

CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER: 019766/S027

ADMINISTRATIVE DOCUMENTS

ZOCOR®
NDA 19-766
Simvastatin

Item 13
April 2, 1997

ITEM 13
PATENT AND EXCLUSIVITY INFORMATION
MERCK RESEARCH LABORATORIES

- | | | |
|------|--|---|
| 1) | Active Ingredient(s) | Simvastatin |
| 2) | Strength(s) | 80 mg |
| 3) | Trade Name | ZOCOR® |
| 4) | Dosage Form, Route
of Administration | Tablets, Oral |
| 5) | Applicant Firm Name | Merck Research Laboratories |
| 6) | NDA Number | 19-766 |
| 7) | Approval Date | |
| 8) - | Exclusivity - Date First
ANDA could be approved | Three (3) Years from this SNDA
approval date or Five (5) Years from
12/23/91 (12/23/96) |
| 9) | Applicable patent numbers
and expiration date of each | 4,444,784
Expiration Date: 12/23/2005 w/PTR |

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Merck & Co. Inc.
P.O. Box 2000
Rahway NJ 07065-0907
Fax 908 594 4722
Tel 908 594 4000
Cable MERCKRAF
Telex 138825



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Pursuant to the provisions of Section 505(b)(1) of the Federal Food, Drug and Cosmetic Act 21 U.S.C. § 355 (b)(1) and in accordance with Title 21 C.F.R. 314.70(b), attached hereto please find the patent information for the above-identified application.

The undersigned declares that U.S. Patent No. 4,444,784 covers the formulation, composition, and/or method of use of ZOCOR® (simvastatin 80 mg tablet), the subject of this application for which approval is being sought.

U.S. Patent No. 4,444,784, has an expiration date of December 23, 2005, as extended by granted Patent Term Restoration under 35 U.S.C. § 156. This patent claims a genus of chemical compounds including simvastatin. This patent is exclusively licensed to Merck & Co., Inc.

The undersigned declares that U.S. Patent No. 4,444,784 covers the composition ZOCOR®. This product is the subject of this application for which approval is being sought.

A claim of infringement could be asserted if a person not licensed by the owner of U.S. Patent No. 4,444,784 engaged in the manufacture, use or sale of ZOCOR®.

Sincerely,

A handwritten signature in cursive script that reads "Carol S. Quagliato".

Carol S. Quagliato
Senior Patent Attorney

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EXCLUSIVITY SUMMARY for NDA # 9-766 SUPPL # 027

Trade Name Zovir Generic Name Simvastatin
Applicant Name Merk HFD-516

Approval Date _____

APPROVED
DATE

PART I IS AN EXCLUSIVITY DETERMINATION NEEDED?

1. An exclusivity determination will be made for all original applications, but only for certain 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 an original NDA?
YES 1 / NO 1 / 1

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DATE

b) Is it an effectiveness supplement?
YES 1 / 1 / NO 1 / 1

If yes, what type? (SE1, SE2, etc.) SE8

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 1 / 1 / NO 1 / 1

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

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

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DATE

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DATE

d) Did the applicant request exclusivity?

YES / / NO / /

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

3 per 21 C.F.R. 314.108 (b)(4)

IF YOU HAVE ANSWERED "NO" TO ALL OF THE ABOVE QUESTIONS, GO DIRECTLY TO THE SIGNATURE BLOCKS ON PAGE 8.

2. Has a product with the same active ingredient(s), dosage form, strength, route of administration, and dosing schedule previously been approved by FDA for the same use?

YES / / NO / /

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If yes, NDA # _____ Drug Name _____

IF THE ANSWER TO QUESTION 2 IS "YES," GO DIRECTLY TO THE SIGNATURE BLOCKS ON PAGE 8.

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

YES / / NO / /

IF THE ANSWER TO QUESTION 3 IS "YES," GO DIRECTLY TO THE SIGNATURE BLOCKS ON PAGE 8 (even if a study was required for the upgrade).

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PART II FIVE-YEAR EXCLUSIVITY FOR NEW CHEMICAL ENTITIES

(Answer either #1 or #2, as appropriate)

1. Single active ingredient product.

Has FDA previously approved under section 505 of the Act any drug product containing the same active moiety as the drug under consideration? Answer "yes" if the active moiety (including other esterified forms, salts, complexes, chelates or clathrates) has been previously approved, but this particular form of the active moiety, e.g., this particular ester or salt (including salts with hydrogen or coordination bonding) or other non-covalent derivative (such as a complex, chelate, or clathrate) has not been approved. Answer "no" if the compound requires metabolic conversion (other than deesterification of an esterified form of the drug) to produce an already approved active moiety.

YES / / NO / /

If "yes," identify the approved drug product(s) containing the active moiety, and, if known, the NDA #(s).

NDA # 19-766 Zuco

NDA # _____

NDA # _____

2. Combination product. *N/A*

If the product contains more than one active moiety (as defined in Part II, #1), has FDA previously approved an application under section 505 containing any one of the active moieties in the drug product? If, for example, the combination contains one never-before-approved active moiety and one previously approved active moiety, answer "yes." (An active moiety that is marketed under an OTC monograph, but that was never approved under an NDA, is considered not previously approved.)

YES / / NO / /

If "yes," identify the approved drug product(s) containing the active moiety, and, if known, the NDA #(s).

NDA # _____

NDA # _____

NDA # _____

IF THE ANSWER TO QUESTION 1 OR 2 UNDER PART II IS "NO," GO DIRECTLY TO THE SIGNATURE BLOCKS ON PAGE 8. IF "YES," GO TO PART III.

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PART III THREE-YEAR EXCLUSIVITY FOR NDA'S 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 / /

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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.

For the purposes of this section, studies comparing two products with the same ingredient(s) are considered to be bioavailability studies.

- (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 / /

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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: _____

- 2K-1
1
3 (a)
- (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:

Investigation #1, Study # _____

Investigation #2, Study # _____

Investigation #3, Study # _____

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 / <input checked="" type="checkbox"/> /	NO / <input type="checkbox"/> /
Investigation #2	YES / <input checked="" type="checkbox"/> /	NO / <input type="checkbox"/> /
Investigation #3	YES / <input checked="" type="checkbox"/> /	NO / <input type="checkbox"/> /

If you have answered "yes" for one or more investigations, identify each such investigation and the NDA in which each was relied upon:

NDA # 19-766 Study # 45 in S-017 under NDA
 NDA # _____ Study # _____
 NDA # _____ Study # _____

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 / <input type="checkbox"/> /	NO / <input checked="" type="checkbox"/> /
Investigation #2	YES / <input type="checkbox"/> /	NO / <input type="checkbox"/> /
Investigation #3	YES / <input type="checkbox"/> /	NO / <input type="checkbox"/> /

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

NDA # _____ Study # _____
 NDA # _____ Study # _____
 NDA # _____ Study # _____

- 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"):

Investigation #__, Study # _____

Investigation #__, Study # _____

Investigation #__, Study # _____

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 / ___ / Explain _____ ! NO / ___ / Explain _____

Investigation #2 N/A !

YES / / Explain ! NO / / 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: _____

/S/

Signature
Title: _____

3/30/98

Date

/S/

Signature of Division Director

3/31/98

Date

cc: Original NDA

Division File

HFD-85 Mary Ann Holovac

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PEDIATRIC PAGE

(Complete for all original applications and all efficacy supplements)

NOTE: A new Pediatric Page must be completed at the time of each action even though one was prepared at the time of the last action.

1A/BLA # 19-766 Supplement # 627 Circle one: SE1 SE2 SE3 SE4 SE5 SE6 SE8

HF 516 Trade and generic names/dosage form: Teicoplanin Action: AP AE NA

Applicant Novartis Therapeutic Class Antibiotic

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Indication(s) previously approved _____

Pediatric information in labeling of approved indication(s) is adequate _____ inadequate _____

Proposed indication in this application to include the proposed indication of Teicoplanin in children

FOR SUPPLEMENTS, ANSWER THE FOLLOWING QUESTIONS IN RELATION TO THE PROPOSED INDICATION.

IS THE DRUG NEEDED IN ANY PEDIATRIC AGE GROUPS? ___ Yes (Continue with questions) No (Sign and return the form)

WHAT PEDIATRIC AGE GROUPS IS THE DRUG NEEDED? (Check all that apply)

Neonates (Birth-1month) Infants (1month-2yrs) Children (2-12yrs) Adolescents(12-16yrs)

1. PEDIATRIC LABELING IS ADEQUATE FOR ALL PEDIATRIC AGE GROUPS. Appropriate information has been submitted in this or previous applications and has been adequately summarized in the labeling to permit satisfactory labeling for all pediatric age groups. Further information is not required.
2. PEDIATRIC LABELING IS ADEQUATE FOR CERTAIN AGE GROUPS. Appropriate information has been submitted in this or previous applications and has been adequately summarized in the labeling to permit satisfactory labeling for certain pediatric age groups (e.g., infants, children, and adolescents but not neonates). Further information is not required.
3. PEDIATRIC STUDIES ARE NEEDED. There is potential for use in children, and further information is required to permit adequate labeling for this use.
 - a. A new dosing formulation is needed, and applicant has agreed to provide the appropriate formulation.
 - b. A new dosing formulation is needed, however the sponsor is either not willing to provide it or is in negotiations with FDA.
 - c. The applicant has committed to doing such studies as will be required.
 - (1) Studies are ongoing.
 - (2) Protocols were submitted and approved.
 - (3) Protocols were submitted and are under review.
 - (4) If no protocol has been submitted, attach memo describing status of discussions.
 - d. If the sponsor is not willing to do pediatric studies, attach copies of FDA's written request that such studies be done and of the sponsor's written response to that request.
4. PEDIATRIC STUDIES ARE NOT NEEDED. The drug/biologic product has little potential for use in pediatric patients. Attach memo explaining why pediatric studies are not needed.
5. If none of the above apply, attach an explanation, as necessary.

ARE THERE ANY PEDIATRIC PHASE IV COMMITMENTS IN THE ACTION LETTER? ___ Yes No

ATTACH AN EXPLANATION FOR ANY OF THE FOREGOING ITEMS, AS NECESSARY.

This page was completed based on information from Team Leader (e.g., medical review, medical officer, team leader)

IS
Signature of Preparer and Title

3/21/98
Date

Orig NDA/BLA # _____
HF _____ Div File
NDA/BLA Action Package
HFD-006/ KRoberts

FOR QUESTIONS ON COMPLETING THIS FORM CONTACT, KHYATI ROBERTS, HFD-6 (ROBERTSK)

(revised 10/20/97)