CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER:

203794Orig1s000

MEDICAL REVIEW(S)



CLINICAL PHARMACOLOGY AND BIOPHARMACEUTICS FILING FORM/CHECKLIST FOR NDA/BLA or Supplement

,		Office of Clinic					
General Information About the Subn		rug Application	Filing ai	id Revie	w Form		
General Information About the Subin	118810	Information					Information
NDA/BLA Number	2037			Brand N	lame		Nucynta Oral Solution
OCP Division (I, II, III, IV, V)	II			Generic			Tapentadol Oral Solution
Medical Division	DAA	AP		Drug Cl	ass		Pain
OCP Reviewer	Davi	d Lee, Ph.D.		Indicati	on(s)		For the management of moderate to severe acute pain in patients 18 years of age or older
OCP Team Leader	Yun	Xu, Ph.D.		Dosage Form		Solution 20 mg/mL	
Pharmacometrics Reviewer	-			Dosing 1	Regimen		50 mg, 75 mg, or 100 mg Q4 - 6 h depending upon pain intensity. On the first day of dosing, the second dose may be administered as soon as one hour after the first dose, if adequate pain relief is not attained with the first dose. Subsequent dosing is 50 mg, 75 mg, or 100 mg Q 4 - 6 h and should be adjusted to maintain adequate analgesia with acceptable tolerability. Daily doses greater than 700 mg on the first day of therapy and 600 mg on subsequent days have not been studied and are, therefore, not
Date of Submission	Dec	15, 2011		Route of	f Administration		recommended. Oral
Estimated Due Date of OCP Review		15, 2012		Sponsor			Janssen
Medical Division Due Date		15, 2012		Priority Classification			Standard
PDUFA Due Date		15, 2012					
	Cli	n. Pharm. and Bi	-				
		"X" if included at filing	Number studies submitt		Number of studies reviewed	C	ritical Comments If any
STUDY TYPE							
Table of Contents present and sufficient to locate reports, tables, data, etc. Tabular Listing of All Human Studies HPK Summary							
Labeling		X					
Reference Bioanalytical and Analytical Methods							
I. Clinical Pharmacology							
Mass balance:							
Isozyme characterization:				-			
Blood/plasma ratio:							
Plasma protein binding:							<u></u>
Pharmacokinetics (e.g., Phase I) -							
Healthy Volunteers-							
single	dose:					1	
multiple					1	1	
Patients-							
single	dose.				 	1	
single	aose.	L	l		1	1	



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multiple dose:			
Dose proportionality -			
fasting / non-fasting single dose:			
fasting / non-fasting multiple dose:			
Drug-drug interaction studies -			
In-vivo effects on primary drug:			
In-vivo effects of primary drug:			
In-vitro:			
Subpopulation studies -			
ethnicity:			
gender:			
pediatrics:			
geriatrics:			
renal impairment:			
hepatic impairment:			
PD -			
Phase 2:			
Phase 3:			
PK/PD -			
Phase 1 and/or 2, proof of concept:			
Phase 3 clinical trial:			
Population Analyses -			
Data rich:			
Data sparse:			
II. Biopharmaceutics			
Absolute bioavailability			
Relative bioavailability -	X	1	
solution as reference:			
alternate formulation as reference:			
Bioequivalence studies -			
traditional design; single / multi dose:			
replicate design; single / multi dose:			
Food-drug interaction studies			
Bio-waiver request based on BCS			
BCS class			
Dissolution study to evaluate alcohol induced			
dose-dumping			
III. Other CPB Studies			
Genotype/phenotype studies			
Chronopharmacokinetics			
Pediatric development plan			
Literature References	X		
Total Number of Studies			

On **initial** review of the NDA/BLA application for filing:

	Content Parameter	Yes	No	N/A	Comment
Cri	teria for Refusal to File (RTF)				
1	Has the applicant submitted bioequivalence			X	
	data comparing to-be-marketed product(s)				
	and those used in the pivotal clinical trials?				
2	Has the applicant provided metabolism and			X	
	drug-drug interaction information?				
3	Has the sponsor submitted bioavailability	X			Biowaiver is granted for this product.
	data satisfying the CFR requirements?				
4	Did the sponsor submit data to allow the			X	
	evaluation of the validity of the analytical				
	assay?				



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		ı	<u> </u>	
5	Has a rationale for dose selection been submitted?		X	
6	Is the clinical pharmacology and		Х	
	biopharmaceutics section of the NDA		1.2	
	organized, indexed and paginated in a			
	manner to allow substantive review to			
	begin?			
7	Is the clinical pharmacology and			
′			X	
	biopharmaceutics section of the NDA			
	legible so that a substantive review can			
0	begin?			
8	Is the electronic submission searchable,		X	
	does it have appropriate hyperlinks and do			
	the hyperlinks work?			
Cri	teria for Assessing Quality of an NDA (Preli	minary	Assessmen	t of Quality)
	Data	1	,	
9	Are the data sets, as requested during pre-		X	
	submission discussions, submitted in the			
	appropriate format (e.g., CDISC)?			
10	If applicable, are the pharmacogenomic data		X	
	sets submitted in the appropriate format?			
	Studies and Analyses	•		
11	Is the appropriate pharmacokinetic		Х	
	information submitted?			
12	Has the applicant made an appropriate		Х	
	attempt to determine reasonable dose		1.2	
	individualization strategies for this product			
	(i.e., appropriately designed and analyzed			
	dose-ranging or pivotal studies)?			
13	Are the appropriate exposure-response (for		X	
13	desired and undesired effects) analyses		Α	
	conducted and submitted as described in the			
1 /	Exposure-Response guidance?			
14	Is there an adequate attempt by the applicant		X	
	to use exposure-response relationships in			
	order to assess the need for dose			
	adjustments for intrinsic/extrinsic factors			
	that might affect the pharmacokinetic or			
1.5	pharmacodynamics?			
15	Are the pediatric exclusivity studies		X	
	adequately designed to demonstrate			
	effectiveness, if the drug is indeed			
	effective?		<u> </u>	
16	Did the applicant submit all the pediatric		X	
	exclusivity data, as described in the WR?			
17	Is there adequate information on the		X	
	pharmacokinetics and exposure-response in			
	the clinical pharmacology section of the			



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	label?			
	General			
18	Are the clinical pharmacology and biopharmaceutics studies of appropriate design and breadth of investigation to meet basic requirements for approvability of this product?		X	
19	Was the translation (of study reports or other study information) from another language needed and provided in this submission?		X	

submission?				
IS THE CLINICAL PHARMACOLOGY Syes	ECTIO	ON OF	THE A	APPLICATION FILEABLE?
If the NDA/BLA is not fileable from the clinic provide comments to be sent to the Applicant.	_	macolo	ogy per	spective, state the reasons and
Please identify and list any potential review is	sues to	be forv	varded	to the Applicant for the 74-day letter.
Reviewing Clinical Pharmacologist				Date
Team Leader/Supervisor				Date

Janssen Research & Development, LLC, submitted a New Drug Application (NDA) for Nucynta® (tapentadol) Oral Solution, on behalf of Janssen Pharmaceuticals, Inc., in accordance with Section 505(b) of the Federal Food, Drugs, and Cosmetic Act. The indication for this NDA is for the management of moderate to severe acute pain, as in the approved NDA 22304 for Nucynta® (tapentadol) immediate-release tablets by the same Sponsor. A reference is made to NDA 22304 for Clinical, Nonclinical, Toxicology, and Pharmacology information.

No clinical studies were provided with this Application, due to the fact that a biowaiver was requested and granted by the Agency on 6/29/09. In spite the fact that biowaiver being granted the Applicant has submitted Study HP5503/59, titled, "A relative bioavailability trial to compare a new tapentadol oral solution 100 mg with the tapentadol immediate release 100 mg tablet," on 2/7/12. According to the Applicant, Study 5503/59 utilized the same tapentadol solution formulation that is the subject to this NDA approval.

In the memo dated February 24, 2012 by Dr. Christine Moore, Acting Office Director of ONDQA, the suitability of a biowaiver for NDA 203794 Nucynta Oral Solution relative to the immediate release tablet is discussed. It is stated that "Based on the information reviewed, I deem that the



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