CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER:

761404Orig1s000

ADMINISTRATIVE and CORRESPONDENCE DOCUMENTS

IND 147751

MEETING PRELIMINARY COMMENTS

CELLTRION, Inc
Attention: Ally Danta
Senior Associate, Regulatory, Parexel International
2520 Meridian Parkway, Suite 200
Durham, NC 27713

Dear Ms. Danta:

Please refer to your investigational new drug application (IND) submitted under section 505(i) of the Federal Food, Drug, and Cosmetic Act for CT-P41.

We also refer to your April 28, 2023, correspondence, received April 28, 2023, requesting a meeting to discuss the format and the structure of a biosimilar product application for CT-P41.

Our preliminary responses to your meeting questions are enclosed.

You should provide, to the Regulatory Project Manager, an electronic version of any materials (i.e., slides or handouts) to be presented and/or discussed at the meeting.

In accordance with FDA policy, you should not make audio or visual recordings of the discussion at this meeting. Consistent with 21 CFR 10.65(e), the official record of this meeting will be the FDA-generated minutes.

If you have any questions, call me at 301-796-2899.

Sincerely,

{See appended electronic signature page}

Noreen Cabellon, MS
Regulatory Project Manager
Endocrinology
Division of Regulatory Operations for
Cardiology, Hematology, Endocrinology, and
Nephrology
Office of Regulatory Operations
Center for Drug Evaluation and Research

ENCLOSURE:
Preliminary Meeting Comments

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

U.S. FOOD & DRUG ADMINISTRATION

PRELIMINARY MEETING COMMENTS

Meeting Type: Biosimilar
Meeting Category: Biological Product Development (BPD) Type 4

Meeting Date and Time: Friday, June 30, 2023, from 9:00 AM to 10:00 AM EDT
Meeting Location: Videoconference

Application Number: IND 147751
Product Name: CT-P41

Indication: CT-P41 is being developed for the same indications as those approved for US-licensed Prolia (US-Prolia) and US-licensed Xgeva (US-Xgeva)

Sponsor Name: CELLTRION, Inc.
Regulatory Pathway: 351(k) of the Public Health Service Act

FDA ATTENDEES (tentative)

Office of New Drugs (OND)/Office of Cardiology, Hematology, Endocrinology, and Nephrology (OCHEN)
Division of General Endocrinology
Olivia Easley, MD, Clinical Reviewer
Naomi Lowy, MD, Deputy Director
Theresa Kehoe, MD, Director
Division of Pharm Tox for Cardiology, Hematology, Endocrinology, and Nephrology
Mekonnen LemmaDechassa, PhD, Nonclinical Reviewer
Daniel Minck, PhD, Nonclinical Team Lead
David Carlson, PhD, Nonclinical Supervisor

Office of Translational Sciences (OTS)/Office of Clinical Pharmacology
Chongwoo Yu, PhD, Clinical Pharmacology Reviewer
Li Li, PhD, Clinical Pharmacology Team Lead

OTS/Office of Biostatistics
Mengjie Zheng, PhD, Biometrics Reviewer
Feng Li, PhD, Biometrics Team Leader

Office of Pharmaceutical Quality (OPQ)/Office of Biotechnology Products
Xiaoxiao Pan, PhD, Product Quality Reviewer
Jacek Cieslak, PhD, Product Quality Team Leader
LCDR Leslie Ann Rivera Rosado, PhD, Product Quality Review Chief

Joel Welch, PhD, Associate Director, Biosimilar Policy

Office of Surveillance and Epidemiology (OSE), Immediate Office, Project Management Staff
Deveonne Hamilton-Stokes, RN, BSN, MA, Safety Regulatory Project Manager
Nichelle Rashid, MS, Team Leader, Project Management Staff
Ameet Joshi, PharmD, RPh, Team Leader, Project Management Staff

Office of Surveillance and Epidemiology (OSE), Office of Medication Error Prevention and Management, Division of Risk Management
Yasmeen Abou-Sayed, PharmD, RPh, Team Leader
Theresa Ng, PharmD, Senior Risk Management Analyst

Office of Therapeutic Biologics and Biosimilars
Carol Kim, Pharm.D., Scientific Reviewer
Michelle Luo, MD, PhD, Scientific Reviewer
Emanuela Lacana, PhD, Deputy Director
Wendy Streight, Ph.D., Senior Regulatory Project Manager
Christine Kim, PharmD, RAC-US, Senior Regulatory Project Manager
Jacquelyn Rosenberger, PharmD, RAC, Senior Regulatory Project Manager

OND/Division of Regulatory Operations for Cardiology, Hematology, Endocrinology, and Nephrology
Noreen Cabellon, MS, Regulatory Project Manager
Elisabeth Hanan, MS, Chief, Project Management Staff

SPONSOR ATTENDEES
CELLTRION, Inc
Jae Hwee Park, VP, Regulatory Affairs
Min Kyoung Jeon, Department Head, Regulatory Affairs
Hee Joung Son, Department Head, CMC Regulatory Affairs
Jong Hwan Kim, Department Head, Clinical Regulatory Affairs
Byung Il Lee, Team Leader, Regulatory Affairs
Hyun Su Park, Team Leader, CMC Regulatory Affairs
I Jung Kim, Team Leader, Clinical Regulatory Affairs
So Mi Ha, Assistant Manager, CMC Regulatory Affairs
Min Jung Jo, Assistant Manager, Clinical Regulatory Affairs
Seok-hyun Patrick Hong, Manager, Regulatory Affairs
Ji-hwan Jeong, Manager, Regulatory Affairs

Parexel Consulting
Ally Danta, Senior Associate, Regulatory
(b) (4)

Introduction:
This material consists of our preliminary responses to your questions and any additional comments in preparation for the discussion at the meeting scheduled for June 30, 2023, 9:00 AM to 10:00 AM EDT, via videoconference between CELLTRION, Inc. and the Division of General Endocrinology. We are sharing this material to promote a collaborative and successful discussion at the meeting. The meeting minutes will reflect agreements, important issues, and any action items discussed during the meeting and may not be identical to these preliminary comments following substantive discussion at the meeting. If you determine that discussion is needed for only some of the original questions, you have the option of reducing the agenda. Contact the Regulatory Project Manager (RPM) if there are any major changes to your development plan, the purpose of the meeting, or the questions based on our preliminary responses, as we may not be prepared to discuss or reach agreement on such changes at the meeting.

1.0 BACKGROUND

The Sponsor is developing CT-P41 as a proposed biosimilar to US-licensed Prolia (US-Prolia) and US-licensed Xgeva (US-Xgeva).

A BPD Type 2 meeting with Celltrion to discuss the clinical development program for CT-P41 occurred on May 27, 2020, and meeting minutes were issued on June 23, 2020. FDA granted a second BPD Type 2 Meeting on August 17, 2021, to discuss quality and clinical matters related to CT-P41. Preliminary comments were issued on October 22, 2021. The sponsor determined that further discussion was not required, and the Meeting Request Cancelled correspondence was issued on November 4, 2021.

The Sponsor submitted their request for this BPD Type 4 Meeting on April 28, 2023, to discuss the format and the structure of a biosimilar product application for CT-P41. The sponsor plans to submit a BLA in 2023.

FDA may provide further clarifications of, or refinements and/or changes to these preliminary responses and the advice provided at the meeting based on further information provided by CELLTRION, Inc. and as the Agency's thinking evolves on certain statutory provisions regarding applications submitted under section 351(k) of the Public Health Service Act (PHS Act).

2.0 DISCUSSION

Sponsor's questions are repeated below followed by FDA's response in bold.

2.1. Regulatory

Question 1: CELLTRION proposes to submit a single 351(k) BLA submission to support both CT-P41 60 mg and CT-P41 120 mg and two different brand names. Since most of the data to support both CT-P41 (60 and 120 mg) is identical, single CTD modules will be presented except for drug product section of M3 which will be split into two distinct components to recognize the different strengths and presentations (expanded upon in Company position to Question 1 and Figure 3 of the meeting package). CELLTRION will also submit a comprehensive scientific narrative to justify extrapolation of all the approved indications of the reference products (Prolia and Xgeva) to CT-P41. Does the FDA agree that i) a single 351(k) BLA and the proposed layout of the dossier is acceptable and ii) extrapolation of all the indications of both reference products to CT-P41 is, in principle, possible?

FDA Response to Question 1:
A single 351(k) BLA is acceptable. Your proposal to request extrapolation of all indications of both reference products is possible provided that you can support a demonstration that CT-P41 is biosimilar to US-Prolia and US-Xgeva, and that sufficient scientific justification is provided for extrapolating data and information to support licensure of CT-P41 as a biosimilar for each condition of use being sought and that were licensed for the reference products. In your biologics license application (BLA), submit justification for extrapolation for each condition of use. For information on the factors your justification will need to address, we refer you to Guidance for Industry: *Scientific Considerations in Demonstrating Biosimilarity to a Reference Product*[1]. The acceptability of your scientific justification will be a review issue.

Question 2: CELLTRION seeks FDA's advice on whether the Nonproprietary Name (suffixes) should be requested for both CT-P41 60 mg and CT-P41 120 mg, respectively.

FDA Response to Question 2:
Your proposed 351(k) BLA falls within the scope of the final Guidance for Industry: *Nonproprietary Naming of Biological Products*, January 2017. We acknowledge that you intend to submit 2 proprietary names for review with your BLA submission, one proprietary name for each strength. However, if you intend to propose nonproprietary name suffixes for review, one submission will suffice. As such, one suffix will be designated for the BLA and both strengths will share the same nonproprietary/proper name.

Question 3: Does the FDA agree with the list of documents that CELLTRION intends to submit in Module 1 to support a BLA for CT-P41?

[1] 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.

FDA Response to Question 3:
Yes.

Question 4: CELLTRION would like to present in Module 5.3.5.3 of the CTD a single, self-standing report that contains a summary of the clinical evaluation of immunogenicity from Studies CT-P41 1.1, CT-P41 1.2 and CT-P41 3.1, a justification of the suitability of the immunogenicity assays for sample analysis and discussion on the clinical relevance of immunogenicity. Does the Agency agree that a single document containing all this information could be provided in Module 5.3.5.3?

FDA Response to Question 4:
Yes. Your proposal appears to be reasonable. We remind you that the bioanalytical study reports (i.e., performance) for each clinical study should be submitted together with the bioanalytical method validation report(s).

Question 5: In the BLA submission, CELLTRION intends to submit in relevant CTD sections of Module 5 the full clinical datasets from Studies CT-P41 1.2 and CT-P41 3.1, including standardized CDISC format (SDTM and ADaM datasets), SAS program codes used in the efficacy analysis as well as all supportive analyses. For the pilot clinical study (CT-P41 1.1) results will be summarized in Module 2 with the clinical study report, but the CDISC standard datasets for this study will not be included in the BLA. Does the Agency agree with the proposed approach?

FDA Response to Question 5:
We remind you that Module 5 should contain the complete study reports and the full clinical datasets for all clinical studies that will be used to support the regulatory decision of your application. If you intend to use data from the pilot study CT-P41 1.1 to support the immunogenicity aspect of your submission, you should include the immunogenicity datasets as well as the complete clinical study report in your BLA.

Additional FDA Comments:

We remind you there is currently an approved Risk Evaluation and Mitigation Strategy (REMS) for US-Prolia. CT-P41 will need to be submitted with a proposed REMS that contains the same REMS elements to inform healthcare providers and patients about specific risks as currently available for US-Prolia.

We also remind you that your application should include an assessment of the effect on safety and immunogenicity of a single transition from US-Prolia to CT-P41 obtained during the comparative clinical study.

3.0 OTHER IMPORTANT INFORMATION

DISCUSSION OF THE CONTENT OF A COMPLETE APPLICATION

The original 351(k) application will be subject to "the Program" under BsUFA III. Therefore, at this meeting be prepared to discuss and reach agreement with FDA on the content of a complete application, including preliminary discussions regarding the approach to developing the content for risk evaluation and mitigation strategies (REMS), where applicable, patient labeling (e.g., Medication Guide and Instructions For Use) and, where applicable, the development of a Formal Communication Plan. You and FDA may also reach agreement on submission of a limited number of minor application components to be submitted not later than 30 days after the submission of the original application. These submissions must be of a type that would not be expected to materially impact the ability of the review team to begin its review. All major components of the application are expected to be included in the original application and are not subject to agreement for late submission.

Discussions and agreements will be summarized at the conclusion of the meeting and reflected in FDA's meeting minutes. If you decide to cancel this meeting and do not have agreement with FDA on the content of a complete application or late submission of any minor application components, your application is expected to be complete at the time of original submission.

In addition, we remind you that the application is expected to include a comprehensive and readily located list of all clinical sites and manufacturing facilities.

Information on the Program is available at FDA.gov.[2]

PREA REQUIREMENTS

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 a pediatric assessment to support dosing, safety, and effectiveness of the product for the claimed indication unless this requirement is waived, deferred, or inapplicable.

Section 505B(l) of the FD&C Act, added by section 7002(d)(2) of the Affordable Care Act, provides that a biosimilar product that has not been determined to be interchangeable with the reference product is considered to have a "new active ingredient" for purposes of PREA, and a pediatric assessment is required unless waived, deferred, or inapplicable.

[2] https://www.fda.gov/forindustry/userfees/biosimilaruserfeeactbsufa/default.htm

FDA encourages prospective biosimilar applicants to submit an initial pediatric study plan (iPSP) as early as practicable during product development. FDA recommends that you allow adequate time to reach agreement with FDA on the proposed iPSP prior to initiating your comparative clinical study.

Sections 505B(e)(2)(C) and 505B(e)(3) of the FD&C Act set forth a process lasting up to 210 days for reaching agreement with FDA on an iPSP. FDA encourages the sponsor to meet with FDA to discuss the details of the planned development program before submission of the iPSP. You must address PREA for every indication for which you seek licensure, and we encourage you to submit a comprehensive iPSP that addresses each indication. For additional information on how you may fulfill the requirement for pediatric assessments or investigations under PREA, see question and answer I.16 in the guidance for industry, *Questions and Answers on Biosimilar Development and the BPCI Act*.

After the iPSP is submitted, a sponsor must work with FDA to reach timely agreement on the plan, as required by section 505B(e)(2)-(3) of the FD&C Act. For additional guidance on the timing content, and submission of the iPSP, including an iPSP Template, please refer to the guidance for industry, *Pediatric Study Plans: Content of and Process for Submitting Initial Pediatric Study Plans and Amended Pediatric Study Plans*[3]. In addition, you may contact the Division of Pediatric and Maternal Health at 301-796-2200 or email Pedsdrugs@fda.hhs.gov. It should be noted that requested deferrals or waivers in the initial PSP will not be formally granted or denied until the product is licensed.

PRESCRIBING INFORMATION

In your application, you must submit proposed Prescribing Information (PI) that conforms to the content and format regulations found at 21 CFR 201.56(a) and (d)[4] and 201.57[5] including the Pregnancy and Lactation Labeling Rule (PLLR). As you develop your proposed PI, we encourage you to review the labeling review resources on the following websites:

- *Biological Products – Specific Labeling Resources*[6] which includes the guidance for industry*: Labeling for Biosimilar Products* (July 2018).

[3] https://www.fda.gov/regulatory-information/search-fda-guidance-documents/pediatric-study-plans-content-and-process-submitting-initial-pediatric-study-plans-and-amended
[4] http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=201.56&utm_campaign=Google2&utm_source=fdaSearch&utm_medium=website&utm_term=21%20CFR%20201.56&utm_content=1
[5] http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=201.56&utm_campaign=Google2&utm_source=fdaSearch&utm_medium=website&utm_term=21%20CFR%20201.56&utm_content=1
[6] https://www.fda.gov/drugs/fdas-labeling-resources-human-prescription-drugs/biological-products-specific-labeling-resources

- *Prescribing Information Resources*[7]

For other prescription drug labeling resources such as those for FDA-approved patient labeling, carton and container labeling, labeling databases, and product databases, visit *FDA's Labeling Resources for Human Prescription Drugs* website.[8]

- Pursuant to the PLLR, you should include the following information with your application to support the changes in the *Pregnancy*, *Lactation*, and *Females and Males of Reproductive Potential* subsections of labeling. The application should include a review and summary of the available published literature regarding the drug's use in pregnant and lactating women and the effects of the drug on male and female fertility (include search parameters and a copy of each reference publication), a cumulative review and summary of relevant cases reported in your pharmacovigilance database (from the time of product development to present), a summary of drug utilization rates amongst females of reproductive potential (e.g., aged 15 to 44 years) calculated cumulatively since initial approval, and an interim report of an ongoing pregnancy registry or a final report on a closed pregnancy registry. If you believe the information is not applicable, provide justification. Otherwise, this information should be located in Module 1. Refer to the draft guidance for industry *Pregnancy, Lactation, and Reproductive Potential: Labeling for Human Prescription Drug and Biological Products – Content and Format*.[9]

Prior to submission of your proposed PI, use the Selected Requirements for Prescribing Information (SRPI) checklist to ensure conformance with the format items in regulations and guidances.

NONPROPRIETARY NAME

On January 13, 2017, FDA issued a final guidance for industry *Nonproprietary Naming of Biological Products*, stating that, for certain biological products, the Agency intends to designate a proper name that includes a four-letter distinguishing suffix that is devoid of meaning.

Please note that certain provisions of this guidance describe a collection of information and are under review by the Office of Management and Budget under the Paperwork Reduction Act of 1995 (PRA). These provisions of the guidance describe the submission of proposed suffixes to the FDA, and a sponsor's related analysis of

[7] https://www.fda.gov/drugs/fdas-labeling-resources-human-prescription-drugs/biological-products-specific-labeling-resources
[8] https://www.fda.gov/drugs/laws-acts-and-rules/fdas-labeling-resources-human-prescription-drugs
[9] When final, this guidance will represent the FDA's current thinking on this topic. For the most recent version of a guidance, check the FDA guidance web page at https://www.fda.gov/RegulatoryInformation/Guidances/default.htm.

proposed suffixes, which are considered a “collection of information” under the PRA. FDA is not currently implementing provisions of the guidance that describe this collection of information.

However, provisions of the final guidance that do not describe the collection of information should be considered final and represent FDA’s current thinking on the nonproprietary naming of biological products. These include, generally, the description of the naming convention (including its format for originator, related, and biosimilar biological products) and the considerations that support the convention.

Your proposed 351(k) BLA would be within the scope of this guidance. As such, FDA intends to assign a four-letter suffix for inclusion in the proper name designated in the license at such time as FDA approves the BLA.

MANUFACTURING FACILITIES

All facilities should be registered with FDA at the time of the 351(k) BLA submission and ready for inspection in accordance with 21 CFR 600.21 and 601.20(b)(2). Manufacturing and testing facilities will be subject to the CGMP standards as described in 21 CFR 601.20, including but not limited to the good manufacturing practice requirements set forth in 21 CFR 210, 211, and 600 of this chapter.

Manufacturing facilities should be in operation and manufacturing the product under review during the inspection 2-7 months after the submission of the BLA. A manufacturing schedule for the drug substance and the drug product should be provided in Module 1 of the BLA to facilitate planning of pre-license inspections during the review cycle. For a BLA submission, when providing the preliminary manufacturing schedule, we encourage you to bear in mind the anticipated time frame for the late-cycle meeting for applications subject to “the Program” under BSUFA III.

To facilitate our inspectional process, we request that you clearly identify *in a single location*, either on the Form FDA 356h, or an attachment to the form, all manufacturing facilities associated with your application. Include the full corporate name of the facility and address where the manufacturing function is performed, with the FEI number, and specific manufacturing responsibilities for each facility.

Also provide the name and title of an onsite contact person, including their phone number, fax number, and email address. Provide a brief description of the manufacturing operation conducted at each facility, including the type of testing and DMF number (if applicable). Each facility should be ready for GMP inspection at the time of submission.

Consider using a table similar to the one below as an attachment to Form FDA 356h. Indicate under Establishment Information on page 1 of Form FDA 356h that the

information is provided in the attachment titled, “Product name, BLA 012345, Establishment Information for Form 356h.”

Site Name	Site Address	Federal Establishment Indicator (FEI) or Registration Number (CFN)	Drug Master File Number (if applicable)	Manufacturing Step(s) or Type of Testing [Establishment function]
(1)				
(2)				

Corresponding names and titles of onsite contact:

Site Name	Site Address	Onsite Contact (Person, Title)	Phone and Fax number	Email address
(1)				
(2)				

To facilitate our facility assessment and inspectional process for your marketing application, we refer you to the instructional supplement for filling out Form FDA 356h[10] and the guidance for industry, *Identification of Manufacturing Establishments in Applications Submitted to CBER and CDER Questions and Answers*[11]. Submit all related manufacturing and testing facilities in eCTD Module 3, including those proposed for commercial production and those used for product and manufacturing process development.

OFFICE OF SCIENTIFIC INVESTIGATIONS (OSI) REQUESTS

The Office of Scientific Investigations (OSI) requests that the items described in the draft guidance for industry *Standardized Format for Electronic Submission of NDA and BLA Content for the Planning of Bioresearch Monitoring (BIMO) Inspections for CDER Submissions* (February 2018) and the associated Bioresearch Monitoring Technical Conformance Guide Containing Technical Specifications be provided to facilitate development of clinical investigator and sponsor/monitor/CRO inspection assignments, and the background packages that are sent with those assignments to the FDA ORA investigators who conduct those inspections. This information is requested for all major trials used to support safety and efficacy in the application (i.e., phase 2/3 pivotal trials). Please note that if the requested items are provided elsewhere in submission in the

[10] https://www.fda.gov/media/84223/download
[11] https://www.fda.gov/regulatory-information/search-fda-guidance-documents/identification-manufacturing-establishments-applications-submitted-cber-and-cder-questions-and

format described, the Applicant can describe location or provide a link to the requested information.

Please refer to the draft guidance for industry *Standardized Format for Electronic Submission of NDA and BLA Content for the Planning of Bioresearch Monitoring (BIMO) Inspections for CDER Submissions* (February 2018) and the associated *Bioresearch Monitoring Technical Conformance Guide Containing Technical Specifications*.

RECOMMENDATIONS FOR FORMATTING OF CLINICAL PHARMACOLOGY SUBMISSIONS FOR APPLICATIONS

If you are planning to include a clinical pharmacology study as part of your 351(k) BLA marketing application, we have the following general best practice recommendations for you to keep in mind as you prepare your submission, including guides for formatting your submission.

1. As it relates to clinical pharmacology-related sections of the application, apply the following advice when preparing the 351(k) BLA:

    a. Include the rationale for the selected dose used in the PK (and PD similarity, when applicable) study(ies) in the BLA (e.g., eCTD Module 2.7.2 Summary of Clinical Pharmacology).

    b. Include a summary evaluation of the impact of immunogenicity on the activity (e.g., efficacy/PD), safety, and pharmacokinetics, as is applicable, for the studies included in the BLA (e.g., eCTD Module 2.7.2 Summary of Clinical Pharmacology).

    c. Present the PK (and PD, when applicable) parameter data as geometric mean with coefficient of variation, mean ± standard deviation, and median with range in the study reports and throughout the BLA.

    d. Provide analysis data sets for all concentration-time and derived PK (and PD, when applicable) parameter datasets as SAS transport files (*.xpt). A description of each data item should be provided in a define.pdf file. Any concentrations or subjects that have been excluded from the analysis should be flagged and maintained in the datasets.

2. Include the following information in a tabular format in the 351(k) BLA for each of the completed clinical studies:

    a. Site number

    b. Principal investigator

c. Site Location: Address (e.g., Street, City, State, Country) and contact information (i.e., phone, fax, email)

d. Location of Principal Investigator: Address (e.g., Street, City, State, and Country) and contact information (i.e., phone, fax, email). If the Applicant is aware of changes to a clinical investigator's site address or contact information since the time of the clinical investigator's participation in the study, we request that this updated information also be provided.

3. Submit all PK (and PD, when applicable) bioanalytical method validation reports and bioanalytical study reports. In addition, complete the summary tables using the templates available in the 'Bioanalytical Methods Templates' Technical Specifications Document[12] to provide the information regarding the bioanalytical methods for pharmacokinetic and/or biomarker assessments used in clinical pharmacology studies and their life-cycle information pertaining to the studies. Submit the tables in the Appendix of the Summary of Biopharmaceutics located in eCTD 2.7.1.

[12] https://www.fda.gov/media/131425/download

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/

NOREEN N CABELLON
06/27/2023 11:33:52 AM