Department of Health and Human Services
Food and Drug Administration

# PATENT INFORMATION SUBMITTED UPON AND AFTER APPROVAL OF AN NDA OR SUPPLEMENT

For Each Patent That Claims a Drug Substance (Active Ingredient), Drug Product (Formulation or Composition) and/or Method of Use

Form Approved: OMB No. 0910-0513 Expiration Date: 10/31/2013 See OMB Statement on Page 3.

NDA NUMBER

NAME OF APPLICANT/NDA HOLDER

Composition) and/or method	01 036						
The following is provided in accordance with Section 505(b) and (c) of the Federal Food, Drug, and Cosmetic Act.							
TRADE NAME							
ACTIVE INCREDIENT/C)	CTDENICTH(C)						
ACTIVE INGREDIENT(S)	STRENGTH(S)						
DOSAGE FORM	APPROVAL DAT	E OE NDA O	R SLIDDI EMENT				
DOOAGE FOR IN	ALTHOVALDAT	L OI NDA O	TOOT LEMENT				
This patent declaration form is required to be submitted	to the Food and Drug Admi	inistration (F	DA) within thirty (30) days after				
approval of an NDA or supplement or within thirty (30) d							
address provided in 21 CFR 314.53(d)(4). To expedite r this declaration form to the Center for Drug Evaluation a			ou may submit an additional copy of				
For hand-written or typewriter versions of this repor			y narrative answer (i.e. one that does				
not require a "Yes" or "No" response), please attach an							
FDA will not list patent information if you file an ince	omplete patent declaration	n or the pat	ent declaration indicates the patent				
is not eligible for listing.							
For each patent submitted for the approved NDA or described below. If you are not submitting any pater and 6.							
1. GENERAL							
a. United States Patent Number	b. Issue Date of Patent		c. Expiration Date of Patent				
IN (8)	Address (18 to 10						
d. Name of Patent Owner Address (of Patent Owner)							
	City/State						
	ZIP Code	FA	FAX Number (if available)				
	Telephone Number	E-I	Mail Address (if available)				
e. Name of agent or representative who resides or main-	Address (of agent or represe	(of agent or representative named in 1.e.)					
	Address (or agent or represe	ntative named	1 III 1.e.)				
tains a place of business within the United States authorized to receive notice of patent certification under section	Address (of agent of represe	ntative named	1 III 1.e.)				
ized to receive notice of patent certification under section 505(b)(3) and (j)(2)(B) of the Federal Food, Drug, and	City/State	ntative named	1 III 1. <del>0</del> .)				
ized to receive notice of patent certification under section 505(b)(3) and (j)(2)(B) of the Federal Food, Drug, and Cosmetic Act and 21 CFR 314.52 and 314.95 (if patent owner or NDA applicant/holder does not reside or have a	City/State						
ized to receive notice of patent certification under section 505(b)(3) and (j)(2)(B) of the Federal Food, Drug, and Cosmetic Act and 21 CFR 314.52 and 314.95 (if patent			X Number <i>(if available)</i>				
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ized to receive notice of patent certification under section 505(b)(3) and (j)(2)(B) of the Federal Food, Drug, and Cosmetic Act and 21 CFR 314.52 and 314.95 (if patent owner or NDA applicant/holder does not reside or have a place of business within the United States)  f. Is the patent referenced above a patent that has been subm	City/State  ZIP Code  Telephone Number  itted previously for the	FA	X Number <i>(if available)</i> Mail Address <i>(if available)</i>				

For the patent referenced above, provide the following information on each patent that claims the drug substance, drug product, or method of use that is the subject of the approved NDA or supplement. FDA will not list patent information if you file an incomplete patent declaration or the patent declaration indicates the patent is not eligible for listing. FDA will consider an incomplete patent declaration to be a declaration that does not include a response to all the questions contained within each section below applicable to the patent referenced above.

2. Drug Substance (Active Ingredient)							
2.1	Does the patent claim the drug substance that is the active ingredient in the drug product described in the approved NDA or supplement?				☐ No		
2.2	Does the patent claim a drug ingredient described in the N	☐ Yes	☐ No				
2.3 If the answer to question 2.2 is "Yes," do you certify that, as of the date of this declaration, you have test data demonstrating that a drug product containing the polymorph will perform the same as the drug product described in the NDA? The type of test data required is described at 21 CFR 314.53(b).					☐ No		
2.4	Specify the polymorphic form	(s) claimed by the pat	ent for which you have the test results described in 2.3.				
2.5 Does the patent claim only a metabolite of the approved active ingredient? (Complete the information in section 4 below if the patent claims an approved method of using the approved drug product to administer the metabolite.)					☐ No		
2.6 Does the patent claim only an intermediate?					☐ No		
2.7			ess patent, is the product claimed in the ent is a product-by-process patent.)	☐ Yes	☐ No		
FDA will not list the patent in the Orange Book as claiming the drug substance if:  the answers to 2.1 and 2.2 are "No," or,  the answer to 2.2 is "Yes" and the answer to 2.3 is "No," or,  the answer to 2.3 is "Yes" and there is no response to 2.4, or,  the answer to 2.5 or 2.6 is "Yes."  the answer to 2.7 is "No."							
3. [	Prug Product (Composition	on/Formulation)					
3.1	Does the patent claim the ap	proved drug product a	s defined in 21 CFR 314.3?	☐ Yes	☐ No		
3.2	Does the patent claim only ar	n intermediate?		☐ Yes	☐ No		
3.3			ess patent, is the product claimed in the tent is a product-by-process patent.)	☐ Yes	☐ No		
FDA will not list the patent in the Orange Book as claiming the drug product if:  the answer to question 3.1 is "No," or,  the answer to question 3.2 is "Yes," or,  the answer to question 3.3 is "No."							
4. N	lethod of Use						
Sponsors must submit the information in section 4 for each approved method of using the approved drug product claimed by the patent. For each approved method of use claimed by the patent, provide the following information:							
4.1	Does the patent claim one or	more approved method	ods of using the approved drug product?	☐ Yes	☐ No		
<b>4.2</b> Patent Claim Number(s) (as listed in the patent)  Does (Do) the patent claim(s) referenced in <b>4.2</b> claim an approved method of use of the approved drug product?				☐ Yes	☐ No		
4.2a If the answer to 4.2 is "Yes," identify the use with specific reference to the approved labeling for the drug product.  Use: (Submit indication or method of use information as identified specifically in the approved labeling.)							

4.2b	If the answer to 4.2 is "Yes," also provide the information on the indication or method of use for the Orange Book "Use Code" description.	,		red indication or method of use that you pro I no more than 240 total characters including	•			
	will not list the patent in the	=	ng the method of	of use if:				
	<ul><li>the answer to question 4</li><li>if the answer to 4.2 is "Y</li></ul>		equested in 4.2	a and 4.2b is not provided in full.				
5. N	o Relevant Patents							
ingre resp	edient) or the approved drug	product (formulation or comp t infringement could reasona	position) or appr ably be asserted	I if a person not licensed by the	☐ Yes			
6. D	eclaration Certification							
	6.1 The undersigned declares that this is an accurate and complete submission of patent information for the NDA or supplement approved under section 505 of the Federal Food, Drug, and Cosmetic Act. This time-sensitive patent information is submitted pursuant to 21 CFR 314.53. I attest that I am familiar with 21 CFR 314.53 and this submission complies with the requirements of the regulation. I verify under penalty of perjury that the foregoing is true and correct.  Warning: A willfully and knowingly false statement is a criminal offense under 18 U.S.C. 1001.							
NOT is au	uthorized to sign the declar	holder may submit this dec ration but may not submit i		tly to the FDA. A patent owner who is not DA. 21 CFR 314.53(c)(4) and (d)(4).	t the NDA applicant/ holder			
Che	ck applicable box and prov	ide information below.	T					
	☐ NDA Applicant/I			A Applicant's/Holder's Attorney, Agent (Rep horized Official	oresentative) or other			
	☐ Patent Owner			atent Owner's Attorney, Agent (Representative) or Other Authorized ficial				
	Name							
	Address			City/State				
	ZIP Code			Telephone Number				
	FAX Number (if available)			E-Mail Address (if available)				
sea	arching existing data sources, ga garding this burden estimate or a	athering and maintaining the datany other aspect of this collection  Departit Food at  Office of 1350 Pickers	ta needed, and co- on of information, ment of Health an nd Drug Administ of Chief Informat ficcard Drive, Roo ille, MD 20850	tion Officer om 400	nation. Send comments n to:			
An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.								

#### INFORMATION AND INSTRUCTIONS FOR FORM 3542

# PATENT INFORMATION SUBMITTED UPON AND AFTER APPROVAL OF AN NDA OR SUPPLEMENT

#### **General Information**

- To submit patent information to the agency the appropriate patent declaration form must be used. Two forms are available for patent submissions. The approval status of your New Drug Application will determine which form you should use.
- Form 3542a should be used when submitting patent information with original NDA submissions, NDA amendments and NDA supplements prior to approval.
- Form 3542 should be used after NDA or supplement approval. This form is to be submitted within 30 days after approval of an application. This form should also be used to submit patent information relating to an approved supplement under 21 CFR 314.53(d) to change the formulation, add a new indication or other condition of use, change the strength, or to make any other patented change regarding the drug, drug product, or any method of use. Form 3542 is also to be used for patents issued after drug approval. Patents issued after drug approval are required to be submitted within 30 days of patent issuance for the patent to be considered "timely filed."
- Only information from form 3542 will be used for Orange Book publication purposes.
- Forms should be submitted as described in 21 CFR 314.53. Sending an additional copy of form 3542 to the Orange Book Staff will expedite patent publication in the Orange Book. The Orange Book Staff address (as of April 2007) is: Orange Book Staff, Office of Generic Drugs OGD/HFD-610, 7500 Standish Place, Rockville, MD 20855.
- The receipt date is the date that the patent information is date stamped in the central document room. Patents are considered listed on the date received.
- Additional copies of these forms may be downloaded from the Internet at: http://www.fda.gov/opacom/morechoices/fdaforms/ fdaforms.html.

### **First Section**

Complete all items in this section.

# 1. General Section

Complete all items in this section with reference to the patent itself

- 1c) Include patent expiration date, including any Hatch-Waxman patent extension already granted. Do not include any applicable pediatric exclusivity. The agency will include pediatric exclusivities where applicable upon publication.
- 1d) Include full address of patent owner. If patent owner resides outside the U.S. indicate the country in the zip code block.
- 1e) Answer this question if applicable. If patent owner and NDA applicant/holder reside in the United States, leave space blank.

# 2. Drug Substance (Active Ingredient)

Complete all items in this section if the patent claims the drug substance that is the subject of the approved NDA or supplement.

- 2.4) Name the polymorphic form of the drug identified by the patent.
- 2.5) A patent for a metabolite of the approved active ingredient may not be listed. If the patent claims an approved method of using the approved drug product to administer the metabolite, the patent may be listed as a method of use patent depending on the responses to section 4 of this form.
- 2.7) Answer this question only if the patent is a product-by-process patent.

## 3. Drug Product (Composition/Formulation)

Complete all items in this section if the patent claims the drug product that is the subject of the approved NDA or supplement.

3.3) An answer to this question is required only if the referenced patent is a product-by-process patent.

#### 4. Method of Use

Complete all items in this section if the patent claims one or more methods of use of the drug product that is the subject of the approved NDA or supplement.

- 4.2) For each approved use of the drug claimed by the patent, identify by number the claim(s) in the patent that claim the approved use of the drug. An applicant may list together multiple patent claim numbers and information for each approved method of use, if applicable. However, each approved method of use must be separately listed within this section of the form.
- 4.2a) Specify the part of the approved drug labeling that is claimed by the patent.
- 4.2b) The answer to this question will be what FDA uses to create a "use-code" for Orange Book publication. The use code designates a method of use patent that claims the approved indication or use of a drug product. Each approved use claimed by the patent should be separately identified in this section and contain adequate information to assist 505(b)(2) and ANDA applicants in determining whether a listed method of use patent claims a use for which the 505(b)(2) or ANDA applicant is not seeking approval. Use a maximum of 240 characters for each "use code."

### 5. No Relevant Patents

Complete this section only if applicable.

#### 6. Declaration Certification

Complete all items in this section.

6.2) Authorized signature. Check one of the four boxes that best describes the authorized signature.