health and Human Services Food and Drug Administration Center for Biologics Evaluation and Research Office of Information Management (HFA-710) 8455 Colesville Road, COLE-14-14253 Silver Spring, MD 20993-0002	Department of Health and Human Services Food and Drug Administration Center for Drug Evaluation and Research Office of Information Management (HFA-710) 8455 Colesville Road, COLE-14-14253 Silver Spring, MD 20993-0002	An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

PRINTED NAME AND SIGNATURE OF	TITLE	DATE

AUTHORIZED REPRESENTATIVE		
Dmitry	President	10-22-2014

. USER FEE PAYMENT AMOUNT FOR THIS APPLICATION

$0.00

Form FDA 3397 (03/12)

Department of Health and Human Services | Public Health Service
Food and Drug Administration
10903 New Hampshire Ave.
Building 51, Room 6257
Silver Spring, MD 20993

SEP 17 2014

Dmitry Izbinsky
President
Pharma Research Software Solutions, LLC.
84 Rotterdam Road North
Southampton, PA 18966

RE: Pharma Research Software Solutions, LLC., Small Business Waiver Request # 2014.055 for a New Drug Application for Potassium Chloride Powder for Oral Solution

Dear Mr. Izbinsky:

This responds to your March 28, 2014, letter requesting a waiver of an application user fee under the small business waiver provision, section 736(d)(1)(D)[1] of the Federal Food, Drug, and Cosmetic Act (the Act) (Waiver Request 2014.055). You request a waiver of the fiscal year (FY) 2014[2] human drug application fee for a new drug application (NDA) for Potassium Chloride Powder for Oral Solution. For the reasons described below, the Food and Drug Administration (FDA) grants the Pharma Research Software Solutions, LLC. (PRSS), request for a small business waiver of one NDA fee. The NDA will be based on the information gathered under investigational new drug application (IND) 115294 for Potassium Chloride Powder for Oral Solution.

According to your waiver request:

- PRSS has 12 employees.
- PRSS did not claim any affiliates.
- PRSS is submitting its first human drug application to the Agency for review.
- PRSS does not have another drug product approved under a human drug application and introduced or delivered for introduction into interstate commerce.
- PRSS expects to submit the NDA in June 2014.

Under section 736(d)(1)(D) of the Act, a waiver of the application fee is granted to a small business for the first human drug application that it or its affiliate[3] submits to the FDA for review. As outlined in section 736(d)(4) of the Act,[4] a small business is entitled to a waiver when the business meets the following criteria:

[1] 21 U.S.C. 379h(d)(1)(D).
[2] FY 2014 = October 1, 2013, through September 30, 2014.
[3] "The term 'affiliate' means a business entity that has a relationship with a second business entity if, directly or indirectly — (A) one business entity controls, or has the power to control, the other business entity; or (B) a third party controls, or has the power to control, both of the business entities" (21 U.S.C. 379g(11)).
[4] 21 U.S.C. 379h(d)(4).

1. The business must employ fewer than 500 persons, including employees of its affiliates.
2. The business does not have a drug product that has been approved under a human drug application and introduced or delivered for introduction into interstate commerce.
3. The marketing application must be the first human drug application, within the meaning of the Act, that a company or its affiliate submits to FDA.

FDA has reviewed its records, the Small Business Administration (SBA) size determination dated August 20, 2014,[5] and the information you submitted. Considering all the relevant factors, FDA concludes that PRSS meets the statutory requirements of the Act.

Consequently, your request for a small business waiver of the application fee for an NDA for Potassium Chloride Powder for Oral Solution is granted, provided the marketing application is received by FDA before April 3, 2015, one year after the base date for the size determination. We have notified the FDA Office of Financial Management of this waiver decision.

FDA records show that PRSS has not yet submitted the full NDA. **Please include a copy of this letter granting your waiver with your submission of the NDA for Potassium Chloride Powder for Oral Solution.** Once submitted, if FDA refuses to file the application or if PRSS withdraws the application before it is filed by FDA, a reevaluation of the waiver will be required should the company resubmit its marketing application. If this situation occurs, PRSS should contact this office at least 90 days before it expects to resubmit its marketing application to determine whether PRSS continues to qualify for a waiver.

FDA plans to disclose to the public information about its actions granting or denying waivers and reductions of user fees. This disclosure will be consistent with the laws and regulations governing the disclosure of confidential commercial or financial information.

If any billing questions arise concerning the marketing application or if you have any questions about this small business waiver, please contact Beverly Friedman or Katie Stronati at 301-796-7900.

Sincerely,

for Jane A. Axelrad
Associate Director for Policy
Center for Drug Evaluation and Research

[5] The SBA confirmed on August 20, 2014, that as of April 3, 2014, PRSS is a small business with the following affiliates: (b) (4)