DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

NDA 21-061/S-027
NDA 21-062/S-031
NDA 21-678/S-002

Bristol Myers-Squibb Company
Attention: Amy A. Jennings, Ph.D.
Manager, Global Regulatory Sciences
5 Research Parkway
Signature 91 Bldg., 3 SIG-508
Wallingford, CT 06492-7660

Dear Dr. Jennings:

Please refer to your supplemental new drug applications, which were submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for the following:

NDA #	Drug Product	Supplement Number	Letter Date	Receipt Date
21-061	Tequin® (gatifloxacin) Tablets, 200 mg and 400 mg	S-027	October 20, 2005	October 21, 2005
			March 15, 2006	March 16, 2006
21-062	Tequin® (gatifloxacin in 5% dextrose) Injection	S-031	October 20, 2005	October 21, 2005
			March 15, 2006	March 16, 2006
21-678	Tequin® (gatifloxacin HCL) Oral Suspension	S-002	October 20, 2005	October 21, 2005
			March 15, 2006	March 16, 2006

These supplements, submitted as Changes Being Effected (CBE) supplements, provide for labeling changes to the patient package insert to align it with the current package insert and to update the nomenclature of the pathogens in the package insert.

The proposed changes are as follows (Deleted text is noted by ~~strikethrough~~ and added text is noted by double underline):

Changes to the Package Insert

1. In the **CLINICAL PHARMACOLOGY** section, **Microbiology** subsection:

   Chlamydophila pneumoniae (previously known as Chlamydia pneumoniae)

2. In the **CLINICAL PHARMACOLOGY** section, **Microbiology, Susceptibility Tests**, *Diffusion techniques* subsection:

   Reports from the laboratory providing results of the standard single-disk susceptibility test with a 5-~~µg~~mcg gatifloxacin disk should be interpreted according to the following criteria:

3. In the **INDICATIONS AND USAGE** section:

   Community-acquired pneumonia due to *Streptococcus pneumoniae* (including multidrug-resistant strains [MDRSP])*, *Haemophilus influenzae*, *Haemophilus parainfluenzae*, *Moraxella catarrhalis*, methicillin-susceptible *Staphylococcus aureus*, *Mycoplasma pneumoniae*, ~~*Chlamydia*~~*Chlamydophila pneumoniae*, or *Legionella pneumophila.* (See **Clinical Studies**.)

4. In the **WARNINGS** section, second paragraph:

   Gatifloxacin, as with other members of the quinolone class, has caused arthropathy and/or ~~chrondrodysplasia~~chondrodysplasia in immature dogs. Histopathological examination of the weight-bearing joints of immature dogs revealed permanent lesions of the cartilage. The relevance of these findings to the clinical use of gatifloxacin is unknown. (See **ANIMAL PHARMACOLOGY).**

5. In the **PRECAUTIONS** section, **Pediatric Use** subsection:

   The safety and effectiveness of gatifloxacin in pediatric patients less than 18 years of age have not been established. Gatifloxacin, similar to other quinolones, causes ~~arthopathy~~arthropathy and permanent histological changes in weight-bearing joints of juvenile animals (see **WARNINGS** and **ANIMAL PHARMACOLOGY**).

Changes to the Patient Package insert

6. In the "**What are the possible side effects of TEQUIN?"** section:

   TEQUIN is generally well tolerated. The most common side effects that can occur when taking TEQUIN are usually mild and include nausea, vomiting, stomach ache, diarrhea, dizziness, and headache. You should be careful about driving or operating machinery until you are sure TEQUIN does not cause dizziness. If you notice any side effects not mentioned in this section or if you have any question or concerns about the side effects you are experiencing, please discuss them with your healthcare professional.

In a few people, TEQUIN, like some other antibiotics, may produce a small effect on the heart that is seen on an electrocardiogram test. Although this did not cause any problems in patients who took TEQUIN in premarketing clinical trials, ~~in theory, it could result in extremely~~ rare cases of abnormal heartbeat, which may be dangerous have been reported since TEQUIN has been marketed. Contact your healthcare professional if you develop heart palpitations (fast beating) or have fainting spells.

Disturbances of blood sugar, including symptoms of high blood sugar (hyperglycemia) and low blood sugar (hypoglycemia), have been reported with TEQUIN in diabetic patients. Elderly patients with additional medical problems or taking additional medications may also be at risk for high blood sugar. If you develop low blood sugar while on TEQUIN, you should take immediate measures to increase your blood sugar, stop taking TEQUIN, and contact your healthcare professional at once. If you develop high blood sugar while on TEQUIN, you should contact your healthcare professional at once before taking additional TEQUIN. If you have diabetes or suspect that you may have diabetes, discuss how to detect changes in your blood sugar with your healthcare professional at once before taking additional TEQUIN.

TEQUIN, like other drugs in this class (quinolones), has been rarely associated with inflammation of tendons. If you experience pain, swelling or rupture of a tendon, you should stop taking TEQUIN and call your healthcare professional.

Convulsions have been reported in patients receiving quinolone antibiotics including TEQUIN. Be sure to let your healthcare professional know if you have a history of convulsions.

TEQUIN, like other drugs in this class, has been associated with other central nervous system events including confusion, tremor, hallucinations, and depression.

We have completed the review of these supplemental new drug applications, as amended, and have concluded that adequate information has been presented to demonstrate that the drug product is safe and effective for use as recommended in the agreed upon labeling text (enclosed). Accordingly, this supplemental application is approved effective on the date of this letter.

The final printed labeling (FPL) must be identical to the submitted draft labeling (package insert submitted March 15, 2006).

The electronic labeling rule published December 11, 2003, (68 FR 69009) requires submission of labeling content in electronic format effective June 8, 2004. For additional information, consult

the following guidances for industry regarding electronic submissions: *Providing Regulatory Submissions in Electronic Format - NDAs* (January 1999) and *Providing Regulatory Submissions in ElectronicFormat – Content of Labeling* (February 2004). The guidances specify that labeling is to be submitted in PDF format. To assist in our review, we request that labeling also be submitted in MS Word format. If formatted copies of all labeling pieces (i.e., package insert, patient package insert, container labels, and carton labels) are submitted electronically, labeling does not need to be submitted in paper. For administrative purposes, these submissions should be designated "**FPL for approved supplement NDA 21-061/S-027, NDA 21-062/S-031, and NDA 21-678/S-002**." Approval of these submissions by FDA is not required before the labeling is used.

If a letter communicating important information about these drug products (i.e., a "Dear Health Care Professional" letter) is issued to physicians and others responsible for patient care, we request that you submit a copy of the letter to these NDAs and a copy to the following address:

MEDWATCH
Food and Drug Administration
WO 22, Room 4447
10903 New Hampshire Avenue
Silver Spring, MD 20993-0002

We remind you that you must comply with the requirements for an approved NDA set forth under 21 CFR 314.80 and 314.81.

If you have any questions, call Christine Lincoln, Labeling Reviewer, at (301) 796-1600.

Sincerely,

{See appended electronic signature page}

Renata Albrecht, M.D.
Director
Division of Special Pathogen and Transplant Products
Office of Antimicrobial Products
Center for Drug Evaluation and Research

This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.

/s/

Renata Albrecht
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