CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER: 202107Orig1s000

OTHER REVIEW(S)



RPM FILING REVIEW

(Including Memo of Filing Meeting)

To be completed for all new NDAs, BLAs, and Efficacy Supplements [except SE8 (labeling change with clinical data) and SE9 (manufacturing change with clinical data]

Application Information									
NDA # 202107									
Proprietary Name: Korlym									
Established/Proper Name: mifepristone									
Dosage Form: Tablets									
Strengths: 300 mg									
Applicant: CORCEPT Therapeutics									
Agent for Applicant: N/A									
Date of Application: 4/15/11									
Date of Receipt: 4/18/11									
Date clock started after UN: N/A									
PDUFA Goal Date: 2/18/12			Action	Goal D	ate (if d	ifferent):			
2/17/12									
Filing Date: 6/17/11 Date of Filing Meeting					Meeting	g: 6/14/11			
Chemical Classification: (1,				_					
						ym (mifepristone) for the control of			
						s Cushing's syndrome who have			
diabetes mellitus type 2 or gluc	ose intolerance a	nd ha	ave failed	surgery	or are n	ot candidates for surgery.			
Towns of Onisinal NID As									
Type of Original NDA:						505(1)(2)			
AND (if applicable)	1					505(b)(2)			
Type of NDA Supplement:									
T0T0T(1/0) T0 0 4 4 4 5 5 5 6 1									
If 505(b)(2): Draft the "505(b)(2) Assessment" form found at: http://inside.fda.gov:9003/CDER/OfficeofNewDrugs/ImmediateOffice/UCM027499									
and refer to Appendix A for fu			Office C Civ	02/400					
Review Classification:				Standard					
If the application includes a co	omplete response	to p	ediatric V	VR, revi	ew				
classification is Priority.					N/A				
If a tropical disease priority re	view voucher wa	s sul	bmitted, r	eview					
classification is Priority.									
Resubmission after withdray	wal? No		T F	Resubm	ission a	fter refuse to file? No			
Part 3 Combination Product		\Box	Convenie						
Turt 5 Comomation 1 Todact	. 110	=			-	C			
If yes, contact the Office of Combination Pre-filled drug delivery device/system Pre-filled biologic delivery device/system									
Products (OCP) and copy then									
Center consults		Device coated/impregnated/combined with drug Device coated/impregnated/combined with biologic							
		☐ Drug/Biologic ☐ Separate products requiring cross-labeling							
		Possible combination based on cross-labeling of separate							
products									
		_		ug/devi	ce/biolo	ogical product)			



Fast Track Rolling Review	PMC response PMR response:					
X Orphan Designation	FDAAA [505(o)] PREA deferred pediatric studies [21 CFR					
Rx-to-OTC switch, Full	314.55(b)/21 C					
Rx-to-OTC switch, Partial				firmato	ry studies (21 CFR	
☐ Direct-to-OTC	314.510/21 CF				, ,	
_	Animal rule postmarketing studies to verify clinical					
Other: benefit and safety (21 CFR 314.610/21 CFR 601.42)						
Collaborative Review Division (if OTC product): N/A						
	076480					
Goal Dates/Product Names/Classifica	ation Properties	YES	NO	NA	Comment	
PDUFA and Action Goal dates correct in t	racking system?	✓				
If no, ask the document room staff to correct t	than immediately					
These are the dates used for calculating inspe						
Are the proprietary, established/proper, and		✓				
correct in tracking system?						
<i>3</i>						
If no, ask the document room staff to make th	e corrections. Also,					
ask the document room staff to add the establi	ished/proper name					
to the supporting IND(s) if not already entered	d into tracking					
system.	√					
Is the review priority (S or P) and all appropriate						
classifications/properties entered into tracking system (e.g.,						
chemical classification, combination produ						
505(b)(2), orphan drug)? For NDAs/NDA supplements, check						
the Application and Supplement Notification Checklists for a list						
of all classifications/properties at: http://inside.fda.gov:9003/CDER/OfficeofBusinessProces	es Sunnant/ucm 163070 lit					
m	SSupport acm1039/0.m					
If no, ask the document room staff to make th	e appropriate					
entries.		NAME	NO	BT A		
Application Integrity Policy	T 4 '4 D 1'	YES	NO	NA	Comment	
Is the application affected by the Application	on integrity Policy		✓			
(AIP)? Check the AIP list at: http://www.fda.gov/ICECl/EnforcementActions/Applications/	ion Intermity Policy/default					
.htm	onimegrayi oucy aejaaa					
If yes, explain in comment column.						
If affected by AIP, has OC/DMPQ been n	otified of the		✓			
submission? If yes, date notified:						
User Fees		YES	NO	NA	Comment	
Is Form 3397 (User Fee Cover Sheet) inclu	ided with	✓				
authorized signature?						



<u>User Fee Status</u>			Evenut (orphan)					
If a user fee is required and it has not been paid (and it			Exempt (orphan)					
is not exempted or waived)								
	lowing a 5-day grace period.							
	eptable for Filing (UN) letter	.						
and contact user fee staff.								
If the firm is in arrears for	u other fees (recordless of							
	en paid for this application),							
-	table for filing (5-day grace	Not in a	Not in arrears					
period does not apply). Re-		Not III a.	iicais					
and contact the user fee st	_							
505(b)(2)			YES	NO	NA	Comment		
(NDAs/NDA Efficacy S								
	uplicate of a listed drug an	d eligible		✓				
for approval under section								
	uplicate of a listed drug wh			✓				
	ent to which the active ingr							
	made available to the site							
	ference listed drug (RLD)?	[see 21						
CFR 314.54(b)(1)].								
	uplicate of a listed drug wh			✓				
difference is that the rate at which the proposed product's								
active ingredient(s) is absorbed or made available to the site								
of action is unintentionally less than that of the listed drug								
[see 21 CFR 314.54(b)(2)]?								
If you answered yes to any of the above questions, the application								
may be refused for filing under 21 CFR 314.101(d)(9). Contact								
the (b)(2) review staff in the Immediate Office of New Drugs								
Is there unexpired exclusivity on the active moiety (e.g., 5-				✓				
year, 3-year, orphan or pediatric exclusivity)?								
Check the Electronic Orange Book at:								
http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm								
If yes, please list below:								
Application No. Drug Name Exclusivity C			ode	Exc	lusivitv	Expiration		
Zanasarity code								
If there is unexpired, 5-year exclusivity remaining on the active moiety for the proposed drug product, a 505(b)(2)								
application cannot be submitted until the period of exclusivity expires (unless the applicant provides paragraph IV								
patent certification; then an application can be submitted four years after the date of approval.) Pediatric					1 0 1			
exclusivity will extend both of the timeframes in this provision by 6 months. 21 CFR 108(b)(2). Unexpired, 3-year								
exclusivity will only block the approval, not the submission of a 505(b)(2) application.								
Exclusivity			YES	NO	NA	Comment		
	ame active moiety) have or			✓				
exclusivity for the same indication? Check the Orphan Drug								
Designations and Approvals list at:								
1 http://www.accessdata.fda.gov/sc	rints/ondlisting/oond/index.cfm		i	i		1		



If another product has orphan exclusivity, is the product			✓	
considered to be the same product according to the orphan				
drug definition of sameness [see 21 CFR 316.3(b)(13)]?				
If yes, consult the Director, Division of Regulatory Policy II,				
Office of Regulatory Policy				
Has the applicant requested 5-year or 3-year Waxman-Hatch	✓			
exclusivity? (NDAs/NDA efficacy supplements only)				
7 years requested exclusivity				
Note: An applicant can receive exclusivity without requesting it;				
therefore, requesting exclusivity is not required.				
Is the proposed product a single enantiomer of a racemic drug	✓			
previously approved for a different therapeutic use (NDAs				
only)?				
If yes, did the applicant: (a) elect to have the single		✓		
enantiomer (contained as an active ingredient) not be				
considered the same active ingredient as that contained in an				
already approved racemic drug, and/or (b): request				
exclusivity pursuant to section 505(u) of the Act (per				
FDAAA Section 1113)?				
•				
If yes, contact Mary Ann Holovac, Director of Drug Information, OGD/DLPS/LRB.				

Format and Content						
	All paper (except for COL)					
Do not check mixed submission if the only electronic component is the content of labeling (COL).						
If mixed (paper/electronic) submission, which parts of the application are submitted in electronic format?						
Overall Format/Content		NO	NA	Comment		
If electronic submission, does it follow the eCTD guidance? ¹						
Index: Does the submission contain an accurate comprehensive index?	✓					
Is the submission complete as required under 21 CFR 314.50 (NDAs/NDA efficacy supplements) or under 21 CFR 601.2 (BLAs/BLA efficacy supplements) including:	*					
☐ legible ☐ English (or translated into English) ☐ pagination ☐ navigable hyperlinks (electronic submissions only)						

 $\underline{http://www\ fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/ucm072349.}\\ \underline{pdf}$



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