CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER: NDA 22-253 & 22-254

ADMINISTRATIVE and CORRESPONDENCE DOCUMENTS



Department of Health and Human Services Food and Drug Administration

PATENT INFORMATION SUBMITTED WITH THE FILING OF AN NDA, AMENDMENT, OR SUPPLEMENT

For Each Patent That Claims a Drug Substance (Active Ingredient), Drug Product (Formulation and Composition) and/or Method of Use

Form Approved: OMB No. 0910-0513 Expiration Date: 7/31/06 See OMB Statement on Page 3.

NDA NUMBER

22-253

NAME OF APPLICANT/NDA HOLDER

Schwarz Biosciences, Inc.

(wholly-owned subsidiary of Schwarz Pharma AG)

		_1		
The following is provided in accordance with S	ection 505(b) and (c) of t	he Federal Foo	od, Drug, and Cosmetic Act.	
TRADE NAME (OR PROPOSED TRADE NAME)	,			
ACTIVE INGREDIENT(S)	STRENGTH(S)	STRENGTH(S)		
LACOSAMIDE	50, 100, 150, 20	50, 100, 150, 200, 250 & 300 mg film-coated tablets		
			•	
DOSAGE FORM	* * * * * * * * * * * * * * * * * * *	and the second second		
Tablets				
This patent declaration form is required to be submit amendment, or supplement as required by 21 CFR 314 Within thirty (30) days after approval of an NDA or sup declaration must be submitted pursuant to 21 CFR 314 or supplement. The information submitted in the declar upon by FDA for listing a patent in the Orange Book.	53 at the address provided plement, or within thirty (3 1.53(c)(2)(ii) with all of the	I in 21 CFR 314 0) days of issue required inform	.53(d)(4). ance of a new patent, a new patent	
For hand-written or typewriter versions (only) of the that does not require a "Yes" or "No" response), please	ils report: If additional sp attach an additional page i	ace is required referencing the	for any narrative answer (i.e., one question number.	
FDA will not list patent information if you submit a patent is not eligible for listing.	n incomplete patent dec	laration or the	patent declaration indicates the	
For each patent submitted for the pending NDA, a information described below. If you are not submit complete above section and sections 5 and 6.	mendment, or supplementing any patents for the	ent referenced nis pending NL	above, you must submit all the DA, amendment, or supplement,	
1. GENERAL				
a. United States Patent Number	b. Issue Date of Patent	l c.	Expiration Date of Patent	
U.S. Re-issue Patent # 38,551	07/06/2004	1	3/17/2017	
d. Name of Patent Owner	Address (of Patent Owner)			
Research Corporation Technologies, Inc.	101 North Wilmot Road - Suite 600 .			
	City/State			
	Tucson, AZ			
	ZIP Code	FAX N	iumber (if available)	
	85711		·	
	Telephone Number	E-Mail	Address (if available)	
	(520) 748-4400			
 Name of agent or representative who resides or maintains a place of business within the United States authorized to receive notice of patent certification under section 505(b)(3) and (j)(2)(B) of the Federal Food, Drug, and Cosmetic Act 	Address (of agent or representative named in 1.e.)			
and 21 CFR 314.52 and 314.95 (If patent owner or NDA applicant/holder does not reside or have a place of	City/State			
business within the United States)	ZIP Code	FAX Number (if available)		
			·	
	Telephone Number	E-Mail	E-Mail Address (if available)	
f. Is the patent referenced above a patent that has been subm	litted previously for the			
approved NDA or supplement referenced above?		Ye:	s 🗹 No	
g. If the patent referenced above has been submitted previous date a new expiration date?	ly for listing, is the expiration	☐ Yes	s No	

FORM FDA 3542a (7/03)

Page 1

PSC Media Arts (301) 443-1090 EF



	- •	vide the following information on the drug substance, drug NDA, amendment, or supplement.	ug product and	Vor method of	
2. Drug Substance (Active I	ngredien				
2.1 Does the patent claim the drudescribed in the pending ND/	•	ce that is the active ingredient in the drug product ent, or supplement?	 ✓ Yes	No	
	.2 Does the patent claim a drug substance that is a different polymorph of the active ingredient described in the pending NDA, amendment, or supplement?		☑ Yes	□No	
data demonstrating that a dru	g product	o you certify that, as of the date of this declaration, you have test containing the polymorph will perform the same as the drug of test data required is described at 21 CFR 314.53(b).	Yes	∠ No	
	drug subst	d by the patent for which you have the test results described in 2.3. ance described in the pending application, among others, and is subm	nitted for listing on	that basis.	
(Complete the information in drug product to administer the	section 4.t e metaboli		Yes	☑ No	
2.6 Does the patent claim only an intermediate?				 ✓ No	
		uct-by-process patent, is the product claimed in the bly if the patent is a product-by-process patent.)	Yes	□No	
3. Drug Product (Composit	on/Form	ulation)			
3.1 Does the patent claim the drug product, as defined in 21 CFR 314.3, in the pending NDA, amendment, or supplement?		☑ Yes	□No		
3.2 Does the patent claim only an intermediate?			Yes	☑ No	
3.3 If the patent referenced in 3.1 is a product-by-process patent, is the product claimed in the patent novel? (An answer is required only if the patent is a product-by-process patent.)			Yes	□No	
4. Method:ci:Use					
		in section 4 separately for each patent claim claiming a met ght. For each method of use claim referenced, provide the follow			
4.1 Does the patent claim one or more methods of use for which approval is being sought in the pending NDA, amendment, or supplement?		₹ Yes	□No		
4.2 Claim Number (as listed in the Claims 11-13	he patent)	Does the patent claim referenced in 4.2 claim a pending method of use for which approval is being sought in the pending NDA, amendment, or supplement?	☑ Yes	□No	
4.2a If the answer to 4.2 is "Yes," identify with specificity the use with reference to the proposed labeling for the drug product.	Treatmer accordar and Clini Manager	Interest to describe the control of	osy aged 16 years Jsage, Dosage an	and older in d Administration,	
5. No Relevant Patents					
For this pending NDA, amendme drug product (formulation or com	nt, or supp position) o ent could r	lement, there are no relevant patents that claim the drug substance (a r method(s) of use, for which the applicant is seeking approval and witi easonably be asserted if a person not licensed by the owner of the pat	h respect to	☐ Yes	
FORM FDA 3542a (7/03)		,		Page 2	



	The state of the s			
The undersigned declares that this is an acamendment, or supplement pending under sensitive patent information is submitted patent submission compiles with the requirer is true and correct.	r section 505 of the pursuant to 21 CFI ments of the regul	e Federal Food, Drug, and 9 314.53. I attest that I am f ation. I verify under penalt	Cosmetic Act. This time- amiliar with 21 CFR 314.53 and y of perjury that the foregoing	
Warning: A willfully and knowingly false st				
Authorized Signature of NDA Applicant/Holder or P other Authorized Official) (Provide Information below	w)	y, Agent, Hepresentative or	Date Signed	
ansy			9/21/07	
TE: Only an NDA applicant/holder may submit der is authorized to sign the declaration but may	this declaration direction	ectly to the FDA. A patent ov y to FDA. 21 CFR 314.53(c)(4)	wher who is not the NDA applicant and (d)(4).	
ck applicable box and provide information below	v.			
NDA Applicant/Holder	■ NDA Applicant/Holder NDA Applicant's/Holder's Attorney, Agent (Representative) or Authorized Official		Agent (Representative) or other	
Patent Owner		Patent Owner's Attorney, Agent (Representative) or Other Authorized Official		
Name Alan Blumberg, Sr. Director, Regulatory Affairs, S	Schwarz Biosciences,	Inc., (wholly-owned subsidiary o	f Schwarz Pharma AG)	
Address		City/State		
P.O. Box 110167		Research Triangle Park, NC	•	
ZIP Code		Telephone Number		
27709				
27709		(919) 767-2513		
27709 FAX Number (if available) (919) 767-3139	, , , , , , , , , , , , , , , , , , , 	(919) 767-2513 E-Mail Address (if available)	m	
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FAX Number (if available)	d maintaining the data et of this collection of in Food and Drug Ad	(919) 767-2513 E-Mail Address (if available) alan.blumberg@ucb-group.col ated to average 9 hours per responded, and completing and revier formation, including suggestions for iministration	conse, including the time for reviewing	
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NAME OF APPLICANT/NDA HOLDER

Schwarz Biosciences, Inc.

wholly-owned subsidiary of Schwarz Pharma AG

Composition) and/or Method of Use		(wholly-owned subsidiary of Schwarz Pharma AG)			
The following is provided in accordance with Section 505(b) and (c) of the Federal Food, Drug, and Cosmetic Act.					
TRADE NAME (OR PROPOSED TRADE NAME)					
ACTIVE INGREDIENT(S) LACOSAMIDE	STRENGTH(S) 10 mg/mL injection	n .			
DOSAGE FORM Injection					
This patent declaration form is required to be submit amendment, or supplement as required by 21 CFR 314 Within thirty (30) days after approval of an NDA or supdeclaration must be submitted pursuant to 21 CFR 31 or supplement. The information submitted in the declar upon by FDA for listing a patent in the Orange Book.	.53 at the address provided in oplement, or within thirty (30) 4.53(c)(2)(ii) with all of the re	n 21 CFR 314.53(d)(4). days of issuance of a new patent, a new patent			
For hand-written or typewriter versions (only) of the that does not require a "Yes" or "No" response), please	nis report: If additional space attach an additional page re	to is required for any narrative answer (i.e., one derencing the question number.			
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For each patent submitted for the pending NDA, amendment, or supplement referenced above, you must submit all the information described below. If you are not submitting any patents for this pending NDA, amendment, or supplement, complete above section and sections 5 and 6.					
1. GENERAL					
a. United States Patent Number U.S. Re-issue Patent # 38,551	b. Issue Date of Patent 07/06/2004	c. Expiration Date of Patent 03/17/2017			
d. Name of Patent Owner Research Corporation Technologies, Inc.	Address (of Patent Owner) 101 North Wilmot Road - Suite 600				
	City/State Tucson, AZ				
	ZIP Code 85711	FAX Number (if available)			
a Name of countries approach the state of th	Telephone Number (520) 748-4400	E-Mail Address (if available)			
 Name of agent or representative who resides or maintains a place of business within the United States authorized to receive notice of patent certification under section 505(b)(3) 	Address (of agent or represen	tative named in 1.e.)			
and (i)(2)(B) of the Federal Food, Drug, and Cosmetic Act and 21 CFR 314.52 and 314.95 (if patent owner or NDA applicant/holder does not reside or have a place of business within the United States)	City/State				
	ZIP Code	FAX Number (if available)			
	Telephone Number	E-Mail Address (if available)			
f. Is the patent referenced above a patent that has been submapproved NDA or supplement referenced above?		Yes No			
g. If the patent referenced above has been submitted previous date a new expiration date?	ly for listing, is the expiration	Yes No			

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