



NDA 50-779/S-018

**SUPPLEMENT APPROVAL**

B. Braun Medical, Inc.  
Attention: Rebecca Stolarick  
Corporate Vice President, Regulatory Affairs  
901 Marcon Boulevard  
Allentown, PA 18109

Dear Ms. Stolarick:

Please refer to your Supplemental New Drug Application (sNDA) dated December 1, 2008, received December 10, 2008, submitted under section 505(b)(2) of the Federal Food, Drug, and Cosmetic Act for Cefazolin for Injection USP and Dextrose Injection USP in the Duplex Container.

We also acknowledge receipt of your amendments dated April 15, May 23, August 12, November 16, and 22, 2011, and January 5, and 9, 2012.

The April 15, 2011, submission constituted a complete response to our November 23, 2010, action letter.

This "Prior Approval" supplemental new drug application provides for an additional strength of 2g for the drug product Cefazolin for Injection USP and Dextrose Injection USP in the Duplex Container.

We have completed our review of this application, as amended and it is approved, effective on the date of this letter, for use as recommended in the agreed-upon labeling text.

We are waiving the requirements of 21 CFR 201.57(d)(8) regarding the length of Highlights of prescribing information. This waiver applies to all future supplements containing revised labeling unless we notify you otherwise.

**CONTENT OF LABELING**

As soon as possible, but no later than 14 days from the date of this letter, submit the content of labeling [21 CFR 314.50(l)] in structured product labeling (SPL) format using the FDA automated drug registration and listing system (eLIST), as described at <http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm>.

Content of labeling must be identical to the enclosed labeling (text for the package insert), with the addition of any labeling changes in pending “Changes Being Effected” (CBE) supplements, as well as annual reportable changes not included in the enclosed labeling.

Information on submitting SPL files using eLIST may be found in the guidance for industry titled “SPL Standard for Content of Labeling Technical Qs and As” at <http://www.fda.gov/downloads/DrugsGuidanceComplianceRegulatoryInformation/Guidances/UCM072392.pdf>.

The SPL will be accessible from publicly available labeling repositories.

Also within 14 days, amend all pending supplemental applications for this NDA, including CBE supplements for which FDA has not yet issued an action letter, with the content of labeling [21 CFR 314.50(l)(1)(i)] in MS Word format, that includes the changes approved in this supplemental application, as well as annual reportable changes and annotate each change. To facilitate review of your submission, provide a highlighted or marked-up copy that shows all changes, as well as a clean Microsoft Word version. The marked-up copy should provide appropriate annotations, including supplement number(s) and annual report date(s).

### **IMMEDIATE CONTAINER LABEL**

We acknowledge your January 9, 2012, submission containing final container labeling.

### **PROPRIETARY NAME**

If you intend to have a proprietary name for this product, the name and its use in the labels must conform to the specifications under 21 CFR 201.10 and 201.15. We recommend that you submit a request for a proposed proprietary name review. (See the guidance for industry titled, “Contents of a Complete Submission for the Evaluation of Proprietary Names”, at <http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/ucm075068.pdf> and “PDUFA Reauthorization Performance Goals and Procedures Fiscal Years 2008 through 2012”.)

### **REQUIRED PEDIATRIC ASSESSMENTS**

Under the Pediatric Research Equity Act (PREA) (21 U.S.C. 355c), all applications for new active ingredients, new indications, new dosage forms, new dosing regimens, or new routes of administration are required to contain an assessment of the safety and effectiveness of the product for the claimed indication(s) in pediatric patients unless this requirement is waived, deferred, or inapplicable.

We are waiving the pediatric study requirement for ages birth to 9 years because the product does not represent a meaningful therapeutic benefit over existing therapies for pediatric patients in this age group **and** is not likely to be used in a substantial number of pediatric patients in this group.

We are deferring submission of your pediatric study for ages 10 to 17 years for this application because this product is ready for approval for use in adults and the pediatric studies have not been completed.

Your deferred pediatric studies required by section 505B(a) of the Federal Food, Drug, and Cosmetic Act are required postmarketing studies. The status of these postmarketing studies must be reported annually according to 21 CFR 314.81 and section 505B(a)(3)(B) of the Federal Food, Drug, and Cosmetic Act. The required studies are listed below.

1458-1 A pharmacokinetic study of single dose administration of cefazolin in pediatric patients, ages 10 to 17 years, to determine the cefazolin dose required to match exposures achieved in adults administered a single 2 gram dose of cefazolin.

Final Protocol Submission: June 2012  
Study/Trial Completion: January 2014  
Final Report Submission: June 2014

1458-2 A safety study in 100 pediatric patients, ages 10-17 years, of single dose cefazolin preoperative prophylaxis using the dose equivalent to 2 gram adult exposure (as determined in the PK study) in pediatric patients.

Final Protocol Submission: September 2014  
Study/Trial Completion: September 2016  
Final Report Submission: March 2017

Submit the protocol(s) to your IND 106,043, with a cross-reference letter to this NDA.

Reports of these required pediatric postmarketing studies must be submitted as a new drug application (NDA) or as a supplement to your approved NDA with the proposed labeling changes you believe are warranted based on the data derived from these studies. When submitting the reports, please clearly mark your submission "**SUBMISSION OF REQUIRED PEDIATRIC ASSESSMENTS**" in large font, bolded type at the beginning of the cover letter of the submission.

## **PROMOTIONAL MATERIALS**

You may request advisory comments on proposed introductory advertising and promotional labeling. To do so, submit the following, in triplicate, (1) a cover letter requesting advisory comments, (2) the proposed materials in draft or mock-up form with annotated references, and (3) the package insert(s) to:

Food and Drug Administration  
Center for Drug Evaluation and Research  
Office of Prescription Drug Promotion (OPDP)  
5901-B Ammendale Road  
Beltsville, MD 20705-1266

You must submit final promotional materials and package insert(s), accompanied by a Form FDA 2253, at the time of initial dissemination or publication [21 CFR 314.81(b)(3)(i)]. Form FDA 2253 is available at <http://www.fda.gov/opacom/morechoices/fdaforms/cder.html>; instructions are provided on page 2 of the form. For more information about submission of promotional materials to the Office of Prescription Drug Promotion (OPDP), see <http://www.fda.gov/AboutFDA/CentersOffices/CDER/ucm090142.htm>.

## **REPORTING REQUIREMENTS**

We remind you that you must comply with reporting requirements for an approved NDA (21 CFR 314.80 and 314.81).

If you have any questions, call J. Christopher Davi, MS, Senior Regulatory Project Manager, at (301) 796-0702.

Sincerely,

*{See appended electronic signature page}*

Katherine A. Laessig, MD  
Deputy Director  
Division of Anti-Infective Drug Products  
Office of Antimicrobial Products  
Center for Drug Evaluation and Research

ENCLOSURES: Content of Labeling  
Container Labeling

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**This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.**  
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/s/  
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KATHERINE A LAESSIG  
01/13/2012