



**Food and Drug Administration Advisory Committee Member
Acknowledgment of Financial Interests**

Name of Advisory Committee Member: **David N. Assis, M.D.**

Committee: **Gastrointestinal Drugs Advisory Committee**

Meeting Date: **May 19, 2023**

I acknowledge that contingent upon public disclosure of the following interest related to the agenda item described below, I may be considered for participation in the advisory committee meeting.

The committee will discuss new drug application (NDA) 212833, obeticholic acid (OCA) 25 mg oral tablets, submitted by Intercept Pharmaceuticals, Inc., for the treatment of pre-cirrhotic liver fibrosis due to nonalcoholic steatohepatitis (NASH).

<u>Type of Interest</u>	<u>Nature</u>	<u>Magnitude</u>
I. Personal/Immediate Family		
None		
II. Other Imputed Interests		
Contract/Grant	Intercept Pharmaceuticals, Inc., party to the matter	\$ (b) (4) received; \$ (b) (4) anticipates receiving in total; (b) (4) estimated per year to Yale School of Medicine

I hereby request that FDA make this information publicly available on my behalf if the agency grants a waiver allowing me to participate in the meeting described above. I understand that without public disclosure of these interests, I will not participate in the advisory committee meeting described above.

_____/s/

4/28/2023

Signature

Date