CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER:

22-369

ADMINISTRATIVE and CORRESPONDENCE DOCUMENTS

EXCLUSIVITY SUMMARY

NDA # 22-369 SUPPL # HFD # 520

Trade Name Latisse

Generic Name Bimatoprost Ophthalmic Solution, 0.03%

Applicant Name Allergan, Inc.

Approval Date, If Known December 24, 2008

PART I IS AN EXCLUSIVITY DETERMINATION NEEDED?

1. An exclusivity determination will be made for all original applications, and all efficacy supplements. Complete PARTS II and III of this Exclusivity Summary only if you answer "yes" to one or more of the following questions about the submission.

a) Is it a 505(b)(1), 505(b)(2) or efficacy supplement?

YES ☒ NO ☐

If yes, what type? Specify 505(b)(1), 505(b)(2), SE1, SE2, SE3,SE4, SE5, SE6, SE7, SE8

505(b)(1)

c) Did it require the review of clinical data other than to support a safety claim or change in labeling related to safety? (If it required review only of bioavailability or bioequivalence data, answer "no.")

YES ☒ NO ☐

If your answer is "no" because you believe the study is a bioavailability study and, therefore, not eligible for exclusivity, EXPLAIN why it is a bioavailability study, including your reasons for disagreeing with any arguments made by the applicant that the study was not simply a bioavailability study.

If it is a supplement requiring the review of clinical data but it is not an effectiveness supplement, describe the change or claim that is supported by the clinical data:

d) Did the applicant request exclusivity?

YES ☒ NO ☐

If the answer to (d) is "yes," how many years of exclusivity did the applicant request?

3 Years

e) Has pediatric exclusivity been granted for this Active Moiety?

YES ☐ NO ☒

If the answer to the above question in YES, is this approval a result of the studies submitted in response to the Pediatric Written Request?

IF YOU HAVE ANSWERED "NO" TO ALL OF THE ABOVE QUESTIONS, GO DIRECTLY TO THE SIGNATURE BLOCKS AT THE END OF THIS DOCUMENT.

2. Is this drug product or indication a DESI upgrade?

YES ☐ NO ☒

IF THE ANSWER TO QUESTION 2 IS "YES," GO DIRECTLY TO THE SIGNATURE BLOCKS ON PAGE 8 (even if a study was required for the upgrade).

PART II FIVE-YEAR EXCLUSIVITY FOR NEW CHEMICAL ENTITIES
(Answer either #1 or #2 as appropriate)

1. Single active ingredient product.

Has FDA previously approved under section 505 of the Act any drug product containing the same active moiety as the drug under consideration? Answer "yes" if the active moiety (including other esterified forms, salts, complexes, chelates or clathrates) has been previously approved, but this particular form of the active moiety, e.g., this particular ester or salt (including salts with hydrogen or coordination bonding) or other non-covalent derivative (such as a complex, chelate, or clathrate) has not been approved. Answer "no" if the compound requires metabolic conversion (other than deesterification of an esterified form of the drug) to produce an already approved active moiety.

YES ☒ NO ☐

If "yes," identify the approved drug product(s) containing the active moiety, and, if known, the NDA #(s).

NDA# 21-275 Lumigan (bimatoprost ophthalmic solution), 0.03%

NDA#

NDA#

2. Combination product.

If the product contains more than one active moiety(as defined in Part II, #1), has FDA previously approved an application under section 505 containing any one of the active moieties in the drug product? If, for example, the combination contains one never-before-approved active moiety and one previously approved active moiety, answer "yes." (An active moiety that is marketed under an OTC monograph, but that was never approved under an NDA, is considered not previously approved.)

YES ☐ NO ☒

If "yes," identify the approved drug product(s) containing the active moiety, and, if known, the NDA #(s).

NDA#

NDA#

NDA#

IF THE ANSWER TO QUESTION 1 OR 2 UNDER PART II IS "NO," GO DIRECTLY TO THE SIGNATURE BLOCKS ON PAGE 8. (Caution: The questions in part II of the summary should only be answered "NO" for original approvals of new molecular entities.)
IF "YES," GO TO PART III.

PART III THREE-YEAR EXCLUSIVITY FOR NDAs AND SUPPLEMENTS

To qualify for three years of exclusivity, an application or supplement must contain "reports of new clinical investigations (other than bioavailability studies) essential to the approval of the application and conducted or sponsored by the applicant." This section should be completed only if the answer to PART II, Question 1 or 2 was "yes."

1. Does the application contain reports of clinical investigations? (The Agency interprets "clinical investigations" to mean investigations conducted on humans other than bioavailability studies.) If the application contains clinical investigations only by virtue of a right of reference to clinical investigations in another application, answer "yes," then skip to question 3(a). If the answer to 3(a) is "yes" for any investigation referred to in another application, do not complete remainder of

summary for that investigation.

YES ☒ NO ☐

IF "NO," GO DIRECTLY TO THE SIGNATURE BLOCKS ON PAGE 8.

2. A clinical investigation is "essential to the approval" if the Agency could not have approved the application or supplement without relying on that investigation. Thus, the investigation is not essential to the approval if 1) no clinical investigation is necessary to support the supplement or application in light of previously approved applications (i.e., information other than clinical trials, such as bioavailability data, would be sufficient to provide a basis for approval as an ANDA or 505(b)(2) application because of what is already known about a previously approved product), or 2) there are published reports of studies (other than those conducted or sponsored by the applicant) or other publicly available data that independently would have been sufficient to support approval of the application, without reference to the clinical investigation submitted in the application.

(a) In light of previously approved applications, is a clinical investigation (either conducted by the applicant or available from some other source, including the published literature) necessary to support approval of the application or supplement?

YES ☒ NO ☐

If "no," state the basis for your conclusion that a clinical trial is not necessary for approval AND GO DIRECTLY TO SIGNATURE BLOCK ON PAGE 8:

(b) Did the applicant submit a list of published studies relevant to the safety and effectiveness of this drug product and a statement that the publicly available data would not independently support approval of the application?

YES ☐ NO ☒

(1) If the answer to 2(b) is "yes," do you personally know of any reason to disagree with the applicant's conclusion? If not applicable, answer NO.

YES ☐ NO ☒

If yes, explain:

(2) If the answer to 2(b) is "no," are you aware of published studies not conducted or sponsored by the applicant or other publicly available data that could independently demonstrate the safety and effectiveness of this drug product?

YES ☐ NO ☒

If yes, explain:

(c) If the answers to (b)(1) and (b)(2) were both "no," identify the clinical investigations submitted in the application that are essential to the approval:

Studies comparing two products with the same ingredient(s) are considered to be bioavailability studies for the purpose of this section.

3. In addition to being essential, investigations must be "new" to support exclusivity. The agency interprets "new clinical investigation" to mean an investigation that 1) has not been relied on by the agency to demonstrate the effectiveness of a previously approved drug for any indication and 2) does not duplicate the results of another investigation that was relied on by the agency to demonstrate the effectiveness of a previously approved drug product, i.e., does not redemonstrate something the agency considers to have been demonstrated in an already approved application.

a) For each investigation identified as "essential to the approval," has the investigation been relied on by the agency to demonstrate the effectiveness of a previously approved drug product? (If the investigation was relied on only to support the safety of a previously approved drug, answer "no.")

Investigation #1	YES ☒	NO ☐
Investigation #2	YES ☒	NO ☐

If you have answered "yes" for one or more investigations, identify each such investigation and the NDA in which each was relied upon:

Study 192024-032
Study 192024-MA001

b) For each investigation identified as "essential to the approval", does the investigation duplicate the results of another investigation that was relied on by the agency to support the effectiveness of a previously approved drug product?

Investigation #1	YES ☐	NO ☒
Investigation #2	YES ☐	NO ☒

If you have answered "yes" for one or more investigation, identify the NDA in which a similar investigation was relied on:

c) If the answers to 3(a) and 3(b) are no, identify each "new" investigation in the application or supplement that is essential to the approval (i.e., the investigations listed in #2(c), less any that are not "new"):

4. To be eligible for exclusivity, a new investigation that is essential to approval must also have been conducted or sponsored by the applicant. An investigation was "conducted or sponsored by" the applicant if, before or during the conduct of the investigation, 1) the applicant was the sponsor of the IND named in the form FDA 1571 filed with the Agency, or 2) the applicant (or its predecessor in interest) provided substantial support for the study. Ordinarily, substantial support will mean providing 50 percent or more of the cost of the study.

a) For each investigation identified in response to question 3(c): if the investigation was carried out under an IND, was the applicant identified on the FDA 1571 as the sponsor?

Investigation #1		!
		!
IND # 48,929	YES ☒	! NO ☐
		! Explain:

Investigation #2		!
		!
IND # 48,929	YES ☒	! NO ☐
		! Explain:

(b) For each investigation not carried out under an IND or for which the applicant was not identified as the sponsor, did the applicant certify that it or the applicant's predecessor in interest provided substantial support for the study?

Investigation #1	!
	!
YES ☐	! NO ☐
Explain:	! Explain:

Investigation #2	!
	!
YES ☐	! NO ☐
Explain:	! Explain:

(c) Notwithstanding an answer of "yes" to (a) or (b), are there other reasons to believe that the applicant should not be credited with having "conducted or sponsored" the study? (Purchased studies may not be used as the basis for exclusivity. However, if all rights to the drug are purchased (not just studies on the drug), the applicant may be considered to have sponsored or conducted the studies sponsored or conducted by its predecessor in interest.)

YES ☐ NO ☒

If yes, explain:

Name of person completing form: Michael Puglisi
Title: Regulatory Project Manager
Date: February 4, 2009

Name of Office/Division Director signing form: Wiley A. Chambers, M.D.
Title: Acting Director, Division of Anti-Infective and Ophthalmology Products

Form OGD-011347; Revised 05/10/2004; formatted 2/15/05

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

/s/

Wiley Chambers
2/4/2009 05:21:38 PM

PEDIATRIC PAGE
(Complete for all filed original applications and efficacy supplements)

NDA/BLA#: 22-369 Supplement Number: _____ NDA Supplement Type (e.g. SE5): _____

Division Name:DAIOP PDUFA Goal Date: 12/27/2008 Stamp Date: 06/27/2008

Proprietary Name: Latisse (proposed)

Established/Generic Name: bimatoprost ophthalmic solution 0.03%

Dosage Form: topical

Applicant/Sponsor: Allergan, Inc., 2525 Dupont Drive, P.O. Box 19534, Irvine, CA 92623-9534

Indication(s) *previously approved* (please complete this question for supplements and Type 6 NDAs only):
(1) treatment of elevated intraocular pressure in patients with ocular hypertension or glaucoma
(2) _____
(3) _____
(4) _____

Pediatric use for each pediatric subpopulation must be addressed for each indication covered by current application under review. A Pediatric Page must be completed for each indication.

Number of indications for this pending application(s):1
(Attach a completed Pediatric Page for each indication in current application.)

Indication: treatment of hypotrichosis of the eyelashes by increasing their growth including length, thickness, and darkness.

Q1: Is this application in response to a PREA PMC/PMR? Yes ☐ Continue
No ☒ Please proceed to Question 2.

If Yes, NDA/BLA#: _____ Supplement #:_____ PMC/PMR #:_____

Does the division agree that this is a complete response to the PMC/PMR?

☐ Yes. Please proceed to Section D.

☐ No. Please proceed to Question 2 and complete the Pediatric Page, as applicable.

Q2: Does this application provide for (If yes, please check all categories that apply and proceed to the next question):

(a) NEW ☐ active ingredient(s) (includes new combination); ☒ indication(s); ☐ dosage form; ☒ dosing regimen; or ☐ route of administration?*

(b) ☐ No. PREA does not apply. **Skip to signature block.**

**** Note for CDER: SE5, SE6, and SE7 submissions may also trigger PREA.***

Q3: Does this indication have orphan designation?

☐ Yes. PREA does not apply. **Skip to signature block.**

☒ No. Please proceed to the next question.

Q4: Is there a full waiver for all pediatric age groups for this indication (check one)?

☐ Yes: (Complete Section A.)

☒ No: Please check all that apply:

☐ Partial Waiver for selected pediatric subpopulations (Complete Sections B)

☒ Deferred for some or all pediatric subpopulations (Complete Sections C)

☐ Completed for some or all pediatric subpopulations (Complete Sections D)

☐ Appropriately Labeled for some or all pediatric subpopulations (Complete Sections E)

☐ Extrapolation in One or More Pediatric Age Groups (Complete Section F)

(Please note that Section F may be used alone or in addition to Sections C, D, and/or E.)

Section A: Fully Waived Studies (for all pediatric age groups)

Reason(s) for full waiver: **(check, and attach a brief justification for the reason(s) selected)**

- ☐ Necessary studies would be impossible or highly impracticable because:
  - ☐ Disease/condition does not exist in children
  - ☐ Too few children with disease/condition to study
  - ☐ Other (e.g., patients geographically dispersed): _____
- ☐ Product does not represent a meaningful therapeutic benefit over existing therapies for pediatric patients AND is not likely to be used in a substantial number of pediatric patients.
- ☐ Evidence strongly suggests that product would be unsafe in all pediatric subpopulations (*Note: if studies are fully waived on this ground, this information must be included in the labeling.*)
- ☐ Evidence strongly suggests that product would be ineffective in all pediatric subpopulations (*Note: if studies are fully waived on this ground, this information must be included in the labeling.*)
- ☐ Evidence strongly suggests that product would be ineffective and unsafe in all pediatric subpopulations (*Note: if studies are fully waived on this ground, this information must be included in the labeling.*)

☐ Justification attached.

If studies are fully waived, then pediatric information is complete for this indication. If there is another indication, please complete another Pediatric Page for each indication. Otherwise, this Pediatric Page is complete and should be signed.

Section B: Partially Waived Studies (for selected pediatric subpopulations)

Check subpopulation(s) and reason for which studies are being partially waived (fill in applicable criteria below):

Note: If Neonate includes premature infants, list minimum and maximum age in "gestational age" (in weeks).

				Reason (see below for further detail):			
		minimum	maximum	Not feasible#	Not meaningful therapeutic benefit*	Ineffective or unsafe†	Formulation failed$^{\Delta}$
☐	Neonate	__ wk. __ mo.	__ wk. __ mo.	☐	☐	☐	☐
☐	Other	yr. __ mo.	yr. __ mo.	☐	☐	☐	☐
☐	Other	__ yr. __ mo.	__ yr. __ mo.	☐	☐	☐	☐
☐	Other	__ yr. __ mo.	__ yr. __ mo.	☐	☐	☐	☐
☐	Other	__ yr. __ mo.	__ yr. __ mo.	☐	☐	☐	☐

Are the indicated age ranges (above) based on weight (kg)? ☐ No; ☐ Yes.

Are the indicated age ranges (above) based on Tanner Stage? ☐ No; ☐ Yes.

Reason(s) for partial waiver (**check reason** corresponding to the category checked above, and **attach a brief justification**):

\# Not feasible:

- ☐ Necessary studies would be impossible or highly impracticable because:
  - ☐ Disease/condition does not exist in children
  - ☐ Too few children with disease/condition to study
  - ☐ Other (e.g., patients geographically dispersed): _____

* Not meaningful therapeutic benefit:

- ☐ Product does not represent a meaningful therapeutic benefit over existing therapies for pediatric patients in this/these pediatric subpopulation(s) AND is not likely to be used in a substantial number of

pediatric patients in this/these pediatric subpopulation(s).

† Ineffective or unsafe:

- ☐ Evidence strongly suggests that product would be unsafe in all pediatric subpopulations (*Note: if studies are partially waived on this ground, this information must be included in the labeling.*)
- ☐ Evidence strongly suggests that product would be ineffective in all pediatric subpopulations (*Note: if studies are partially waived on this ground, this information must be included in the labeling.*)
- ☐ Evidence strongly suggests that product would be ineffective and unsafe in all pediatric subpopulations (*Note: if studies are partially waived on this ground, this information must be included in the labeling.*)

Δ Formulation failed:

- ☐ Applicant can demonstrate that reasonable attempts to produce a pediatric formulation necessary for this/these pediatric subpopulation(s) have failed. (*Note: A partial waiver on this ground may only cover the pediatric subpopulation(s) requiring that formulation. An applicant seeking a partial waiver on this ground must submit documentation detailing why a pediatric formulation cannot be developed. This submission will be posted on FDA's website if waiver is granted.)*

☐ Justification attached.

For those pediatric subpopulations for which studies have not been waived, there must be (1) corresponding study plans that have been deferred (if so, proceed to Sections C and complete the PeRC Pediatric Plan Template); (2) submitted studies that have been completed (if so, proceed to Section D and complete the PeRC Pediatric Assessment form); (3) additional studies in other age groups that are not needed because the drug is appropriately labeled in one or more pediatric subpopulations (if so, proceed to Section E); and/or (4) additional studies in other age groups that are not needed because efficacy is being extrapolated (if so, proceed to Section F). Note that more than one of these options may apply for this indication to cover all of the pediatric subpopulations.

Section C: Deferred Studies (for selected pediatric subpopulations).

Check pediatric subpopulation(s) for which pediatric studies are being deferred (and fill in applicable reason below):

Deferrals (for each or all age groups):				**Reason for Deferral**			**Applicant Certification †**
Population		minimum	maximum	Ready for Approval in Adults	Need Additional Adult Safety or Efficacy Data	Other Appropriate Reason (specify below)*	Received
☐	Neonate	__ wk. __ mo.	__ wk. __ mo.	☐	☐	☐	☐
☐	Other	__ yr. __ mo.	__ yr. __ mo.	☐	☐	☐	☐
☐	Other	__ yr. __ mo.	__ yr. __ mo.	☐	☐	☐	☐
☐	Other	__ yr. __ mo.	__ yr. __ mo.	☐	☐	☐	☐
☐	Other	__ yr. __ mo.	__ yr. __ mo.	☐	☐	☐	☐
☒	All Pediatric Populations	0 yr. 0 mo.	16 yr. 11 mo.	☒	☐	☐	☐
	Date studies are due (mm/dd/yy): 12/31/2012						

Are the indicated age ranges (above) based on weight (kg)? ☒ No; ☐ Yes.

Are the indicated age ranges (above) based on Tanner Stage? ☒ No; ☐ Yes.

* Other Reason: _____

† *Note: Studies may only be deferred if an applicant submits a certification of grounds for deferring the studies, a description of the planned or ongoing studies, evidence that the studies are being conducted or will be conducted with due diligence and at the earliest possible time, and a timeline for the completion of the studies. If studies are deferred, on an annual basis applicant must submit information detailing the progress made in conducting the studies or, if no progress has been made, evidence and documentation that such studies will be conducted with due diligence and at the earliest possible time. This requirement should be communicated to the applicant in an appropriate manner (e.g., in an approval letter that specifies a required study as a post-marketing commitment.)*

If all of the pediatric subpopulations have been covered through partial waivers and deferrals, Pediatric Page is complete and should be signed. If not, complete the rest of the Pediatric Page as applicable.

Section D: Completed Studies (for some or all pediatric subpopulations).

Pediatric subpopulation(s) in which studies have been completed (check below):

Population		minimum	maximum	PeRC Pediatric Assessment form attached?.	
☐	Neonate	__ wk. __ mo.	__ wk. __ mo.	Yes ☐	No ☐
☐	Other	__ yr. __ mo.	__ yr. __ mo.	Yes ☐	No ☐
☐	Other	__ yr. __ mo.	__ yr. __ mo.	Yes ☐	No ☐
☐	Other	__ yr. __ mo.	__ yr. __ mo.	Yes ☐	No ☐
☐	Other	__ yr. __ mo.	__ yr. __ mo.	Yes ☐	No ☐
☐	All Pediatric Subpopulations	0 yr. 0 mo.	16 yr. 11 mo.	Yes ☐	No ☐

Are the indicated age ranges (above) based on weight (kg)? ☐ No; ☐ Yes.

Are the indicated age ranges (above) based on Tanner Stage? ☐ No; ☐ Yes.

Note: If there are no further pediatric subpopulations to cover based on partial waivers, deferrals and/or completed studies, Pediatric Page is complete and should be signed. If not, complete the rest of the Pediatric Page as applicable.

Section E: Drug Appropriately Labeled (for some or all pediatric subpopulations):

Additional pediatric studies are not necessary in the following pediatric subpopulation(s) because product is appropriately labeled for the indication being reviewed:

Population		minimum	maximum
☐	Neonate	__ wk. __ mo.	__ wk. __ mo.
☐	Other	__ yr. __ mo.	__ yr. __ mo.
☐	Other	__ yr. __ mo.	__ yr. __ mo.
☐	Other	__ yr. __ mo.	__ yr. __ mo.
☐	Other	__ yr. __ mo.	__ yr. __ mo.
☐	All Pediatric Subpopulations	0 yr. 0 mo.	16 yr. 11 mo.

Are the indicated age ranges (above) based on weight (kg)? ☐ No; ☐ Yes.

Are the indicated age ranges (above) based on Tanner Stage? ☐ No; ☐ Yes.

If all pediatric subpopulations have been covered based on partial waivers, deferrals, completed studies, and/or existing appropriate labeling, this Pediatric Page is complete and should be signed. If not, complete the rest of the Pediatric Page as applicable.

Section F: Extrapolation from Other Adult and/or Pediatric Studies (for deferred and/or completed studies)

Note: Pediatric efficacy can be extrapolated from adequate and well-controlled studies in adults and/or other pediatric subpopulations if (and only if) (1) the course of the disease/condition AND (2) the effects of the product are sufficiently similar between the reference population and the pediatric subpopulation for which information will be extrapolated. Extrapolation of efficacy from studies in adults and/or other children usually requires supplementation with other information obtained from the target pediatric subpopulation, such as pharmacokinetic and safety studies. Under the statute, safety cannot be extrapolated.

Pediatric studies are not necessary in the following pediatric subpopulation(s) because efficacy can be extrapolated from adequate and well-controlled studies in adults and/or other pediatric subpopulations:

Population		minimum	maximum	Extrapolated from:	
				Adult Studies?	Other Pediatric Studies?
☐	Neonate	__ wk. __ mo.	__ wk. __ mo.	☐	☐
☐	Other	__ yr. __ mo.	__ yr. __ mo.	☐	☐
☐	Other	__ yr. __ mo.	__ yr. __ mo.	☐	☐
☐	Other	__ yr. __ mo.	__ yr. __ mo.	☐	☐
☐	Other	__ yr. __ mo.	__ yr. __ mo.	☐	☐
☐	All Pediatric Subpopulations	0 yr. 0 mo.	16 yr. 11 mo.	☐	☐

Are the indicated age ranges (above) based on weight (kg)? ☐ No; ☐ Yes.

Are the indicated age ranges (above) based on Tanner Stage? ☐ No; ☐ Yes.

Note: If extrapolating data from either adult or pediatric studies, a description of the scientific data supporting the extrapolation must be included in any pertinent reviews for the application.

If there are additional indications, please complete the attachment for each one of those indications. Otherwise, this Pediatric Page is complete and should be signed and entered into DFS or DARRTS as appropriate after clearance by PeRC.

This page was completed by:

{See appended electronic signature page}

Michael Puglisi
Regulatory Project Manager

(Revised: 6/2008)

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/s/

Wiley Chambers
1/23/2009 02:53:39 PM

ALLERGAN

2525 Dupont Drive, P.O. Box 19534, Irvine, California, USA 92623-9534 Telephone: (714) 246-4500 Website: www.allergan.com

1.3.3 Debarment Certification

Allergan, Inc., hereby certifies that it did not and will not use in any capacity the services of any person debarred under section 306 of the Federal Food, Drug and Cosmetic Act in connection with this application.

Elizabeth Bancroft

Elizabeth Bancroft,
Senior Director,
Regulatory Affairs

May 12, 2008
Date

Fax

Division of Anti-Infective and Ophthalmology Products
Center for Drug Evaluation and Research
10903 New Hampshire Avenue, Building 22
Silver Spring, MD 20993

To: Elizabeth Bancroft	**From:** Mike Puglisi, Project Manager
Fax: 714-246-4272	**Fax:** 301-796-9881
Phone:	**Phone:** 301-796-0791
Pages: 1 (including cover page)	**Date:** August 20, 2008
Re: Information Request for NDA 22-369	

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

• **Comments:**

Elizabeth,

Hi. Below please find an information request from the CMC reviewer concerning NDA 22-369 for Latisse (bimatoprost ophthalmic solution). Please respond in an amendment to the NDA.

Please let me know if you have any questions about this matter. Thanks.

Mike

Reviewer's Comments:

1. *Please provide the names that Compliance can contact prior to facility inspections for the drug substance and the drug product.*

2. *The CFN number for* ——— *is not recognized in the FDA database. The facility is used for sterilization of applicators. The CFN number cited in the NDA is* ——— *Please confirm the CFN number is correct or provide the correct one.* b(4)

3. *Please confirm if the composition of the* — *cap and the turquoise are the same except for the color components.* b(4

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

/s/

Michael Puglisi
8/20/2008 02:46:01 PM

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

NDA 22-369

NDA ACKNOWLEDGMENT

Allergan, Inc.
Attention: Elizabeth Bancroft
Senior Director, Regulatory Affairs
2525 Dupont Drive
P.O. Box 19534
Irvine, California 92623-9534

Dear Ms. Bancroft:

We have received your new drug application (NDA) submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for the following:

Name of Drug Product: bimatoprost ophthalmic solution, 0.03%

Date of Application: June 26, 2008

Date of Receipt: June 27, 2008

Our Reference Number: NDA 22-369

Unless we notify you within 60 days of the receipt date that the application is not sufficiently complete to permit a substantive review, we will file the application on August 26, 2008, in accordance with 21 CFR 314.101(a).

If you have not already done so, promptly submit the content of labeling [21 CFR 314.50(l)(1)(i)] in structured product labeling (SPL) format as described at http://www.fda.gov/oc/datacouncil/spl.html. Failure to submit the content of labeling in SPL format may result in a refusal-to-file action under 21 CFR 314.101(d)(3). The content of labeling must conform to the content and format requirements of revised 21 CFR 201.56-57.

The NDA number provided above should be cited at the top of the first page of all submissions to this application. Send all submissions, electronic or paper, including those sent by overnight

mail or courier, to the following address:

Food and Drug Administration
Center for Drug Evaluation and Research
Division of Anti-Infective and
Ophthalmology Products
5901-B Ammendale Road
Beltsville, MD 20705-1266

All regulatory documents submitted in paper should be three-hole punched on the left side of the page and bound. The left margin should be at least three-fourths of an inch to assure text is not obscured in the fastened area. Standard paper size (8-1/2 by 11 inches) should be used; however, it may occasionally be necessary to use individual pages larger than standard paper size. Non-standard, large pages should be folded and mounted to allow the page to be opened for review without disassembling the jacket and refolded without damage when the volume is shelved. Shipping unbound documents may result in the loss of portions of the submission or an unnecessary delay in processing which could have an adverse impact on the review of the submission. For additional information, please see http:www.fda.gov/cder/ddms/binders.htm.

If you have any questions, call Michael Puglisi, Project Manager, at (301) 796-0791.

Sincerely,

{See appended electronic signature page}

Maureen P. Dillon-Parker
Chief, Project Management Staff
Division of Anti-Infective and
Ophthalmology Products
Office of Antimicrobial Products
Center for Drug Evaluation and Research

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/s/

Maureen Dillon-Parker
8/26/2008 03:53:29 PM
NDA 22-369 Ack Ltr

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Food and Drug Administration
Rockville, MD 20857

NDA 22-369

FILING COMMUNICATION

Allergan, Inc.
Attention: Elizabeth Bancroft
Senior Director, Regulatory Affairs
2525 Dupont Drive
P.O. Box 19534
Irvine, California 92623-9534

Dear Ms. Bancroft:

Please refer to your new drug application (NDA) dated June 26, 2008, received June 27, 2008, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act, for bimatoprost ophthalmic solution, 0.03%.

We also refer to your submissions dated August 18 and 21, 2008.

We have completed our filing review and have determined that your application is sufficiently complete to permit a substantive review. Therefore, this application was considered to be filed 60 days after the date we received your application in accordance with 21 CFR 314.101(a). The review classification for this application is **Priority**. Therefore, the user fee goal date is December 27, 2008.

If you have any questions, call Michael Puglisi, Project Manager, at (301) 796-0791.

Sincerely,

{See appended electronic signature page}

Wiley A. Chambers, M.D.
Acting Director
Division of Anti-Infective
and Ophthalmology Products
Office of Antimicrobial Products
Center for Drug Evaluation and Research

Fax

Division of Anti-Infective and Ophthalmology Products
Center for Drug Evaluation and Research
10903 New Hampshire Avenue, Building 22
Silver Spring, MD 20993

To: Elizabeth Bancroft	**From:** Mike Puglisi, Project Manager
Fax: 714-246-4051	**Fax:** 301-796-9881
Phone:	**Phone:** 301-796-0791
Pages: 2 (including cover page)	**Date:** October 6, 2008
Re: Information Request for NDA 22-369	

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

• **Comments:**

Elizabeth,

Hi. Attached please find an information request from the Quality Micro reviewer concerning NDA 22-369 for Latisse (bimatoprost ophthalmic solution). Please respond in an amendment to the NDA.

Please let me know if you have any questions about this matter. Thanks.

Mike

Reviewer's Comments:

1. *The product sterilization validation of the applicators could not be located in your submission. Please provide a data summary showing most recent sterilization qualification of the Sterilizers used by ——— with the applicable applicator load configuration.* b(4)

2. *Provide data summary from most recent successful sampling plan for non-sterile bulk product. If container closure integrity is performed on stability end points please provide recent data summary.*

3. *Provide most recent successful qualification of ——— of containers and closures.* b(4)

4. *For ——— provide a data summary from the latest requalification run with acceptable Heat Distribution and Heat penetration results.* b(4)

5. *For ——— provide a data summary from the latest requalification run with acceptable Heat Distribution and Heat penetration results.* b(4)

6. *Please provide data summary from the most recent process validation:*
   - *Provide pre and post filtration (e.g., bubble point & bacterial retention values) test results from three filter lots used in the microbial retention studies.*
   - *Media fill results from three most recent successful media fill simulations performed on approved filling lines* ———
   - *Provide environmental monitoring results accompanying the above media fills.* b(4)

Fax

Division of Anti-Infective and Ophthalmology Products
Center for Drug Evaluation and Research
10903 New Hampshire Avenue, Building 22
Silver Spring, MD 20993

To: Elizabeth Bancroft	**From:** Mike Puglisi, Project Manager
Fax: 714-246-4051	**Fax:** 301-796-9881
Phone:	**Phone:** 301-796-0791
Pages: 2 (including cover page)	**Date:** October 22, 2008
Re: Clinical Information Request for NDA 22-369	

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

• **Comments:**

Elizabeth,

Hi. Attached please find an information request from the clinical reviewer concerning NDA 22-369 for Latisse (bimatoprost ophthalmic solution). Please respond in an amendment to the NDA.

Please let me know if you have any questions about this matter. Thanks.

Mike

Reviewer's Comments:

Has the Patient Reported Outcome Questionnaire been validated? If so, please submit the validation information to the NDA.

Please submit the following information, if available:

- *Percentage of subjects with at least a 3-Grade Increase from Baseline in GEA, Treatment and Post-treatment Periods (ITT)*
- *Percentage of subjects with at least a 2-Grade Increase from Baseline in GEA, Treatment and Post-treatment Periods (ITT) with Missing Values treated as treatment failures.*
- *Percentage of subjects with at least a 3-Grade Increase from Baseline in GEA, Treatment and Post-treatment Periods (ITT) with Missing Values treated as treatment failures.*

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

/s/

Michael Puglisi
10/22/2008 02:57:43 PM

ACTION PACKAGE CHECKLIST

APPLICATION INFORMATION[1]		
NDA # 22-369 BLA #	NDA Supplement # BLA STN #	If NDA, Efficacy Supplement Type:
Proprietary Name: Latisse Established/Proper Name: Bimatoprost, 0.03% Dosage Form: Ophthalmic Solution		Applicant: Allergan Agent for Applicant (if applicable):
RPM: Puglisi, M.		Division: DAIOP

NDAs:	505(b)(2) Original NDAs and 505(b)(2) NDA supplements:
NDA Application Type: ☒ 505(b)(1) ☐ 505(b)(2) Efficacy Supplement: ☐ 505(b)(1) ☐ 505(b)(2) (A supplement can be either a (b)(1) or a (b)(2) regardless of whether the original NDA was a (b)(1) or a (b)(2). Consult page 1 of the NDA Regulatory Filing Review for this application or Appendix A to this Action Package Checklist.)	Listed drug(s) referred to in 505(b)(2) application (include NDA/ANDA #(s) and drug name(s)): Provide a brief explanation of how this product is different from the listed drug. ☐ If no listed drug, check here and explain: **Prior to approval, review and confirm the information previously provided in Appendix B to the Regulatory Filing Review by re-checking the Orange Book for any new patents and pediatric exclusivity. If there are any changes in patents or exclusivity, notify the OND ADRA immediately and complete a new Appendix B of the Regulatory Filing Review.** ☐ No changes ☐ Updated Date of check: **If pediatric exclusivity has been granted or the pediatric information in the labeling of the listed drug changed, determine whether pediatric information needs to be added to or deleted from the labeling of this drug.** **On the day of approval, check the Orange Book again for any new patents or pediatric exclusivity.**

❖ User Fee Goal Date Action Goal Date (if different)	12/27/08
❖ Actions	
• Proposed action	☒ AP ☐ TA ☐ AE ☐ NA ☐ CR
• Previous actions *(specify type and date for each action taken)*	☒ None
❖ Promotional Materials *(accelerated approvals only)* Note: If accelerated approval (21 CFR 314.510/601.41), promotional materials to be used within 120 days after approval must have been submitted (for exceptions, see guidance www.fda.gov/cder/guidance/2197dft.pdf). If not submitted, explain ____	☐ Received

[1] The **Application Information** section is (only) a checklist. The **Contents of Action Package** section (beginning on page 5) lists the documents to be included in the Action Package.

❖ Application[2] Characteristics

Review priority: ☐ Standard ☒ Priority
Chemical classification (new NDAs only):

☐ Fast Track
☐ Rolling Review
☐ Orphan drug designation

☐ Rx-to-OTC full switch
☐ Rx-to-OTC partial switch
☐ Direct-to-OTC

NDAs: Subpart H
☐ Accelerated approval (21 CFR 314.510)
☐ Restricted distribution (21 CFR 314.520)
Subpart I
☐ Approval based on animal studies

BLAs: Subpart E
☐ Accelerated approval (21 CFR 601.41)
☐ Restricted distribution (21 CFR 601.42)
Subpart H
☐ Approval based on animal studies

☐ Submitted in response to a PMR
☐ Submitted in response to a PMC

Comments: _____

❖ Date reviewed by PeRC *(required for approvals only)* If PeRC review not necessary, explain: _____	September 10, 2008
❖ BLAs only: *RMS-BLA Product Information Sheet for TBP* has been completed and forwarded to OBPS/DRM *(approvals only)*	☐ Yes, date
❖ BLAs only: is the product subject to official FDA lot release per 21 CFR 610.2 *(approvals only)*	☐ Yes ☐ No
❖ Public communications *(approvals only)*	
• Office of Executive Programs (OEP) liaison has been notified of action	☒ Yes ☐ No
• Press Office notified of action (by OEP)	☒ Yes ☐ No
• Indicate what types (if any) of information dissemination are anticipated	☐ None ☐ HHS Press Release ☒ FDA Talk Paper ☐ CDER Q&As ☐ Other

All questions in all sections pertain to the pending application, i.e., if the pending application is an NDA or BLA supplement, then he questions should be answered in relation to that supplement, not in relation to the original NDA or BLA. For example, if the application is a pending BLA supplement, then a new *RMS-BLA Product Information Sheet for TBP* must be completed.

❖ Exclusivity	
• Is approval of this application blocked by any type of exclusivity?	☒ No ☐ Yes
• NDAs and BLAs: Is there existing orphan drug exclusivity for the "same" drug or biologic for the proposed indication(s)? *Refer to 21 CFR 316.3(b)(13) for the definition of "same drug" for an orphan drug (i.e., active moiety). This definition is NOT the same as that used for NDA chemical classification.*	☒ No ☐ Yes If, yes, NDA/BLA # and date exclusivity expires:
• (b)(2) NDAs only: Is there remaining 5-year exclusivity that would bar effective approval of a 505(b)(2) application)? *(Note that, even if exclusivity remains, the application may be tentatively approved if it is otherwise ready for approval.)*	☐ No ☐ Yes If yes, NDA # and date exclusivity expires:
• (b)(2) NDAs only: Is there remaining 3-year exclusivity that would bar effective approval of a 505(b)(2) application? *(Note that, even if exclusivity remains, the application may be tentatively approved if it is otherwise ready for approval.)*	☐ No ☐ Yes If yes, NDA # and date exclusivity expires:
• (b)(2) NDAs only: Is there remaining 6-month pediatric exclusivity that would bar effective approval of a 505(b)(2) application? *(Note that, even if exclusivity remains, the application may be tentatively approved if it is otherwise ready for approval.)*	☐ No ☐ Yes If yes, NDA # and date exclusivity expires:
• NDAs only: Is this a single enantiomer that falls under the 10-year approval limitation of 505(u)? *(Note that, even if the 10-year approval limitation period has not expired, the application may be tentatively approved if it is otherwise ready for approval.)*	☒ No ☐ Yes If yes, NDA # and date 10-year limitation expires:
❖ Patent Information (NDAs only)	
• Patent Information: Verify that form FDA-3542a was submitted for patents that claim the drug for which approval is sought. If the drug is an old antibiotic, skip the Patent Certification questions.	☒ Verified ☐ Not applicable because drug is an old antibiotic.
• Patent Certification [505(b)(2) applications]: Verify that a certification was submitted for each patent for the listed drug(s) in the Orange Book and identify the type of certification submitted for each patent.	21 CFR 314.50(i)(1)(*i*)(A) ☐ Verified 21 CFR 314.50(i)(1) ☐ (ii) ☐ (iii)
• [505(b)(2) applications] If the application includes a **paragraph III** certification, it cannot be approved until the date that the patent to which the certification pertains expires (but may be tentatively approved if it is otherwise ready for approval).	☐ No paragraph III certification Date patent will expire
• [505(b)(2) applications] For **each paragraph IV** certification, verify that the applicant notified the NDA holder and patent owner(s) of its certification that the patent(s) is invalid, unenforceable, or will not be infringed (review documentation of notification by applicant and documentation of receipt of notice by patent owner and NDA holder). *(If the application does not include any paragraph IV certifications, mark "N/A" and skip to the next section below (*Summary Reviews*)).*	☐ N/A (no paragraph IV certification) ☐ Verified

- [505(b)(2) applications] For **each paragraph IV** certification, based on the questions below, determine whether a 30-month stay of approval is in effect due to patent infringement litigation.

  Answer the following questions for **each** paragraph IV certification:

  (1) Have 45 days passed since the patent owner's receipt of the applicant's notice of certification? ☐ Yes ☐ No

  (Note: The date that the patent owner received the applicant's notice of certification can be determined by checking the application. The applicant is required to amend its 505(b)(2) application to include documentation of this date (e.g., copy of return receipt or letter from recipient acknowledging its receipt of the notice) (see 21 CFR 314.52(e))).

  *If "**Yes**," skip to question (4) below. If "**No**," continue with question (2).*

  (2) Has the patent owner (or NDA holder, if it is an exclusive patent licensee) submitted a written waiver of its right to file a legal action for patent infringement after receiving the applicant's notice of certification, as provided for by 21 CFR 314.107(f)(3)? ☐ Yes ☐ No

  *If "**Yes**," there is no stay of approval based on this certification. Analyze the next paragraph IV certification in the application, if any. If there are no other paragraph IV certifications, skip the rest of the patent questions.*

  *If "**No**," continue with question (3).*

  (3) Has the patent owner, its representative, or the exclusive patent licensee filed a lawsuit for patent infringement against the applicant? ☐ Yes ☐ No

  (Note: This can be determined by confirming whether the Division has received a written notice from the (b)(2) applicant (or the patent owner or its representative) stating that a legal action was filed within 45 days of receipt of its notice of certification. The applicant is required to notify the Division in writing whenever an action has been filed within this 45-day period (see 21 CFR 314.107(f)(2))).

  *If "**No**," the patent owner (or NDA holder, if it is an exclusive patent licensee) has until the expiration of the 45-day period described in question (1) to waive its right to bring a patent infringement action or to bring such an action. After the 45-day period expires, continue with question (4) below.*

  (4) Did the patent owner (or NDA holder, if it is an exclusive patent licensee) submit a written waiver of its right to file a legal action for patent infringement within the 45-day period described in question (1), as provided for by 21 CFR 314.107(f)(3)? ☐ Yes ☐ No

  *If "**Yes**," there is no stay of approval based on this certification. Analyze the next paragraph IV certification in the application, if any. If there are no other paragraph IV certifications, skip to the next section below (*Summary Reviews*).*

  *If "**No**," continue with question (5).*

(5) Did the patent owner, its representative, or the exclusive patent licensee bring suit against the (b)(2) applicant for patent infringement within 45 days of the patent owner's receipt of the applicant's notice of certification? (Note: This can be determined by confirming whether the Division has received a written notice from the (b)(2) applicant (or the patent owner or its representative) stating that a legal action was filed within 45 days of receipt of its notice of certification. The applicant is required to notify the Division in writing whenever an action has been filed within this 45-day period (see 21 CFR 314.107(f)(2)). If no written notice appears in the NDA file, confirm with the applicant whether a lawsuit was commenced within the 45-day period). *If "**No**," there is no stay of approval based on this certification. Analyze the next paragraph IV certification in the application, if any. If there are no other paragraph IV certifications, skip to the next section below (*Summary Reviews*).* *If "**Yes**," a stay of approval may be in effect. To determine if a 30-month stay is in effect, consult with the OND ADRA and attach a summary of the response.*	☐ Yes ☐ No
CONTENTS OF ACTION PACKAGE	
❖ Copy of this Action Package Checklist[3]	In Package
Officer/Employee List	
❖ List of officers/employees who participated in the decision to approve this application and consented to be identified on this list *(approvals only)*	☒ Included
Documentation of consent/non-consent by officers/employees	☒ Included
Action Letters	
❖ Copies of all action letters *(including approval letter with final labeling)*	Approval Letter- 12/24/08
Labeling	
❖ Package Insert *(write submission/communication date at upper right of first page of PI)*	
• Most recent division-proposed labeling (only if generated after latest applicant submission of labeling)	N/A
• Most recent submitted by applicant labeling (only if subsequent division labeling does not show applicant version)	In Package
• Original applicant-proposed labeling	In Package
• Other relevant labeling (e.g., most recent 3 in class, class labeling), if applicable	N/A
❖ Medication Guide/Patient Package Insert/Instructions for Use *(write submission/communication date at upper right of first page of each piece)*	☐ Medication Guide ☒ Patient Package Insert ☐ Instructions for Use ☐ None

[3] Fill in blanks with dates of reviews, letters, etc.

• Most-recent division-proposed labeling (only if generated after latest applicant submission of labeling)	N/A
• Most recent submitted by applicant labeling (only if subsequent division labeling does not show applicant version)	In Package
• Original applicant-proposed labeling	In package
• Other relevant labeling (e.g., most recent 3 in class, class labeling), if applicable	N/A
❖ Labels (**full color** carton and immediate-container labels) *(write submission/communication date at upper right of first page of each submission)*	
• Most-recent division proposal for (only if generated after latest applicant submission)	N/A
• Most recent applicant-proposed labeling	In Package
❖ Labeling reviews *(indicate dates of reviews and meetings)*	☐ RPM ☒ DMEDP ☐ DRISK ☒ DDMAC ☐ CSS ☐ Other reviews
❖ Proprietary Name • Review(s) *(indicate date(s))* • Acceptability/non-acceptability letter(s) *(indicate date(s))*	 11/19/08 N/A
Administrative / Regulatory Documents	
❖ Administrative Reviews *(e.g., RPM Filing Review[4]/Memo of Filing Meeting) (indicate date of each review)*	In Package
❖ NDAs only: Exclusivity Summary *(signed by Division Director)*	☒ Included
❖ Application Integrity Policy (AIP) Status and Related Documents www.fda.gov/ora/compliance_ref/aip_page.html	
• Applicant in on the AIP	☐ Yes ☒ No
• This application is on the AIP o If yes, Center Director's Exception for Review memo *(indicate date)* o If yes, OC clearance for approval *(indicate date of clearance communication)*	☐ Yes ☒ No ☐ Not an AP action
❖ Pediatric Page *(approvals only, must be reviewed by PERC before finalized)*	☒ Included
❖ Debarment certification (original applications only): verified that qualifying language was not used in certification and that certifications from foreign applicants are cosigned by U.S. agent *(include certification)*	☒ Verified, statement is acceptable
❖ Postmarketing Requirement (PMR) Studies	☐ None
• Outgoing communications *(if located elsewhere in package, state where located)*	
• Incoming submissions/communications	12/16/08
❖ Postmarketing Commitment (PMC) Studies	☐ None
• Outgoing Agency request for postmarketing commitments *(if located elsewhere in package, state where located)*	

[4] Filing reviews for other disciplines should be filed behind the discipline tab.

• Incoming submission documenting commitment	12/16/08
❖ Outgoing communications *(letters (except previous action letters), emails, faxes, telecons)*	In Package
❖ Internal memoranda, telecons, etc.	N/A
❖ Minutes of Meetings	
• PeRC **not yet available – addressed in 12/24/08 Div. Director Review**	☐ Not applicable
• Pre-Approval Safety Conference *(indicate date; approvals only)*	☒ Not applicable
• Regulatory Briefing *(indicate date)*	☒ No mtg
• Pre-NDA/BLA meeting *(indicate date)*	☒ No mtg
• EOP2 meeting *(indicate date)*	☒ No mtg
• Other (e.g., EOP2a, CMC pilot programs)	
❖ Advisory Committee Meeting(s)	☐ No AC meeting
• Date(s) of Meeting(s)	12/5/08
• 48-hour alert or minutes, if available	
Decisional and Summary Memos	
❖ Office Director Decisional Memo *(indicate date for each review)*	☒ None
Division Director Summary Review *(indicate date for each review)*	☐ None 12/24/08
Cross-Discipline Team Leader Review *(indicate date for each review)*	☐ None 12/23/08
Clinical Information[5]	
❖ Clinical Reviews	
• Clinical Team Leader Review(s) **Covered in the 12/23/08 CDTL Review**	12/23/08
• Clinical review(s) *(indicate date for each review)*	12/19/08
• Social scientist review(s) (if OTC drug) *(indicate date for each review)*	☒ None
❖ Safety update review(s) *(indicate location/date if incorporated into another review)*	In 12/19/08 Clinical Review
❖ Financial Disclosure reviews(s) or location/date if addressed in another review OR If no financial disclosure information was required, review/memo explaining why not	In 12/19/08 Clinical Review
❖ Clinical reviews from other clinical areas/divisions/Centers *(indicate date of each review)*	☒ None
❖ Controlled Substance Staff review(s) and Scheduling Recommendation *(indicate date of each review)*	☒ Not needed
❖ Risk Management • Review(s) and recommendations (including those by OSE and CSS) *(indicate date of each review and indicate location/date if incorporated into another review)* • REMS Memo *(indicate date)* • REMS Document and Supporting Statement *(indicate date(s) of submission(s))*	☒ None
❖ DSI Clinical Inspection Review Summary(ies) *(include copies of DSI letters to investigators)*	☐ None requested In Package
Clinical Microbiology ☒ None	
❖ Clinical Microbiology Team Leader Review(s) *(indicate date for each review)*	☐ None

[5] Filing reviews should be filed with the discipline reviews.

Clinical Microbiology Review(s) *(indicate date for each review)*	☐ None
Biostatistics ☐ None	
❖ Statistical Division Director Review(s) *(indicate date for each review)*	☒ None
Statistical Team Leader Review(s) *(indicate date for each review)*	☒ None
Statistical Review(s) *(indicate date for each review)*	☐ None 11/13/08
Clinical Pharmacology ☐ None	
❖ Clinical Pharmacology Division Director Review(s) *(indicate date for each review)*	☒ None
Clinical Pharmacology Team Leader Review(s) *(indicate date for each review)*	☒ None
Clinical Pharmacology review(s) *(indicate date for each review)*	☐ None 11/5/08
❖ DSI Clinical Pharmacology Inspection Review Summary *(include copies of DSI letters)*	☒ None
Nonclinical ☐ None	
❖ Pharmacology/Toxicology Discipline Reviews	
• ADP/T Review(s) *(indicate date for each review)*	☒ None
• Supervisory Review(s) *(indicate date for each review)*	☒ None
• Pharm/tox review(s), including referenced IND reviews *(indicate date for each review)*	☐ None 9/18/08
❖ Review(s) by other disciplines/divisions/Centers requested by P/T reviewer *(indicate date for each review)*	☒ None
❖ Statistical review(s) of carcinogenicity studies *(indicate date for each review)*	☒ No carc
❖ ECAC/CAC report/memo of meeting	☒ None Included in P/T review, page
❖ DSI Nonclinical Inspection Review Summary *(include copies of DSI letters)*	☒ None requested
CMC/Quality ☐ None	
❖ CMC/Quality Discipline Reviews	
• ONDQA/OBP Division Director Review(s) *(indicate date for each review)*	☒ None
• Branch Chief/Team Leader Review(s) *(indicate date for each review)*	☒ None
• CMC/product quality review(s) *(indicate date for each review)*	☐ None 12/16/08, 12/19/08
• BLAs only: Facility information review(s) *(indicate dates)*	☒ None
❖ Microbiology Reviews • NDAs: Microbiology reviews (sterility & pyrogenicity) *(indicate date of each review)* • BLAs: Sterility assurance, product quality microbiology *(indicate date of each review)*	12/8/08 ☐ Not needed
❖ Reviews by other disciplines/divisions/Centers requested by CMC/quality reviewer *(indicate date of each review)*	☒ None
❖ Environmental Assessment (check one) (original and supplemental applications)	
☒ Categorical Exclusion *(indicate review date)(all original applications and all efficacy supplements that could increase the patient population)*	In 12/16/08, CMC Review
☐ Review & FONSI *(indicate date of review)*	
☐ Review & Environmental Impact Statement *(indicate date of each review)*	

❖ NDAs: Methods Validation	☐ Completed ☐ Requested ☐ Not yet requested ☒ Not needed
❖ Facilities Review/Inspection	
• NDAs: Facilities inspections (include EER printout) *(date completed must be within 2 years of action date)*	Date completed: 12/19/08 ☒ Acceptable ☐ Withhold recommendation
• BLAs: o TBP-EER	Date completed: ☐ Acceptable ☐ Withhold recommendation
o Compliance Status Check (approvals only, both original and all supplemental applications except CBEs) *(date completed must be within 60 days prior to AP)*	Date completed: ☐ Requested ☐ Accepted ☐ Hold