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APPLICATION NUMBER: 21-897

PHARMACOLOGY REVIEW

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Reviewer: R. Daniel Mellon, Ph.D.

<u>NDA No. 21-897</u>



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DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION CENTER FOR DRUG EVALUATION AND RESEARCH

PHARMACOLOGY/TOXICOLOGY REVIEW AND EVALUATION

NDA NUMBER:	21-897
SERIAL NUMBER:	000
DATE RECEIVED BY CENTER.	14-Feb-2006
PRODUCT:	Vivitrol TM (naltrexone for extended-
	release injectable suspension)
INTENDED CLINICAL POPULATION:	Patients seeking treatment for alcohol
	dependence
SPONSOR:	Alkermes® Inc.
DOCUMENTS REVIEWED:	Complete response to AE Letter
REVIEW DIVISION:	Division of Anesthesia, Analgesia, and
	Rheumatology Products (HFD-170)
PHARM/TOX REVIEWER:	Mamata De, Ph.D.
PHARM/TOX SUPERVISOR:	R. Daniel Mellon, Ph.D.
DIVISION DIRECTOR:	Bob A. Rappaport, M.D.
PROJECT MANAGER:	Lisa Basham-Cruz, M.S.

Date of review submission to Division File System (DFS): 12-Apr-2006

1

EXECUTIVE SUMMARY

I. Recommendations

A. <u>Recommendation on approvability</u>

From the pharmacology toxicology perspective, NDA 21-897 may be APPROVED, pending agreement on the labeling and Phase 4 commitments outlined below.

In the original action letter dated December 23, 2005, the Sponsor was requested to address the following nonclinical deficiency:

Provide pharmacokinetic/toxicokinetic exposure data in the appropriate species necessary for interpreting the existing carcinogenicity and reproductive toxicology data in the product labeling. In the absence of adequate bridging data, the following nonclinical studies would have to be conducted:

- a. a Segment I reproductive and developmental toxicology study including toxicokinetic data in a single species with the final drug product formulation;
- b. Segment II reproductive and developmental toxicology studies in two species including toxicokinetic data with the final drug product formulation;
- *c.* a Segment III reproductive and developmental toxicology study including toxicokinetic data with the final drug product formulation; and
- *d. carcinogenicity assessment in two species using the final drug product formulation.*

Following discussions with the Sponsor during a post-action teleconference on January 3, 2006, the Division informed the sponsor of the following (email dated February 7, 2006):

The review team has considered your proposal to submit a response to the December 23, 2005 action letter that employs human comparative PK data as an interim bridging strategy and proposes definitive bridging in animals as a Phase 4 study. We are willing to accept for review a response to our action letter that uses your proposed approach to deficiency #2 of our December 23, 2005, action letter, although the review team is not in exact agreement with some aspects of the proposed labeling.

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The Sponsor has not provided adequate nonclinical bridging data, nor have they completed the requested toxicology studies. From the nonclinical perspective, the potential for reproductive toxicity and carcinogenicity of oral naltrexone was adequately assessed to support the approval of the referenced drug product, ReVia®. The exposure to naltrexone via the VivitrolTM drug product could theoretically alter the potential for naltrexone-related tumor development compared to that of ReVia®. Therefore, with respect to the VivitrolTM label.



Currently, ReVia® is a Pregnancy Category C drug due to embryocidal and fetotoxic effects noted in rats and rabbits treated orally with naltrexone as described in the ReVia® labeling. Although the exposure to naltrexone may be greater following Vivitrol[™] administration, a Pregnancy Category of C is currently the most restrictive category a drug can receive in the absence of well-controlled clinical trial data documenting teratogenic effects in humans.

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The results of the carcinogenicity studies conducted for ReVia® and described in the ReVia® package insert are relevant to the Vivitrol[™] drug product and should be included in the labeling;

1

potential for Vivitrol[™] to alter the incidence of the reported testicular mesotheliomas in males and tumors of vascular origin in males and females should be included in the product labeling. However, it is important to note nonclinical carcinogenicity studies are designed to assess the potential for <u>lifelong exposure</u> of a drug to alter tumor formation, and the tumors described in the ReVia® labeling were observed following lifelong exposure of the animals to naltrexone hydrochloride. However, there is no evidence that altering the naltrexone pharmacokinetic profile via Vivitrol[™] will significantly change the risk:benefit analysis with respect to this patient population.

Following extensive discussions, the review team has agreed to allow the nonclinical studies requested in the original Approvable letter to be completed during Phase 4. As outlined in Dr. Rappaport's Division Director's Memorandum for this action, from the clinical perspective, specific

3

quantification of both the potential reproductive toxicity and carcinogenic potential following exposure to naltrexone via VivitrolTM product is outweighed by the potential clinical benefit that VivitrolTM may have for this patient population. The reader is referred to Dr. Rappaport's memorandum regarding the specific details supporting the decision to allow the studies to be completed as a phase 4 commitment.

B. Recommendation for nonclinical studies

The following nonclinical studies should be conducted as a Phase 4 commitment:

1. a Segment I reproductive and developmental toxicology study including toxicokinetic data in a single species with the final drug product formulation,

> Protocol Submission: by October 7, 2006 Study Start: by January 7, 2007 Final Report Submission: by January 7, 2008

2. Segment II reproductive and developmental toxicology studies in two species including toxicokinetic data with the final drug product formulation,

Protocol Submission: by October 7, 2006 Study Start: by January 7, 2007 Final Report Submission: by January 7, 2008

3. a Segment III reproductive and developmental toxicology study including toxicokinetic data with the final drug product formulation, and

Protocol Submission: by October 7, 2006 Study Start: by January 7, 2007 Final Report Submission: by January 7, 2008

4. Carcinogenicity assessment in two species using the final drug product formulation.

Protocol Submission: by April 7, 2007 Study Start: by August 7, 2007 Final Report Submission: by August 8, 2010

5. In lieu of the animal studies listed in commitments 1 through 4 above, you may be able to obtain adequate

4

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