Exclusivity Checklist

| | | | | - - | | |
|--|------------|----------|-------------|-----------------|--|--|
| NDA: 20-592/5-006 | | | | | | |
| Trade Name: ZYPREXA | | · | · ·· ·—= | | | |
| Generic Name: OLANZA-PINE | | | | | | |
| Applicant Name: ELILILLY & COMPANY | | | | | | |
| Division: Dubre HPD-120 | | | | | | |
| Project Manager: DORLS T. BATES PH. S. | į. | - | | | | |
| Approval Date: | • | | -83 | | | |
| | | | | | | |
| PART I: IS AN EXCLUSIVITY DETERMINATION | | | | | | |
| 1. An exclusivity determination will be made for all original applica | tions, b | ut on | ly for (| certain | | |
| supplements. Complete Parts II and III of this Exclusivity Summary to one or more of the following questions about the submission. | only 11 | you | answei | "yes" | | |
| a. Is it an original NDA? | Yes | 1 | INC | | | |
| b. Is it an effectiveness supplement? | Yes | | No | $ \times $ | | |
| | 1 62 | <u>X</u> | No | 1 | | |
| | <u> </u> | 1: | |): | | |
| 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 | Yes | | No | | | |
| review only of bioavailability or bioequivalence data, answer "no.") | 103 | ~ | 110 | | | |
| If your answer is "no" because you believe the study is a bioava | ilability | stud | v and | 1 | | |
| therefore, not eligible for exclusivity, EXPLAIN why it is a bioavailal | oility st | udv. i | ncludir | 16 | | |
| your reasons for disagreeing with any arguments made by the applicar | it that th | ne stu | dv was | not | | |
| simply a bioavailability study. | | | | 1 | | |
| Explanation: | | : | | | | |
| | | | | | | |
| | | | | | | |
| If it is a supplement requiring the review of clinical data but it is | s not an | effec | tivene | SS | | |
| supplement, describe the change or claim that is supported by the clini | cal data | 1: | | | | |
| Explanation: | | | <u> </u> | | | |
| | | | | | | |
| | | | 15.7 | | | |
| d. Did the applicant request exclusivity? | Yes | \times | No | | | |
| If the answer to (d) is "yes," how many years of exclusivity did the applicant request? | TH | K EF | E (3 | 1 | | |
| IF YOU HAVE ANSWERED "NO" TO ALL OF THE ABOVE Q | | | _ | | | |
| DIRECTLY TO THE SIGNATURE BLOCKS. | OFSII | IONS. | , GO | | | |
| 2. Has a product with the same active ingredient(s), dosage form, | | | i i | | | |
| strength, route of administration, and dosing schedule previously | Yes | | No | ~ | | |
| been approved by FDA for the same use? | | | .∵ . | | | |
| If yes, NDA # | | - | | | | |
| Drug Name: | | | | | | |
| IF THE ANSWER TO QUESTION 2 IS "YES," GO DIRECTLY TO THE SIGNATURE | | | | | | |
| BLOCKS. | | | | | | |
| 3. Is this drug product or indication a DESI upgrade? | Yes | | No | X | | |
| IF THE ANSWER TO QUESTION 3 IS "YES," GO DIRECTLY | | 15 510 | GNAT | URE | | |
| BLOCKS (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) | | | | |
| Single active ingredient product. | Yes | > No | | |
| 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 activithe NDA #(s). | e moiet | y, and, if know | n, | |
| Drug Product OLAN ZAPINE (IN PSYCHOSIS) | | | | |
| NDA# 20-592 CORIGINAL) | | | _ | |
| Drug Product | | | | |
| NDA# | | | | |
| Drug Product | | | - | |
| NDA# | | | - | |
| 2. Combination product. | Yes | No 1 | | |
| 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 any one 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.) If "yes," identify the approved drug product(s) containing the active the NDA #(s). | Yes | No y, and, if know | n, | |
| Drug Product | | | | |
| NDA # | | | | |
| Drug Product | (a) 111 | ş-=.(g) (c- | | |
| NDA# | | | | |
| Drug Product | 3-10-7-5 | 2 - 0 14 | | |
| NDA# | | | | |
| IF THE ANSWER TO QUESTION I OR 2 UNDER PART II IS "NO," GO DIRECTLY TO THE SIGNATURE BLOCKS. IF "YES," GO TO PART III. | | | | |
| PART III: THREE-YEAR EXCLUSIVITY FOR NDA'S AN | | | | |
| To qualify for three years of exclusivity, an application or supplement new clinical investigations (other than bioavailability studies) essentia application and conducted or sponsored by the applicant." This section only if the answer to PART II, Question 1 or 2, was "yes." | to the | approval of the | of | |
| I. Does the application contain reports of clinical investigations? (The Agency interprets "clinical investigations" to mean investigations conducted on humans other than bioavailability | | | | |

| studies. It the application contains clinical investigations only by | (Yes) No | |
|--|-----------------------------|--|
| virtue of a right of reference to clinical investigations in another | V / | |
| application, answer "yes," then skip to question 3(a). If the answer to 3(a) is "yes" for any investigation referred to in another application, | | |
| do not complete remainder of summary for that investigation. | 1 1 1 1 | |
| do not complete remainder of suitinary for that hivestigation. | | |
| IF "NO," GO DIRECTLY TO THE SIGNATURE BLOCKS. | | |
| 2. A clinical investigation is "essential to the approval" if the Agenc | y could not have approved | |
| the application or supplement without relying on that investigation. | Thus, the investigation is | |
| not essential to the approval if 1) no clinical investigation is necessar | y to support the | |
| supplement or application in light of previously approved application | ns (i.e., information other | |
| than clinical trials, such as bioavailability data, would be sufficient to | provide a basis for | |
| approval as an ANDA or 505(b)(2) application because of what is all | ready known about a | |
| previously approved product), or 2) there are published reports of stu | idies (other than those | |
| conducted or sponsored by the applicant) or other publicly available | data that independently | |
| would have been sufficient to support approval of the application, wi | thout reference to the | |
| clinical investigation submitted in the application. For the purposes | | |
| comparing two products with the same ingredient(s) are considered to | o be bloavailability | |
| studies. | | |
| a) In light of previously approved applications, is a clinical | | |
| investigation (either conducted by the applicant or available from | (Yes) No | |
| some other source, including the published literature) necessary to | | |
| support approval of the application or supplement? | | |
| If "no," state the basis for your conclusion that a clinical trial i | s not necessary for | |
| approval AND GO DIRECTLY TO SIGNATURE BLOCKS. | | |
| Basis for conclusion: | | |
| 8-60 19-70 VP | | |
| | i | |
| b) Did the applicant submit a list of published studies relevant to | | |
| the safety and effectiveness of this drug product and a statement that | | |
| the publicly available data would not independently support approval | Yes No | |
| of the application? | | |
| 1) If the answer to 2 b) is "yes," do you personally know of | | |
| any reason to disagree with the applicant's conclusion? If not | Yes (No | |
| applicable, answer NO. | | |
| If yes, explain: | | |
| in yes, expirati | | |
| | | |
| 2) 160/2 2000 to 21/2 to 100/2 | | |
| 2) If the answer to 2 b) is "no," are you aware of published | | |
| studies not conducted or sponsored by the applicant or other publicly | Yes (No) | |
| available data that could independently demonstrate the safety and effectiveness of this drug product? | | |
| | | |
| If yes, explain: | | |
| c) If the answers to (b)(1) and (b)(2) were both "no," identify the | clinical investigations | |
| submitted in the application that are essential to the approval: | | |
| Investigation #1, Study #: | FIB-MC-HGEH | |
| Investigation #2, Study #: | FID-MC-HGGW | |
| Investigation #3, Study #: | 70 775 7791920 | |
| | | |
| 3. In addition to being essential, investigations must be "new" to support exclusivity. The agency interprets "new clinical investigation" to mean an investigation that 1) has not been | | |
| relied on by the agency to demonstrate the effectiveness of a previously approved drug for any | | |
| indication and 2) does not duplicate the results of another investigation | | |
| the agency to demonstrate the effectiveness of a previously approved | ir nier was tëllën nji na 📗 | |
| THE MACHEN IN VIEWOUSHING THE EITECHACHERS OF A DESCRIPTION ASSESSMENT | drug product is does | |

| not redemonstrate something the agency considers to har approved application. | ve been demonstrated i | n an airea | dy | |
|---|-----------------------------|--------------|--------|--|
| a) For each investigation identified as "essential to the | he annroyal " has the in | vestigatio | n been | |
| relied on by the agency to demonstrate the effectiveness | of a previously approv | ed drug | | |
| product? (If the investigation was relied on only to supp | ort the safety of a previ | ously app | roved | |
| drug, answer "no.") | 29/2006 | | | |
| Investigation #1 HGEH | Yes | No | X | |
| Investigation #2 HGG W | Yes | No | | |
| Investigation #3 | Yes | No | | |
| If you have answered "yes" for one or more inves | tigations, identify each | such | 1 | |
| investigation and the NDA in which each was relied upo | n: | | | |
| Investigation #1 NDA Number | | | : | |
| Investigation #2 NDA Number | | | | |
| Investigation #3 NDA Number | | | | |
| b) For each investigation identified as "essential to the | e approval " does the i | nvestigati | OD | |
| duplicate the results of another investigation that was rel | ied on by the agency to | support t | he | |
| effectiveness of a previously approved drug product? | | •• | | |
| Investigation #1 HGEH | Yes | No | 17 | |
| Investigation #2 HGG W | Yes | No | X | |
| Investigation #3 | Yes | iNo | | |
| If you have answered "yes" for one or more invest | tigations, identify the N | h | ich a | |
| similar investigation was relied on: | | | | |
| Investigation #1 NDA Number | | | · " | |
| Investigation #2 NDA Number | - | | | |
| Investigation #3 NDA Number | | | | |
| If the answers to 3(a) and 3(b) are no, identify eac | h "new" investigation i | n the | 5 | |
| application or supplement that is essential to the approva | I (i.e., the investigation | s listed in | #2 | |
| (c), less any that are not "new"): | . () | | | |
| Investigation #1 | 1105 | 4 | | |
| Investigation #2 | | HGEH HGGW | | |
| Investigation #3 | | .0 | ···· | |
| 4. To be eligible for exclusivity, a new investigation that | t is essential to approve | must als | 0 | |
| have been conducted or sponsored by the applicant. An in | nvestigation was "cond | ucted or | | |
| sponsored by the applicant if, before or during the cond | uct of the investigation. | . 1) the | | |
| applicant was the sponsor of the IND named in the form | FDA 1571 filed with the | e Agency | , or | |
| 2) the applicant (or its predecessor in interest) provided s | substantial support for the | he study. | | |
| Ordinarily, substantial support will mean providing 50 po | | | | |
| a. For each investigation identified in response to que | estion 3(c): if the invest | igation w | BS | |
| carried out under an IND, was the applicant identified on | | | | |
| Investigation #1 HGEH | Yes | < No | 1 | |
| IND#: | | | | |
| Explain: | | | | |
| | | | | |
| | | | 1 | |
| Investigation #2 HGG W | Yes | ∠ No | | |
| IND#: | | 2430 10 | | |
| Explain: | | | | |
| | | | | |
| | | | - 1 | |

| Investigation #3 IND#: Explain: | Yes No |
|--|--|
| b. For each investigation not carried out under an Inidentified as the sponsor, did the applicant certify that in interest provided substantial support for the study? Investigation #1 IND#: Explain: | VD or for which the applicant was not tor the applicant's predecessor in |
| Investigation #2 IND#: Fxplain: | Yes No |
| Investigation #3 IND#: Explain: | Yes No |
| c. Notwithstanding an answer of "yes" in (s) or (b), other reasons to believe that the applicant should not be having "conducted or sponsored" the study? (Purchased not be used as the basis for exclusivity. However, if all drug are purchased (not just studies on the drug), the applicant of the end of the studies of considered to have sponsored or conducted the studies or conducted by its predecessor in interest.) If yes, explain: | credited with studies may rights to the Yes No |
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Signature of PM/CSO Date:

17 September 1999 and 25 February 2000

Signature of Division Director

Date:

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ec; Original NDA Division File HFD-93 Mary Ann Holovac

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