CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER: 200678Orig1s000

ADMINISTRATIVE and CORRESPONDENCE DOCUMENTS



Department of Health and Human Services
Food and Drug Administration

PATENT INFORMATION SUBMITTED UPON AND AFTER APPROVAL OF AN NDA OR SUPPLEMENT

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

Form Approved: OMB No. 0910-0513 Expiration Date: 7/31/10 See OMB Statement on Page 3.

NDA NUMBER
200678

NAME OF APPLICANT/NDA HOLDER

Bristol-Myers Squibb Company

The following is provided in accordance with S	Section 505(b) and (c) of the	Federal Food, Dru	g, and Cosmetic Act.		
TRADE NAME					
Kombiglyze XR					
ACTIVE INGREDIENT(S)	STRENGTH(S)	STRENGTH(S)			
saxagliptin/metformin HCl		2.5 mg saxagliptin/1000 mg metformin HCl			
			0 mg metformin HCl		
	5.0 mg saxaglipti	n/1000 mg metforn	nin HCl		
DOOAGE FORM	ADDROVAL DATE (NE NIDA OD SLIDDI EI	MENT		
DOSAGE FORM		APPROVAL DATE OF NDA OR SUPPLEMENT November 5, 2010			
saxagliptin and metformin HCl extended-release tablet	140vember 3, 201	100 cm oct 5, 2010			
This patent declaration form is required to be submitted approval of an NDA or supplement or within thirty (30) d address provided in 21 CFR 314.53(d)(4). To expedite r this declaration form to the Center for Drug Evaluation a	lays of issuance of a patent as review of this patent declaratio and Research "Orange Book" s	required by 21 CFI n form, you may su staff.	R 314.53(c)(2)(ii) at the bmit an additional copy of		
For hand-written or typewriter versions of this report: If additional space is required for any narrative answer (i.e., one that does not require a "Yes" or "No" response), please attach an additional page referencing the question number.					
FDA will not list patent information if you file an incomplete patent declaration or the patent declaration indicates the patent is not eligible for listing.					
For each patent submitted for the approved NDA or supplement referenced above, you must submit all the information described below. If you are not submitting any patents for this NDA or supplement, complete above section and sections 5 and 6.					
1. GENERAL					
a. United States Patent Number	b. Issue Date of Patent	c. Expirat	ion Date of Patent		
6,395,767	May 28, 2002	Februar	y 16, 2021		
d. Name of Patent Owner	Address (of Patent Owner)				
Bristol-Myers Squibb Company	P.O. Box 4000				
	City/State				
	Princeton, NJ	•			
	ZIP Code		FAX Number (if available)		
	08543	l l	609-252-4526 E-Mail Address (if available)		
	Telephone Number 609-252-4000	patents@br	· ·		
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	Address (of agent or representative named in 1.e.)				
505(b)(3) and (j)(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	FAX Number (if available)		
	Telephone Number	E-Mail Addres	E-Mail Address (if available)		
f. Is the patent referenced above a patent that has been submitted previously for the approved NDA or supplement referenced above?		☐ Yes	⊠ No		
g. If the patent referenced above has been submitted previous	sly for listing, is the expiration	☐ Yes			
date a new expiration date?			☐ No		



For the patent referenced above, provide the following information on each patent that claims the drug substance, drug product, or method of use that is the subject of the approved NDA or supplement. FDA will not list patent information if you file an incomplete patent declaration or the patent declaration indicates the patent is not eligible for listing. FDA will consider an incomplete patent declaration to be a declaration that does not include a response to all the questions contained within each section below applicable to the patent referenced above. 2. Drug Substance (Active Ingredient) 2.1 Does the patent claim the drug substance that is the active ingredient in the drug product X Yes ☐ No described in the approved NDA or supplement? 2.2 Does the patent claim a drug substance that is a different polymorph of the active Yes ⋉ No ingredient described in the NDA? 2.3 If the answer to question 2.2 is "Yes," do you certify that, as of the date of this declaration, you have test data demonstrating that a drug product containing the polymorph will perform the same as the drug product described in the NDA? The type of test data required is described at 21 CFR 314.53(b). ☐ Yes ☐ No 2.4 Specify the polymorphic form(s) claimed by the patent for which you have the test results described in 2.3. 2.5 Does the patent claim only a metabolite of the approved active ingredient? (Complete the information in section 4 below if the patent claims an approved method of using the approved drug product to administer ☐ Yes No the metabolite.) 2.6 Does the patent claim only an intermediate? ☐ Yes **⋉** No 2.7 If the patent referenced in 2.1 is a product-by-process patent, is the product claimed in the ☐ No patent novel? (An answer is required only if the patent is a product-by-process patent.) Yes FDA will not list the patent in the Orange Book as claiming the drug substance if: the answers to 2.1 and 2.2 are "No," or, the answer to 2.2 is "Yes" and the answer to 2.3 is "No," or, the answer to 2.3 is "Yes" and there is no response to 2.4, or, the answer to 2.5 or 2.6 is "Yes." the answer to 2.7 is "No." 3. Drug Product (Composition/Formulation) 3.1 Does the patent claim the approved drug product as defined in 21 CFR 314.3? X Yes ☐ No 3.2 Does the patent claim only an intermediate? **⋉** No ☐ Yes 3.3 If the patent referenced in 3.1 is a product-by-process patent, is the product claimed in the Yes ☐ No patent novel? (An answer is required only if the patent is a product-by-process patent.) FDA will not list the patent in the Orange Book as claiming the drug product if: • the answer to question 3.1 is "No," or, • the answer to question 3.2 is "Yes," or, the answer to question 3.3 is "No." 4. Method of Use Sponsors must submit the information in section 4 for each approved method of using the approved drug product claimed by the patent. For each approved method of use claimed by the patent, provide the following information: 4.1 Does the patent claim one or more approved methods of using the approved drug product? ☐ No X Yes Does (Do) the patent claim(s) referenced in 4.2 claim an 4.2 Patent Claim Number(s) (as listed in the patent) approved method of use of the approved drug product? X Yes ☐ No 23 and 24 Use: (Submit indication or method of use information as identified specifically in the approved labeling.) 4.2a If the answer to 4.2 is "Yes," identify the use KOMBIGLYZE XR is a dipeptidyl peptidase-4 inhibitor and biguanide with specific reference to combination product indicated as an adjunct to diet and exercise to improve the approved labeling for



the drug product.

glycemic control in adults with type 2 diabetes mellitus when treatment with

both saxagliptin and metformin is appropriate.

4.2b If the answer to 4.2 is						
"Yes," also provide the information on the	"Yes," also provide the "Use Code" in the Orange Book, using no more than 240 total characters including spaces.)					
indication or method of	indication or method of					
use for the Orange Book	almontonia annia annial in adulta viith trino 2 diabataa mallitua vihan trootmant viith					
"Use Code" description.	"Use Code" description. both saxagliptin and metformin is appropriate.					
EDA will not list the natent in the	9 .					
FDA will not list the patent in the Orange Book as claiming the method of use if: • the answer to question 4.1 or 4.2 is "No," or						
• if the answer to 4.2 is "Yes" and the information requested in 4.2a and 4.2b is not provided in full.						
ii ule aliswei to 4.2 is 1es aliu ule iliiotiliation requesteu ili 4.2a aliu 4.2b is not provideu ili tuli.						
5. No Relevant Patents						
For this NDA or supplement, there are no relevant patents that claim the approved drug substance (active ingredient) or the approved drug product (formulation or composition) or approved method(s) of use with respect to which a claim of patent infringement could reasonably be asserted if a person not licensed by the owner of the patent engaged in the manufacture, use, or sale of the drug product.						
6. Declaration Certification						
6.1 The undersigned declares that this is an accurate and complete submission of patent information for the NDA or supplement approved under section 505 of the Federal Food, Drug, and Cosmetic Act. This time-sensitive patent information is submitted pursuant to 21 CFR 314.53. I attest that I am familiar with 21 CFR 314.53 and this submission complies with the requirements of the regulation. I verify under penalty of perjury that the foregoing is true and correct. Warning: A willfully and knowingly false statement is a criminal offense under 18 U.S.C. 1001.						
6.2 Authorized Signature of NDA		wner (Attorney, Agent	, Representative or	Date Signed		
other Authorized Official) (Pr		•		1 1 2 2 1 1 .		
Shake J. Boyle 11122110						
NOTE: Only an NDA applicant/ is authorized to sign the declar				vho is not the NDA applicant/ holder 4).		
Check applicable box and prov	ride information below.		•			
☐ NDA Applicant/l	Holder	NDA Applicant's/Holder's Attorney, Agent (Representative) or other Authorized Official				
Patent Owner		Patent Owner's Attorney, Agent (Representative) or Other Authorized Official				
Name						
Terence J. Bogie						
Address			City/State			
P.O. Box 4000		Prin	Princeton, NJ			
ZIP Code		Telep	Telephone Number			
08543	08543		609-252-6385			
FAX Number (if available)			E-Mail Address (if available)			
609-252-4526			patents@bms.com			
searching existing data sources, ga	is collection of information has athering and maintaining the dat any other aspect of this collection	needed, and completing	and reviewing the collection	ding the time for reviewing instructions, n of information. Send comments his burden to:		

Department of Health and Human Services Food and Drug Administration Office of Chief Information Officer (HFA-710) 5600 Fishers Lane Rockville, MD 20857

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.



INFORMATION AND INSTRUCTIONS FOR FORM 3542

PATENT INFORMATION SUBMITTED UPON AND AFTER APPROVAL OF AN NDA OR SUPPLEMENT

General Information

- To submit patent information to the agency the appropriate patent declaration form must be used. Two forms are available for patent submissions. The approval status of your New Drug Application will determine which form you should use.
- Form 3542a should be used when submitting patent information with original NDA submissions, NDA amendments and NDA supplements prior to approval.
- Form 3542 should be used after NDA or supplement approval. This form is to be submitted within 30 days after approval of an application. This form should also be used to submit patent information relating to an approved supplement under 21 CFR 314.53(d) to change the formulation, add a new indication or other condition of use, change the strength, or to make any other patented change regarding the drug, drug product, or any method of use. Form 3542 is also to be used for patents issued after drug approval. Patents issued after drug approval are required to be submitted within 30 days of patent issuance for the patent to be considered "timely filed."
- Only information from form 3542 will be used for Orange Book publication purposes.
- Forms should be submitted as described in 21 CFR 314.53. Sending an additional copy of form 3542 to the Orange Book Staff will expedite patent publication in the Orange Book. The Orange Book Staff address (as of April 2007) is: Orange Book Staff, Office of Generic Drugs OGD/HFD-610, 7500 Standish Place, Rockville, MD 20855.
- The receipt date is the date that the patent information is date stamped in the central document room. Patents are considered listed on the date received.
- Additional copies of these forms may be downloaded from the Internet at: http://www.fda.gov/opacom/morechoices/fdaforms/ fdaforms.html.

First Section

Complete all items in this section.

1. General Section

Complete all items in this section with reference to the patent itself

- 1c) Include patent expiration date, including any Hatch-Waxman patent extension already granted. Do not include any applicable pediatric exclusivity. The agency will include pediatric exclusivities where applicable upon publication.
- 1d) Include full address of patent owner. If patent owner resides outside the U.S. indicate the country in the zip code block.
- 1e) Answer this question if applicable. If patent owner and NDA applicant/holder reside in the United States, leave space blank.

2. Drug Substance (Active Ingredient)

Complete all items in this section if the patent claims the drug substance that is the subject of the approved NDA or supplement.

- 2.4) Name the polymorphic form of the drug identified by the patent.
- 2.5) A patent for a metabolite of the approved active ingredient may not be listed. If the patent claims an approved method of using the approved drug product to administer the metabolite, the patent may be listed as a method of use patent depending on the responses to section 4 of this form.
- Answer this question only if the patent is a product-byprocess patent.

3. Drug Product (Composition/Formulation)

Complete all items in this section if the patent claims the drug product that is the subject of the approved NDA or supplement.

3.3) An answer to this question is required only if the referenced patent is a product-by-process patent.

4. Method of Use

Complete all items in this section if the patent claims one or more methods of use of the drug product that is the subject of the approved NDA or supplement.

- 4.2) For each approved use of the drug claimed by the patent, identify by number the claim(s) in the patent that claim the approved use of the drug. An applicant may list together multiple patent claim numbers and information for each approved method of use, if applicable. However, each approved method of use must be separately listed within this section of the form.
- 4.2a) Specify the part of the approved drug labeling that is claimed by the patent.
- 4.2b) The answer to this question will be what FDA uses to create a "use-code" for Orange Book publication. The use code designates a method of use patent that claims the approved indication or use of a drug product. Each approved use claimed by the patent should be separately identified in this section and contain adequate information to assist 505(b)(2) and ANDA applicants in determining whether a listed method of use patent claims a use for which the 505(b)(2) or ANDA applicant is not seeking approval. Use a maximum of 240 characters for each "use code."

5. No Relevant Patents

Complete this section only if applicable.

6. Declaration Certification

Complete all items in this section.

6.2) Authorized signature. Check one of the four boxes that best describes the authorized signature.



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