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APPLICATION NUMBER:
201195Orig1s000

OTHER ACTION LETTERS



NDA 201195

COMPLETE RESPONSE

Accord Healthcare, Inc.
Attention: Samir Mehta, Ph.D., President
1009 Slater Road, Suite 210-B
Durham, NC 27703

Dear Dr. Mehta:

Please refer to your New Drug Application (NDA) dated December 21, 2009, received December 22, 2009, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Docetaxel Injection, 20 mg/0.5 mL and 80 mg/2 mL.

We acknowledge receipt of your amendments dated February 5 and 17, 2010; March 29, 2010; May 7, 25, and 28, 2010; June 11, 2010; August 30, 2010; September 20, 2010; and October 1, 2010.

We have completed our review of this application, as amended, and have determined that we cannot approve this application in its present form. We have described our reasons for this action below and, where possible, our recommendations to address these issues.

NONCLINICAL/ PRODUCT QUALITY

1. Revise the drug product release specification to include a single criterion for purity and related substances to be used both at release and on stability. Include a justification for the proposed criteria.
2. In section 3.2.P.2 Table 18, Comparator Comparison Stability Study, the levels of impurity (b) (4) at 3 and 6 months are lower at $40\pm 2^{\circ}\text{C}/75\pm 5\%$ RH than at $25\pm 2^{\circ}\text{C}/60\pm 5\%$ RH. However, other impurity levels are generally higher at the higher temperature than at the lower temperature. Explain this apparent discrepancy.
3. Either provide additional stability data and information to support the proposed storage condition (b) (4) in the absence of light) or revise the proposed label storage statement to indicate a condition supported by the submitted long-term stability studies. The current stability information is not sufficient to support storage (b) (4)
4. Provide additional long term stability data to support the proposed initial drug product expiry period. The submitted 6 month data is not sufficient to support approval (b) (4)

5. Using the analytical method in your NDA, there are two new impurity peaks identified as RRT ^{(b) (4)} and RRT ^{(b) (4)}. The acceptance criteria for these two compounds are set at NMT ^{(b) (4)}. This acceptance criteria is above the threshold of 0.2% set by ICH Q3B (R2) based on the maximum daily dose of 180 mg/person. Please identify these two impurity peaks. If the impurity peaks at RRT ^{(b) (4)} and RRT ^{(b) (4)} cannot be identified, their levels should be adequately justified (e.g., based on nonclinical studies), or reduced to meet the ICHQ3B (R2) threshold. If the impurity peaks at RRT ^{(b) (4)} and RRT ^{(b) (4)} are identified to be an impurity in the RLD, their levels should be reduced to less than the levels observed in the RLD; levels above the RLD should be adequately justified based on nonclinical or clinical studies.

LABELING

We will provide labeling comments in a follow-up communication. When you submit revised labeling, your response must include updated content of labeling [21 CFR 314.50(1)(1)(i)] in structured product labeling (SPL) format as described at <http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm>.

SAFETY UPDATE

When you respond to the above deficiencies, include a safety update as described at 21 CFR 314.50(d)(5)(vi)(b). The safety update should include data from all nonclinical and clinical studies/trials of the drug under consideration regardless of indication, dosage form, or dose level.

1. Describe in detail any significant changes or findings in the safety profile.
2. When assembling the sections describing discontinuations due to adverse events, serious adverse events, and common adverse events, incorporate new safety data as follows:
 - Present new safety data from the studies/clinical trials for the proposed indication using the same format as the original NDA submission.
 - Present tabulations of the new safety data combined with the original NDA data.
 - Include tables that compare frequencies of adverse events in the original NDA with the retabulated frequencies described in the bullet above.
 - For indications other than the proposed indication, provide separate tables for the frequencies of adverse events occurring in clinical trials.
3. Present a retabulation of the reasons for premature trial discontinuation by incorporating the drop-outs from the newly completed trials. Describe any new trends or patterns identified.
4. Provide case report forms and narrative summaries for each patient who died during a clinical trial or who did not complete a trial because of an adverse event. In addition, provide narrative summaries for serious adverse events.

5. Describe any information that suggests a substantial change in the incidence of common, but less serious, adverse events between the new data and the original NDA data.
6. Provide updated exposure information for the clinical studies/trials (e.g., number of subjects, person time).
7. Provide a summary of worldwide experience on the safety of this drug. Include an updated estimate of use for drug marketed in other countries.
8. Provide English translations of current approved foreign labeling not previously submitted.

OTHER

Within one year after the date of this letter, you are required to resubmit or take other actions available under 21 CFR 314.110. If you do not take one of these actions, we may consider your lack of response a request to withdraw the application under 21 CFR 314.65. You may also request an extension of time in which to resubmit the application. A resubmission must fully address all the deficiencies listed. A partial response to this letter will not be processed as a resubmission and will not start a new review cycle.

Under 21 CFR 314.102(d), you may request a meeting or telephone conference with us to discuss what steps you need to take before the application may be approved. If you wish to have such a meeting, submit your meeting request as described in the FDA's "Guidance for Industry - Formal Meetings Between the FDA and Sponsors or Applicants," May 2009 at <http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM153222.pdf>.

The drug product may not be legally marketed until you have been notified in writing that this application is approved.

If you have any questions, call Kim J. Robertson, Regulatory Project Manager, at (301) 796-1441.

Sincerely,

{See appended electronic signature page}

Anthony J. Murgo, M.D.
Acting Deputy Director
Division of Drug Oncology Products
Office of Oncology Drug Products
Center for Drug Evaluation and Research

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

/s/

ANTHONY J MURGO
10/22/2010