

**CENTER FOR DRUG EVALUATION AND  
RESEARCH**

*APPLICATION NUMBER:*

**21-078**

**CHEMISTRY REVIEW(S)**

**DIVISION OF SPECIAL PATHOGEN AND  
IMMUNOLOGIC DRUG PRODUCTS — HFD-590**

JUN 23 2000

Review of Chemistry, Manufacturing and Controls Section

NDA #: 21-078

CHEMISTRY REVIEW #: 2

REVIEW COMPLETED:

June 20, 2000

SUBMISSION TYPE	DOCUMENT DATE	CDER DATE	ASSIGNED DATE
BC	07/29/99	07/30/99	--
BC	12/21/99	12/22/99	--
NC	01/10/00	01/11/00	--
BC	01/12/00	01/13/00	--
AC (?)	01/19/00	01/21/00	--
BC	01/19/00	01/21/00	--
BC	02/11/00	02/14/00	--
BC	03/21/00	03/22/00	--
BC	04/19/00	04/20/00	--

**NAME/ADDRESS OF SPONSOR:**

Glaxo Wellcome Inc.  
Five Moore Drive  
Research Triangle Park, NC 27709

**DRUG PRODUCT NAME:**

Proprietary:

MALARONET<sup>TM</sup>

Nonproprietary:

Atovaquone and Proguanil Hydrochloride  
Tablets**CHEM. TYPE/THER. CLASS:**

4P

**DRUG CLASS:**

--

**PHARMACOLOGICAL CATEGORY:**

antimalarial

**INDICATION:**

Treatment and Prevention of Malaria

**DOSAGE FORM/STRENGTH:**

Tablets

250 mg Atovaquone/100 mg Proguanil HCl

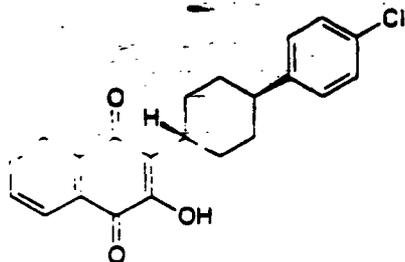
62.5 mg Atovaquone/25 mg Proguanil HCl

**ROUTE OF ADMINISTRATION:**

Oral

**CHEMICAL NAME/STRUCTURAL FORMULA:**Atovaquone

*trans*-2-[4-(4-chlorophenyl)cyclohexyl]-3-hydroxy-1,4-naphthoquinone



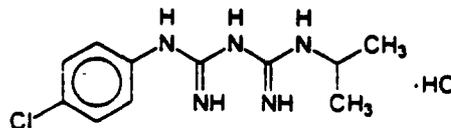
CAS Registry: 95233-18-4

Molecular Formula: C<sub>22</sub>H<sub>19</sub>ClO<sub>3</sub>

Molecular Weight: 366.84

Proguanil HCl

1-(4-Chlorophenyl)-5-isopropyl biguanide hydrochloride



637-32-1

C<sub>11</sub>H<sub>17</sub>Cl<sub>2</sub>N<sub>5</sub> (C<sub>11</sub>H<sub>16</sub>ClN<sub>5</sub> HCl)

290.21

**SUPPORTING DOCUMENTS:**

DMF \_\_\_\_\_; (type II: \_\_\_\_\_), Deemed inadequate on 03/22/99. Adequate as of amendment dated 05/29/99. Re-reviewed after amendments of 06/16/99, 02/10/00, 03/06/00, and 05/26/00: adequate.

DMF \_\_\_\_\_ (type IV)

DMF \_\_\_\_\_ (type III)

DMF \_\_\_\_\_ (type III)

DMF \_\_\_\_\_

DMF \_\_\_\_\_

DMF \_\_\_\_\_

**RELATED DOCUMENTS:**

NDA 20-259 MEPRON (atovaquone) Tablets

NDA 20-500 MEPRON (atovaquone) Suspension

IND \_\_\_\_\_

IND \_\_\_\_\_ MALARONE

**REMARKS/COMMENTS:**

**DRUG SUBSTANCE** — The data on atovaquone was found to be adequate in the first review, mostly on the basis of prior approvals of Mepron® Tablets. The data on proguanil HCl was mostly contained in DMF \_\_\_\_\_. The initial inspection of the DMF holder resulted in a Withhold recommendation from OC. The site was re-inspected on two more occasions before the field considered the firm ready for approval.

**DRUG PRODUCT** — During the first review, the atovaquone dissolution test was withdrawn upon request and the acceptance criteria for some impurities were reduced upon request. The originally proposed blister packaging, which was not child resistant, was replaced with \_\_\_\_\_ bottles with \_\_\_\_\_ closures. The firm requested a 30-month expiry for the bottles. Method validation was completed and the methods were found to be satisfactory (with minor comments).

**LABELING** — The labeling was revised after the first review to indicate a different market package.

**ENVIRONMENTAL ASSESSMENT** — Categorical exclusion (see review #1).

**CONCLUSIONS & RECOMMENDATIONS:**

Recommend **APPROVAL**.

John Smith, Review Chemist

Concurrence:

HFD-590/NSchmuff

cc:

Orig. IND

HFD-590/Div. File

HFD-590/NSchmuff

HFD-590/AMeyerhoff

HFD-590/VJensen

HFD-590/SKunder

HFD-590/SBala

HFD-590/JSmith

JS

6/28/00

WITHHOLD 6 PAGE (S)

**DIVISION OF SPECIAL PATHOGEN AND  
IMMUNOLOGIC DRUG PRODUCTS — HFD-590**

**Review of Chemistry, Manufacturing and Controls Section**

**NDA #:** 21-078

**CHEMISTRY REVIEW #:** 1

**REVIEW COMPLETED:**

June 29, 1999

**ADDENDUM**

<b>SUBMISSION TYPE</b>	<b>DOCUMENT DATE</b>	<b>CDER DATE</b>	<b>ASSIGNED DATE</b>
N000	12/29/98	12/30/98	01/05/99

**NAME/ADDRESS OF SPONSOR:**

Glaxo Wellcome Inc.  
Five Moore Drive  
Research Triangle Park, NC 27709

**DRUG PRODUCT NAME:**

**Proprietary:**

MALARON™

**Nonproprietary:**

Atovaquone and Proguanil Hydrochloride  
Tablets

**CHEM. TYPE/THER. CLASS:**

4P

**DRUG CLASS:**

--

**PHARMACOLOGICAL CATEGORY:**

antimalarial

**INDICATION:**

Treatment and Prevention of Malaria

**DOSAGE FORM/STRENGTH:**

Tablets

250 mg Atovaquone/100 mg Proguanil HCl

62.5 mg Atovaquone/25 mg Proguanil HCl

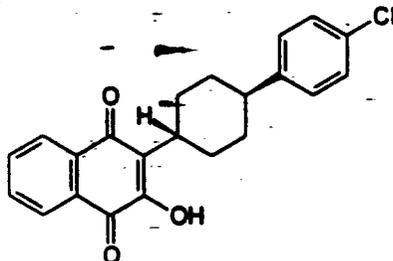
**ROUTE OF ADMINISTRATION:**

Oral

**CHEMICAL NAME/STRUCTURAL FORMULA:**

Atovaquone

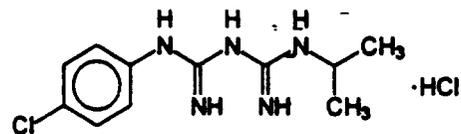
(±) *trans*-2-[4-(4-chlorophenyl)cyclohexyl]-3-hydroxy-1,4-naphthoquinone



CAS Registry: 95233-18-4  
Molecular Formula: C<sub>22</sub>H<sub>19</sub>ClO<sub>3</sub>  
Molecular Weight: 366.84

Proguanil HCl

1-(4-Chlorophenyl)-5-isopropyl biguanide hydrochloride



637-32-1  
C<sub>11</sub>H<sub>17</sub>Cl<sub>2</sub>N<sub>5</sub> (C<sub>11</sub>H<sub>16</sub>ClN<sub>5</sub>HCl)  
290.21

**SUPPORTING DOCUMENTS:**

DMF \_\_\_\_\_ (type II; \_\_\_\_\_ . Deemed inadequate on  
03/22/99. Adequate as of amendment dated 05/28/99.

DMF \_\_\_\_\_ (type IV)

DMF \_\_\_\_\_ (type III)

DMF \_\_\_\_\_ (type III)

**RELATED DOCUMENTS:**

NDA 20-259 \_\_\_\_\_ MEPRON (atovaquone) Tablets

NDA 20-500 \_\_\_\_\_ MEPRON (atovaquone) Suspension

IND \_\_\_\_\_

IND \_\_\_\_\_ MALARONE

**REMARKS/COMMENTS:**

**DRUG SUBSTANCE** — The data on atovaquone was found to be approvable mostly on the basis of prior approvals of Mepron® Tablets. The data on proguanil HCl was mostly contained in DMF \_\_\_\_\_ which was found to be Inadequate in the initial review. The amended DMF was considered adequate. The initial inspection of the DMF holder resulted in a Withhold recommendation from OC. The site was re-inspected in June, 1999 and OC again issued a Withhold recommendation.

**DRUG PRODUCT** — The atovaquone dissolution test was withdrawn upon request. Acceptance criteria for some impurities were reduced upon request. The proposed blister packaging is not child resistant, though it is arguable whether it needs to be. Method validation was not completed as of 06/15/99 (not required for approval).

**LABELING** — The proposed trade name, Malarone, was found to be unsatisfactory by the CDER Labeling and Nomenclature Committee; however, this recommendation was overruled by the reviewing division. Otherwise, only minor chemistry issues.

**ENVIRONMENTAL ASSESSMENT** — Categorical exclusion.

**CONCLUSIONS & RECOMMENDATIONS:**

— The original review was completed in anticipation (based on the information available at the time) that the \_\_\_\_\_ site would be found satisfactory by the inspection that was in progress in June, 1999. However, as a result of continuing problems with the site, the Office of Compliance again recommended that approval be withheld until cGMP deficiencies are corrected.

Recommend APPROVABLE.

51 6/29/99  
John Smith, Review Chemist

Concurrence:

HFD-590/NSchmuff, 51 6/29/99

cc:

Orig. IND

HFD-590/Div. File

HFD-590/ NSchmuff

HFD-590/MO

HFD-590/CSO

HFD-590/P/T

HFD-590/Micro

HFD-590/JSmith

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**DIVISION OF SPECIAL PATHOGEN AND  
IMMUNOLOGIC DRUG PRODUCTS — HFD-590**

Review of Chemistry, Manufacturing and Controls Section

NDA #: 21-078

CHEMISTRY REVIEW #: 1

REVIEW COMPLETED: June 16, 1999

SUBMISSION TYPE	DOCUMENT DATE	CDER DATE	ASSIGNED DATE
N000	12/29/98	12/30/98	01/05/99
BC	04/21/99	04/22/99	--
BC	04/21/99	04/22/99	--
BC	05/17/99	05/18/99	--
BC	06/03/99	--	--
BC	06/04/99	--	--
BC	06/10/99	--	--
BC	06/14/99	--	--
BC	06/15/99	--	--

NAME/ADDRESS OF SPONSOR:

Glaxo Wellcome Inc.  
Five Moore Drive  
Research Triangle Park, NC 27709

DRUG PRODUCT NAME:

Proprietary:  
Nonproprietary:

MALARON™  
Atovaquone and Proguanil Hydrochloride  
Tablets

CHEM. TYPE/THER. CLASS:

4P

DRUG CLASS:

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PHARMACOLOGICAL CATEGORY:

antimalarial

INDICATION:

Treatment and Prevention of Malaria

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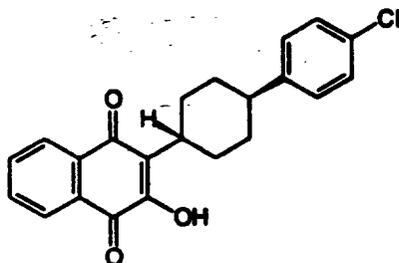
ROUTE OF ADMINISTRATION:

Oral

CHEMICAL NAME/STRUCTURAL FORMULA:

Atovaquone

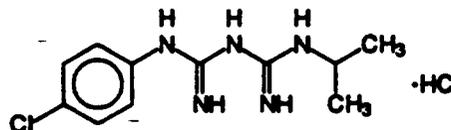
(±) *trans*-2-[4-(4-chlorophenyl)cyclohexyl]-3-hydroxy-1,4-naphthoquinone



CAS Registry: 95233-18-4  
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IND \_\_\_\_\_

IND \_\_\_\_\_ MALARONE

**REMARKS/COMMENTS:**

**DRUG SUBSTANCE** — The data on atovaquone was found to be approvable mostly on the basis of prior approvals of Mepron® Tablets. The data on proguanil HCl was mostly contained in DMF \_\_\_\_\_ which was found to be Inadequate in the initial review. The amended DMF was considered adequate. The initial inspection of the DMF holder resulted in a Withhold recommendation from OC. The site has been re-inspected.

**DRUG PRODUCT** — The atovaquone dissolution test was withdrawn upon request. Acceptance criteria for some impurities were reduced upon request. The proposed blister packaging is not child resistant, though it is arguable whether it needs to be. Method validation was not completed as of 06/15/99 (not required for approval).

**LABELING** — The proposed trade name, Malarone, was found to be unsatisfactory by the CDER Labeling and Nomenclature Committee; however, this recommendation will evidently be overruled by the reviewing division. Otherwise, only minor chemistry issues (trade names were used for some inactive ingredients, only cartons (not blister packaging) were mentioned in the How Supplied section, the proposed storage temperature statement was not in accord with "current Agency thinking").

**ENVIRONMENTAL ASSESSMENT** — Categorical exclusion.

**CONCLUSIONS & RECOMMENDATIONS:**

Final recommendation from the Office of Compliance is still pending. However, based on informal communications with the field, it is expected that OC will recommend approval.

Therefore:

Recommend **APPROVAL**.

JS 6/16/99  
John Smith, Review Chemist

Concurrence:

HFD-590/NSchmuff

cc:

Orig. IND

HFD-590/Div. File

HFD-590/ NSchmuff

HFD-590/MO

HFD-590/CSO

HFD-590/P/T

HFD-590/Micro

HFD-590/JSmith

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WITHHOLD 2 PAGE (S)



24-NOV-1999

21-JUL-2000

GLAXO WELLCOME

590

Priority:

Org Code:

Application Comment:

DA1 5AH  
DARTFORD, KENT, UK

DMF No:

AADA:

Responsibilities: DRUG SUBSTANCE MANUFACTURER  
FINISHED DOSAGE OTHER TESTER

Profile: CSN

OAI Status: NONE

Estab. Comment: ALSO MFG NDS ATOVAQUONE (on 05-FEB-1999 by M. EGAS (HFD-322) 301-594-0095)

Milestone Name	Date	Req. Type	Insp. Date	Decision & Reason	Creator
SUBMITTED TO OC	05-FEB-1999				EGAS M
OC RECOMMENDATION	05-FEB-1999			ACCEPTABLE BASED ON PROFILE	EGAS M

Profile: CTL

OAI Status: NONE

Estab. Comment: SOME MANUFACTURING OF, AND RELEASE & STABILITY TESTING OF, NDA BATCHES; NO ROLE IN PRODUCTION (on 12-JAN-1999 by J. SMITH (HFD-590) 301-827-2175)

Milestone Name	Date	Req. Type	Insp. Date	Decision & Reason	Creator
SUBMITTED TO OC	12-JAN-1999				SMITHJ
SUBMITTED TO DO	12-JAN-1999	GMP			FERGUSONS
DO RECOMMENDATION	27-JAN-1999			ACCEPTABLE BASED ON FILE REVIEW	DAMBROGIOJ
OC RECOMMENDATION	27-JAN-1999			ACCEPTABLE DISTRICT RECOMMENDATION	DAMBROGIOJ

Establishment:

DMF No:

AADA:

Responsibilities:

Profile: CSN

OAI Status: NONE

Estab. Comment:

Milestone Name	Date	Req. Type	Insp. Date	Decision & Reason	Creator
SUBMITTED TO OC	12-JAN-1999				SMITHJ
SUBMITTED TO DO	12-JAN-1999	10D			FERGUSONS
ASSIGNED INSPECTION	12-JAN-1999	PS			RBROWN4
INSPECTION PERFORMED	16-FEB-1999		12-FEB-1999		RBROWN4
DO RECOMMENDATION	16-FEB-1999			WITHHOLD BPC PROCESS VALIDATION INADEQUATE LAB CONTROLS INSUFFICIENT DEVELOPMENT	RBROWN4

FDA CDER EES  
 ESTABLISHMENT EVALUATION REQUEST  
 DETAIL REPORT

## DATA

NEW JERSEY DISTRICT PAI SHOWED UNINVESTIGATED UNREPORTED ASSAY FAILURES AND AN IMPURITY AT PURIFICATION PROCESS NOT VALIDATED, TEST METHOD VALIDATION DATA FOR ACCURACY AND LINEARITY MISSING, LACK OF TM STABILITY INDICATION EVIDENCE AND NO APPROVAL OF TM AS VALIDATED AND "SUITABLE" FOR USE.

EIR RECEIVED BY OC 01-MAR-1999  
 OC RECOMMENDATION 11-MAR-1999

WOODSR  
 WOODSR  
 WITHHOLD  
 EIR REVIEW-CONCUR  
 W/DISTRICT

ASSIGNED INSPECTION 02-JUN-1999 PS  
 INSPECTION PERFORMED 18-JUN-1999  
 DO RECOMMENDATION 18-JUN-1999

17-JUN-1999

SDELLAFA  
 SDELLAFA  
 WITHHOLD  
 SDELLAFA

BPC PROCESS VALIDATION  
 INADEQUATE LAB CONTROLS

NEW JERSEY DISTRICT CONTINUES TO RECOMMEND WITHHOLD FOR THIS APPLICATION AFTER A RE-INSPECTION. THE PROCESS HAS NOT BEEN DEMONSTRATED TO BE CONSISTENT AND LAB CONTROLS ARE INADQUATE.

EIR RECEIVED BY OC 28-JUN-1999  
 OC RECOMMENDATION 28-JUN-1999

HARTMANB  
 WITHHOLD  
 HARTMANB  
 EIR REVIEW-CONCUR  
 W/DISTRICT

SUBMITTED TO DO 21-SEP-1999 GMP  
 ASSIGNED INSPECTION 07-OCT-1999 PS  
 DO RECOMMENDATION 19-OCT-1999

EGASM  
 RBROWN4  
 WITHHOLD  
 RBROWN4  
 FIRM NOT READY

FIRM HAS REQUESTED AT LEAST A SIX WEEK DELAY IN ORDER TO QUALIFY PH PROBES USED DURING DS-MANUFACTURE.  
 OC RECOMMENDATION 02-NOV-1999

WITHHOLD  
 EGASM  
 FIRM NOT READY

ASSIGNED INSPECTION 16-DEC-1999 PS  
 INSPECTION PERFORMED 08-MAR-2000  
 EIR RECEIVED BY OC 14-MAR-2000  
 DO RECOMMENDATION 13-APR-2000

24-FEB-2000

RBROWN4  
 RBROWN4  
 ALCOCKP  
 WITHHOLD  
 RBROWN4  
 CONTROL COMP, INTERMED, RAW  
 MA

NWJ-PAI SHOWED NOT ADEQUATE AND PARTS OF BATCHES HAVE FAILED WITH HIGH IMPURITY WHEN TEMP RANGE HAS NOT BEEN MAINTAINED. ALSO, THE IP TESTS USED TO ESTIMATE IMP. AMOUNTS IN THE ARE NOT VALIDATED. IN ADDITION CHROMATOGRAPHIC DATA WAS ROUTINELY DISCARDED AT THIS FIRM.

OC RECOMMENDATION 19-MAY-2000

ACCEPTABLE  
 ALCOCKP  
 FIRM RESPONSE TO DEFIC.  
 ADEQUA

EIR RECEIVED ON 3/17/00 - REVIEW CONDUCTED BY EDWIN RIVERA ON 3/21/00 WITH A RECOMMENDATION TO CONCUR WITH DISTRICT EIR RECOMMENDATION (VAI) AND ADEQUATE CORRECTIVE ACTIONS AS INDICATED IN FIRM'S RESPONSE

FDA CDER EES  
ESTABLISHMENT EVALUATION REQUEST  
SUMMARY REPORT

Application: NDA 21078/000  
Stamp: 30-DEC-1998 Regulatory Due: 30-JUN-1999  
Applicant: **GLAXO WELLCOME**  
**5 MOORE DR**  
**RESEARCH TRIANGLE PARK, NC 27**

Priority: 4P  
Action Goal:  
Brand Name: **MALARONE**  
**(ATOVAQUONE/PROGUANIL HCL)**  
**TABL**

Org Code: 590

District Goal: 01-MAY-1999

Established Name:

Generic Name: ATOVAQUONE/PROGUANIL HCL

Dosage Form: TAB (TABLET)

Strength: 250/100 MG, 62.5/25 MG

FDA Contacts: **M. DEMPSEY** (HFD-590) 301-827-2127 , Project Manager  
**J. SMITH** (HFD-590) 301-827-2175 , Review Chemist  
**N. SCHMUFF** (HFD-590) 301-827-2425 , Team Leader

**Overall Recommendation:****WITHHOLD on 28-JUN-1999 by B. HARTMAN (HFD-324) 301-827-0067****WITHHOLD on 11-MAR-1999 by R. WOODS (HFD-324) 301-827-0062**

Establishment: 9610411  
**GLAXO OPERATIONS UK LTD**  
**PRIORY ST**  
**WARE, HERTFORDSHIRE, UK**

DMF No:  
AADA No:

Profile: CTL OAI Status: NONE  
Last Milestone: OC RECOMMENDATION  
Milestone Date: 12-JAN-1999  
Decision: ACCEPTABLE  
Reason: BASED ON PROFILE

Responsibilities: FINISHED DOSAGE OTHER TESTER

Establishment: 9615283  
**GLAXO WELLCOME INC**  
**7333 MISSISSAUGA RD. NORTH**  
**MISSISSAUGA, ONTARIO, CA L5N 6I**

DMF No:  
AADA No:

Profile: TCM OAI Status: NONE  
Last Milestone: ~~OC~~ RECOMMENDATION  
Milestone Date: 27-JAN-1999  
Decision: ACCEPTABLE  
Reason: DISTRICT RECOMMENDATION

Responsibilities: FINISHED DOSAGE  
MANUFACTURER  
FINISHED DOSAGE PACKAGER  
FINISHED DOSAGE RELEASE  
TESTER  
FINISHED DOSAGE STABILITY  
TESTER

Establishment: 9610414  
**GLAXO WELLCOME OPERATIONS U**  
**WELLCOME FNDTN TEMPLE HILL**  
**DARTFORD, KENT, UK DA1 5AH**

DMF No:  
AADA No:

ESTABLISHMENT EVALUATION REQUEST  
SUMMARY REPORT

Profile: CSN OAI Status: NONE  
Last Milestone: OC RECOMMENDATION  
Milestone Date: 05-FEB-1999  
Decision: ACCEPTABLE

Responsibilities: DRUG SUBSTANCE  
MANUFACTURER  
FINISHED DOSAGE OTHER TESTER

Reason: BASED ON PROFILE  
Profile: CTL OAI Status: NONE  
Last Milestone: OC RECOMMENDATION  
Milestone Date: 27-JAN-1999  
Decision: ACCEPTABLE  
Reason: DISTRICT RECOMMENDATION

Establishment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DMF No: \_\_\_\_\_  
AADA No: \_\_\_\_\_

Profile: CSN OAI Status: POTENTIAL OAI  
Last Milestone: OC RECOMMENDATION  
Milestone Date: 28-JUN-1999  
Decision: WITHHOLD  
Reason: EIR REVIEW-CONCUR W/DISTRICT

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_