## CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER: 202788Orig1s000

# ADMINISTRATIVE and CORRESPONDENCE DOCUMENTS



## **EXCLUSIVITY SUMMARY**

NDA #	202788	SUPPL#	HFD#	1/0		
Trade N	Name Subsys					
Generio	Name fentanyl sublingual s	spray				
Applica	ant Name Insys Therapeutics	3				
Approv	val Date, If Known Jan 4, 20	12				
PART	I IS AN EXCLUSIVIT	TY DETERMINATION NEEDEI	<b>D</b> ?			
1. An exclusivity determination will be made for all original applications, and all efficacy 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 a 505(b)(1), 505(b)(2)	or efficacy supplement? YES		NO 🗌		
If yes, what type? Specify 505(b)(1), 505(b)(2), SE1, SE2, SE3, SE4, SE5, SE6, SE7, SE8						
	505(b)(2)					
	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 in the contraction of the contrac					
	data, answer "no.")	YE	$as \boxtimes$	NO 🗌		
	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 you reasons for disagreeing with any arguments made by the applicant that the study was no simply a bioavailability study.					
		ng the review of clinical data but nge or claim that is supported by the				



d) Did the applicant request exclusivity?	_	<u></u>				
	YES [	NO 🔀				
If the answer to (d) is "yes," how many years of exclusivity did the applicant request?						
e) Has pediatric exclusivity been granted for this Active M	Ioiety? YES ⊠	NO 🗌				
If the answer to the above question in YES, is this approval a response to the Pediatric Written Request?	esult of the stu	idies submitted in				
<u>No</u>						
IF YOU HAVE ANSWERED "NO" TO <u>ALL</u> OF THE ABOVE QUESTIONS, GO DIRECTLY TO THE SIGNATURE BLOCKS AT THE END OF THIS DOCUMENT.						
2. Is this drug product or indication a DESI upgrade?	YES 🗌	NO 🖂				
IF THE ANSWER TO QUESTION 2 IS "YES," GO DIRECTLY TO THE SIGNATURE BLOCKS ON PAGE 8 (even if a study was required for the upgrade).						
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 #(s).	moiety, and, if	known, the NDA				



NDA# 019813 Duragesic NDA# 020747 Actiq NDA# 022266 Onsolis NDA# 022510 Abstral NDA# 021947 Fentora 016619 **Sublimaze** NDA# NDA# 021338 Ionsys NDA# 022569 Lazanda various refer to Orange book fentanyl ANDAs for complete list

#### 2. Combination product.

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 <u>any one</u> 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 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. (Caution: The questions in part II of the summary should only be answered "NO" for original approvals of new molecular entities.) IF "YES," GO TO PART III.



### PART III THREE-YEAR EXCLUSIVITY FOR NDAs 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. Ouestion 1 or 2 was "yes."

to PART II, Question 1 or 2 was "yes."	j	L	J
1. Does the application contain reports of clinical investigations? investigations" to mean investigations conducted on humans other the application contains clinical investigations only by virtue of investigations in another application, answer "yes," then skip to quis "yes" for any investigation referred to in another application, summary for that investigation.	than bid a right estion 3d do not	oavailat of refe (a). If th	oility studies.) If rence to clinical ne answer to 3(a)
IF "NO," GO DIRECTLY TO THE SIGNATURE BLOCKS ON	PAGE 8	3.	
2. A clinical investigation is "essential to the approval" if the Ager application or supplement without relying on that investigation. essential to the approval if 1) no clinical investigation is necessar application in light of previously approved applications (i.e., infor such as bioavailability data, would be sufficient to provide a bas 505(b)(2) application because of what is already known about a prethere are published reports of studies (other than those conducted other publicly available data that independently would have been such application, without reference to the clinical investigation substitute application, without reference to the clinical investigation substitute application or available from some other source, inconecessary to support approval of the application or supplementaries.	Thus, ry to supmation of is for apviously or sponsor sufficier mitted in luding the ment?	the inverted the inverted the proval approved by a to super the approved the approv	estigation is not e supplement or an clinical trials, as an ANDA or ed product), or 2) the applicant) or oport approval of plication. either conducted lished literature)
If "no," state the basis for your conclusion that a clinical tr AND GO DIRECTLY TO SIGNATURE BLOCK ON PA		t necess	ary for approval
(b) Did the applicant submit a list of published studieffectiveness of this drug product and a statement that the p independently support approval of the application?			-



## DOCKET

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