

**CENTER FOR DRUG EVALUATION AND
RESEARCH**

APPLICATION NUMBER:
022534Orig1s000

ADMINISTRATIVE and CORRESPONDENCE
DOCUMENTS

EXCLUSIVITY SUMMARY

NDA # 022534

SUPPL #

HFD # 150

Trade Name DOCEFREZ

Generic Name docetaxel

Applicant Name Sun Pharma Global FZE

Approval Date, If Known May 3, 2011

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)(2)

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?

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?

No pediatric exclusivity has been granted for NDA 022534. Pediatric exclusivity has been granted for the RLD, NDA 020449, Taxotere

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# 022234 Docetaxel Injection, 20 mg/2 mL single-dose vial, 80 mg/8 mL multi-dose vial, and 160 mg/16 mL multi-dose vial.
NDA# 020449 Taxotere (docetaxel)
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:

- 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

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

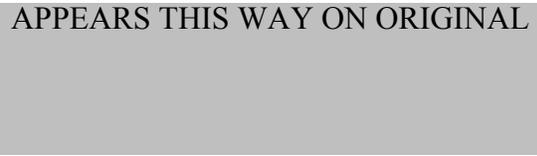
If yes, explain:

Name of person completing form: Jamila A. Mwidau, RN, BSN,MPH
Title: Regulatory Project Manager
Date: 04/29/11

Name of Office/Division Director signing form: Anthony R. Murgo, M.D.
Title: Acting Deputy Director
Division of Drug Oncology Products
Office of Oncology Drug Products
Center for Drug Evaluation and Research

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

APPEARS THIS WAY ON ORIGINAL



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

/s/

FRANK H CROSS
05/20/2011

ANTHONY J MURGO
05/20/2011

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

NDA/BLA#: 022534 Supplement Number: _____ NDA Supplement Type (e.g. SE5): _____

Division Name: DDOP PDUFA Goal Date: 2-23-10 Stamp Date: 4/23/2009

Proprietary Name: Docetaxel

Established/Generic Name: Docetaxel

Dosage Form: Injectable

Applicant/Sponsor: Sun Pharma Global FZE

Indication(s) previously approved (please complete this question for supplements and Type 6 NDAs only):

- (1) _____
- (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) (b) (4)
(Attach a completed Pediatric Page for each indication in current application.)

Indication: Non-small cell lung cancer

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

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

Does the division agree that this is a complete response to the 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 ^Δ
<input type="checkbox"/>	Neonate	__ wk. __ mo.	__ wk. __ mo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other	__ yr. __ mo.	__ yr. __ mo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other	__ yr. __ mo.	__ yr. __ mo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other	__ yr. __ mo.	__ yr. __ mo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other	__ yr. __ mo.	__ yr. __ mo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 †
				Ready for Approval in Adults	Need Additional Adult Safety or Efficacy Data	Other Appropriate Reason (specify below)*	Received
Population	minimum	maximum					
<input type="checkbox"/> Neonate	__ wk. __ mo.	__ wk. __ mo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Other	__ yr. __ mo.	__ yr. __ mo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Other	__ yr. __ mo.	__ yr. __ mo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Other	__ yr. __ mo.	__ yr. __ mo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Other	__ yr. __ mo.	__ yr. __ mo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> All Pediatric Populations	0 yr. 0 mo.	16 yr. 11 mo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date studies are due (mm/dd/yy): _____							

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?.	
<input type="checkbox"/>	Neonate	__ wk. __ mo.	__ wk. __ mo.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/>	Other	__ yr. __ mo.	__ yr. __ mo.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/>	Other	__ yr. __ mo.	__ yr. __ mo.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/>	Other	__ yr. __ mo.	__ yr. __ mo.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/>	Other	__ yr. __ mo.	__ yr. __ mo.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/>	All Pediatric Subpopulations	0 yr. 0 mo.	16 yr. 11 mo.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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
<input type="checkbox"/>	Neonate	__ wk. __ mo.	__ wk. __ mo.
<input type="checkbox"/>	Other	__ yr. __ mo.	__ yr. __ mo.
<input type="checkbox"/>	Other	__ yr. __ mo.	__ yr. __ mo.
<input type="checkbox"/>	Other	__ yr. __ mo.	__ yr. __ mo.
<input type="checkbox"/>	Other	__ yr. __ mo.	__ yr. __ mo.
<input type="checkbox"/>	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?
<input type="checkbox"/>	Neonate	__ wk. __ mo.	__ wk. __ mo.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other	__ yr. __ mo.	__ yr. __ mo.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other	__ yr. __ mo.	__ yr. __ mo.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other	__ yr. __ mo.	__ yr. __ mo.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other	__ yr. __ mo.	__ yr. __ mo.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	All Pediatric Subpopulations	0 yr. 0 mo.	16 yr. 11 mo.	<input type="checkbox"/>	<input type="checkbox"/>

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}

Regulatory Project Manager

(Revised: 6/2008)

NOTE: If you have no other indications for this application, you may delete the attachments from this document.

5 Page(s) has been Withheld in Full as B4 (CCI/TS)
immediately following this page

Application Type/Number	Submission Type/Number	Submitter Name	Product Name
NDA-22534	ORIG-1	SUN PHARMA GLOBAL FZE	DOCEFREZ INJECTION (20/80 MG/VIAL)

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

/s/

ALBERTA E DAVIS WARREN
02/12/2010

Mailing Address:
c/o Sugandh Management Consultancy,
704, Al Tawihidi Building,
2, Mankhool Road,
Near Ramada Hotel, Bur-Dubai,
P. O. Box 12850, Dubai, U. A. E.

4-23-09



DEBARMENT CERTIFICATION

Pursuant to Section 306(k)(1) of the Federal Food, Drug and Cosmetic Act, as amended by the Generic Drug Enforcement Act of 1992, Sun Pharma Global FZE hereby certifies that it did not and will not use, in any capacity, the services of any person debarred under subsection (a) or (b) of the Generic Drug Enforcement Act of 1992 in connection with this NDA. This certification is based upon the list of debarred individuals available on the FDA website (http://www.fda.gov/ora/compliance_ref/debar/default.htm), last updated on 06 February 2009.

No clinical studies were conducted, therefore, no individual debarment certifications are provided.

Handwritten signature of Alok Gandhi in black ink.

Alok Gandhi
Manager
Sun Pharma Global FZE

Date

15/4/09



ACTION PACKAGE CHECKLIST

APPLICATION INFORMATION ¹		
NDA # 022534 BLA #	NDA Supplement # BLA STN #	If NDA, Efficacy Supplement Type:
Proprietary Name: Docefrez Established/Proper Name: Docetaxel Dosage Form: Injectable		Applicant: Agent for Applicant (if applicable):
RPM: Alberta Davis-Warren		Division: DDOP
<p>NDA: NDA Application Type: <input type="checkbox"/> 505(b)(1) <input checked="" type="checkbox"/> 505(b)(2) Efficacy Supplement: <input type="checkbox"/> 505(b)(1) <input type="checkbox"/> 505(b)(2)</p> <p>(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.)</p>		<p>505(b)(2) Original NDAs and 505(b)(2) NDA supplements: Listed drug(s) referred to in 505(b)(2) application (include NDA/ANDA #(s) and drug name(s)):</p> <p>Taxotere NDA 020449</p> <p>Provide a brief explanation of how this product is different from the listed drug. This application provides for a change in formulation</p> <p><input type="checkbox"/> If no listed drug, check here and explain:</p> <p>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.</p> <p><input checked="" type="checkbox"/> No changes <input type="checkbox"/> Updated Date of check: 02-01-10</p> <p>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.</p> <p>On the day of approval, check the Orange Book again for any new patents or pediatric exclusivity.</p>
❖ User Fee Goal Date Action Goal Date (if different)		February 23, 2010
❖ Actions		
• Proposed action		<input type="checkbox"/> AP <input checked="" type="checkbox"/> TA <input type="checkbox"/> AE <input type="checkbox"/> NA <input type="checkbox"/> CR
• Previous actions (<i>specify type and date for each action taken</i>)		<input checked="" type="checkbox"/> None
❖ Promotional Materials (<i>accelerated approvals only</i>) 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 http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/ucm069965.pdf). If not submitted, explain _____		<input type="checkbox"/> 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 Characteristics ²	
<p>Review priority: <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Priority Chemical classification (new NDAs only):</p> <p><input type="checkbox"/> Fast Track <input type="checkbox"/> Rx-to-OTC full switch <input type="checkbox"/> Rolling Review <input type="checkbox"/> Rx-to-OTC partial switch <input type="checkbox"/> Orphan drug designation <input type="checkbox"/> Direct-to-OTC</p> <p>NDAs: Subpart H BLAs: Subpart E <input type="checkbox"/> Accelerated approval (21 CFR 314.510) <input type="checkbox"/> Accelerated approval (21 CFR 601.41) <input type="checkbox"/> Restricted distribution (21 CFR 314.520) <input type="checkbox"/> Restricted distribution (21 CFR 601.42) Subpart I Subpart H <input type="checkbox"/> Approval based on animal studies <input type="checkbox"/> Approval based on animal studies</p> <p><input type="checkbox"/> Submitted in response to a PMR <input type="checkbox"/> Submitted in response to a PMC</p> <p>Comments: _____</p>	
❖ Date reviewed by PeRC (<i>required for approvals only</i>) If PeRC review not necessary, explain: _____	11-4-09
❖ BLAs only: <i>RMS-BLA Product Information Sheet for TBP</i> has been completed and forwarded to OBPS/DRM (<i>approvals only</i>)	<input type="checkbox"/> Yes, date
❖ BLAs only: is the product subject to official FDA lot release per 21 CFR 610.2 (<i>approvals only</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No
❖ Public communications (<i>approvals only</i>)	
• Office of Executive Programs (OEP) liaison has been notified of action	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
• Press Office notified of action (by OEP)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
• Indicate what types (if any) of information dissemination are anticipated	<input checked="" type="checkbox"/> None <input type="checkbox"/> HHS Press Release <input type="checkbox"/> FDA Talk Paper <input type="checkbox"/> CDER Q&As <input type="checkbox"/> Other

² All questions in all sections pertain to the pending application, i.e., if the pending application is an NDA or BLA supplement, then the 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	
<ul style="list-style-type: none"> Is approval of this application blocked by any type of exclusivity? 	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<ul style="list-style-type: none"> NDA and BLAs: Is there existing orphan drug exclusivity for the “same” drug or biologic for the proposed indication(s)? <i>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.</i> 	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If, yes, NDA/BLA # and date exclusivity expires:
<ul style="list-style-type: none"> (b)(2) NDAs only: Is there remaining 5-year exclusivity that would bar effective approval of a 505(b)(2) application? <i>(Note that, even if exclusivity remains, the application may be tentatively approved if it is otherwise ready for approval.)</i> 	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, NDA # and date exclusivity expires:
<ul style="list-style-type: none"> (b)(2) NDAs only: Is there remaining 3-year exclusivity that would bar effective approval of a 505(b)(2) application? <i>(Note that, even if exclusivity remains, the application may be tentatively approved if it is otherwise ready for approval.)</i> 	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, NDA # and date exclusivity expires:
<ul style="list-style-type: none"> (b)(2) NDAs only: Is there remaining 6-month pediatric exclusivity that would bar effective approval of a 505(b)(2) application? <i>(Note that, even if exclusivity remains, the application may be tentatively approved if it is otherwise ready for approval.)</i> 	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, NDA # and date exclusivity expires:
<ul style="list-style-type: none"> NDAs only: Is this a single enantiomer that falls under the 10-year approval limitation of 505(u)? <i>(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.)</i> 	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, NDA # and date 10-year limitation expires:
❖ Patent Information (NDAs only)	
<ul style="list-style-type: none"> 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. 	<input checked="" type="checkbox"/> Verified <input type="checkbox"/> Not applicable because drug is an old antibiotic.
<ul style="list-style-type: none"> 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) <input checked="" type="checkbox"/> Verified 21 CFR 314.50(i)(1) <input type="checkbox"/> (ii) <input type="checkbox"/> (iii)
<ul style="list-style-type: none"> [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). 	<input type="checkbox"/> No paragraph III certification Date patent will expire
<ul style="list-style-type: none"> [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). <i>(If the application does not include any paragraph IV certifications, mark “N/A” and skip to the next section below (Summary Reviews)).</i> 	<input type="checkbox"/> N/A (no paragraph IV certification) <input checked="" type="checkbox"/> 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).

<p>(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?</p> <p>(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).</p> <p><i>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).</i></p> <p><i>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.</i></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
CONTENTS OF ACTION PACKAGE	
❖ Copy of this Action Package Checklist ³	X
Officer/Employee List	
❖ List of officers/employees who participated in the decision to approve this application and consented to be identified on this list (<i>approvals only</i>)	<input type="checkbox"/> Included
Documentation of consent/non-consent by officers/employees	<input type="checkbox"/> Included
Action Letters	
❖ Copies of all action letters (<i>including approval letter with final labeling</i>)	Action(s) and date(s) 2-23-10
Labeling	
❖ Package Insert (<i>write submission/communication date at upper right of first page of PI</i>)	
<ul style="list-style-type: none"> • Most recent division-proposed labeling (only if generated after latest applicant submission of labeling) 	2-22-10
<ul style="list-style-type: none"> • Most recent submitted by applicant labeling (only if subsequent division labeling does not show applicant version) 	2-23-10
<ul style="list-style-type: none"> • Original applicant-proposed labeling 	4-23-09
<ul style="list-style-type: none"> • Other relevant labeling (e.g., most recent 3 in class, class labeling), if applicable 	
❖ Medication Guide/Patient Package Insert/Instructions for Use (<i>write submission/communication date at upper right of first page of each piece</i>)	<input type="checkbox"/> Medication Guide <input checked="" type="checkbox"/> Patient Package Insert <input type="checkbox"/> Instructions for Use <input type="checkbox"/> None
<ul style="list-style-type: none"> • Most-recent division-proposed labeling (only if generated after latest applicant submission of labeling) 	2-18-10

³ Fill in blanks with dates of reviews, letters, etc.
Version: 8/26/09

<ul style="list-style-type: none"> Most recent submitted by applicant labeling (only if subsequent division labeling does not show applicant version) 	2-23-10
<ul style="list-style-type: none"> Original applicant-proposed labeling 	4-23-09
<ul style="list-style-type: none"> Other relevant labeling (e.g., most recent 3 in class, class labeling), if applicable 	RLD
❖ Labels (full color carton and immediate-container labels) (<i>write submission/communication date on upper right of first page of each submission</i>)	
<ul style="list-style-type: none"> Most-recent division proposal for (only if generated after latest applicant submission) 	2-18-10
<ul style="list-style-type: none"> Most recent applicant-proposed labeling 	2-23-10
❖ Proprietary Name	
<ul style="list-style-type: none"> Review(s) (<i>indicate date(s)</i>) Acceptability/non-acceptability letter(s) (<i>indicate date(s)</i>) 	8-11-09 Acceptability/8-11-09
❖ Labeling reviews (<i>indicate dates of reviews and meetings</i>)	<input type="checkbox"/> RPM <input checked="" type="checkbox"/> DMEDP 2-22-10 <input checked="" type="checkbox"/> DRISK 2-2-10 <input checked="" type="checkbox"/> DDMAC 2-17-10 & 2-22-10 <input type="checkbox"/> CSS <input type="checkbox"/> Other reviews
Administrative / Regulatory Documents	
❖ Administrative Reviews (<i>e.g., RPM Filing Review⁴/Memo of Filing Meeting</i>) (<i>indicate date of each review</i>)	2-2-10/6-5-09
❖ NDAs only: Exclusivity Summary (<i>signed by Division Director</i>)	<input type="checkbox"/> Included
❖ Application Integrity Policy (AIP) Status and Related Documents http://www.fda.gov/ICECI/EnforcementActions/ApplicationIntegrityPolicy/default.htm	
<ul style="list-style-type: none"> Applicant in on the AIP 	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<ul style="list-style-type: none"> This application is on the AIP <ul style="list-style-type: none"> If yes, Center Director's Exception for Review memo (<i>indicate date</i>) If yes, OC clearance for approval (<i>indicate date of clearance communication</i>) 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not an AP action
❖ Pediatric Page (<i>approvals only, must be reviewed by PERC before finalized</i>)	<input checked="" type="checkbox"/> 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 (<i>include certification</i>)	<input checked="" type="checkbox"/> Verified, statement is acceptable
❖ Outgoing communications (<i>letters (except previous action letters), emails, faxes, telecons</i>)	
❖ Internal memoranda, telecons, etc.	
❖ Minutes of Meetings	
<ul style="list-style-type: none"> PeRC (<i>indicate date of mtg; approvals only</i>) 	<input checked="" type="checkbox"/> Not applicable
<ul style="list-style-type: none"> Pre-Approval Safety Conference (<i>indicate date of mtg; approvals only</i>) 	<input checked="" type="checkbox"/> Not applicable
<ul style="list-style-type: none"> Regulatory Briefing (<i>indicate date of mtg</i>) 	<input checked="" type="checkbox"/> No mtg
<ul style="list-style-type: none"> Pre-NDA/BLA meeting (<i>indicate date of mtg</i>) 	<input type="checkbox"/> No mtg 6-24-08
<ul style="list-style-type: none"> EOP2 meeting (<i>indicate date of mtg</i>) 	<input checked="" type="checkbox"/> No mtg

⁴ Filing reviews for scientific disciplines should be filed behind the respective discipline tab.
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<ul style="list-style-type: none"> Other (e.g., EOP2a, CMC pilot programs) 	N/A
❖ Advisory Committee Meeting(s)	<input checked="" type="checkbox"/> No AC meeting
<ul style="list-style-type: none"> Date(s) of Meeting(s) 48-hour alert or minutes, if available (<i>do not include transcript</i>) 	
Decisional and Summary Memos	
❖ Office Director Decisional Memo (<i>indicate date for each review</i>)	<input checked="" type="checkbox"/> None
Division Director Summary Review (<i>indicate date for each review</i>)	<input type="checkbox"/> None
Cross-Discipline Team Leader Review (<i>indicate date for each review</i>)	<input checked="" type="checkbox"/> None
PMR/PMC Development Templates (<i>indicate total number</i>)	<input checked="" type="checkbox"/> None
Clinical Information⁵	
❖ Clinical Reviews	
<ul style="list-style-type: none"> Clinical Team Leader Review(s) (<i>indicate date for each review</i>) 	11-19-09
<ul style="list-style-type: none"> Clinical review(s) (<i>indicate date for each review</i>) 	11-16-09
<ul style="list-style-type: none"> Social scientist review(s) (if OTC drug) (<i>indicate date for each review</i>) 	<input checked="" type="checkbox"/> None
❖ Safety update review(s) (<i>indicate location/date if incorporated into another review</i>)	N/A
❖ 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	N/A
❖ Clinical reviews from other clinical areas/divisions/Centers (<i>indicate date of each review</i>)	<input checked="" type="checkbox"/> None
❖ Controlled Substance Staff review(s) and Scheduling Recommendation (<i>indicate date of each review</i>)	<input checked="" type="checkbox"/> Not needed
❖ Risk Management <ul style="list-style-type: none"> REMS Document and Supporting Statement (<i>indicate date(s) of submission(s)</i>) REMS Memo (<i>indicate date</i>) Review(s) and recommendations (including those by OSE and CSS) (<i>indicate date of each review and indicate location/date if incorporated into another review</i>) 	<input checked="" type="checkbox"/> None
❖ DSI Clinical Inspection Review Summary(ies) (<i>include copies of DSI letters to investigators</i>)	<input checked="" type="checkbox"/> None requested
Clinical Microbiology <input checked="" type="checkbox"/> None	
❖ Clinical Microbiology Team Leader Review(s) (<i>indicate date for each review</i>)	<input type="checkbox"/> None 11-13-09
Clinical Microbiology Review(s) (<i>indicate date for each review</i>)	<input type="checkbox"/> None 11-13-09
Biostatistics <input checked="" type="checkbox"/> None	
❖ Statistical Division Director Review(s) (<i>indicate date for each review</i>)	<input type="checkbox"/> None
Statistical Team Leader Review(s) (<i>indicate date for each review</i>)	<input type="checkbox"/> None
Statistical Review(s) (<i>indicate date for each review</i>)	<input type="checkbox"/> None
Clinical Pharmacology <input type="checkbox"/> None	
❖ Clinical Pharmacology Division Director Review(s) (<i>indicate date for each review</i>)	<input checked="" type="checkbox"/> None

⁵ Filing reviews should be filed with the discipline reviews.
Version: 8/26/09

Clinical Pharmacology Team Leader Review(s) <i>(indicate date for each review)</i>	<input type="checkbox"/> None 1-7-10
Clinical Pharmacology review(s) <i>(indicate date for each review)</i>	<input type="checkbox"/> None 1-7-10
❖ DSI Clinical Pharmacology Inspection Review Summary <i>(include copies of DSI letters)</i>	<input checked="" type="checkbox"/> None
Nonclinical <input type="checkbox"/> None	
❖ Pharmacology/Toxicology Discipline Reviews	
• ADP/T Review(s) <i>(indicate date for each review)</i>	<input checked="" type="checkbox"/> None
• Supervisory Review(s) <i>(indicate date for each review)</i>	<input type="checkbox"/> None 2-18-10
• Pharm/tox review(s), including referenced IND reviews <i>(indicate date for each review)</i>	<input type="checkbox"/> None 2-18-10
❖ Review(s) by other disciplines/divisions/Centers requested by P/T reviewer <i>(indicate date for each review)</i>	<input checked="" type="checkbox"/> None
❖ Statistical review(s) of carcinogenicity studies <i>(indicate date for each review)</i>	<input checked="" type="checkbox"/> No carc
❖ ECAC/CAC report/memo of meeting	<input checked="" type="checkbox"/> None Included in P/T review, page
❖ DSI Nonclinical Inspection Review Summary <i>(include copies of DSI letters)</i>	<input checked="" type="checkbox"/> None requested
Product Quality <input type="checkbox"/> None	
❖ Product Quality Discipline Reviews	
• ONDQA/OBP Division Director Review(s) <i>(indicate date for each review)</i>	<input checked="" type="checkbox"/> None
• Branch Chief/Team Leader Review(s) <i>(indicate date for each review)</i>	<input type="checkbox"/> None 2-17-10
• Product quality review(s) <i>(indicate date for each review)</i>	<input type="checkbox"/> None 2-17-10
• ONDQA Biopharmaceutics review <i>(indicate date for each review)</i>	
• BLAs only: Facility information review(s) <i>(indicate dates)</i>	<input checked="" type="checkbox"/> None
❖ Microbiology Reviews	
• NDAs: Microbiology reviews (sterility & pyrogenicity) <i>(indicate date of each review)</i>	11-13-09 <input type="checkbox"/> Not needed
• BLAs: Sterility assurance, product quality microbiology <i>(indicate date of each review)</i>	
❖ Reviews by other disciplines/divisions/Centers requested by CMC/quality reviewer <i>(indicate date of each review)</i>	<input checked="" type="checkbox"/> None
❖ Environmental Assessment (check one) (original and supplemental applications)	
<input checked="" type="checkbox"/> Categorical Exclusion <i>(indicate review date)(all original applications and all efficacy supplements that could increase the patient population)</i>	See CMC review dated 2-17-10
<input type="checkbox"/> Review & FONSI <i>(indicate date of review)</i>	
<input type="checkbox"/> Review & Environmental Impact Statement <i>(indicate date of each review)</i>	
❖ Facilities Review/Inspection	
• NDAs: Facilities inspections (include EER printout) <i>(date completed must be within 2 years of action date)</i>	Date completed: <input type="checkbox"/> Acceptable <input type="checkbox"/> Withhold recommendation
• BLAs: ○ TBP-EER	Date completed: <input type="checkbox"/> Acceptable <input type="checkbox"/> Withhold recommendation

○ Compliance Status Check (approvals only, both original and all supplemental applications except CBEs) (<i>date completed must be within 60 days prior to AP</i>)	Date completed: <input type="checkbox"/> Requested <input type="checkbox"/> Accepted <input type="checkbox"/> Hold
❖ NDAs: Methods Validation	<input type="checkbox"/> Completed <input type="checkbox"/> Requested <input checked="" type="checkbox"/> Not yet requested <input type="checkbox"/> Not needed

Appendix A to Action Package Checklist

An NDA or NDA supplemental application is likely to be a 505(b)(2) application if:

- (1) It relies on published literature to meet any of the approval requirements, and the applicant does not have a written right of reference to the underlying data. If published literature is cited in the NDA but is not necessary for approval, the inclusion of such literature will not, in itself, make the application a 505(b)(2) application.
- (2) **Or** it relies for approval on the Agency's previous findings of safety and efficacy for a listed drug product and the applicant does not own or have right to reference the data supporting that approval.
- (3) **Or** it relies on what is "generally known" or "scientifically accepted" about a class of products to support the safety or effectiveness of the particular drug for which the applicant is seeking approval. (Note, however, that this does not mean *any* reference to general information or knowledge (e.g., about disease etiology, support for particular endpoints, methods of analysis) causes the application to be a 505(b)(2) application.)

Types of products for which 505(b)(2) applications are likely to be submitted include: fixed-dose combination drug products (e.g., heart drug and diuretic (hydrochlorothiazide) combinations); OTC monograph deviations (see 21 CFR 330.11); new dosage forms; new indications; and, new salts.

An efficacy 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).

An efficacy supplement is a 505(b)(1) supplement if the supplement contains all of the information needed to support the approval of the change proposed in the supplement. For example, if the supplemental application is for a new indication, the supplement is a 505(b)(1) if:

- (1) The applicant has conducted its own studies to support the new indication (or otherwise owns or has right of reference to the data/studies).
- (2) **And** no additional information beyond what is included in the supplement or was embodied in the finding of safety and effectiveness for the original application or previously approved supplements is needed to support the change. For example, this would likely be the case with respect to safety considerations if the dose(s) was/were the same as (or lower than) the original application.
- (3) **And** all other "criteria" are met (e.g., the applicant owns or has right of reference to the data relied upon for approval of the supplement, the application does not rely for approval on published literature based on data to which the applicant does not have a right of reference).

An efficacy supplement is a 505(b)(2) supplement if:

- (1) Approval of the change proposed in the supplemental application would require data beyond that needed to support our previous finding of safety and efficacy in the approval of the original application (or earlier supplement), and the applicant has not conducted all of its own studies for approval of the change, or obtained a right to reference studies it does not own. For example, if the change were for a new indication AND a higher dose, we would likely require clinical efficacy data and preclinical safety data to approve the higher dose. If the applicant provided the effectiveness data, but had to rely on a different listed drug, or a new aspect of a previously cited listed drug, to support the safety of the new dose, the supplement would be a 505(b)(2).
- (2) **Or** the applicant relies for approval of the supplement on published literature that is based on data that the applicant does not own or have a right to reference. If published literature is cited in the supplement but is not necessary for approval, the inclusion of such literature will not, in itself, make the supplement a 505(b)(2) supplement.
- (3) **Or** the applicant is relying upon any data they do not own or to which they do not have right of reference.

If you have questions about whether an application is a 505(b)(1) or 505(b)(2) application, consult with your ODE's ADRA.

Application Type/Number	Submission Type/Number	Submitter Name	Product Name
NDA-22534	ORIG-1	SUN PHARMA GLOBAL FZE	DOCEFREZ INJECTION (20/80 MG/VIAL)

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

/s/

ALBERTA E DAVIS WARREN
02/23/2010

Mwidau, Jamila

From: Chan, Irene Z.
Sent: Tuesday, May 03, 2011 11:18 AM
To: Mwidau, Jamila
Cc: Holmes, Loretta
Subject: RE: NDA 22534_Docefrez

Looks good Jamila. DMEPA is okay with it.

V/R

Irene Z. Chan, Pharm.D., BCPS
LCDR, U.S. Public Health Service
Team Leader
Division of Medication Error Prevention and Analysis
FDA/CDER/OSE/DMEPA

 301-796-3962

 301-796-9865

 irene.chan2@fda.hhs.gov

 Please consider the environment before printing this e-mail.

From: Mwidau, Jamila
Sent: Tuesday, May 03, 2011 11:17 AM
To: Holmes, Loretta
Cc: Chan, Irene Z.
Subject: FW: NDA 22534_Docefrez

From: Kaylee White [mailto:kwhite@salamandra.net]
Sent: Tuesday, May 03, 2011 11:14 AM
To: Mwidau, Jamila
Subject: RE: NDA 22534_Docefrez

Hi Jamila,

Please find the attached letter with the requested correction. Can you clarify what you mean by "to include the official submission"? Does this need to be officially submitted by 1 PM or is this email acceptable?

Regards,
Kaylee

From: Mwidau, Jamila [mailto:Jamila.Mwidau@fda.hhs.gov]
Sent: Tuesday, May 03, 2011 11:04 AM
To: 'kwhite@salamandra.net'
Subject: NDA 22534_Docefrez
Importance: High

Reference ID: 2941481
5/3/2011

Kaylee:

Below is note from DMEPA. Please respond by 1pm today, to include the official submission.

The requested changes were made, however, heading "B. Preparation of the Infusion Solution" was left hanging at the bottom of the first page. The heading needs to be moved back to the top of page 2 so that the instructions immediately follow below it.

Sincerely, Jamila

Jamila A. Mwidau, RN,BSN,MPH
Regulatory Health Project Manager
FDA/CDER/OND/OODP/DDOP
10903 New Hampshire Ave.
WO22 Rm 2133
Silver Spring, MD 20993
Tel: 301-796-4989
Fax: 301-796-9845

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

/s/

JAMILA MWIDAU
05/03/2011

505(b)(2) ASSESSMENT

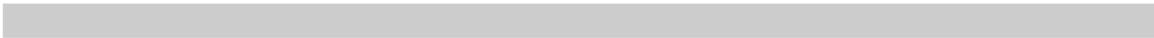
Application Information		
NDA # 022534	NDA Supplement #: S-	Efficacy Supplement Type SE-
Proprietary Name: Docefrez Established/Proper Name: Docetaxel Dosage Form: Injectable Strengths: 20 mg/vial and 80 mg/vial		
Applicant: Sun Pharma Global FZE		
Date of Receipt: 11/03/2010		
PDUFA Goal Date: 05/03/2011		Action Goal Date (if different): N/A
Proposed Indications: Breast cancer, non-small cell lung cancer, prostate cancer (b) (4)		

GENERAL INFORMATION

1) Is this application for a recombinant or biologically-derived product and/or protein or peptide product OR is the applicant relying on a recombinant or biologically-derived product and/or protein or peptide product to support approval of the proposed product?

YES NO

If "YES" contact the (b)(2) review staff in the Immediate Office, Office of New Drugs.



**INFORMATION PROVIDED VIA RELIANCE
(LISTED DRUG OR LITERATURE)**

- 2) List the information essential to the approval of the proposed drug that is provided by reliance on our previous finding of safety and efficacy for a listed drug or by reliance on published literature. *(If not clearly identified by the applicant, this information can usually be derived from annotated labeling.)*

Source of information* (e.g., published literature, name of referenced product)	Information provided (e.g., pharmacokinetic data, or specific sections of labeling)
Taxotere 020449	Clinical, Clinical Pharmacology, Pharmacology/Toxicology and labeling information.

*each source of information should be listed on separate rows

- 3) Reliance on information regarding another product (whether a previously approved product or from published literature) must be scientifically appropriate. An applicant needs to provide a scientific “bridge” to demonstrate the relationship of the referenced and proposed products. Describe how the applicant bridged the proposed product to the referenced product(s). (Example: BA/BE studies)

The applicant submitted a bio-waiver request, which was reviewed by the ONDQA-Biopharmaceutics team.

For NDA 022534, Docefrez™ Injection 20 mg/vial or 80 mg/vial: Based on the Agency’s CFR 320.22(b)(1) regulations and the information showing that **1)** this product contains the same active ingredient as the reference listed drug product and all the inactive ingredients are within IIG limits, **2)** the route of administration, dosage form and indications of their product are the same as the RLD product, ONDQA-Biopharmaceutics considers that the in vivo BA/BE of Sun Pharma’s Docetaxel Injection is self-evident. Therefore, the applicant’s request for a biowaiver for Docefrez™ Injection 20 mg/vial or 80 mg/vial is acceptable and the biowaiver is granted.

RELIANCE ON PUBLISHED LITERATURE

- 4) (a) Regardless of whether the applicant has explicitly stated a reliance on published literature to support their application, is reliance on published literature necessary to support the approval of the proposed drug product (i.e., the application *cannot* be approved without the published literature)?

YES NO
If “NO,” proceed to question #5.

(b) Does any of the published literature necessary to support approval identify a specific (e.g., brand name) *listed* drug product?

YES NO

If “NO”, proceed to question #5.

If “YES”, list the listed drug(s) identified by name and answer question #4(c).

(c) Are the drug product(s) listed in (b) identified by the applicant as the listed drug(s)?

YES NO

RELIANCE ON LISTED DRUG(S)

Reliance on published literature which identifies a specific approved (listed) drug constitutes reliance on that listed drug. Please answer questions #5-9 accordingly.

5) Regardless of whether the applicant has explicitly referenced the listed drug(s), does the application **rely** on the finding of safety and effectiveness for one or more listed drugs (approved drugs) to support the approval of the proposed drug product (i.e., the application cannot be approved without this reliance)?

YES NO

If “NO,” proceed to question #10.

6) Name of listed drug(s) relied upon, and the NDA/ANDA #(s). Please indicate if the applicant explicitly identified the product as being relied upon (see note below):

Name of Drug	NDA/ANDA #	Did applicant specify reliance on the product? (Y/N)
Taxotere (docetaxel)	020449	Y

Applicants should specify reliance on the 356h, in the cover letter, and/or with their patent certification/statement. If you believe there is reliance on a listed product that has not been explicitly identified as such by the applicant, please contact the (b)(2) review staff in the Immediate Office, Office of New Drugs.

7) If this is a (b)(2) supplement to an original (b)(2) application, does the supplement rely upon the same listed drug(s) as the original (b)(2) application?

N/A YES NO

If this application is a (b)(2) supplement to an original (b)(1) application or not a supplemental application, answer “N/A”.

If “NO”, please contact the (b)(2) review staff in the Immediate Office, Office of New Drugs.

8) Were any of the listed drug(s) relied upon for this application:

a) Approved in a 505(b)(2) application?

YES NO

If "YES", please list which drug(s).

Name of drug(s) approved in a 505(b)(2) application:

b) Approved by the DESI process?

YES NO

If "YES", please list which drug(s).

Name of drug(s) approved via the DESI process:

c) Described in a monograph?

YES NO

If "YES", please list which drug(s).

Name of drug(s) described in a monograph:

d) Discontinued from marketing?

YES NO

If "YES", please list which drug(s) and answer question d) i. below.

If "NO", proceed to question #9.

Name of drug(s) discontinued from marketing:

i) Were the products discontinued for reasons related to safety or effectiveness?

YES NO

(Information regarding whether a drug has been discontinued from marketing for reasons of safety or effectiveness may be available in the Orange Book. Refer to section 1.11 for an explanation, and section 6.1 for the list of discontinued drugs. If a determination of the reason for discontinuation has not been published in the Federal Register (and noted in the Orange Book), you will need to research the archive file and/or consult with the review team. Do not rely solely on any statements made by the sponsor.)

9) Describe the change from the listed drug(s) relied upon to support this (b)(2) application (for example, "This application provides for a new indication, otitis media" or "This application provides for a change in dosage form, from capsule to solution").

The proposed drug product is pharmaceutically equivalent to the Reference Listed Drug (RLD), Taxotere® (docetaxel) Injection Concentrate (NDA 20449), marketed by Sanofi Aventis. Except the amount of ethanol, it contains the same active and inactive ingredients ^{(b)(4)} as RLD's but differ in dosage form. In RLD, the active vial contains drug substance in polysorbate 80 and diluent vial contains 13% w/w ethanol in water for injection. In the proposed drug product, active vial contains drug substance in the form of lyophilized powder and diluent vial contains ^{(b)(4)} ethanol in polysorbate 80. It has been noted that the amount of ethanol in the proposed formulation is higher than RLD formulation. It is, however, well within the permissible limits of Inactive Ingredient Guide (IIG) of FDA for intravenous infusion. The amount of polysorbate 80 is ^{(b)(4)}.

The proposed drug product, Docefrez™ Injection, will be marketed as co-packaged vials. Each package contains one active ingredient vial containing 20 mg or 80 mg lyophilized powder of docetaxel and one diluent vial containing 1 mL or 4 mL solution of

ethanol (35.4% w/w) in polysorbate 80. The RLD contains 20 mg or 80 mg of drug formulated in 0.5 ml or 2 ml of polysorbate 80, respectively. RLD's docetaxel concentrate should be diluted with the supplied diluent (13% ethanol in water) before adding to 5% Dextrose or normal saline solution for IV infusion. Two-step dilution process is required for both RLD and the proposed product. The active ingredient in the proposed drug product is supplied as a sterile, lyophilized powder rather than as a concentrated solution as described in RLD. In case of RLD, the concentrated solution should be diluted with the diluent to achieve a concentration of 10 mg/mL whereas the concentration of the proposed reconstituted solution would be 24 mg/mL.

The purpose of the following two questions is to determine if there is an approved drug product that is equivalent or very similar to the product proposed for approval that should be referenced as a listed drug in the pending application.

*The assessment of pharmaceutical equivalence for a recombinant or biologically-derived product and/or protein or peptide product is complex. If you answered **YES to question #1**, proceed to question #12; if you answered **NO to question #1**, proceed to question #10 below.*

- 10) (a) Is there a pharmaceutical equivalent(s) to the product proposed in the 505(b)(2) application that is already approved (via an NDA or ANDA)?

*(Pharmaceutical equivalents are drug products in identical dosage forms that: (1) contain identical amounts of the identical active drug ingredient, i.e., the same salt or ester of the same therapeutic moiety, or, in the case of modified release dosage forms that require a reservoir or overage or such forms as prefilled syringes where residual volume may vary, that deliver identical amounts of the active drug ingredient over the identical dosing period; (2) do not necessarily contain the same inactive ingredients; **and** (3) meet the identical compendial or other applicable standard of identity, strength, quality, and purity, including potency and, where applicable, content uniformity, disintegration times, and/or dissolution rates. (21 CFR 320.1(c)).*

Note that for proposed combinations of one or more previously approved drugs, a pharmaceutical equivalent must also be a combination of the same drugs.

YES NO

*If "NO" to (a) proceed to question #11.
If "YES" to (a), answer (b) and (c) then proceed to question #12.*

- (b) Is the pharmaceutical equivalent approved for the same indication for which the 505(b)(2) application is seeking approval?

YES NO

- (c) Is the listed drug(s) referenced by the application a pharmaceutical equivalent?

YES NO

*If "YES" to (c) **and** there are no additional pharmaceutical equivalents listed, proceed to question #12.*

*If "NO" **or** if there are additional pharmaceutical equivalents that are not referenced by the application, list the NDA pharmaceutical equivalent(s); you do **not** have to individually list all*

of the products approved as ANDAs, but please note below if approved approved generics are listed in the Orange Book. Please also contact the (b)(2) review staff in the Immediate Office, Office of New Drugs.

Pharmaceutical equivalent(s): N/A

11) (a) Is there a pharmaceutical alternative(s) already approved (via an NDA or ANDA)?

(Pharmaceutical alternatives are drug products that contain the identical therapeutic moiety, or its precursor, but not necessarily in the same amount or dosage form or as the same salt or ester. Each such drug product individually meets either the identical or its own respective compendial or other applicable standard of identity, strength, quality, and purity, including potency and, where applicable, content uniformity, disintegration times and/or dissolution rates. (21 CFR 320.1(d)) Different dosage forms and strengths within a product line by a single manufacturer are thus pharmaceutical alternatives, as are extended-release products when compared with immediate- or standard-release formulations of the same active ingredient.)

Note that for proposed combinations of one or more previously approved drugs, a pharmaceutical alternative must also be a combination of the same drugs.

YES NO

If "NO", proceed to question #12.

(b) Is the pharmaceutical alternative approved for the same indication for which the 505(b)(2) application is seeking approval?

YES NO

(c) Is the approved pharmaceutical alternative(s) referenced as the listed drug(s)?

YES NO

If "YES" and there are no additional pharmaceutical alternatives listed, proceed to question #12.

If "NO" or if there are additional pharmaceutical alternatives that are not referenced by the application, list the NDA pharmaceutical alternative(s); you do not have to individually list all of the products approved as ANDAs, but please note below if approved generics are listed in the Orange Book. Please also contact the (b)(2) review staff in the Immediate Office, Office of New Drugs.

Pharmaceutical alternative(s): Docetaxel Injectable; Injection 160mg/16ml, 80mg/8ml

PATENT CERTIFICATION/STATEMENTS

12) List the patent numbers of all unexpired patents listed in the Orange Book for the listed drug(s) for which our finding of safety and effectiveness is relied upon to support approval of the (b)(2) product.

Listed drug/Patent number(s): Taxotere/5438072 (11/22/13) 5438072*PED (5/22/14)
Taxotere/5698582 (7/3/12) 5698582*PED (1/3/13)
Taxotere/5714512 (7/3/12) 5714512*PED (1/3/13)
Taxotere/5750561 (7/3/12) 5750561*PED (1/3/13)
Taxotere /4814470* PED(11/14/10)

No patents listed *proceed to question #14*

- 13) Did the applicant address (with an appropriate certification or statement) all of the unexpired patents listed in the Orange Book for the listed drug(s) relied upon to support approval of the (b)(2) product?

YES NO

If "NO", list which patents (and which listed drugs) were not addressed by the applicant.

Listed drug/Patent number(s):

- 14) Which of the following patent certifications does the application contain? (*Check all that apply and identify the patents to which each type of certification was made, as appropriate.*)

- No patent certifications are required (e.g., because application is based solely on published literature that does not cite a specific innovator product)
- 21 CFR 314.50(i)(1)(i)(A)(1): The patent information has not been submitted to FDA. (Paragraph I certification)
- 21 CFR 314.50(i)(1)(i)(A)(2): The patent has expired. (Paragraph II certification)

Patent number(s):

- 21 CFR 314.50(i)(1)(i)(A)(3): The date on which the patent will expire. (Paragraph III certification)

Patent number(s): 4814470

Expiry date(s): May 14, 2010

- 21 CFR 314.50(i)(1)(i)(A)(4): The patent is invalid, unenforceable, or will not be infringed by the manufacture, use, or sale of the drug product for which the application is submitted. (Paragraph IV certification). *If Paragraph IV certification was submitted, proceed to question #15.*
- 21 CFR 314.50(i)(3): Statement that applicant has a licensing agreement with the NDA holder/patent owner (must also submit certification under 21 CFR 314.50(i)(1)(i)(A)(4) above). *If the applicant has a licensing agreement with the NDA holder/patent owner, proceed to question #15.*
- 21 CFR 314.50(i)(1)(ii): No relevant patents.
- 21 CFR 314.50(i)(1)(iii): The patent on the listed drug is a method of use patent and the labeling for the drug product for which the applicant is seeking approval does not include any indications that are covered by the use patent as described in the corresponding use code in the Orange Book. Applicant must provide a statement that the method of use patent does not claim any of the proposed indications. (Section viii statement)

Patent number(s):

Method(s) of Use/Code(s):

15) Complete the following checklist **ONLY** for applications containing Paragraph IV certification and/or applications in which the applicant and patent holder have a licensing agreement:

(a) Patent number(s): 5438072, 5698582, 5714512, 5750561

(b) Did the applicant submit a signed certification stating that the NDA holder and patent owner(s) were notified that this b(2) application was filed [21 CFR 314.52(b)]?
YES NO

If "NO", please contact the applicant and request the signed certification.

(c) Did the applicant submit documentation showing that the NDA holder and patent owner(s) received the notification [21 CFR 314.52(e)]? This is generally provided in the form of a registered mail receipt.
YES NO

If "NO", please contact the applicant and request the documentation.

(d) What is/are the date(s) on the registered mail receipt(s) (i.e., the date(s) the NDA holder and patent owner(s) received notification):

Date(s): July 13, 2009

(e) Has the applicant been sued for patent infringement within 45-days of receipt of the notification listed above?

*Note that you may need to call the applicant (after 45 days of receipt of the notification) to verify this information **UNLESS** the applicant provided a written statement from the notified patent owner(s) that it consents to an immediate effective date of approval.*

YES NO Patent owner(s) consent(s) to an immediate effective date of approval

The patent infringement lawsuit was decided in favor of Sun Pharma. The 30 Month stay is no longer applicable.

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/s/

JAMILA MWIDAU
04/28/2011

Mwidau, Jamila

From: Mwidau, Jamila
Sent: Thursday, April 28, 2011 5:29 PM
To: 'kwhite@salamandra.net'
Subject: NDA 022534_Docefrez Labeling

Attachments: NDA 22534 docefrez-final-labeling-text042811.doc

Dear Kaylee,

Please see attached with edits, confirm receipt and submit this to me in an email by 10am Friday April 29th. Also, submit officially.

Edits:

1. The Table of Contents does not reflect the titles used in the body of the document for section 14.4--- "14.4 Prostate Cancer". In the body of the document it appears as "14.4 Hormone Refractory Prostate Cancer".
2. Space added between 8.4 and Pediatric



NDA 22534
docefrez-final-label..

Sincerely, Jamila

Jamila A. Mwidau, RN,BSN,MPH
Regulatory Health Project Manager
FDA/CDER/OND/OODP/DDOP
10903 New Hampshire Ave.
WO22 Rm 2133
Silver Spring, MD 20993
Tel: 301-796-4989
Fax: 301-796-9845

32 Page(s) of Draft Labeling has been Withheld in Full
as B4 (CCI/TS) immediately following this page

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/s/

JAMILA MWIDAU
04/28/2011

Mwidau, Jamila

From: Mwidau, Jamila
Sent: Thursday, April 28, 2011 5:07 PM
To: 'kwhite@salamandra.net'
Subject: NDA 022534_Docefrez DMEPA Comments

Dear Kaylee,

DMEPA has the following comments concerning the diluent label for Docefrez 20 mg (received via email on 4/25/11) and the DHCP letter (received on 4/26/11). Please acknowledge this email and submit response by 11am, Friday, April 29th.

Diluent label for Docefrez 20 mg

- **The volume (1.13 mL) lacks sufficient color contrast. In order to improve the contrast consider using a heavier font and outlining the font in black.**

Dear Healthcare Provider Letter

- **The last paragraph in the letter contains a typographical error. Please revise the sentence “Please consult the current prescribing information for. DOCEFREZ...” to read “Please consult the current prescribing information for DOCEFREZ...”**

Sincerely, Jamila

Jamila A. Mwidau, RN,BSN,MPH
Regulatory Health Project Manager
FDA/CDER/OND/OODP/DDOP
10903 New Hampshire Ave.
WO22 Rm 2133
Silver Spring, MD 20993
Tel: 301-796-4989
Fax: 301-796-9845

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/s/

JAMILA MWIDAU
04/28/2011

Mwidau, Jamila

From: Mwidau, Jamila
Sent: Wednesday, April 27, 2011 2:05 PM
To: 'kwhite@salamandra.net'
Subject: NDA 22534 Docefrez final-labeling-text 042711.doc

Attachments: NDA 22534 Docefrez final-labeling-text 042711.doc

Dear Kaylee,

Attached is label with edits from the FDA, kindly acknowledge receipt. Please send your final label with all the changes and edits accepted to me by COB today or latest Thursday, April 28th at 9 am.



NDA 22534
Docefrez final-label..

Sincerely, Jamila

Jamila A. Mwidau, RN,BSN,MPH
Regulatory Health Project Manager
FDA/CDER/OND/OODP/DDOP
10903 New Hampshire Ave.
WO22 Rm 2133
Silver Spring, MD 20993
Tel: 301-796-4989
Fax: 301-796-9845

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/s/

JAMILA MWIDAU
04/27/2011

Mwidau, Jamila

From: Kaylee White [kwhite@salamandra.net]
Sent: Monday, April 25, 2011 9:05 AM
To: Mwidau, Jamila
Subject: RE: NDA 22534_Docefrez

Dear Jamila,

We received the attached comments on the Dear Healthcare Provider Letter and will return the final version as soon as possible.

Kind Regards,
Kaylee

From: Mwidau, Jamila [mailto:Jamila.Mwidau@fda.hhs.gov]
Sent: Monday, April 25, 2011 8:59 AM
To: 'kwhite@salamandra.net'
Subject: NDA 22534_Docefrez

Dear Kaylee,

Please see attached "Dear Healthcare Provider letter" with edits.

Kindly acknowledge receipt.

Jamila

Jamila A. Mwidau, RN,BSN,MPH
Regulatory Health Project Manager
FDA/CDER/OND/OODP/DDOP
10903 New Hampshire Ave.
WO22 Rm 2133
Silver Spring, MD 20993
Tel: 301-796-4989
Fax: 301-796-9845

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/s/

JAMILA MWIDAU
04/25/2011

Mwidau, Jamila

From: Mwidau, Jamila
Sent: Thursday, April 07, 2011 1:18 PM
To: 'kwhite@salamandra.net'
Cc: Mwidau, Jamila
Subject: NDA 022534_Docefrez

Attachments: NDA 22534_Docefrez label Updated by team 033111.doc

Dear Kaylee,

Please find attached FDA revised PI and PPI for NDA 022534. Please provide us with your response by COB Monday, 4/11 or sooner. Submit your response in tracked changes and a clean version officially to the NDA as well as by email to me.

In your cover letter of your response, please inform of areas of your concurrence with all the FDA revisions or disagreement to the PI and PPI.



NDA
4_Docefrez label Up

Sincerely, Jamila

Jamila A. Mwidau, RN,BSN,MPH
Regulatory Health Project Manager
FDA/CDER/OND/OODP/DDOP
10903 New Hampshire Ave.
WO22 Rm 2133
Silver Spring, MD 20993
Tel: 301-796-4989
Fax: 301-796-9845

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/s/

JAMILA MWIDAU
04/07/2011

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION		REQUEST FOR CONSULTATION		
TO (Division/Office): Mail: OSE/DMEPA/Sarah Simon		FROM:		
DATE 02/10/11	IND NO.	NDA NO. 022534	TYPE OF DOCUMENT New Supplemental NDA	DATE OF DOCUMENT 11/03/2010
NAME OF DRUG Docefrez	PRIORITY CONSIDERATION Standard	CLASSIFICATION OF DRUG N/A	DESIRED COMPLETION DATE 03/15/2011	
NAME OF FIRM: Sun Pharma Global				
REASON FOR REQUEST				
I. GENERAL				
<input type="checkbox"/> NEW PROTOCOL <input type="checkbox"/> PROGRESS REPORT <input type="checkbox"/> NEW CORRESPONDENCE <input type="checkbox"/> DRUG ADVERTISING <input type="checkbox"/> ADVERSE REACTION REPORT <input type="checkbox"/> MANUFACTURING CHANGE/ADDITION <input type="checkbox"/> MEETING PLANNED BY <input type="checkbox"/> PRE-NDA MEETING <input type="checkbox"/> END OF PHASE II MEETING <input type="checkbox"/> RESUBMISSION <input type="checkbox"/> SAFETY/EFFICACY <input type="checkbox"/> PAPER NDA <input type="checkbox"/> CONTROL SUPPLEMENT <input type="checkbox"/> RESPONSE TO DEFICIENCY LETTER <input type="checkbox"/> FINAL PRINTED LABELING <input type="checkbox"/> LABELING REVISION <input type="checkbox"/> ORIGINAL NEW CORRESPONDENCE <input type="checkbox"/> FORMULATIVE REVIEW <input checked="" type="checkbox"/> OTHER (SPECIFY BELOW): Resubmission from a Tentative - Approval to a Full Approval				
II. BIOMETRICS				
STATISTICAL EVALUATION BRANCH		STATISTICAL APPLICATION BRANCH		
<input type="checkbox"/> TYPE A OR B NDA REVIEW <input type="checkbox"/> END OF PHASE II MEETING <input type="checkbox"/> CONTROLLED STUDIES <input type="checkbox"/> PROTOCOL REVIEW <input type="checkbox"/> OTHER (SPECIFY BELOW):		<input type="checkbox"/> CHEMISTRY REVIEW <input type="checkbox"/> PHARMACOLOGY <input type="checkbox"/> BIOPHARMACEUTICS <input type="checkbox"/> OTHER (SPECIFY BELOW):		
III. BIOPHARMACEUTICS				
<input type="checkbox"/> DISSOLUTION <input type="checkbox"/> BIOAVAILABILITY STUDIES <input type="checkbox"/> PHASE IV STUDIES		<input type="checkbox"/> DEFICIENCY LETTER RESPONSE <input type="checkbox"/> PROTOCOL-BIOPHARMACEUTICS <input type="checkbox"/> IN-VIVO WAIVER REQUEST		
IV. DRUG EXPERIENCE				
<input type="checkbox"/> PHASE IV SURVEILLANCE/EPIDEMIOLOGY PROTOCOL <input type="checkbox"/> DRUG USE e.g. POPULATION EXPOSURE, ASSOCIATED DIAGNOSES <input type="checkbox"/> CASE REPORTS OF SPECIFIC REACTIONS (List below) <input type="checkbox"/> COMPARATIVE RISK ASSESSMENT ON GENERIC DRUG GROUP		<input type="checkbox"/> REVIEW OF MARKETING EXPERIENCE, DRUG USE AND SAFETY <input type="checkbox"/> SUMMARY OF ADVERSE EXPERIENCE <input type="checkbox"/> POISON RISK ANALYSIS		
V. SCIENTIFIC INVESTIGATIONS				
<input type="checkbox"/> CLINICAL		<input type="checkbox"/> PRECLINICAL		
COMMENTS/SPECIAL INSTRUCTIONS: Please review this consult in terms of DMEPA. Link to the labeling is here which will also be sent by e-mail \\CDSESUB1\EVSPROD\NDA022534\0020				
SIGNATURE OF REQUESTER Jamila Mwidau		METHOD OF DELIVERY (Check one) <input checked="" type="checkbox"/> DARRTS <input type="checkbox"/> HAND		
SIGNATURE OF RECEIVER		SIGNATURE OF DELIVERER		

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/s/

JAMILA MWIDAU
02/14/2011

REQUEST FOR DDMAC LABELING REVIEW CONSULTATION

****Please send immediately following the Filing/Planning meeting****

TO:

**CDER-DDMAC-RPM: Michael Wade/Keith Olin
Attn: Nisha Patel**

FROM: (Name/Title, Office/Division/Phone number of requestor)

Jamila Mwidau X64989

REQUEST DATE
01/12/2011

IND NO.

NDA/BLA NO.
22534

TYPE OF DOCUMENTS
(PLEASE CHECK OFF BELOW) 11/03/2010

NAME OF DRUG
Docetaxel

PRIORITY CONSIDERATION

S

CLASSIFICATION OF DRUG

Class II

DESIRED COMPLETION DATE
(Generally 1 week before the wrap-up meeting)

03/31/2011

NAME OF FIRM:

Sun Pharma Global FZE

PDUFA Date: May 3, 2011

TYPE OF LABEL TO REVIEW

TYPE OF LABELING:

(Check all that apply)

- PACKAGE INSERT (PI)
- PATIENT PACKAGE INSERT (PPI)
- CARTON/CONTAINER LABELING
- MEDICATION GUIDE
- INSTRUCTIONS FOR USE(IFU)

TYPE OF APPLICATION/SUBMISSION

- ORIGINAL NDA/BLA
- IND
- EFFICACY SUPPLEMENT
- SAFETY SUPPLEMENT
- LABELING SUPPLEMENT
- PLR CONVERSION

REASON FOR LABELING CONSULT

- INITIAL PROPOSED LABELING
- LABELING REVISION

EDR link to submission:

<\\CDSESUB1\EVSPROD\NDA022534\022534.enx>

Please Note: There is no need to send labeling at this time. DDMAC reviews substantially complete labeling, which has already been marked up by the CDER Review Team. The DDMAC reviewer will contact you at a later date to obtain the substantially complete labeling for review.

COMMENTS/SPECIAL INSTRUCTIONS:

Mid-Cycle Meeting: Pending

Labeling Meetings: 03/13, 03/17, 03/03/31

Wrap-Up Meeting: Pending

SIGNATURE OF REQUESTER

SIGNATURE OF RECEIVER

Reference ID: 2894259

METHOD OF DELIVERY (Check one)

eMAIL

HAND

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/s/

JAMILA MWIDAU
01/20/2011



NDA 022534

**ACKNOWLEDGE –
CLASS 2 RESPONSE**

Salamandra, LLC
Attention: Karin A. Kook, Ph.D.
US agent for Sun Pharma Global FZE
4800 Hampden Lane, Suite 900
Bethesda, MD 20814

Dear Dr. Kook:

We acknowledge receipt on November 3, 2010, of your November 3, 2010, resubmission of your new drug application submitted pursuant to section 505(b)(2) of the Federal Food, Drug, and Cosmetic Act for DOCEFREZ™ (docetaxel) for Injection, 20 mg/vial and 80 mg/vial.

We consider this a complete, class 2 response to our February 23, 2010, action letter. Therefore, the user fee goal date is May 3, 2011.

If you have any questions, call me at (301) 796-3908.

Sincerely,

{See appended electronic signature page}

Alberta Davis-Warren
Regulatory Health Project Manager
Division of Drug Oncology Products
Office of Oncology Drug Products
Center for Drug Evaluation and Research

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/s/

ALBERTA E DAVIS WARREN
11/24/2010

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION

CMC MICRO & STERILITY ASSURANCE REVIEW REQUEST

TO (*Division/Office*): **New Drug Microbiology Staff**
David Hussong/Jim McVey/Sylvia Gantt

***E-mail to:* CDER OPS IO MICRO**
***Paper mail to:* WO Bldg 51, Room 4193**

FROM: Deborah Mesmer, ONDQA PM, 301.796.4023

PROJECT MANAGER (*if other than sender*):

REQUEST DATE
11/16/10

IND NO.

NDA NO.
22534

TYPE OF DOCUMENT
NDA resubmission for full
approval

DATE OF DOCUMENT
11/3/10

NAMES OF DRUG
**Docefrez (docetaxel
injection)**

PRIORITY CONSIDERATION
Resubmission class to be
determined
(2 months or 6 months)

PDUFA DATE
To be determined. Either
1/3/11 or 5/3/11

DESIRED COMPLETION DATE
To be determined.

NAME OF APPLICANT OR SPONSOR: **Sun Pharma Global FZE**

GENERAL PROVISIONS IN APPLICATION

- | | |
|---|---|
| <input type="checkbox"/> 30-DAY SAFETY REVIEW NEEDED | <input type="checkbox"/> CBE-0 SUPPLEMENT |
| <input type="checkbox"/> NDA FILING REVIEW NEEDED BY: _____ | <input type="checkbox"/> CBE-30 SUPPLEMENT |
| <input type="checkbox"/> BUNDLED | <input type="checkbox"/> CHANGE IN DOSAGE, STRENGTH / POTENCY |
| <input type="checkbox"/> DOCUMENT IN EDR | |

COMMENTS / SPECIAL INSTRUCTIONS:

Requesting microbiology review for NDA resubmission:

John Metcalfe was the previously assigned reviewer.

Submission is electronic. Cover letter summarizing changes is attached.

A meeting will be scheduled for week of November 22 if possible.

Chemistry reviewer: Debasis Ghosh
Project Manager for Quality: Debbie Mesmer
OND Project Manager: Alberta Davis Warren

Please advise Debbie Mesmer of assigned reviewer

SIGNATURE OF REQUESTER

Reference ID: 2864786

REVIEW REQUEST DELIVERED BY (Check one):

- DARRTS EDR E-MAIL MAIL HAND

DOCUMENTS FOR REVIEW DELIVERED BY (Check one):

- EDR E-MAIL MAIL HAND

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/s/

DEBORAH M MESMER
11/16/2010

Davis-Warren, Alberta E

From: Davis-Warren, Alberta E
Sent: Monday, February 22, 2010 2:05 PM
To: 'kwhite@salamandra.net'
Cc: kkook@salamandra.net
Subject: NDA 022534 DOCEFREZ revised PI few edits

Importance: High

Attachments: NDA 22534 draft-labeling -text-22feb10 .doc

Hi Kaylee,

Attached is the revised 2-20-10 package insert with a few edits for NDA 022534 (with a comment requesting a NDC number). If you find the revisions acceptable please send a clean WORD version of the document by email and a copy through the official channels. Please respond to the requests as soon as possible, by no later than Tuesday, February 23, 2010 at 9:00 AM EST. Please confirm receipt of this email.



NDA 22534
draft-labeling -text..

Thank you,

Alberta

Alberta E. Davis-Warren, B.S.
Regulatory Health Project Manager
Division of Drug Oncology Products
Office of Oncology Drug Products
301-796-3908
301-796-9845 fax
Alberta.Davis-Warren@fda.hhs.gov

34 Page(s) of Draft Labeling has been Withheld in
Full as B4 (CCI/TS) immediately following this
page

Application Type/Number	Submission Type/Number	Submitter Name	Product Name
NDA-22534	ORIG-1	SUN PHARMA GLOBAL FZE	DOCEFREZ INJECTION (20/80 MG/VIAL)

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/s/

ALBERTA E DAVIS WARREN
02/22/2010

Davis-Warren, Alberta E

From: Davis-Warren, Alberta E
Sent: Thursday, February 18, 2010 8:09 PM
To: kkook@salamandra.net
Cc: 'kwhite@salamandra.net'
Subject: NDA 022534 DOCEFREZ revised PI, Carton and Container labeling

Importance: High

Attachments: NDA 22534 FDA REVISED Sponsor draft-labeling2-18-10-text-revised (3).doc

Dear Dr. Kook,

Attached are our revisions to the 2-12-10 package insert submission for NDA 022534. If you find the revisions acceptable please send a clean WORD version of the document by email and a copy through the official channels. (Note: We have a comment in section 17 General information about DOCEFREZ that needs to be addressed)



NDA 22534 FDA
REVISED Sponsor ...

Also, regarding formatting the Full Prescribing Information Contents, please indent the subheadings in that section. Please see below as an example:

1 INDICATIONS AND USAGE

- 1.1 Breast Cancer
- 1.2 Non-Small Cell Lung Cancer
- 1.3 Prostate Cancer

(b) (4)

Also we have the following comments regarding carton and container labels submitted on February 2, 2010:

1. Container Labels

a. The statements "Warning: Cytotoxic Agent" and "Single-use vial—Discard Unused Portion" (b) (4) (b) (4) These are two separate statements so they should appear separate from each other.

b. Delete the statement "Discard Unused Portion" (b) (4) since it is already a part of the "Single-use vial..." statement.

2. Container Labels and Carton Labeling

In the sentence that begins: "Withdraw only the required...", delete the word (b) (4)

3. Carton and Insert Labeling

Revise the statement (b) (4) to read "Single-use vial". This will ensure consistency between all labels and labeling.

4. Please provide a mark up of the revised carton and container labels and send them by email and a copy through the official channels.

Please respond to the requests by no later than **Monday, February 22, 2010 at 9:00 AM EST**. Please confirm receipt of this email.

Thank you,
Alberta

Alberta E. Davis-Warren, B.S.
Regulatory Health Project Manager
Division of Drug Oncology Products
Office of Oncology Drug Products
301-796-3908
301-796-9845 fax
Alberta.Davis-Warren@fda.hhs.gov

34 Page(s) of Draft Labeling has been Withheld in Full as
B4 (CCI/TS) immediately following this page

Application Type/Number	Submission Type/Number	Submitter Name	Product Name
NDA-22534	ORIG-1	SUN PHARMA GLOBAL FZE	DOCEFREZ INJECTION (20/80 MG/VIAL)

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/s/

ALBERTA E DAVIS WARREN
02/19/2010

505(b)(2) ASSESSMENT

Application Information		
NDA # 022534	NDA Supplement #: S-	Efficacy Supplement Type SE-
Proprietary Name: Docefrez Established/Proper Name: Docetaxel Dosage Form: Injectable Strengths: 20 mg/vial and 80 mg/vial		
Applicant: Sun Pharma Global FZE		
Date of Receipt: April 23, 2009		
PDUFA Goal Date: February 23, 2010		Action Goal Date (if different):
Proposed Indication(s): Breast cancer, non-small cell lung cancer, prostate cancer (b) (4)		

GENERAL INFORMATION

- 1) Is this application for a recombinant or biologically-derived product and/or protein or peptide product *OR* is the applicant relying on a recombinant or biologically-derived product and/or protein or peptide product to support approval of the proposed product?
- YES NO

If "YES" contact the (b)(2) review staff in the Immediate Office, Office of New Drugs.



**INFORMATION PROVIDED VIA RELIANCE
(LISTED DRUG OR LITERATURE)**

- 2) List the information essential to the approval of the proposed drug that is provided by reliance on our previous finding of safety and efficacy for a listed drug or by reliance on published literature. *(If not clearly identified by the applicant, this information can usually be derived from annotated labeling.)*

Source of information* (e.g., published literature, name of referenced product)	Information provided (e.g., pharmacokinetic data, or specific sections of labeling)
NDA 020449	Clinical, Clinical Pharmacology, Pharmacology/Toxicology and labeling information

*each source of information should be listed on separate rows

- 3) Reliance on information regarding another product (whether a previously approved product or from published literature) must be scientifically appropriate. An applicant needs to provide a scientific “bridge” to demonstrate the relationship of the referenced and proposed products. Describe how the applicant bridged the proposed product to the referenced product(s). (Example: BA/BE studies)

The concentrations of active drug to be infused following reconstitution with diluent and further dilution by admixture in either normal saline or 5% dextrose in water are the same for Docefrez and the reference product Taxotere. The inactive ingredients are the same for both products. Therefore bioequivalence of these parenterally administered products is self-evident. A waiver of evidence of in vivo bioequivalence is applicable (21CFR 320) and a Biowaiver is included in this submission.

RELIANCE ON PUBLISHED LITERATURE

- 4) (a) Regardless of whether the applicant has explicitly stated a reliance on published literature to support their application, is reliance on published literature necessary to support the approval of the proposed drug product (i.e., the application *cannot* be approved without the published literature)?

YES NO

If “NO,” proceed to question #5.

- (b) Does any of the published literature necessary to support approval identify a specific (e.g., brand name) *listed* drug product?

YES NO

If “NO”, proceed to question #5.

If “YES”, list the listed drug(s) identified by name and answer question #4(c).

- (c) Are the drug product(s) listed in (b) identified by the applicant as the listed drug(s)?

YES NO

RELIANCE ON LISTED DRUG(S)

Reliance on published literature which identifies a specific approved (listed) drug constitutes reliance on that listed drug. Please answer questions #5-9 accordingly.

- 5) Regardless of whether the applicant has explicitly referenced the listed drug(s), does the application **rely** on the finding of safety and effectiveness for one or more listed drugs (approved drugs) to support the approval of the proposed drug product (i.e., the application cannot be approved without this reliance)?

YES NO

If "NO," proceed to question #10.

- 6) Name of listed drug(s) relied upon, and the NDA/ANDA #(s). Please indicate if the applicant explicitly identified the product as being relied upon (see note below):

Name of Drug	NDA/ANDA #	Did applicant specify reliance on the product? (Y/N)
Docetaxel	020449	Y

Applicants should specify reliance on the 356h, in the cover letter, and/or with their patent certification/statement. If you believe there is reliance on a listed product that has not been explicitly identified as such by the applicant, please contact the (b)(2) review staff in the Immediate Office, Office of New Drugs.

- 7) If this is a (b)(2) supplement to an original (b)(2) application, does the supplement rely upon the same listed drug(s) as the original (b)(2) application?

N/A YES NO

If this application is a (b)(2) supplement to an original (b)(1) application or not a supplemental application, answer "N/A".

If "NO", please contact the (b)(2) review staff in the Immediate Office, Office of New Drugs.

- 8) Were any of the listed drug(s) relied upon for this application:

- a) Approved in a 505(b)(2) application?

YES NO

If "YES", please list which drug(s).

Name of drug(s) approved in a 505(b)(2) application:

- b) Approved by the DESI process?

YES NO

If "YES", please list which drug(s).

Name of drug(s) approved via the DESI process:

c) Described in a monograph?

YES NO
If "YES", please list which drug(s).

Name of drug(s) described in a monograph:

d) Discontinued from marketing?

YES NO
If "YES", please list which drug(s) and answer question d) i. below.
If "NO", proceed to question #9.

Name of drug(s) discontinued from marketing:

i) Were the products discontinued for reasons related to safety or effectiveness?

YES NO

(Information regarding whether a drug has been discontinued from marketing for reasons of safety or effectiveness may be available in the Orange Book. Refer to section 1.11 for an explanation, and section 6.1 for the list of discontinued drugs. If a determination of the reason for discontinuation has not been published in the Federal Register (and noted in the Orange Book), you will need to research the archive file and/or consult with the review team. Do not rely solely on any statements made by the sponsor.)

9) Describe the change from the listed drug(s) relied upon to support this (b)(2) application (for example, "This application provides for a new indication, otitis media" or "This application provides for a change in dosage form, from capsule to solution").

This application provides for a change in formulation.

The purpose of the following two questions is to determine if there is an approved drug product that is equivalent or very similar to the product proposed for approval that should be referenced as a listed drug in the pending application.

The assessment of pharmaceutical equivalence for a recombinant or biologically-derived product and/or protein or peptide product is complex. If you answered YES to question #1, proceed to question #12; if you answered NO to question #1, proceed to question #10 below.

10) (a) Is there a pharmaceutical equivalent(s) to the product proposed in the 505(b)(2) application that is already approved (via an NDA or ANDA)?

(Pharmaceutical equivalents are drug products in identical dosage forms that: (1) contain identical amounts of the identical active drug ingredient, i.e., the same salt or ester of the same therapeutic moiety, or, in the case of modified release dosage forms that require a reservoir or overage or such forms as prefilled syringes where residual volume may vary, that deliver identical amounts of the active drug ingredient over the identical dosing period; (2) do not necessarily contain the same inactive ingredients; and (3) meet the identical compendial or other applicable standard of identity, strength, quality, and purity, including potency and, where applicable, content uniformity, disintegration times, and/or dissolution rates. (21 CFR 320.1(c)).

Note that for proposed combinations of one or more previously approved drugs, a pharmaceutical equivalent must also be a combination of the same drugs.

YES NO

If "NO" to (a) proceed to question #11.

If "YES" to (a), answer (b) and (c) then proceed to question #12.

(b) Is the pharmaceutical equivalent approved for the same indication for which the 505(b)(2) application is seeking approval?

YES NO

(c) Is the listed drug(s) referenced by the application a pharmaceutical equivalent?

YES NO

If "YES" to (c) and there are no additional pharmaceutical equivalents listed, proceed to question #12.

If "NO" or if there are additional pharmaceutical equivalents that are not referenced by the application, list the NDA pharmaceutical equivalent(s); you do not have to individually list all of the products approved as ANDAs, but please note below if approved generics are listed in the Orange Book. Please also contact the (b)(2) review staff in the Immediate Office, Office of New Drugs.

Pharmaceutical equivalent(s):

11) (a) Is there a pharmaceutical alternative(s) already approved (via an NDA or ANDA)?

(Pharmaceutical alternatives are drug products that contain the identical therapeutic moiety, or its precursor, but not necessarily in the same amount or dosage form or as the same salt or ester. Each such drug product individually meets either the identical or its own respective compendial or other applicable standard of identity, strength, quality, and purity, including potency and, where applicable, content uniformity, disintegration times and/or dissolution rates. (21 CFR 320.1(d)) Different dosage forms and strengths within a product line by a single manufacturer are thus pharmaceutical alternatives, as are extended-release products when compared with immediate- or standard-release formulations of the same active ingredient.)

Note that for proposed combinations of one or more previously approved drugs, a pharmaceutical alternative must also be a combination of the same drugs.

YES NO

If "NO", proceed to question #12.

(b) Is the pharmaceutical alternative approved for the same indication for which the 505(b)(2) application is seeking approval?

YES NO

(c) Is the approved pharmaceutical alternative(s) referenced as the listed drug(s)?

YES NO

If "YES" and there are no additional pharmaceutical alternatives listed, proceed to question #12.

If "NO" or if there are additional pharmaceutical alternatives that are not referenced by the application, list the NDA pharmaceutical alternative(s); you do not have to individually list all of the products approved as ANDAs, but please note below if approved generics are listed in the Orange Book. Please also contact the (b)(2) review staff in the Immediate Office, Office of New Drugs.

Pharmaceutical alternative(s):

PATENT CERTIFICATION/STATEMENTS

12) List the patent numbers of all unexpired patents listed in the Orange Book for the listed drug(s) for which our finding of safety and effectiveness is relied upon to support approval of the (b)(2) product.

Listed drug/Patent number(s): Taxotere/4814470
Taxotere/5438072
Taxotere/5698582
Taxotere /5714512
Taxotere/5750561

No patents listed proceed to question #14

13) Did the applicant address (with an appropriate certification or statement) all of the unexpired patents listed in the Orange Book for the listed drug(s) relied upon to support approval of the (b)(2) product?

YES NO

If "NO", list which patents (and which listed drugs) were not addressed by the applicant.

Listed drug/Patent number(s):

14) Which of the following patent certifications does the application contain? (Check all that apply and identify the patents to which each type of certification was made, as appropriate.)

- No patent certifications are required (e.g., because application is based solely on published literature that does not cite a specific innovator product)
- 21 CFR 314.50(i)(1)(i)(A)(1): The patent information has not been submitted to FDA. (Paragraph I certification)
- 21 CFR 314.50(i)(1)(i)(A)(2): The patent has expired. (Paragraph II certification)

Patent number(s):

- 21 CFR 314.50(i)(1)(i)(A)(3): The date on which the patent will expire. (Paragraph III certification)

Patent number(s): 4814470

Expiry date(s): May 14, 2010

- 21 CFR 314.50(i)(1)(i)(A)(4): The patent is invalid, unenforceable, or will not be infringed by the manufacture, use, or sale of the drug product for which the application is submitted. (Paragraph IV certification). *If Paragraph IV certification was submitted, proceed to question #15.*
- 21 CFR 314.50(i)(3): Statement that applicant has a licensing agreement with the NDA holder/patent owner (must also submit certification under 21 CFR 314.50(i)(1)(i)(A)(4) above). *If the applicant has a licensing agreement with the NDA holder/patent owner, proceed to question #15.*
- 21 CFR 314.50(i)(1)(ii): No relevant patents.
- 21 CFR 314.50(i)(1)(iii): The patent on the listed drug is a method of use patent and the labeling for the drug product for which the applicant is seeking approval does not include any indications that are covered by the use patent as described in the corresponding use code in the Orange Book. Applicant must provide a statement that the method of use patent does not claim any of the proposed indications. (Section viii statement)

Patent number(s):
Method(s) of Use/Code(s):

15) Complete the following checklist **ONLY** for applications containing Paragraph IV certification and/or applications in which the applicant and patent holder have a licensing agreement:

- (a) Patent number(s): 5438072, 5698582, 5714512, 5750561
- (b) Did the applicant submit a signed certification stating that the NDA holder and patent owner(s) were notified that this b(2) application was filed [21 CFR 314.52(b)]?
YES NO

If "NO", please contact the applicant and request the signed certification.

- (c) Did the applicant submit documentation showing that the NDA holder and patent owner(s) received the notification [21 CFR 314.52(e)]? This is generally provided in the form of a registered mail receipt.
YES NO

If "NO", please contact the applicant and request the documentation.

- (d) What is/are the date(s) on the registered mail receipt(s) (i.e., the date(s) the NDA holder and patent owner(s) received notification):

Date(s): July 13, 2009

- (e) Has the applicant been sued for patent infringement within 45-days of receipt of the notification listed above?

Note that you may need to call the applicant (after 45 days of receipt of the notification) to verify this information **UNLESS** the applicant provided a written statement from the notified patent owner(s) that it consents to an immediate effective date of approval.

YES NO Patent owner(s) consent(s) to an immediate effective date of approval

APPEARS THIS WAY ON ORIGINAL

Application Type/Number	Submission Type/Number	Submitter Name	Product Name
NDA-22534	ORIG-1	SUN PHARMA GLOBAL FZE	DOCEFREZ INJECTION (20/80 MG/VIAL)

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/s/

ALBERTA E DAVIS WARREN
02/18/2010

Davis-Warren, Alberta E

From: Greeley, George
Sent: Thursday, November 19, 2009 9:08 AM
To: Davis-Warren, Alberta E
Cc: Stowe, Ginneh D.
Subject: NDA 22-534 Docefrez

Importance: High

Hi Alberta,

The Docefrez (docetaxel) full waiver was reviewed by the PeRC PREA Subcommittee on November 4, 2009.

The Division recommended a full waiver because studies would be impossible or highly impracticable because the disease/condition does not exist in children.

The PeRC agreed with the Division to grant a full waiver for this product.

Thank you.

George Greeley
Regulatory Health Project Manager
Pediatric and Maternal Health Staff
FDA/CDER/OND
10903 New Hampshire Avenue
Bldg. 22, Room 6467
Silver Spring, MD 20993-0002
Phone: 301.796.4025
Email: george.greeley@fda.hhs.gov

 Please consider the environment before printing this e-mail.

Application Type/Number	Submission Type/Number	Submitter Name	Product Name
NDA-22534	ORIG-1	SUN PHARMA GLOBAL FZE	DOCEFREZ INJECTION (20/80 MG/VIAL)

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/s/

ALBERTA E DAVIS WARREN
02/17/2010

Davis-Warren, Alberta E

From: Davis-Warren, Alberta E
Sent: Friday, February 05, 2010 11:34 AM
To: 'Karin Kook'
Subject: NDA 022534 DOCEFREZ - Revised PI labeling

Importance: High

Attachments: 2-5-10 NDA 22534 draft-labeling -text.doc

Dear Dr. Kook,

Attached is our preliminary FDA revised labeling for NDA 022534 DOCEFREZ. We are still having some internal discussion on a point and we may send additional comments next week. Please respond with your edits by next Friday, February 12, 2010. Also, please confirm receipt of this email.



2-5-10 NDA 22534
draft-labelin...

Thank you,

Alberta

Alberta E. Davis-Warren, B.S.
Regulatory Health Project Manager
Division of Drug Oncology Products
Office of Oncology Drug Products
301-796-3908
301-796-9845 fax
Alberta.Davis-Warren@fda.hhs.gov

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Application Type/Number	Submission Type/Number	Submitter Name	Product Name
NDA-22534	ORIG-1	SUN PHARMA GLOBAL FZE	DOCEFREZ INJECTION (20/80 MG/VIAL)

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/s/

ALBERTA E DAVIS WARREN
02/16/2010

505(b)(2) ASSESSMENT

Application Information		
NDA # 022534	NDA Supplement #: S-	Efficacy Supplement Type SE-
Proprietary Name: Docefrez Established/Proper Name: Docetaxel Dosage Form: Injectable Strengths: 20 mg/vial and 80 mg/vial		
Applicant: Sun Pharma Global FZE		
Date of Receipt: April 23, 2009		
PDUFA Goal Date: February 23, 2010		Action Goal Date (if different):
Proposed Indication(s): Breast cancer, non-small cell lung cancer, prostate cancer (b) (4)		

GENERAL INFORMATION

- 1) Is this application for a recombinant or biologically-derived product and/or protein or peptide product *OR* is the applicant relying on a recombinant or biologically-derived product and/or protein or peptide product to support approval of the proposed product?
- YES NO

If "YES" contact the (b)(2) review staff in the Immediate Office, Office of New Drugs.



**INFORMATION PROVIDED VIA RELIANCE
(LISTED DRUG OR LITERATURE)**

- 2) List the information essential to the approval of the proposed drug that is provided by reliance on our previous finding of safety and efficacy for a listed drug or by reliance on published literature. *(If not clearly identified by the applicant, this information can usually be derived from annotated labeling.)*

Source of information* (e.g., published literature, name of referenced product)	Information provided (e.g., pharmacokinetic data, or specific sections of labeling)
NDA 020449	Clinical, Clinical Pharmacology, Pharmacology/Toxicology and labeling information

*each source of information should be listed on separate rows

- 3) Reliance on information regarding another product (whether a previously approved product or from published literature) must be scientifically appropriate. An applicant needs to provide a scientific “bridge” to demonstrate the relationship of the referenced and proposed products. Describe how the applicant bridged the proposed product to the referenced product(s). (Example: BA/BE studies)

The concentrations of active drug to be infused following reconstitution with diluent and further dilution by admixture in either normal saline or 5% dextrose in water are the same for Docefrez and the reference product Taxotere. The inactive ingredients are the same for both products. Therefore bioequivalence of these parenterally administered products is self-evident. A waiver of evidence of in vivo bioequivalence is applicable (21CFR 320) and a Biowaiver is included in this submission.

RELIANCE ON PUBLISHED LITERATURE

- 4) (a) Regardless of whether the applicant has explicitly stated a reliance on published literature to support their application, is reliance on published literature necessary to support the approval of the proposed drug product (i.e., the application *cannot* be approved without the published literature)?

YES NO

If “NO,” proceed to question #5.

- (b) Does any of the published literature necessary to support approval identify a specific (e.g., brand name) *listed* drug product?

YES NO

If “NO”, proceed to question #5.

If “YES”, list the listed drug(s) identified by name and answer question #4(c).

- (c) Are the drug product(s) listed in (b) identified by the applicant as the listed drug(s)?

YES NO

RELIANCE ON LISTED DRUG(S)

Reliance on published literature which identifies a specific approved (listed) drug constitutes reliance on that listed drug. Please answer questions #5-9 accordingly.

- 5) Regardless of whether the applicant has explicitly referenced the listed drug(s), does the application **rely** on the finding of safety and effectiveness for one or more listed drugs (approved drugs) to support the approval of the proposed drug product (i.e., the application cannot be approved without this reliance)?

YES NO

If "NO," proceed to question #10.

- 6) Name of listed drug(s) relied upon, and the NDA/ANDA #(s). Please indicate if the applicant explicitly identified the product as being relied upon (see note below):

Name of Drug	NDA/ANDA #	Did applicant specify reliance on the product? (Y/N)
Docetaxel	020449	Y

Applicants should specify reliance on the 356h, in the cover letter, and/or with their patent certification/statement. If you believe there is reliance on a listed product that has not been explicitly identified as such by the applicant, please contact the (b)(2) review staff in the Immediate Office, Office of New Drugs.

- 7) If this is a (b)(2) supplement to an original (b)(2) application, does the supplement rely upon the same listed drug(s) as the original (b)(2) application?

N/A YES NO

If this application is a (b)(2) supplement to an original (b)(1) application or not a supplemental application, answer "N/A".

If "NO", please contact the (b)(2) review staff in the Immediate Office, Office of New Drugs.

- 8) Were any of the listed drug(s) relied upon for this application:

- a) Approved in a 505(b)(2) application?

YES NO

If "YES", please list which drug(s).

Name of drug(s) approved in a 505(b)(2) application:

- b) Approved by the DESI process?

YES NO

If "YES", please list which drug(s).

Name of drug(s) approved via the DESI process:

c) Described in a monograph?

YES NO
If "YES", please list which drug(s).

Name of drug(s) described in a monograph:

d) Discontinued from marketing?

YES NO
If "YES", please list which drug(s) and answer question d) i. below.
If "NO", proceed to question #9.

Name of drug(s) discontinued from marketing:

i) Were the products discontinued for reasons related to safety or effectiveness?

YES NO

(Information regarding whether a drug has been discontinued from marketing for reasons of safety or effectiveness may be available in the Orange Book. Refer to section 1.11 for an explanation, and section 6.1 for the list of discontinued drugs. If a determination of the reason for discontinuation has not been published in the Federal Register (and noted in the Orange Book), you will need to research the archive file and/or consult with the review team. Do not rely solely on any statements made by the sponsor.)

9) Describe the change from the listed drug(s) relied upon to support this (b)(2) application (for example, "This application provides for a new indication, otitis media" or "This application provides for a change in dosage form, from capsule to solution").

This application provides for a change in formulation.

The purpose of the following two questions is to determine if there is an approved drug product that is equivalent or very similar to the product proposed for approval that should be referenced as a listed drug in the pending application.

The assessment of pharmaceutical equivalence for a recombinant or biologically-derived product and/or protein or peptide product is complex. If you answered YES to question #1, proceed to question #12; if you answered NO to question #1, proceed to question #10 below.

10) (a) Is there a pharmaceutical equivalent(s) to the product proposed in the 505(b)(2) application that is already approved (via an NDA or ANDA)?

(Pharmaceutical equivalents are drug products in identical dosage forms that: (1) contain identical amounts of the identical active drug ingredient, i.e., the same salt or ester of the same therapeutic moiety, or, in the case of modified release dosage forms that require a reservoir or overage or such forms as prefilled syringes where residual volume may vary, that deliver identical amounts of the active drug ingredient over the identical dosing period; (2) do not necessarily contain the same inactive ingredients; and (3) meet the identical compendial or other applicable standard of identity, strength, quality, and purity, including potency and, where applicable, content uniformity, disintegration times, and/or dissolution rates. (21 CFR 320.1(c)).

Note that for proposed combinations of one or more previously approved drugs, a pharmaceutical equivalent must also be a combination of the same drugs.

YES NO

If "NO" to (a) proceed to question #11.

If "YES" to (a), answer (b) and (c) then proceed to question #12.

(b) Is the pharmaceutical equivalent approved for the same indication for which the 505(b)(2) application is seeking approval?

YES NO

(c) Is the listed drug(s) referenced by the application a pharmaceutical equivalent?

YES NO

If "YES" to (c) and there are no additional pharmaceutical equivalents listed, proceed to question #12.

If "NO" or if there are additional pharmaceutical equivalents that are not referenced by the application, list the NDA pharmaceutical equivalent(s); you do not have to individually list all of the products approved as ANDAs, but please note below if approved generics are listed in the Orange Book. Please also contact the (b)(2) review staff in the Immediate Office, Office of New Drugs.

Pharmaceutical equivalent(s):

11) (a) Is there a pharmaceutical alternative(s) already approved (via an NDA or ANDA)?

(Pharmaceutical alternatives are drug products that contain the identical therapeutic moiety, or its precursor, but not necessarily in the same amount or dosage form or as the same salt or ester. Each such drug product individually meets either the identical or its own respective compendial or other applicable standard of identity, strength, quality, and purity, including potency and, where applicable, content uniformity, disintegration times and/or dissolution rates. (21 CFR 320.1(d)) Different dosage forms and strengths within a product line by a single manufacturer are thus pharmaceutical alternatives, as are extended-release products when compared with immediate- or standard-release formulations of the same active ingredient.)

Note that for proposed combinations of one or more previously approved drugs, a pharmaceutical alternative must also be a combination of the same drugs.

YES NO

If "NO", proceed to question #12.

(b) Is the pharmaceutical alternative approved for the same indication for which the 505(b)(2) application is seeking approval?

YES NO

(c) Is the approved pharmaceutical alternative(s) referenced as the listed drug(s)?

YES NO

If "YES" and there are no additional pharmaceutical alternatives listed, proceed to question #12.

If "NO" or if there are additional pharmaceutical alternatives that are not referenced by the application, list the NDA pharmaceutical alternative(s); you do not have to individually list all of the products approved as ANDAs, but please note below if approved generics are listed in the Orange Book. Please also contact the (b)(2) review staff in the Immediate Office, Office of New Drugs.

Pharmaceutical alternative(s):

PATENT CERTIFICATION/STATEMENTS

12) List the patent numbers of all unexpired patents listed in the Orange Book for the listed drug(s) for which our finding of safety and effectiveness is relied upon to support approval of the (b)(2) product.

Listed drug/Patent number(s): Taxotere/4814470
Taxotere/5438072
Taxotere/5698582
Taxotere /5714512
Taxotere/5750561

No patents listed proceed to question #14

13) Did the applicant address (with an appropriate certification or statement) all of the unexpired patents listed in the Orange Book for the listed drug(s) relied upon to support approval of the (b)(2) product?

YES NO

If "NO", list which patents (and which listed drugs) were not addressed by the applicant.

Listed drug/Patent number(s):

14) Which of the following patent certifications does the application contain? (Check all that apply and identify the patents to which each type of certification was made, as appropriate.)

- No patent certifications are required (e.g., because application is based solely on published literature that does not cite a specific innovator product)
- 21 CFR 314.50(i)(1)(i)(A)(1): The patent information has not been submitted to FDA. (Paragraph I certification)
- 21 CFR 314.50(i)(1)(i)(A)(2): The patent has expired. (Paragraph II certification)

Patent number(s):

- 21 CFR 314.50(i)(1)(i)(A)(3): The date on which the patent will expire. (Paragraph III certification)

Patent number(s): 4814470
5438072

Expiry date(s): May 14, 2010
Nov 22, 2013

5698582
5714512
5750561

July 3, 2012
July 3, 2012
July 3, 2012

- 21 CFR 314.50(i)(1)(i)(A)(4): The patent is invalid, unenforceable, or will not be infringed by the manufacture, use, or sale of the drug product for which the application is submitted. (Paragraph IV certification). *If Paragraph IV certification was submitted, proceed to question #15.*
- 21 CFR 314.50(i)(3): Statement that applicant has a licensing agreement with the NDA holder/patent owner (must also submit certification under 21 CFR 314.50(i)(1)(i)(A)(4) above). *If the applicant has a licensing agreement with the NDA holder/patent owner, proceed to question #15.*
- 21 CFR 314.50(i)(1)(ii): No relevant patents.
- 21 CFR 314.50(i)(1)(iii): The patent on the listed drug is a method of use patent and the labeling for the drug product for which the applicant is seeking approval does not include any indications that are covered by the use patent as described in the corresponding use code in the Orange Book. Applicant must provide a statement that the method of use patent does not claim any of the proposed indications. (Section viii statement)

Patent number(s):

Method(s) of Use/Code(s):

15) Complete the following checklist **ONLY** for applications containing Paragraph IV certification and/or applications in which the applicant and patent holder have a licensing agreement:

(a) Patent number(s): 5438072, 5698582, 5714512, 5750561

(b) Did the applicant submit a signed certification stating that the NDA holder and patent owner(s) were notified that this b(2) application was filed [21 CFR 314.52(b)]?

YES NO

If "NO", please contact the applicant and request the signed certification.

(c) Did the applicant submit documentation showing that the NDA holder and patent owner(s) received the notification [21 CFR 314.52(e)]? This is generally provided in the form of a registered mail receipt.

YES NO

If "NO", please contact the applicant and request the documentation.

(d) What is/are the date(s) on the registered mail receipt(s) (i.e., the date(s) the NDA holder and patent owner(s) received notification):

Date(s): July 13, 2009

(e) Has the applicant been sued for patent infringement within 45-days of receipt of the notification listed above?

*Note that you may need to call the applicant (after 45 days of receipt of the notification) to verify this information **UNLESS** the applicant provided a written statement from the notified patent owner(s) that it consents to an immediate effective date of approval.*

YES NO Patent owner(s) consent(s) to an immediate effective date of approval

APPEARS THIS WAY ON ORIGINAL

Application Type/Number	Submission Type/Number	Submitter Name	Product Name
NDA-22534	ORIG-1	SUN PHARMA GLOBAL FZE	DOCEFREZ INJECTION (20/80 MG/VIAL)

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/s/

ALBERTA E DAVIS WARREN
02/01/2010

FAX

**FOOD AND DRUG ADMINISTRATION
DIVISION OF DRUG ONCOLOGY PRODUCTS**

5901-B Ammendale Road
Beltsville, Maryland 20705



To: Karin Kook, Ph.D.
FAX/EMAIL kkook@salamandra.net
Phone: 301-652-6110
Pages, including cover sheet: 7
RE: Information requests for NDA 022534

From: Alberta Davis-Warren
FAX: 301-796-9845
Phone: 301-796-3908
Date: January 27, 2010

THIS DOCUMENT IS INTENDED ONLY FOR THE USE OF THE PARTY TO WHOM IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, AND PROTECTED FROM DISCLOSURE UNDER APPLICABLE LAW. If you are not the addressee, or a person authorized to deliver the document to the addressee, you are hereby notified that any review, disclosure, dissemination, or other action based on the content of the communication is not authorized. If you have received this document in error, please immediately notify us by telephone and return it to us at the address below by mail. Thank you.

Dear Dr. Kook:

Please refer to your New Drug application (NDA 022534) for Docefrez (docetaxel) for injection 20 mg/vial and 80 mg/vial submitted on April 23, 2009. During our review of the CMC section of your submission, we have the following comments:

A. Carton Labeling, 20 mg

1. General Comments

- a. Revise the established name presentation as follows on all carton panels: place parentheses around the established name and relocate it below the proprietary name and next to the dosage form [i.e., “(Docetaxel) for Injection”]
- b. Change the statement of strength from [REDACTED] ^{(b)(4)} to read: “20 mg*”.
- c. Revise the route of administration statement [REDACTED] ^{(b)(4)} to read: “For Intravenous Infusion Only”, and use title case.

2. Principal Display Panel

- a. Delete the statement [REDACTED] ^{(b)(4)} of the principal display panel.
- b. Replace the statement [REDACTED] ^{(b)(4)} with the following:
Each carton contains:
One vial of Docefrez (docetaxel) for Injection 20 mg
One vial of DILUENT for Docefrez 20 mg

3. Back Panel

- a. Add the statement of strength and route of administration.
- b. Revise the statement [REDACTED] (b) (4) [REDACTED] to read: “*Each Docefrez for Injection vial contains a slight overfill to deliver 20 mg of Docetaxel.”
- c. Revise the statement [REDACTED] (b) (4) [REDACTED] to read: “Each DILUENT for Docefrez for Injection 20 mg vial contains 1.13 mL of 35.4% w/w ethanol in polysorbate 80”
- d. Replace the [REDACTED] (b) (4) statement with the following wording:

“Withdraw 1 mL of Diluent to reconstitute the Docefrez for Injection. Once reconstituted with 1 mL of Diluent, the resultant concentration is **20 mg/0.8 mL.**”

“Withdraw only the required amount of the reconstituted solution needed to prepare the final infusion solution. See package insert for full dilution information”.

“Discard Unused Portion.”

Additionally, delete the word [REDACTED] (b) (4) from the statement and ensure that the resultant concentration (i.e., 20 mg/0.8 mL) is highlighted using a bold or contrasting color font.

- e. The following statements are redundant and should be deleted:

[REDACTED] (b) (4)

4. Side panels

Delete the statement [REDACTED] (b) (4) .

B. Carton Labeling, 80 mg

1. General Comments

- a. Revise the established name presentation as follows on all carton panels: place parentheses around the established name and relocate it below the proprietary name and next to the dosage form [i.e., “(Docetaxel) for Injection”]
- b. Change the statement of strength from [REDACTED] (b) (4) to read: “80 mg*”.
- c. Revise the route of administration statement [REDACTED] (b) (4) to read: “For Intravenous Infusion Only”, and use title case.

2. Principal Display Panel

- a. Delete the statement [REDACTED] (b) (4) of the principal display panel.
- b. Replace the statement [REDACTED] (b) (4) with the following:
Each carton contains:
One vial of Docefrez (docetaxel) for Injection 80 mg
One vial of DILUENT for Docefrez 80 mg

3. Back Panel

- a. Add the statement of strength and route of administration.
- b. Revise the statement [REDACTED] (b) (4) to read: “*Each Docefrez for Injection vial contains a slight overfill to deliver 80 mg of Docetaxel.”
- c. Revise the statement [REDACTED] (b) (4) to read: “Each DILUENT for Docefrez for Injection 80 mg vial contains 4.21 mL of 35.4% w/w ethanol in polysorbate 80”.
- d. Replace the [REDACTED] (b) (4) statement with the following wording:

“Withdraw 4 mL of Diluent to reconstitute the Docefrez for Injection. Once reconstituted with 4 mL the resultant concentration is **24 mg/mL**.”

“Withdraw only the required amount of the reconstituted solution needed to prepare the final infusion solution. See package insert for full dilution information.”

“Discard unused portion.”

Additionally, delete the word [REDACTED] (b) (4) from the statement and ensure that the resultant concentration (i.e., 24 mg/mL) is highlighted using a bold or contrasting color font.

- e. The following statements are redundant and should be deleted:

[REDACTED] (b) (4)

4. Side panels

Delete the statement [REDACTED] (b) (4).

C. Container Label, 20 mg vial

1. Revise the statement of strength [REDACTED] (b) (4) to read “20 mg” and use a larger font.

2. Revise the statement [REDACTED] (b) (4) to read: “For Intravenous Infusion Only”, and use title case.
3. Add the following statements: Warning: “Cytotoxic Agent” and “Single use vial—Discard Unused Portion”, if space allows. Consider removing the line graphic at the bottom of the label in order to provide more space to add these statements.
4. Delete the statement [REDACTED] (b) (4) and replace it with the following statement: “*Each Docefrez for Injection vial contains a slight overfill to deliver 20 mg of Docetaxel.”
5. Increase the prominence of the proprietary name, established name and strength.
6. Relocate the established name to below the proprietary name as follows:
Docefrez
(docetaxel) for Injection
7. Replace the [REDACTED] (b) (4) statement with the following wording:

“Withdraw 1 mL of Diluent to reconstitute the Docefrez for Injection. Once reconstituted with 1 mL of Diluent, the resultant concentration is **20 mg/0.8 mL**.”

“Withdraw only the required amount of the reconstituted solution needed to prepare the final infusion solution. See package insert for full dilution information”.

“Discard Unused Portion.”

Additionally, delete the word [REDACTED] (b) (4) from the statement and ensure that the resultant concentration (i.e., 20 mg/0.8 mL) is highlighted using a bold or contrasting color font.

D. Container Label, 80 mg vial

1. Revise the statement of strength [REDACTED] (b) (4) to read: “80 mg*”.
2. Revise the statement [REDACTED] (b) (4) to read: “For Intravenous Infusion Only”, and use title case.
3. Add the following statements: Warning: “Cytotoxic Agent” and “Single use vial—Discard Unused Portion”, if space allows. Consider removing the line graphic at the bottom of the label in order to provide more space to add these statements.
4. Delete the statement [REDACTED] (b) (4) and replace it with the following statement: “*Each Docefrez for Injection vial contains a slight overfill to deliver 80 mg of Docetaxel.”
5. Replace the [REDACTED] (b) (4) statement with the following wording:

“Withdraw 4 mL of Diluent to reconstitute the Docefrez for Injection. Once reconstituted with 4 mL the resultant concentration is **24 mg/mL**.”

“Withdraw only the required amount of the reconstituted solution needed to prepare the final infusion solution. See package insert for full dilution information.”

“Discard unused portion.”

Additionally, delete the word (b)(4) from the statement and ensure that the resultant concentration (i.e., 24 mg/mL) is highlighted using a bold or contrasting color font.

E. Diluent for 20 mg vial

1. Revise the statement (b)(4) to read “DILUENT for Docefrez 20 mg”. Ensure the word “DILUENT” is the most prominent and the only word presented in all caps.
2. Delete the statement (b)(4) in order to prevent the diluent vial from being confused as the active drug vial. Add a net quantity statement (i.e., “1.13 mL”) in this location.
3. Revise the statement (b)(4) to read: “Each vial contains 1.13 mL of 35.4% ethanol in polysorbate 80”.
4. Revise (b)(4) to “Withdraw 1 mL of Diluent to reconstitute the contents of the Docefrez 20 mg vial. See package insert for full dilution information.” Delete the word (b)(4) from the statement.
5. Add the statement “Single Use Vial—Discard Unused Portion”.

F. Diluent for 80 mg vial

1. Revise the statement (b)(4) to read: “DILUENT for Docefrez 80 mg”. Ensure the word “DILUENT” is the most prominent and the only word presented in all caps.
2. Delete the statement (b)(4) in order to prevent the diluent vial from being confused as the active drug vial. Add a net quantity statement (i.e., “4.21 mL”) in this location.
3. Revise the statement (b)(4) to read: “Each vial contains 4.21 mL of 35.4% ethanol in polysorbate 80”.
4. Revise (b)(4) to “Withdraw 4 mL of Diluent to reconstitute the contents of the Docefrez 80 mg vial. See package insert for full dilution information.” Delete the word (b)(4) from the statement.
5. Add the statement “Single Use Vial—Discard Unused Portion”.

These comments are preliminary and subject to change as we finalize our review of your application. In addition, we may identify other information that must be provided before we can approve this application.

In order for us to complete our review, please respond to these requests by no later than February 3, 2010 4 PM EST. Please submit an amendment to your application with your response to the requests using the official channels. To expedite the review process, please send me a courtesy copy through e-mail (Alberta.Davis-Warren@fda.hhs.gov) or FAX (301-796-9845) no later than February 3, 2010 at 4 PM EST.

Thank you.

Alberta E. Davis-Warren, B.S.
Regulatory Health Project Manager
Division of Drug Oncology Products
Office of Oncology Drug Products
CDER, FDA

Application Type/Number	Submission Type/Number	Submitter Name	Product Name
NDA-22534	ORIG-1	SUN PHARMA GLOBAL FZE	DOCEFREZ INJECTION (20/80 MG/VIAL)

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/s/

ALBERTA E DAVIS WARREN
01/27/2010

-----Original Message-----

From: Mesmer, Deborah

Sent: Tuesday, January 05, 2010 5:16 PM

To: 'KKook@salamandra.net'

Subject: RE: NDA 22-534 Docetaxel for Inj - FDA correspondence

From: Deborah Mesmer, Regulatory Health Project Manager

FDA/CDER

Office of New Drug Quality Assessment

Division of Pre-Marketing Assessment III and Manufacturing Science

To: Salamandra, LLC

U.S. Agent for Sun Pharma Global FZE

Attention: Karin A. Kook, Ph.D.

Managing Director

RE: NDA 022534

Please refer to your NDA for Docefrez (docetaxel) for injection 20 mg/vial or 80 mg/vial. We also refer to your December 28, 2009, submission.

We have the following comment and request from the CMC review team:

Based on your response to Question 1, 

(b) (4)

Please clarify.

Please submit your response to your NDA by 16:00 ET on Friday, January 8, 2009, so we may continue our evaluation of your NDA. Please also send a courtesy copy of your submission to Deborah Mesmer, Project Manager for Quality.

If you have any questions, call Deborah Mesmer at (301) 796- 4023.

Application Type/Number	Submission Type/Number	Submitter Name	Product Name
NDA-22534	ORIG-1	SUN PHARMA GLOBAL FZE	DOCEFREZ INJECTION (20/80 MG/VIAL)

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/s/

DEBORAH M MESMER
01/05/2010



NDA 022534

INFORMATION REQUEST

Salamandra, LLC
U.S. Agent for Sun Pharma Global FZE
Attention: Karin A. Kook, Ph.D.
Managing Director
4800 Hampden Lane, Suite 900
Bethesda, Maryland 20814

Dear Dr. Kook:

Please refer to your New Drug Application (NDA) submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Docefrez (docetaxel) for injection 20 mg/vial or 80 mg/vial.

We are reviewing the Chemistry, Manufacturing, and Controls section of your submission and have the following comments and information requests. We request a written response by December 28, 2009, in order to continue our evaluation of your NDA.

1. According to the batch formula in Table 3.2.P.3:1, the amount of docetaxel used for the manufacturing of the (b) (4) batch was (b) (4) per batch. This value corresponds to (b) (4) per vial. In the description of the manufacturing process for the same batch in Sec 3.2.P.3.3.2.2, the amount per vial is stated to be (b) (4). Clarify this inconsistency.
2. (b) (4) Discuss the losses incurred during the withdrawal of the reconstituted solution as per USP<1151>. In addition, justify the proposed overfill based on the proposed formulation.
3. In the control of drug product (Sec 3.2.P.5) two different specifications (release and stability) are used for the related substances and assay of docetaxel for the proposed active vial, and for content of ethanol in the proposed diluent vial. Harmonize all proposed release and stability specifications, and propose one specification for each product (e.g., diluent, active vial). Provide revised specifications as needed, and make necessary changes in all the relevant documents.
4. Confirm the in-process testing results for docetaxel for injection registration batches presented in Sec 3.2.P.3.4 (Table 3.2.P.3.6) for the 20 mg/vial (JK80098). The water content after lyophilization listed in the testing results does not correspond with that reported in the Certificate of Analysis.

5. Confirm the value (b) (4) for absorbance at 420 nm in Table 3.2.P.8.5.
6. Provide the referenced analytical procedure (compendial or non-compendial) for each test method in Table 3.2.S.4.2.
7. Confirm the manufacturing step numbers for the 80 mg active drug product in Sec 3.2.P.3.3.2.2.
8. Submit placebo samples representing the commercial product including all packaging materials. Ship samples to the following address:

Deborah Mesmer
Food and Drug Administration
10903 New Hampshire Avenue
Building 21, Room 1627, Mail Stop 21-1603
Silver Spring, MD 20993

If you have any questions, call Deborah Mesmer, Regulatory Health Project Manager, at 301-796-4023.

Sincerely,

{See appended electronic signature page}

Sarah Pope Miksinski, Ph.D.
Branch Chief
Division of Pre-Marketing Assessment III
Office of New Drug Quality Assessment
Center for Drug Evaluation and Research

Application Type/Number	Submission Type/Number	Submitter Name	Product Name
NDA-22534	ORIG-1	SUN PHARMA GLOBAL FZE	DOCEFREZ INJECTION (20/80 MG/VIAL)

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/s/

Sarah Pope Miksinski
12/17/2009

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION		REQUEST FOR CONSULTATION		
TO (Division/Office): Mail: OSE		FROM: Alberta Davis-Warren RPM/OODP/DDOP 301-796-3908		
DATE December 11, 2009	IND NO.	NDA NO. 22534	TYPE OF DOCUMENT New Drug Application (505b2)	DATE OF DOCUMENT April 23, 2009
NAME OF DRUG Docefrez	PRIORITY CONSIDERATION Standard	CLASSIFICATION OF DRUG	DESIRED COMPLETION DATE January 7, 2010	
NAME OF FIRM: Sun Pharma Global FZE				
REASON FOR REQUEST				
I. GENERAL				
<input type="checkbox"/> NEW PROTOCOL <input type="checkbox"/> PROGRESS REPORT <input type="checkbox"/> NEW CORRESPONDENCE <input type="checkbox"/> DRUG ADVERTISING <input type="checkbox"/> ADVERSE REACTION REPORT <input type="checkbox"/> MANUFACTURING CHANGE/ADDITION <input type="checkbox"/> MEETING PLANNED BY	<input type="checkbox"/> PRE--NDA MEETING <input type="checkbox"/> END OF PHASE II MEETING <input type="checkbox"/> RESUBMISSION SAFETY/EFFICACY <input type="checkbox"/> PAPER NDA <input type="checkbox"/> CONTROL SUPPLEMENT		<input type="checkbox"/> RESPONSE TO DEFICIENCY LETTER <input type="checkbox"/> FINAL PRINTED LABELING <input checked="" type="checkbox"/> LABELING REVISION <input type="checkbox"/> ORIGINAL NEW CORRESPONDENCE <input type="checkbox"/> FORMULATIVE REVIEW <input type="checkbox"/> OTHER (SPECIFY BELOW):	
II. BIOMETRICS				
STATISTICAL EVALUATION BRANCH		STATISTICAL APPLICATION BRANCH		
<input type="checkbox"/> TYPE A OR B NDA REVIEW <input type="checkbox"/> END OF PHASE II MEETING <input type="checkbox"/> CONTROLLED STUDIES <input type="checkbox"/> PROTOCOL REVIEW <input type="checkbox"/> OTHER (SPECIFY BELOW):		<input type="checkbox"/> CHEMISTRY REVIEW <input type="checkbox"/> PHARMACOLOGY <input type="checkbox"/> BIOPHARMACEUTICS <input type="checkbox"/> OTHER (SPECIFY BELOW):		
III. BIOPHARMACEUTICS				
<input type="checkbox"/> DISSOLUTION <input type="checkbox"/> BIOAVAILABILITY STUDIES <input type="checkbox"/> PHASE IV STUDIES		<input type="checkbox"/> DEFICIENCY LETTER RESPONSE <input type="checkbox"/> PROTOCOL-BIOPHARMACEUTICS <input type="checkbox"/> IN-VIVO WAIVER REQUEST		
IV. DRUG EXPERIENCE				
<input type="checkbox"/> PHASE IV SURVEILLANCE/EPIDEMIOLOGY PROTOCOL <input type="checkbox"/> DRUG USE e.g. POPULATION EXPOSURE, ASSOCIATED DIAGNOSES <input type="checkbox"/> CASE REPORTS OF SPECIFIC REACTIONS (List below) <input type="checkbox"/> COMPARATIVE RISK ASSESSMENT ON GENERIC DRUG GROUP		<input type="checkbox"/> REVIEW OF MARKETING EXPERIENCE, DRUG USE AND SAFETY <input type="checkbox"/> SUMMARY OF ADVERSE EXPERIENCE <input type="checkbox"/> POISON RISK ANALYSIS		
V. SCIENTIFIC INVESTIGATIONS				
<input type="checkbox"/> CLINICAL		<input type="checkbox"/> PRECLINICAL		
COMMENTS/SPECIAL INSTRUCTIONS: The purpose of this consult is to request DRisk to review the package insert for NDA 22534 Docefrez.				
SIGNATURE OF REQUESTER		METHOD OF DELIVERY (Check one) <input checked="" type="checkbox"/> MAIL <input type="checkbox"/> HAND		
SIGNATURE OF RECEIVER		SIGNATURE OF DELIVERER		

Application Type/Number	Submission Type/Number	Submitter Name	Product Name
NDA-22534	ORIG-1	SUN PHARMA GLOBAL FZE	DOCEFREZ INJECTION (20/80 MG/VIAL)

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/s/

ALBERTA E DAVIS WARREN
12/11/2009

FAX

**FOOD AND DRUG ADMINISTRATION
DIVISION OF DRUG ONCOLOGY PRODUCTS**

5901-B Ammendale Road
Beltsville, Maryland 20705



To: Karin Kook, Ph.D. **From:** Alberta Davis-Warren
FAX/EMAIL: kkook@salamandra.net **FAX:** 301-796-9845
Phone: 301-652-6110 **Phone:** 301-796-3908
Pages, including cover sheet: 3 **Date:** August 27, 2009
RE: Information requests for NDA 22-534

THIS DOCUMENT IS INTENDED ONLY FOR THE USE OF THE PARTY TO WHOM IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, AND PROTECTED FROM DISCLOSURE UNDER APPLICABLE LAW. If you are not the addressee, or a person authorized to deliver the document to the addressee, you are hereby notified that any review, disclosure, dissemination, or other action based on the content of the communication is not authorized. If you have received this document in error, please immediately notify us by telephone and return it to us at the address below by mail. Thank you.

Dear Dr. Kook:

Please refer to your New Drug application (NDA 22-534) for Docetaxel submitted on April 23, 2009. We have the following information requests:

A microbiology review of NDA 22-534/N-000 is in progress. Reference is made to the *1994 Guidance for the Submission Documentation for Sterilization Process Validation in Applications for Human and Veterinary Drug Products*, and to the *2004 Guidance for Sterile Drug Products Produced by Aseptic Processing-Current Good Manufacturing Practices*.

Please provide the following information or reference to its location in the subject submission:

- A narrative which includes the following information regarding the environmental microbiological monitoring program:
 - The sampling and testing methods.
 - The sample incubation conditions.
 - The routine production monitoring frequency.
 - The alert and action limits.

- The maximum time allowed for the manufacture of the drug product from the beginning of compounding until the end of lyophilization.

- A narrative which includes the following information regarding the performance of media fill process simulations:
 - The number of simulations conducted per year in support of a given manufacturing process.
 - The acceptance criteria for media fill process simulations.
 - The actions to be taken following a failed media fill.

- The manner in which a lyophilization process is simulated. Did media fills JK6025, JK6026, JK6027 and JK6033 include simulations of the lyophilization process?
- The subject submission contains Bacterial Endotoxins Testing verification data on only one batch of product and one batch of diluent. Reference is made to the *1987 Guideline on Validation of the Limulus Amebocyte Lysate Test as an End-Product Endotoxin Test for Human and Animal Parenteral Drugs, Biological Products, and Medical Devices* which states, “at least three production batches of each finished product should be tested for inhibition and enhancement”.
 - Provide BET verification data sets representative of 2 additional batches of product and 2 additional batches of diluent.
- The “Report for Sterility Test Validation” (Module 3.2.P.3.5) states that the method of sterility analysis is (b) (4). In contrast, the directions provided in the Analytical Test Procedure (Module 3.2.P.5.2) state on Page 22 of 24 (b) (4).
 - Clarify whether the sterility test method is (b) (4).
 - How many product units are used per sterility test?
 - How are the lyophilized units (b) (4)?
 - Provide a narrative that describes each step of how the sterility test verification was performed (e.g. how did “Test” samples differ from “Positive Controls”)?
- Lower the diluent endotoxin limit to 0.5 EU/mL. This limit will be equivalent to the USP monograph endotoxin limits for the infusion fluids (0.9% saline or 5% dextrose) that the constituted product will be administered in.

These comments are preliminary and subject to change as we finalize our review of your application. In addition, we may identify other information that must be provided before we can approve this application.

In order for us to complete our review, please respond to these requests by no later than September 4, 2009 at 4 PM EDT. Please submit an amendment to your application with your response to the requests using the official channels. To expedite the review process, please send me a courtesy copy through e-mail (Alberta.Davis-Warren@fda.hhs.gov) or FAX (301-796-9845) no later than September 4, 2009 at 4 PM EDT.

Thank you.

Alberta E. Davis-Warren, B.S.
 Regulatory Health Project Manager
 Division of Drug Oncology Products
 Office of Oncology Drug Products
 CDER, FDA

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/s/

ALBERTA E DAVIS WARREN
08/27/2009



NDA 22-534

**PROPRIETARY NAME REQUEST
CONDITIONALLY ACCEPTABLE**

Sun Pharma Global FZE
c/o Salamandra, LLC
4800 Hampden Lane, Suite 900
Bethesda, Maryland 20814-2998

ATTENTION: Karin A. Kook, PhD
Managing Director, Salamandra, LLC

Dear Dr. Kook:

Please refer to your New Drug Application (NDA) dated April 23, 2009, received April 23, 2009, submitted under section 505(b) of the Federal Food, Drug and Cosmetic Act for Docetaxel for Injection, 20 mg and 80 mg.

We also refer to your May 13, 2009, correspondence, received May 13, 2009, requesting review of your proposed proprietary name, Docefrez. We have completed our review of the proposed proprietary name, Docefrez and have concluded that it is acceptable.

The proposed proprietary name, Docefrez, will be re-reviewed 90 days prior to the approval of the NDA. If we find the name unacceptable following the re-review, we will notify you.

If **any** of the proposed product characteristics as stated in your May 13, 2009 submission are altered prior to approval of the marketing application, the proprietary name should be resubmitted for review.

If you have any questions regarding the contents of this letter or any other aspects of the proprietary name review process, contact Sandra Griffith, Safety Regulatory Project Manager in the Office of Surveillance and Epidemiology, at (301) 796-2445. For any other information regarding this application contact the Office of New Drugs (OND) Regulatory Project Manager, Alberta Davis Warren at (301) 796-3908.

Sincerely,

{See appended electronic signature page}

Carol Holquist, RPh
Director
Division of Medication Error Prevention and Analysis
Office of Surveillance and Epidemiology
Center for Drug Evaluation and Research

Linked Applications	Submission Type/Number	Sponsor Name	Drug Name / Subject
----- NDA 22534	----- ORIG 1	-----	----- DOCEFREZ INJECTION (20/80 MG/VIAL)

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/s/

CAROL A HOLQUIST
08/11/2009

FAX

**FOOD AND DRUG ADMINISTRATION
DIVISION OF DRUG ONCOLOGY PRODUCTS**

5901-B Ammendale Road
Beltsville, Maryland 20705



To: Karin Kook, Ph.D.

From: Alberta Davis-Warren

FAX/EMAIL kkook@salamandra.net

FAX: 301-796-9845

Phone: 301-652-6110

Phone: 301-796-3908

Pages, including cover sheet: 3

Date: July 20, 2009

RE: Comments for NDA 22-534

THIS DOCUMENT IS INTENDED ONLY FOR THE USE OF THE PARTY TO WHOM IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, AND PROTECTED FROM DISCLOSURE UNDER APPLICABLE LAW. If you are not the addressee, or a person authorized to deliver the document to the addressee, you are hereby notified that any review, disclosure, dissemination, or other action based on the content of the communication is not authorized. If you have received this document in error, please immediately notify us by telephone and return it to us at the address below by mail. Thank you.

Dear Dr. Kook:

Please refer to your New Drug application (NDA 22-534) for Docetaxel submitted on April 23, 2009. During our review of the package insert of your submission, we have the following comments:

The following are issues concerning your package insert:

HIGHLIGHTS OF PRESCRIBING INFORMATION:

1. In the Highlights section, add a subject next to boxed warning.
2. Revise the text in the boxed warning to be in bold font.

FULL PRESCRIBING INFORMATION: CONTENTS:

3. Add a subject next to Warning
4. Indent subheadings
5. Change the title in 12.3 to "Pharmacokinetics"

FULL PRESCRIBING INFORMATION:

6. Bold all the words contained in your BOXED WARNING, add a subject next to warning.
7. Consider revising "rare" or "rarely" to a more specific quantification throughout the label.
8. Use bullets in the contraindications section 4.
9. Revise the wording in section (b) (4) to: "Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit."
10. Revise the wording in section 8.3 pregnancy to: "Safety and effectiveness in pediatric patients have not been established."
11. Revise cross reference text to be regular and not bold font (except in BOXED WARNING).
Make all cross references in the following format
"[see Use in Specific Populations (8.4)]"

Other issues regarding the 356h form in your submission

Please add IND's numbers in the cross referenced section in the 356h form.

These comments are preliminary and subject to change as we finalize our review of your application. In addition, we may identify other information that must be provided before we can approve this application.

In order for us to complete our review, please respond to these requests by no later than August 21, 2009 at 12 PM EDT. Please submit an amendment to your application with your response to the requests using the official channels. To expedite the review process, please send me a courtesy copy through e-mail (Alberta.Davis-Warren@fda.hhs.gov) or FAX (301-796-9845) no later than August 21, 2009, at 12 PM EDT.

Thank you.

Alberta E. Davis-Warren, B.S.
Regulatory Health Project Manager
Division of Drug Oncology Products
Office of Oncology Drug Products
CDER, FDA

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/s/

Alberta Davis Warren
7/20/2009 04:44:28 PM



NDA 22-534

FILING COMMUNICATION

Salamandra, LLC
Attention: Karin A. Kook, Ph.D.
US Agent for Sun Pharma Global FZE
4800 Hampden Lane, Suite 900
Bethesda, MD 20814

Dear Dr. Kook:

Please refer to your new drug application (NDA) dated April 23, 2009, received April 23, 2009 submitted pursuant to section 505(b)(2) of the Federal Food, Drug, and Cosmetic Act, for Docefrez™ (Docetaxel) 20 mg/vial and 80 mg/vial.

We have completed our filing review and have determined that your application is sufficiently complete to permit a substantive review. Therefore, this application is considered 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 **Standard**. Therefore, the user fee goal date is January 23, 2010.

We are reviewing your application according to the processes described in the Guidance for Review Staff and Industry: Good Review Management Principles and Practices for PDUFA Products. Therefore, we have established internal review timelines as described in the guidance, which includes the timeframes for FDA internal milestone meetings (e.g., filing, planning, mid-cycle, team and wrap-up meetings). Please be aware that the timelines described in the guidance are flexible and subject to change based on workload and other potential review issues (e.g., submission of amendments). We will inform you of any necessary information requests or status updates following the milestone meetings or at other times, as needed, during the process. If major deficiencies are not identified during the review, we plan to communicate proposed labeling and, if necessary, any postmarketing commitment requests by January 4, 2010.

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.

Pediatric studies conducted under the terms of section 505B of the Federal Food, Drug, and Cosmetic Act (the Act) may also qualify for pediatric exclusivity under the terms of section 505A of the Act. If you wish to qualify for pediatric exclusivity please consult Division of Drug

Oncology Products. Please note that satisfaction of the requirements in section 505B of the Act alone may not qualify you for pediatric exclusivity under 505A of the Act.

We acknowledge receipt of your request for a full waiver of pediatric studies for this application. Once we have reviewed your request, we will notify you if the full waiver request is denied and a pediatric drug development plan is required.

If you have any questions, call Alberta Davis-Warren, Regulatory Project Manager, at (301) 796-3908.

Sincerely,

{See appended electronic signature page}

Robert Justice, M.D., M.S.
Director
Division of Drug Oncology Products
Office of Oncology Drug Products
Center for Drug Evaluation and Research

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/s/

Alice Kacuba
7/2/2009 03:58:44 PM
Signing for Dr. Justice.

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION		REQUEST FOR CONSULTATION		
TO (Office/Division): DMEPA		FROM (Name, Office/Division, and Phone Number of Requestor): Alberta Davis-Warren RPM/OODP/DDOP 301-796-3908		
DATE 6-8-09	IND NO.	NDA NO. 22-534	TYPE OF DOCUMENT New Drug Application	DATE OF DOCUMENT 4-23-09
NAME OF DRUG Docetaxel		PRIORITY CONSIDERATION Standard	CLASSIFICATION OF DRUG	DESIRED COMPLETION DATE November 19, 2009
NAME OF FIRM: Sun Phara Global FZE				
REASON FOR REQUEST				
I. GENERAL				
<input type="checkbox"/> NEW PROTOCOL <input type="checkbox"/> PRE-NDA MEETING <input type="checkbox"/> RESPONSE TO DEFICIENCY LETTER <input type="checkbox"/> PROGRESS REPORT <input type="checkbox"/> END-OF-PHASE 2a MEETING <input type="checkbox"/> FINAL PRINTED LABELING <input type="checkbox"/> NEW CORRESPONDENCE <input type="checkbox"/> END-OF-PHASE 2 MEETING <input type="checkbox"/> LABELING REVISION <input type="checkbox"/> DRUG ADVERTISING <input type="checkbox"/> RESUBMISSION <input type="checkbox"/> ORIGINAL NEW CORRESPONDENCE <input type="checkbox"/> ADVERSE REACTION REPORT <input type="checkbox"/> SAFETY / EFFICACY <input type="checkbox"/> FORMULATIVE REVIEW <input type="checkbox"/> MANUFACTURING CHANGE / ADDITION <input type="checkbox"/> PAPER NDA <input checked="" type="checkbox"/> OTHER (SPECIFY BELOW): <input type="checkbox"/> MEETING PLANNED BY <input type="checkbox"/> CONTROL SUPPLEMENT				
II. BIOMETRICS				
<input type="checkbox"/> PRIORITY P NDA REVIEW <input type="checkbox"/> CHEMISTRY REVIEW <input type="checkbox"/> END-OF-PHASE 2 MEETING <input type="checkbox"/> PHARMACOLOGY <input type="checkbox"/> CONTROLLED STUDIES <input type="checkbox"/> BIOPHARMACEUTICS <input type="checkbox"/> PROTOCOL REVIEW <input type="checkbox"/> OTHER (SPECIFY BELOW): <input type="checkbox"/> OTHER (SPECIFY BELOW):				
III. BIOPHARMACEUTICS				
<input type="checkbox"/> DISSOLUTION <input type="checkbox"/> DEFICIENCY LETTER RESPONSE <input type="checkbox"/> BIOAVAILABILTY STUDIES <input type="checkbox"/> PROTOCOL - BIOPHARMACEUTICS <input type="checkbox"/> PHASE 4 STUDIES <input type="checkbox"/> IN-VIVO WAIVER REQUEST				
IV. DRUG SAFETY				
<input type="checkbox"/> PHASE 4 SURVEILLANCE/EPIDEMIOLOGY PROTOCOL <input type="checkbox"/> REVIEW OF MARKETING EXPERIENCE, DRUG USE AND SAFETY <input type="checkbox"/> DRUG USE, e.g., POPULATION EXPOSURE, ASSOCIATED DIAGNOSES <input type="checkbox"/> SUMMARY OF ADVERSE EXPERIENCE <input type="checkbox"/> CASE REPORTS OF SPECIFIC REACTIONS (List below) <input type="checkbox"/> POISON RISK ANALYSIS <input type="checkbox"/> COMPARATIVE RISK ASSESSMENT ON GENERIC DRUG GROUP				
V. SCIENTIFIC INVESTIGATIONS				
<input type="checkbox"/> CLINICAL <input type="checkbox"/> NONCLINICAL				
COMMENTS / SPECIAL INSTRUCTIONS: The purpose of this consult is to request DMEPA to review the proposed tradename of this NDA. The submission is in the EDR.				
SIGNATURE OF REQUESTOR			METHOD OF DELIVERY (Check one) <input checked="" type="checkbox"/> DFS <input type="checkbox"/> EMAIL <input type="checkbox"/> MAIL <input type="checkbox"/> HAND	
PRINTED NAME AND SIGNATURE OF RECEIVER			PRINTED NAME AND SIGNATURE OF DELIVERER	

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/s/

Alberta Davis Warren
6/18/2009 05:10:14 PM

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION		REQUEST FOR CONSULTATION		
TO (Office/Division): James McVey/OPS/NDMS		FROM (Name, Office/Division, and Phone Number of Requestor): Alberta Davis-Warren RPM/OODP/DDOP 301-796-3908		
DATE 6-4-09	IND NO.	NDA NO. 22-534	TYPE OF DOCUMENT New Drug Application	DATE OF DOCUMENT 4-23-09
NAME OF DRUG Docetaxel		PRIORITY CONSIDERATION Standard	CLASSIFICATION OF DRUG	DESIRED COMPLETION DATE November 20, 2009
NAME OF FIRM: Sun Phara Global FZE				
REASON FOR REQUEST				
I. GENERAL				
<input type="checkbox"/> NEW PROTOCOL <input type="checkbox"/> PRE-NDA MEETING <input type="checkbox"/> RESPONSE TO DEFICIENCY LETTER <input type="checkbox"/> PROGRESS REPORT <input type="checkbox"/> END-OF-PHASE 2a MEETING <input type="checkbox"/> FINAL PRINTED LABELING <input type="checkbox"/> NEW CORRESPONDENCE <input type="checkbox"/> END-OF-PHASE 2 MEETING <input type="checkbox"/> LABELING REVISION <input type="checkbox"/> DRUG ADVERTISING <input type="checkbox"/> RESUBMISSION <input type="checkbox"/> ORIGINAL NEW CORRESPONDENCE <input type="checkbox"/> ADVERSE REACTION REPORT <input type="checkbox"/> SAFETY / EFFICACY <input type="checkbox"/> FORMULATIVE REVIEW <input type="checkbox"/> MANUFACTURING CHANGE / ADDITION <input type="checkbox"/> PAPER NDA <input checked="" type="checkbox"/> OTHER (SPECIFY BELOW): <input type="checkbox"/> MEETING PLANNED BY <input type="checkbox"/> CONTROL SUPPLEMENT				
II. BIOMETRICS				
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III. BIOPHARMACEUTICS				
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IV. DRUG SAFETY				
<input type="checkbox"/> PHASE 4 SURVEILLANCE/EPIDEMIOLOGY PROTOCOL <input type="checkbox"/> REVIEW OF MARKETING EXPERIENCE, DRUG USE AND SAFETY <input type="checkbox"/> DRUG USE, e.g., POPULATION EXPOSURE, ASSOCIATED DIAGNOSES <input type="checkbox"/> SUMMARY OF ADVERSE EXPERIENCE <input type="checkbox"/> CASE REPORTS OF SPECIFIC REACTIONS (List below) <input type="checkbox"/> POISON RISK ANALYSIS <input type="checkbox"/> COMPARATIVE RISK ASSESSMENT ON GENERIC DRUG GROUP				
V. SCIENTIFIC INVESTIGATIONS				
<input type="checkbox"/> CLINICAL <input type="checkbox"/> NONCLINICAL				
COMMENTS / SPECIAL INSTRUCTIONS: The purpose of this consult is to request the review of the microbiology section of this NDA.				
SIGNATURE OF REQUESTOR			METHOD OF DELIVERY (Check one) <input checked="" type="checkbox"/> DFS <input type="checkbox"/> EMAIL <input type="checkbox"/> MAIL <input type="checkbox"/> HAND	
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/s/

Alberta Davis Warren
6/4/2009 05:34:38 PM

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION		REQUEST FOR CONSULTATION		
TO (Office/Division): DDMAC		FROM (Name, Office/Division, and Phone Number of Requestor): Alberta Davis-Warren RPM/OODP/DDOP 301-796-3908		
DATE 6-4-09	IND NO.	NDA NO. 22-534	TYPE OF DOCUMENT New Drug Application	DATE OF DOCUMENT 4-23-09
NAME OF DRUG Docetaxel		PRIORITY CONSIDERATION Standard	CLASSIFICATION OF DRUG	DESIRED COMPLETION DATE November 19, 2009
NAME OF FIRM: Sun Phara Global FZE				
REASON FOR REQUEST				
I. GENERAL				
<input type="checkbox"/> NEW PROTOCOL <input type="checkbox"/> PRE-NDA MEETING <input type="checkbox"/> RESPONSE TO DEFICIENCY LETTER <input type="checkbox"/> PROGRESS REPORT <input type="checkbox"/> END-OF-PHASE 2a MEETING <input type="checkbox"/> FINAL PRINTED LABELING <input type="checkbox"/> NEW CORRESPONDENCE <input type="checkbox"/> END-OF-PHASE 2 MEETING <input checked="" type="checkbox"/> LABELING REVISION <input type="checkbox"/> DRUG ADVERTISING <input type="checkbox"/> RESUBMISSION <input type="checkbox"/> ORIGINAL NEW CORRESPONDENCE <input type="checkbox"/> ADVERSE REACTION REPORT <input type="checkbox"/> SAFETY / EFFICACY <input type="checkbox"/> FORMULATIVE REVIEW <input type="checkbox"/> MANUFACTURING CHANGE / ADDITION <input type="checkbox"/> PAPER NDA <input type="checkbox"/> OTHER (SPECIFY BELOW): <input type="checkbox"/> MEETING PLANNED BY <input type="checkbox"/> CONTROL SUPPLEMENT				
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III. BIOPHARMACEUTICS				
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IV. DRUG SAFETY				
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V. SCIENTIFIC INVESTIGATIONS				
<input type="checkbox"/> CLINICAL <input type="checkbox"/> NONCLINICAL				
COMMENTS / SPECIAL INSTRUCTIONS: The purpose of this consult is to request DDMAC to review the proposed labeling of this NDA.				
SIGNATURE OF REQUESTOR			METHOD OF DELIVERY (Check one) <input checked="" type="checkbox"/> DFS <input type="checkbox"/> EMAIL <input type="checkbox"/> MAIL <input type="checkbox"/> HAND	
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/s/

Alberta Davis Warren
6/4/2009 05:27:44 PM

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION		REQUEST FOR CONSULTATION		
TO (Office/Division): DDMAC		FROM (Name, Office/Division, and Phone Number of Requestor): Alberta Davis-Warren RPM/OODP/DDOP 301-796-3908		
DATE 6-4-09	IND NO.	NDA NO. 22-534	TYPE OF DOCUMENT New Drug Application	DATE OF DOCUMENT 4-23-09
NAME OF DRUG [REDACTED]		PRIORITY CONSIDERATION Standard	CLASSIFICATION OF DRUG	DESIRED COMPLETION DATE November 19, 2009
NAME OF FIRM: Sun Phara Global FZE				
REASON FOR REQUEST				
I. GENERAL				
<input type="checkbox"/> NEW PROTOCOL <input type="checkbox"/> PRE-NDA MEETING <input type="checkbox"/> RESPONSE TO DEFICIENCY LETTER <input type="checkbox"/> PROGRESS REPORT <input type="checkbox"/> END-OF-PHASE 2a MEETING <input type="checkbox"/> FINAL PRINTED LABELING <input type="checkbox"/> NEW CORRESPONDENCE <input type="checkbox"/> END-OF-PHASE 2 MEETING <input checked="" type="checkbox"/> LABELING REVISION <input type="checkbox"/> DRUG ADVERTISING <input type="checkbox"/> RESUBMISSION <input type="checkbox"/> ORIGINAL NEW CORRESPONDENCE <input type="checkbox"/> ADVERSE REACTION REPORT <input type="checkbox"/> SAFETY / EFFICACY <input type="checkbox"/> FORMULATIVE REVIEW <input type="checkbox"/> MANUFACTURING CHANGE / ADDITION <input type="checkbox"/> PAPER NDA <input type="checkbox"/> OTHER (SPECIFY BELOW): <input type="checkbox"/> MEETING PLANNED BY <input type="checkbox"/> CONTROL SUPPLEMENT				
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<input type="checkbox"/> PHASE 4 SURVEILLANCE/EPIDEMIOLOGY PROTOCOL <input type="checkbox"/> REVIEW OF MARKETING EXPERIENCE, DRUG USE AND SAFETY <input type="checkbox"/> DRUG USE, e.g., POPULATION EXPOSURE, ASSOCIATED DIAGNOSES <input type="checkbox"/> SUMMARY OF ADVERSE EXPERIENCE <input type="checkbox"/> CASE REPORTS OF SPECIFIC REACTIONS (List below) <input type="checkbox"/> POISON RISK ANALYSIS <input type="checkbox"/> COMPARATIVE RISK ASSESSMENT ON GENERIC DRUG GROUP				
V. SCIENTIFIC INVESTIGATIONS				
<input type="checkbox"/> CLINICAL <input type="checkbox"/> NONCLINICAL				
COMMENTS / SPECIAL INSTRUCTIONS: The purpose of this consult is to request DDMAC to review the proposed labeling of this NDA.				
SIGNATURE OF REQUESTOR			METHOD OF DELIVERY (Check one) <input checked="" type="checkbox"/> DFS <input type="checkbox"/> EMAIL <input type="checkbox"/> MAIL <input type="checkbox"/> HAND	
PRINTED NAME AND SIGNATURE OF RECEIVER			PRINTED NAME AND SIGNATURE OF DELIVERER	

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Alberta Davis Warren
6/4/2009 05:17:56 PM



NDA22-534

NDA ACKNOWLEDGMENT

Salamandra, LLC
Attention: Karin A. Kook, Ph.D
US agent for Sun Pharma Global FZE
4800 Hampden Lane, Suite 900
Bethesda, MD 20814

Dear Dr. Kook:

We have received your new drug application (NDA) submitted under section 505(b)/pursuant to section 505(b)(2) of the Federal Food, Drug, and Cosmetic Act (FDCA) for the following:

Name of Drug Product: Docetaxel Injectable 20 mg/vial and 80 mg/vial

Date of Application: April 23, 2009

Date of Receipt: April 23, 2009

Our Reference Number: NDA 22-534

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 June 23, 2009 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.

Please note that you are responsible for complying with the applicable provisions of sections 402(i) and 402(j) of the Public Health Service Act (PHS Act) (42 USC §§ 282(i) and (j)), which was amended by Title VIII of the Food and Drug Administration Amendments Act of 2007 (FDAAA) (Public Law No. 110-85, 121 Stat. 904). Title VIII of FDAAA amended the PHS Act by adding new section 402(j) (42 USC § 282(j)), which expanded the current database known as ClinicalTrials.gov to include mandatory registration and reporting of results for applicable clinical trials of human drugs (including biological products) and devices. FDAAA requires that, at the time of submission of an application under section 505 of the FDCA, the application must

be accompanied by a certification that all applicable requirements of 42 USC § 282(j) have been met. Where available, the certification must include the appropriate National Clinical Trial (NCT) control numbers. 42 USC 282(j)(5)(B). You did not include such certification when you submitted this application. You may use Form FDA 3674, *Certification of Compliance, under 42 U.S.C. § 282(j)(5)(B), with Requirements of ClinicalTrials.gov Data Bank*, to comply with the certification requirement. The form may be found at <http://www.fda.gov/opacom/morechoices/fdaforms/default.html>.

In completing Form FDA 3674, you should review 42 USC § 282(j) to determine whether the requirements of FDAAA apply to any clinical trials referenced in this application. Additional information regarding the certification form is available at: http://internet-dev.fda.gov/cder/regulatory/FDAAA_certification.htm. Additional information regarding Title VIII of FDAAA is available at: <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-08-014.html>. Additional information on registering your clinical trials is available at the Protocol Registration System website <http://prsinfo.clinicaltrials.gov/>.

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 Drug Oncology 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 me at (301) 796-3908.

Sincerely,

{See appended electronic signature page}

Alberta E. Davis-Warren
Regulatory Health Project Manager
Division of Drug Oncology Products
Office of Oncology Drug Products
Center for Drug Evaluation and Research

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/s/

Alberta Davis Warren
5/15/2009 10:09:25 AM

FAX

**FOOD AND DRUG ADMINISTRATION
DIVISION OF DRUG ONCOLOGY PRODUCTS**

5901-B Ammendale Road
Beltsville, Maryland 20705



To: Karin Kook, Ph.D
FAX/EMAIL kkook@salamandra.net
Phone: 301-652-6110
Pages, including cover sheet: 2
RE: Information Requests for NDA 22-534

From: Alberta Davis-Warren
FAX: 301-796-9845
Phone: 301-796-3908
Date: May 12, 2009

THIS DOCUMENT IS INTENDED ONLY FOR THE USE OF THE PARTY TO WHOM IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, AND PROTECTED FROM DISCLOSURE UNDER APPLICABLE LAW. If you are not the addressee, or a person authorized to deliver the document to the addressee, you are hereby notified that any review, disclosure, dissemination, or other action based on the content of the communication is not authorized. If you have received this document in error, please immediately notify us by telephone and return it to us at the address below by mail. Thank you.

Dear Dr. Kook:

Please refer to your New Drug application (NDA 22-534) for Docetaxel submitted on April 23, 2009. We have the following Information Requests:

1. Please send your proposal for your proprietary name through the official channels as soon as possible. If we do not receive the proposal soon, it will not be reviewed in this cycle.
2. Please arrange for a secure email link with FDA. Please contact Wendy Lee leew@cder.fda.gov for assistance with securing your email. This is required for NDA's.

Please contact me if you have any questions.

Thank you.

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this page is the manifestation of the electronic signature.**

/s/

Alberta Davis Warren
5/12/2009 04:15:49 PM

TOPICS FOR DISCUSSION

Sun Pharmaceutical Industries, Ltd. (Sun Pharma) proposes to submit a New Drug Application (NDA) for Docetaxel for Injection in the fourth quarter of 2008. Docetaxel for Injection, the drug product, is supplied in a two-vial set. The first vial contains lyophilized docetaxel powder in 20 mg/vial or 80 mg/vial strengths; the second vial contains a diluent for reconstitution of the lyophilized powder. The proposed indication is the treatment of patients with breast cancer, non-small cell lung cancer, prostate cancer, (b) (4).

An Investigational New Drug application (IND) for Docetaxel for Injection, 20 mg and 80 mg, was submitted on 18 December 2007. The IND included data for one batch of each drug product strength as well as two lots of diluent, to be used in a bioequivalence study. In feedback received from the Division on 16 January 2008, Sun Pharma was informed that a bioequivalence study with Taxotere[®], the reference product, was not needed. Furthermore, Sun Pharma was urged to request a pre-NDA meeting to discuss the plans for an NDA submission.

In requesting this meeting, Sun Pharma wishes to ascertain that all studies and steps necessary for successful filing of the NDA have been anticipated.

CHEMISTRY, MANUFACTURING, AND CONTROLS

In the NDA, information for the drug substance will be cross-referenced to a Drug Master File (DMF). Since the submission of the IND, Sun Pharma has manufactured two additional batches of each strength, 20 mg and 80 mg, and two additional batches of accompanying diluent. Full CMC data for three batches per strength of drug product will be included, together with information on their respective diluent batches. These batches are representative of the proposed commercial product. The NDA will provide justification for the proposed specifications. With respect to impurities, all are below ICH levels (b) (4); levels of approximately (b) (4) have been observed in the ongoing stability studies and, consequently, (b) (4) will be proposed (see Toxicology for further discussion).

At the time of NDA submission, Sun Pharma expects to have 12 months of ICH long-term stability data for one batch of each strength of drug product and 6 months for two batches of each strength, with the 12-month long-term updates for the latter two batches of each strength to be submitted with the 120-Day Safety Update. Six months of accelerated stability data for three batches of the each strength will be included with the original submission.

(b) (4)

1. Are the proposed tests and specifications [REDACTED] (b) (4) acceptable?

FDA: Refer to response to question 5 with regards to specification [REDACTED] (b) (4). The rest of the specifications appear to be acceptable.

2. Does the Division agree that the stability plan will be sufficient to support the filing of an NDA for the 20 mg/vial and 80 mg/vial strengths?

FDA: Yes.

3. Is Sun Pharma's proposed schedule of submitting the NDA stability data for the 20 mg/vial and 80 mg/vial strengths acceptable?

FDA: Yes.

4. Does FDA have any recommendations with respect to the post-approval supplement of the higher strengths?

FDA: You may consider submitting comparability protocol in the NDA to include higher strengths. Based on the adequacy of that protocol you may seek a lower reporting category for this post approval supplemental change.

PHARMACOLOGY / TOXICOLOGY

Sun Pharma will rely on the Agency's finding of safety and efficacy of docetaxel and for the following reasons does not plan any additional pharmacology or toxicology studies. The indication, dose, and route of administration of Sun Pharma's Docetaxel for Injection will be the same as those of the FDA-approved reference product. The excipients in Sun Pharma's product are at levels that have been approved by FDA in other oncology products for use by the same route of administration. The [REDACTED] (b) (4) impurity has been qualified in support of the Taxotere[®] NDA.

5. Does the Division agree that no additional pharmacology or toxicology studies are needed for filing of the NDA?

FDA: You should include a side by side comparison of 3 batches of listed drug close to expiry with 3 batches of your drug product using your analytical methods. If the comparison indicates significant difference in the impurity profiles and if any of those impurities exceed ICH Q3B(R2) in your product then those impurities need to be adequately qualified. All chemical structures exceeding identity threshold should be clearly identified.

If you believe previously conducted toxicology studies used for impurity justification of the RLD can be used to justify an impurity specification [REDACTED] (b) (4)

(b) (4), you will need to provide the complete studies, as well as drug lots, analytical data, and related chemical structures of the tested impurities. Additional studies may be required following review of the submitted data.

Alternatively, you may conduct a single-dose study in mice bridging the RLD to Docetaxel for Injection (mice appear to be more sensitive to the neurotoxic effects of taxanes). All individual impurity concentrations of batches of tested Docetaxel for Injection must equal or exceed the maximum shelf-life specifications to be used clinically. The preclinical study will set the limit for impurities.

Meeting discussion: FDA recommended the following regarding the design of the single dose bridging study:

- Include hematology and clinical chemistry assessment on Day 2/3 and Day 15.
- Conduct histopathological assessment in high dose animals and retain all tissues for low dose animals on Day 15.
- Submit product certificate of analysis for the tested material indicating all individual impurities specifications and batch number.

The sponsor will still provide comparative batch analysis data for the 3 batches of the listed drug close to its expiration date and 3 batches of the drug product at release.

6. Sun Pharma would like to specify (b) (4) in the drug product. Based on the Agency's finding of safety and efficacy of Taxotere[®], is this level of (b) (4) impurity considered qualified?

FDA: See response to question 5.

7. In the NDA submission, as nonclinical pharmacology and toxicology data on docetaxel product (b) (4) have been previously reviewed by the Agency (refer to NDA 20-449, Pharmacology Reviews of Taxotere[®]), Sun Pharma does not plan to include Modules 2.4 (Nonclinical Overview), 2.6 (Nonclinical written and tabulated summaries), or 4 (Nonclinical study reports) of the eCTD. Is this acceptable?

FDA: See response to question 5. Any studies which have been conducted to qualify impurities should be submitted with the NDA. Therefore, Modules 2.4, 2.6, and 4 should be included.

BIOPHARMACEUTICS / CLINICAL PHARMACOLOGY

A relative bioavailability study was proposed in the IND to compare Sun Pharma's proposed formulation with Taxotere[®]. Based on feedback from the Division received on 16 January 2008, Sun Pharma will not be conducting this clinical trial. No other biopharmaceutical or clinical pharmacology studies are planned by Sun Pharma. Sun Pharma intends to rely on the publicly available clinical pharmacology information in the Taxotere[®] label and the recently published literature for the basis of the labeling for Docetaxel for Injection.

8. Does the Division agree that Sun Pharma's plan to rely upon the labeling and recently published literature will be sufficient to serve as the basis for the labeling for its own product?

FDA: In general, the sponsor's proposal to submit this application under 505(b)(2) and seek a bioequivalence study waiver under 21 CFR §320.22, for their docetaxel injection formulation appears reasonable. Please also see responses to questions above.

The Division recommends that sponsors considering the submission of an application through the 505(b)(2) pathway consult the Agency's regulations at 21 C.F.R. 314.54, and the October 1999 Draft Guidance for Industry Applications Covered by Section 505(b)(2)" available at <http://www.fda.gov/cder/guidance/guidance.htm>. In addition, FDA has explained the background and applicability of section 505(b)(2) in its October 14, 2003, response to a number of citizen petitions challenging the agency's interpretation of this statutory provision. See Dockets 2001P-0323, 2002P-0447, and 2003P-0408.

Meeting discussion: FDA clarified that the biowaiver request should be submitted in the NDA.

CLINICAL

Sun Pharma has no plans to conduct any clinical efficacy trials with Docetaxel for Injection, as bioequivalence to the already approved product is self-evident and approval will be sought for the same indications for which Taxotere[®] is currently marketed. It is intended that the publicly available clinical efficacy data from both randomized and single-arm clinical trials described in the Taxotere[®] label will serve as the basis for the label of Sun Pharma's Docetaxel for Injection.

9. Does the Division agree that no additional efficacy data are needed for inclusion in the NDA submission?

FDA: If you can prove pharmaceutical equivalence you will not need clinical studies.

Meeting discussion: FDA clarified that the data provided demonstrates pharmaceutical equivalence of the 2 products.

10. Does the Division agree that an Integrated Summary of Efficacy (ISE) will not be needed in the NDA submission, given that Sun Pharma does not intend to expand upon any of the current indications for Taxotere[®].

FDA: Yes.

The primary safety database for Docetaxel for Injection will be based the Agency's prior judgment of the safety of docetaxel as described in the Taxotere[®] label, the published literature (to be updated by Sun Pharma relative to the last revision to the Taxotere[®] label), and other publicly available information such as U.S. and foreign spontaneously reported post-marketing adverse events. This information will be summarized in an Integrated Summary of Safety (ISS). Sun Pharma has not sponsored any clinical trials using its product nor are there plans to do so.

11. Is it sufficient to restrict the literature search to articles published after 2007, *i.e.*, relative to the last revision of the Taxotere[®] label?

FDA: Yes.

12. Does the Division agree that these data will be adequate for a safety review?

FDA: Yes.

ADMINISTRATIVE / OTHER TOPICS

The IND was submitted electronically and Sun Pharma will submit the NDA in a similar fashion, consistent with the Common Technical Document (CTD) format. Unless the Division has specific advice as a result of the IND review, we have no questions regarding the submission format.

FDA: If the NDA is submitted electronically, it should be in eCTD format.