CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER:

208411Orig1s000

ADMINISTRATIVE and CORRESPONDENCE DOCUMENTS



The below REV-SUMMARY-03 (Exclusivity Summary) contains an error. Refer to the corrected review signed on November 30, 2015.



EXCLUSIVITY SUMMARY

NDA # 2	08411	SUPPL#	HFD#					
Trade Na	me Narcan Nasal Spray							
Generic Name Naloxone hydrochloride, 40 mg/mL								
Applicant Name Adapt Pharma Operations Limited								
Approval Date, If Known November 18, 2015								
PART I	IS AN EXCLUSIVIT	Y DETERMINATION NEEDED	?					
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 [\boxtimes	NO 🗌				
If yes, what type? Specify 505(b)(1), 505(b)(2), SE1, SE2, SE3, SE4, SE5, SE6, SE7, SE8								
50	05(b)(2)							
in	b) 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 data, answer "no.") YES NO							
th in	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 your reasons for disagreeing with any arguments made by the applicant that the study was not simply a bioavailability study.							
T cc ve m in	omparative bioavailability olunteers. In this study, the ag, 0.1 mL of 40 mg/mL) ar	cology data for this NDA consists of study (Naloxone-Ph1a-002) conduct relative bioavailability from one and one spray in each nostril (8 mg, and to the reference (NDA 16636, N	cted in 2 spray in 0.1 mL	29 healthy one nostril (4 of 40 mg/mL				



If it is a supplement requiring the review of clinical data but it is not an effectiveness

supplement, describe the change or claim that is supported by the clinical data:					
N/A					
c) Did the applicant request exclusivity?	YES 🗌	NO 🖂			
If the answer to (d) is "yes," how many years of exclusivity	did the application	ant request?			
d) Has pediatric exclusivity been granted for this Active M	oiety? YES 🗌	NO 🖂			
If the answer to the above question in YES, is this approval a in response to the Pediatric Written Request?	result of the st	tudies submitted			
IF YOU HAVE ANSWERED "NO" TO <u>ALL</u> OF THE ABOVE O TO THE SIGNATURE BLOCKS AT THE END OF THIS DOCU		GO DIRECTLY			
2. Is this drug product or indication a DESI upgrade?	YES 🗌	NO 🖂			
IF THE ANSWER TO QUESTION 2 IS "YES," GO DIRECT BLOCKS ON PAGE 8 (even if a study was required for the upgrader).		E SIGNATURE			

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 on NDA #(s).	drug product(s) containing the ac	tive moiety, ar	nd, if known, the				
NDA# 16636	Narcan						
NDA#							
NDA#							
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.)							
not previously approved.)		YES 🗌	NO 🗌				
If "yes," identify the approved on NDA #(s).	drug product(s) containing the ac	etive moiety, ar	nd, if known, the				
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, Question 1 or 2 was "yes."



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