

CENTER FOR DRUG EVALUATION AND RESEARCH

Approval Package for:

APPLICATION NUMBER:

217927Orig1s000

Trade Name: Coxanto capsule, 300 mg

Generic or Proper Name: Oxaprozin capsule, 300 mg

Sponsor: Solubiomix, LLC

Approval Date: October 20, 2023

Indication: Coxanto capsule 300 mg is indicated for relief of the signs and symptoms of Osteoarthritis (OA), Rheumatoid Arthritis (RA), and Juvenile Rheumatoid Arthritis (JRA)

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APPLICATION NUMBER:

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APPROVAL LETTER



NDA 217927

NDA APPROVAL

Solubiomix, LLC
1519 West Highway 22
Madisonville Center Suite 1
Madisonville LA 70447

Attention: Dave Kronlage
Managing Partner

Dear Dave Kronlage:

Please refer to your new drug application (NDA) dated and received December 22, 2023, and your amendments, submitted pursuant to section 505(b)(2) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Coxanto (oxaprozin) capsule, 300 mg.

This NDA provides for the use of Coxanto capsule 300 mg for relief of the signs and symptoms of Osteoarthritis (OA), Rheumatoid Arthritis (RA), and Juvenile Rheumatoid Arthritis (JRA).

APPROVAL & LABELING

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

WAIVER OF ½ PAGE LENGTH REQUIREMENT FOR HIGHLIGHTS

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

CONTENT OF LABELING

As soon as possible, but no later than 14 days from the date of this letter, submit the content of labeling [21 CFR 314.50(l)] in structured product labeling (SPL) format using the FDA automated drug registration and listing system (eLIST), as described at FDA.gov.¹ Content of labeling must be identical to the enclosed labeling (text for the Prescribing Information and Medication Guide) as well as annual reportable changes not included in the enclosed labeling. Information on submitting SPL files using eLIST

¹ <http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm>

may be found in the guidance for industry *SPL Standard for Content of Labeling Technical Qs and As*.²

The SPL will be accessible via publicly available labeling repositories.

CARTON AND CONTAINER LABELING

Submit final printed carton and container labeling that are identical to the carton and container labeling submitted on June 30, 2023, as soon as they are available, but no more than 30 days after they are printed. Please submit these labeling electronically according to the guidance for industry *SPL Standard for Content of Labeling Technical Qs & As*. For administrative purposes, designate this submission “**Final Printed Carton and Container Labeling for approved NDA 217927.**” Approval of this submission by FDA is not required before the labeling is used.

DATING PERIOD

Based on the stability data submitted to date, the expiry dating period for Coxanto 300 mg capsule shall be 24 months from the date of manufacture when stored at 20°–25° C (68°–77° F).

REQUIRED PEDIATRIC ASSESSMENTS

Under the Pediatric Research Equity Act (PREA) (21 U.S.C. 355c), all applications for new active ingredients (which includes new salts and new fixed combinations), 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 in pediatric patients unless this requirement is waived, deferred, or inapplicable.

We are waiving the pediatric study requirement for this application for the indication of OA because necessary studies are impossible or highly impracticable.

We are granting a partial waiver for birth to less than 6 years of age for this application for the indication of JRA because this 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.

² We update guidances periodically. For the most recent version of a guidance, check the FDA Guidance Documents Database <https://www.fda.gov/RegulatoryInformation/Guidances/default.htm>.

POSTMARKETING REQUIREMENT UNDER 505(o)(3)

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

We have determined that an analysis of spontaneous postmarketing adverse events reported under subsection 505(k)(1) of the FDCA will not be sufficient to identify unexpected serious risks of the drug (or its active metabolites) being present in breast milk, and the effects on milk production in lactating women; and the effects on the breastfed infant.

Furthermore, the active postmarket risk identification and analysis system as available under section 505(k)(3) of the FDCA will not be sufficient to assess these serious risks.

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

- 4503-1 Perform a milk-only lactation study in lactating women who have received oxaprozin to assess concentrations of oxaprozin and its active metabolites in breast milk using a validated assay, and to assess the effects on the breastfed infant.

The timetable you submitted on October 3, 2023, states that you will conduct this study according to the following schedule:

Draft Protocol Submission:	04/2024
Final Protocol Submission:	10/2024
Study Completion:	10/2026
Final Report Submission:	04/2027

FDA considers the term *final* to mean that the applicant has submitted a protocol, the FDA review team has sent comments to the applicant, and the protocol has been revised as needed to meet the goal of the study or clinical trial.³

Submit clinical protocol(s) to your IND 145336 with a cross-reference letter to this NDA. Submit nonclinical and chemistry, manufacturing, and controls protocols and all final report(s) to your NDA. Prominently identify the submission with the following wording in bold capital letters at the top of the first page of the submission, as appropriate:

Required Postmarketing Protocol Under 505(o), Required Postmarketing Final Report Under 505(o), Required Postmarketing Correspondence Under 505(o).

³ See the guidance for Industry *Postmarketing Studies and Clinical Trials—Implementation of Section 505(o)(3) of the Federal Food, Drug, and Cosmetic Act* (October 2019)

<https://www.fda.gov/RegulatoryInformation/Guidances/default.htm>.

U.S. Food and Drug Administration
Silver Spring, MD 20993
www.fda.gov

Section 505(o)(3)(E)(ii) of the FDCA requires you to report periodically on the status of any study or clinical trial required under this section. This section also requires you to periodically report to FDA on the status of any study or clinical trial otherwise undertaken to investigate a safety issue. Section 506B(a)(1) of the FDCA, as well as 21 CFR 314.81(b)(2)(vii) requires you to report annually on the status of any postmarketing commitments or required studies or clinical trials.

FDA will consider the submission of your annual report under section 506B(a)(1) and 21 CFR 314.81(b)(2)(vii) to satisfy the periodic reporting requirement under section 505(o)(3)(E)(ii) provided that you include the elements listed in 505(o) and 21 CFR 314.81(b)(2)(vii). We remind you that to comply with 505(o), your annual report must also include a report on the status of any study or clinical trial otherwise undertaken to investigate a safety issue. Failure to submit an annual report for studies or clinical trials required under 505(o) on the date required will be considered a violation of FDCA section 505(o)(3)(E)(ii) and could result in enforcement action.

POSTMARKETING COMMITMENT NOT SUBJECT TO THE REPORTING REQUIREMENTS UNDER SECTION 506B

We remind you of your post marketing commitment:

- 4503-2 Develop and validate an optimized dissolution method for using a suitable dissolution medium with buffering capacity, instead of water. In addition, collect dissolution profile data of your drug product from at least the first six manufactured commercial batches using the revised dissolution method. Submit the dissolution method development report, validation report, and dissolution data and based on these data, provide your proposal for the dissolution acceptance criterion for your product.

The timetable you submitted on October 4, 2023, states that you will conduct this study according to the following schedule:

Interim Report Submission:	04/2024
Final Report Submission:	10/2025

Your submission relating to this post marketing commitment should be submitted as a Prior Approval Supplement and submission should be labeled as “**Postmarketing Commitment Final Report,**” or “**Postmarketing Commitment Correspondence.**”

PROMOTIONAL MATERIALS

You may request advisory comments on proposed introductory advertising and promotional labeling. For information about submitting promotional materials, see the final guidance for industry *Providing Regulatory Submissions in Electronic and Non-*

*Electronic Format—Promotional Labeling and Advertising Materials for Human Prescription Drugs.*⁴

As required under 21 CFR 314.81(b)(3)(i), you must submit final promotional materials, and the Prescribing Information, at the time of initial dissemination or publication, accompanied by a Form FDA 2253. Form FDA 2253 is available at FDA.gov.⁵ Information and Instructions for completing the form can be found at FDA.gov.⁶

METHODS VALIDATION

We have not completed validation of the regulatory methods. However, we expect your continued cooperation to resolve any problems that may be identified.

REPORTING REQUIREMENTS

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

COMPENDIAL STANDARDS

A drug with a name recognized in the official United States Pharmacopeia or official National Formulary (USP-NF) generally must comply with the compendial standards for strength, quality, and purity, unless the difference in strength, quality, or purity is plainly stated on its label (see FD&C Act § 501(b), 21 USC 351(b)). FDA typically cannot share application-specific information contained in submitted regulatory filings with third parties, which includes USP-NF. To help ensure that a drug continues to comply with compendial standards, application holders may work directly with USP-NF to revise official USP monographs. More information on the USP-NF is available on USP's website⁷.

⁴ For the most recent version of a guidance, check the FDA guidance web page at <https://www.fda.gov/media/128163/download>.

⁵ <http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM083570.pdf>

⁶ <http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM375154.pdf>

⁷ <https://www.uspnf.com/>

If you have any questions, please contact Jane Mun, PharmD, Regulatory Project Manager, via email at Jane.Mun@fda.hhs.gov.

Sincerely,

{See appended electronic signature page}

Rigoberto Roca, MD
Director
Division of Anesthesiology, Addiction Medicine,
and Pain Medicine
Office of Neuroscience
Center for Drug Evaluation and Research

ENCLOSURES:

- Content of Labeling
 - Prescribing Information
 - Medication Guide
- Carton and Container Labeling

This is a representation of an electronic record that was signed electronically. Following this are manifestations of any and all electronic signatures for this electronic record.

/s/

RIGOBERTO A ROCA
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