

**CENTER FOR DRUG EVALUATION AND
RESEARCH**

APPLICATION NUMBER:

201525Orig1s000

**ADMINISTRATIVE and CORRESPONDENCE
DOCUMENTS**

EXCLUSIVITY SUMMARY

NDA # 201525

SUPPL #

HFD # 150

Trade Name Docetaxel Injection

Generic Name

Applicant Name Sandoz Inc.

Approval Date, If Known

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.

N/A

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:

N/A

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?

Pediatric exclusivity granted for the RLD, NDA 020449, Taxotere (docetaxel) Injection Concentrate 20 mg and 80 mg.

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# 201195	Docetaxel Injection 20 mg and 80 mg
NDA# 022534	DOCEFREZ (docetaxel injection)
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)

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

YES
Explain:

!
! NO
! Explain:

Investigation #2

YES
Explain:

!
!
! NO
! 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: 06/27/11

Name of Office/Division Director signing form:
Anthony J. Murgu, MD
Title: Acting Deputy Division 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

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
06/28/2011

ANTHONY J MURGO
06/28/2011



DEBARMENT CERTIFICATION

Sandoz Inc. hereby certifies that it has not and will not use, in any capacity, the services of any person debarred under Section 306(a) or (b) of the Federal Food, Drug and Cosmetic Act, in connection with this application.

We hereby certify that neither Sandoz Inc., nor any affiliated persons responsible for the development or submission of the application have been convicted as described in Section 306(a) and (b) within 5 years before the date of this application.

Bernadette
Name

3/2/10
Date

ACTION PACKAGE CHECKLIST

APPLICATION INFORMATION¹		
NDA # 201525 BLA #	NDA Supplement # BLA STN #	If NDA, Efficacy Supplement Type:
Proprietary Name: docetaxel Injection Established/Proper Name: Dosage Form: 20mg/2mL, 80mg/8mL, 160mg/16mL		Applicant: Sandoz Agent for Applicant (if applicable):
RPM: Jamila A. Mwidau		Division: DDOP
<p>NDAs: 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 505(b)(2) Assessment or the Appendix to this Action Package Checklist.)</p>		<p>505(b)(2) Original NDAs and 505(b)(2) NDA supplements: Listed drug(s) relied upon for approval (include NDA #(s) and drug name(s)):</p> <p>Taxotere[®], NDA 20-449</p> <p>Provide a brief explanation of how this product is different from the listed drug.</p> <p>This drug product contains 10 mg/mL of docetaxel. However, the newly approved one-vial formulation of Taxotere[®] (NDA 20-449 supplement 054, approved 02-Aug-2010) contains 20 mg/mL of the active ingredient. With the exception of two added excipients (polyethylene glycol 300 and citric acid), the proposed drug product contains the same active and inactive ingredients as the listed drug. There are differences in concentration for polysorbate 80 and ethanol as compared to the listed drug.</p> <p>If no listed drug, explain.</p> <p><input type="checkbox"/> This application relies on literature. <input type="checkbox"/> This application relies on a final OTC monograph. <input type="checkbox"/> Other (explain)</p> <p><u>Two months prior to each action, review the information in the 505(b)(2) Assessment and submit the draft to CDER OND IO for clearance. Finalize the 505(b)(2) Assessment at the time of the approval action.</u></p> <p><u>On the day of approval, check the Orange Book again for any new patents or pediatric exclusivity.</u></p> <p><input checked="" type="checkbox"/> No changes <input type="checkbox"/> Updated Date of check:</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>
❖ Actions		

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	
Review priority: <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Priority Chemical classification (new NDAs only): <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 NDAs: Subpart H <input type="checkbox"/> Accelerated approval (21 CFR 314.510) <input type="checkbox"/> Restricted distribution (21 CFR 314.520) Subpart I <input type="checkbox"/> Approval based on animal studies <input type="checkbox"/> Submitted in response to a PMR <input type="checkbox"/> Submitted in response to a PMC <input type="checkbox"/> Submitted in response to a Pediatric Written Request BLAs: Subpart E <input type="checkbox"/> Accelerated approval (21 CFR 601.41) <input type="checkbox"/> Restricted distribution (21 CFR 601.42) Subpart H <input type="checkbox"/> Approval based on animal studies REMS: <input type="checkbox"/> MedGuide <input type="checkbox"/> Communication Plan <input type="checkbox"/> ETASU <input type="checkbox"/> REMS not required Comments:	
♦ BLAs only: Ensure <i>RMS-BLA Product Information Sheet for TBP</i> and <i>RMS-BLA Facility Information Sheet for TBP</i> have been completed and forwarded to OPI/OBI/DRM (Vicky Carter)	<input type="checkbox"/> Yes, dates N/A
♦ 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 checked="" type="checkbox"/> No
♦ Public communications (<i>approvals only</i>)	
<ul style="list-style-type: none"> Office of Executive Programs (OEP) liaison has been notified of action 	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<ul style="list-style-type: none"> Press Office notified of action (by OEP) 	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<ul style="list-style-type: none"> 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 Answer all questions in all sections in relation 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 BLA: Is there existing orphan drug exclusivity for the "same" drug or biologic for the proposed indication(s)? Refer to 21 CFR 316.3(b)(13) for the definition of "same drug" for an orphan drug (i.e., active moiety). This definition is NOT the same as that used for NDA chemical classification. 	<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? (Note that, even if exclusivity remains, the application may be tentatively approved if it is otherwise ready for approval.) 	<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? (Note that, even if exclusivity remains, the application may be tentatively approved if it is otherwise ready for approval.) 	<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? (Note that, even if exclusivity remains, the application may be tentatively approved if it is otherwise ready for approval.) 	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, NDA # 020449 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)? (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.) 	<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 05/14/2002
<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). (If the application does not include any paragraph IV certifications, mark "N/A" and skip to the next section below (Summary Reviews)). 	<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	YES
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 checked="" type="checkbox"/> Included
Documentation of consent/non-consent by officers/employees	<input checked="" type="checkbox"/> Included
Action Letters	
Copies of all action letters (<i>including approval letter with final labeling</i>)	Action(s) and date(s) AP Letter dated 06/29/2011
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 draft labeling. If it is division-proposed labeling, it should be in track-changes format. 	06/01/2011
<ul style="list-style-type: none"> • Original applicant-proposed labeling 	09/16/2010
<ul style="list-style-type: none"> • Example of class labeling, if applicable 	N/A

³ Fill in blanks with dates of reviews, letters, etc.
Version: 8/25/10

<ul style="list-style-type: none"> Medication Guide/Patient Package Insert/Instructions for Use/Device Labeling (<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"/> Device Labeling <input type="checkbox"/> None
<ul style="list-style-type: none"> Most-recent draft labeling. If it is division-proposed labeling, it should be in track-changes format. 	06/01/2011
<ul style="list-style-type: none"> Original applicant-proposed labeling 	09/16/2010
<ul style="list-style-type: none"> Example of class labeling, if applicable 	N/A
<ul style="list-style-type: none"> 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 draft labeling 	06/01/2011
<ul style="list-style-type: none"> Proprietary Name <ul style="list-style-type: none"> Acceptability/non-acceptability letter(s) (<i>indicate date(s)</i>) Review(s) (<i>indicate date(s)</i>) 	N/A
<ul style="list-style-type: none"> Labeling reviews (<i>indicate dates of reviews and meetings</i>) 	<input type="checkbox"/> RPM N/A <input checked="" type="checkbox"/> DMEPA 05/27/2011 <input type="checkbox"/> DRISK <input type="checkbox"/> DDMAC <input type="checkbox"/> CSS <input type="checkbox"/> Other reviews
Administrative / Regulatory Documents	
<ul style="list-style-type: none"> Administrative Reviews (<i>e.g., RPM Filing Review/Memo of Filing Meeting</i>) (<i>indicate date of each review</i>) 	RPM 05/31/2011
<ul style="list-style-type: none"> All NDA (b)(2) Actions: Date each action cleared by (b)(2) Clearance Cmte 	<input type="checkbox"/> Not a (b)(2) 06/22/2011 <input type="checkbox"/> Not a (b)(2) 06/27/2011
<ul style="list-style-type: none"> NDA (b)(2) Approvals Only: 505(b)(2) Assessment (<i>indicate date</i>) 	<input type="checkbox"/> Not a (b)(2) 06/27/2011
<ul style="list-style-type: none"> NDA only: Exclusivity Summary (<i>signed by Division Director</i>) 	<input type="checkbox"/> Included
<ul style="list-style-type: none"> Application Integrity Policy (AIP) Status and Related Documents http://www.fda.gov/ICECI/EnforcementActions/ApplicationIntegrityPolicy/default.htm 	
<ul style="list-style-type: none"> Applicant is on the AIP 	<input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> No <input type="checkbox"/> Not an AP action
<ul style="list-style-type: none"> Pediatrics (<i>approvals only</i>) <ul style="list-style-type: none"> Date reviewed by PeRC _____ If PeRC review not necessary, explain: _____ Pediatric Page/Record (<i>approvals only, must be reviewed by PERC before finalized</i>) 	<input type="checkbox"/> Included
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> Outgoing communications (<i>letters (except action letters), emails, faxes, telecons</i>) 	Yes

⁴ Filing reviews for scientific disciplines should be filed behind the respective discipline tab.
Version: 3/25/10

❖ Internal memoranda, telecons, etc.	N/A
Minutes of Meetings	
• Regulatory Briefing (<i>indicate date of mtg</i>)	<input checked="" type="checkbox"/> No mtg
• If not the first review cycle, any end-of-review meeting (<i>indicate date of mtg</i>)	<input checked="" type="checkbox"/> N/A or no mtg
• Pre-NDA/BLA meeting (<i>indicate date of mtg</i>)	<input checked="" type="checkbox"/> No mtg FDA Preliminary Comments dated 06/26/2008
• EOP2 meeting (<i>indicate date of mtg</i>)	<input type="checkbox"/> No mtg
• Other milestone meetings (e.g., EOP2a, CMC pilots) (<i>indicate dates of mtgs</i>)	
❖ Advisory Committee Meeting(s)	<input checked="" type="checkbox"/> No AC meeting
• 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 06/27/2011
Cross-Discipline Team Leader Review (<i>indicate date for each review</i>)	<input type="checkbox"/> None 06/24/11
PMR/PMC Development Templates (<i>indicate total number</i>)	<input checked="" type="checkbox"/> None
Clinical Information⁵	
❖ Clinical Reviews	
• Clinical Team Leader Review(s) (<i>indicate date for each review</i>)	N/A
• Clinical review(s) (<i>indicate date for each review</i>)	06/09/11
• Social scientist review(s) (if OTC drug) (<i>indicate date for each review</i>)	<input checked="" type="checkbox"/> None
❖ Financial Disclosure reviews(s) or location/date if addressed in another review OR If no financial disclosure information was required, check here <input type="checkbox"/> and include a review/memo explaining why not (<i>indicate date of review/memo</i>)	N/A
Clinical reviews from immunology and 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 applicable
❖ Risk Management	
• REMS Documents and Supporting Statement (<i>indicate date(s) of submission(s)</i>)	
• REMS Memo(s) and letter(s) (<i>indicate date(s)</i>)	
• Risk management 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

⁵ Filing reviews should be filed with the discipline reviews.
Version: 8/25/10

Clinical Microbiology <input checked="" type="checkbox"/> None	
Clinical Microbiology Team Leader Review(s) (indicate date for each review)	<input type="checkbox"/> None
Clinical Microbiology Review(s) (indicate date for each review)	<input type="checkbox"/> None
Biostatistics <input checked="" type="checkbox"/> None	
❖ Statistical Division Director Review(s) (indicate date for each review)	<input type="checkbox"/> None
Statistical Team Leader Review(s) (indicate date for each review)	<input type="checkbox"/> None
Statistical Review(s) (indicate date for each review)	<input type="checkbox"/> None
Clinical Pharmacology <input type="checkbox"/> None	
❖ Clinical Pharmacology Division Director Review(s) (indicate date for each review)	<input checked="" type="checkbox"/> None
Clinical Pharmacology Team Leader Review(s) (indicate date for each review)	<input checked="" type="checkbox"/> None
Clinical Pharmacology review(s) (indicate date for each review)	<input type="checkbox"/> None 04/08/11
❖ DSI Clinical Pharmacology Inspection Review Summary (include copies of DSI letters)	<input type="checkbox"/> None
Nonclinical <input type="checkbox"/> None	
❖ Pharmacology/Toxicology Discipline Reviews	
• ADP/T Review(s) (indicate date for each review)	<input checked="" type="checkbox"/> None
• Supervisory Review(s) (indicate date for each review)	<input type="checkbox"/> None 06/09/2011
• Pharm/tox review(s), including referenced IND reviews (indicate date for each review)	<input type="checkbox"/> None 06/09/2011
❖ Review(s) by other disciplines/divisions/Centers requested by P/T reviewer (indicate date for each review)	<input checked="" type="checkbox"/> None
❖ Statistical review(s) of carcinogenicity studies (indicate date for each review)	<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 (include copies of DSI letters)	<input checked="" type="checkbox"/> None requested
Product Quality <input type="checkbox"/> None	
Product Quality Discipline Reviews	
• ONDQA/OBP Division Director Review(s) (indicate date for each review)	<input checked="" type="checkbox"/> None
• Branch Chief/Team Leader Review(s) (indicate date for each review)	<input type="checkbox"/> None See CDTL memo dated 06/24/2011
• Product quality review(s) including ONDQA biopharmaceutics reviews (indicate date for each review)	<input type="checkbox"/> None Product Quality Review 05/16/2011 and Biopharmaceutics 04/26/2011
❖ Microbiology Reviews	<input type="checkbox"/> Not needed 04/08/2011
<input checked="" type="checkbox"/> NDAs: Microbiology reviews (sterility & pyrogenicity) (OPS/NDMS) (indicate date of each review)	
<input type="checkbox"/> BLAs: Sterility assurance, microbiology, facilities reviews (DMPQ/MAPCB/BMT) (indicate date of each review)	N/A
❖ Reviews by other disciplines/divisions/Centers requested by CMC/quality reviewer (indicate date of each review)	<input checked="" type="checkbox"/> None

❖ Environmental Assessment (check one) (original and supplemental applications)	
<input checked="" type="checkbox"/> Categorical Exclusion (indicate review date)(all original applications and all efficacy supplements that could increase the patient population)	See CMC Review dated 05/16/2011
<input type="checkbox"/> Review & FONSI (indicate date of review)	
<input type="checkbox"/> Review & Environmental Impact Statement (indicate date of each review)	
❖ Facilities Review/Inspection	
<input type="checkbox"/> NDAs: Facilities inspections (include EER printout) (date completed must be within 2 years of action date) (only original NDAs and supplements that include a new facility or a change that affects the manufacturing sites ⁶)	Date completed: 04/26/2011 <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Withhold recommendation <input type="checkbox"/> Not applicable
<input type="checkbox"/> BLAs: TB-EER (date of most recent TB-EER must be within 30 days of action date) (original and supplemental BLAs)	Date completed: <input type="checkbox"/> Acceptable <input type="checkbox"/> Withhold recommendation
❖ NDAs: Methods Validation (check box only, do not include documents)	<input type="checkbox"/> Completed <input type="checkbox"/> Requested <input type="checkbox"/> Not yet requested <input checked="" type="checkbox"/> Not needed (per review)

⁶ I.e., a new facility or a change in the facility, or a change in the manufacturing process in a way that impacts the Quality Management Systems of the facility.

Appendix to Action Package Checklist

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.

Mwidau, Jamila

From: Mwidau, Jamila
Sent: Tuesday, May 31, 2011 2:15 PM
To: 'theresa.tran@sandoz.com'
Subject: NDA 201525_Docetaxel Injection

Attachments: Docetaxel Labeling PROPOSED (track changes) 2011-05-17.doc

Theresa,

Attached is label with edits. Please review and if all changes are acceptable, submit a clean copy of the labeling with all the final carton and container labels as one submission by Thursday, June 2nd.



Docetaxel Labeling
PROPOSED (t...

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

59 Page(s) of Draft Labeling have been Withheld in Full as b4 (CCI/TS) immediately following this page

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
05/31/2011

Mwidau, Jamila

From: Mwidau, Jamila
Sent: Thursday, May 12, 2011 11:39 AM
To: 'bernadette.attinger@sandoz.com'
Cc: Mwidau, Jamila
Subject: NDA 201525_Docetaxel Injection

Attachments: NDA 201525 Labeling PROPOSED- CMC and Clin Pharm050211.doc

Dear Bernadette,

Attached is label with edits from the FDA. Please review and if you agree with all the changes, accept the tracked changes and submit a clean copy to me via email by Thursday, May 19, 2011 followed by an official submission.



NDA 201525
Labeling PROPOSED-

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

67 Page(s) of Draft Labeling have been Withheld in Full as b4 (CCI/TS) immediately following this page

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
05/12/2011



NDA 201525

INFORMATION REQUEST

Sandoz Inc.
Attention: Bernadette Attinger
Director, Regulatory Affairs
506 Carnegie Center, Suite 400
Princeton, NJ 08540

Dear Ms. Attinger:

Please refer to your New Drug Application (NDA) submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Docetaxel Injection 10 mg/mL in the following presentations: 20 mg/2mL, 80 mg/8mL, and 160 mg/16 mL.

We also refer to the Information Request dated March 15, 2011, and to your submission dated and received April 25, 2011.

We are reviewing the Chemistry, Manufacturing, and Control section of your submission and have the following comments and information requests. We request a written response no later than May 6, 2011, in order to continue our evaluation of your NDA.

1. The following deficiencies pertain to the analytical procedure for the related substances in the drug substance (Section 3.2.S.4.2).

(a)  (b) (4)

(b)  (b) (4)

2. Similarly, provide a calculation method for the  content in drug product (Section 3.2.P.5.2), since a reference standard for  is not used in the analytical procedure and a relative response factor is not provided.

3. The following comment pertains to the immediate container label:

(a) Change the inactive ingredient (b) (4) to its USP monograph name of “alcohol.”

4. The following comments pertain to the carton labeling:

(a) Change the inactive ingredient (b) (4) to its USP monograph name of “alcohol.”

(b) It is recommended that the carton labeling contains a statement of being sterile.

5. The following comments pertain to SPL Drug Listing Data Element (DLDE):

(a) Revise the “Packaging” section to include multi-level packaging information. The following is an example for the 2 mL/vial size. The 8 mL and 16 mL presentations should also be revised accordingly.

Packaging			
#	NDC	Package Description	Multilevel Packaging
1	NDC:66758-050-01	1VIAL in 1 CARTON	contains a VIAL, MULTI-DOSE
		2 mL in 1 VIAL, MULTI-DOSE	This package is contained within the CARTON (66758-050-01)

(b) Change “injection” to “injection, solution” (SPL dosage form #C42945) to better reflect the dosage form. Therefore, the drug name and dosage form area would appear as follows:

Docetaxel Injection
docetaxel injection, solution

6. Your request for a categorical exclusion from the requirement to submit an environmental assessment (section 1.12.14) is deficient. Your statement that no biologic, wild, or cultivated species are used in the manufacture of docetaxel conflicts with your statement in the "Description" section of your proposed package insert that docetaxel drug substance is prepared by semisynthesis beginning with a precursor extracted from yew plants. Sufficient information should be submitted to claim a categorical exclusion, or a complete environmental assessment is required. Refer to the attached document for details.

7. The chemical structure you provided in the April 25, 2011, amendment for the package insert (sections 1.14.1.3 and 1.14.3.1) is incorrect (see your response to item #1). Replace it with the correct stereochemistry (refer to the chemical structure in your response to item #2 in the same amendment).

If you have any questions, call Tu-Van Lambert, Product Quality Regulatory Health Project Manager, at (301) 796-4246.

Sincerely,

{See appended electronic signature page}

Sarah Pope Miksinski, Ph.D.
Branch Chief, Branch II
Division of New Drug Quality Assessment I
Office of New Drug Quality
Center for Drug Evaluation and Research

Enclosure: ENVIRONMENTAL ASSESSMENTS / USE OF (b) (4)

7 Page(s) has been Withheld in Full as b4 (CCI/TS) immediately following this page

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

/s/

SARAH P MIKSINSKI
04/26/2011

Mwidau, Jamila

From: Mwidau, Jamila
Sent: Thursday, April 21, 2011 1:59 PM
To: 'bernadette.attinger@sandoz.com'
Subject: NDA 201525_Docetaxel Injection Comments

Dear Bernadette,

Please see comments below and kindly acknowledge receipt. I will be sending you the label with FDA edits soon.

A. General Comments for all Container Labels and Carton Labeling

1. Due to the availability of multiple formulations of docetaxel in varying concentrations that require differing instructions for drug preparation, the potential for confusion among these products is a significant safety concern for DMEPA. Thus, it is essential to differentiate the labels and labeling of these products such that the potential for confusion is minimized. One important feature of the container labels and carton labeling, that may help to differentiate these products, is color.

Thus, in an effort to help minimize the potential for confusion that can lead to dosing errors due to similarities or overlaps in color between the products, we take into consideration that colors should not overlap between the following:

- One-vial vs. two-vial formulations
- Concentration of 10 mg/mL vs. concentration of 20 mg/mL prior to dilution in infusion bag

The colors you propose for strength differentiation of the 20 mg and 80 mg strengths are similar to those utilized for the currently marketed one-vial Taxotere. This may lead to confusion since Docetaxel Injection and one-vial Taxotere differ in concentration (10 mg/mL vs. 20 mg/mL). Another potential source of confusion is the fact that the red color for Docetaxel Injection 20 mg/2 mL is similar to that of one-vial Taxotere 80 mg/4 mL and the green color for Docetaxel Injection 80 mg/8mL is similar to that of one-vial Taxotere 20 mg/mL. Therefore, not only could the concentrations get confused but the strengths could get confused as well which could lead to wrong dose errors. Thus, we request you choose colors for strength differentiation that do not overlap with the currently marketed one-vial Taxotere.

2. Revise the statement (b) (4) to read: "For Intravenous Infusion Only"

3. Add the following statements to the principal display panel: "Ready to add to infusion solution" and "Check concentration prior to preparation. See package insert for complete instructions".

4. The Sandoz name logo is too prominent on the labels and labeling. Minimize or delete the Sandoz name logo.

B. Container Labels

The established name lacks prominence. Increase the prominence of the established name.

C. Carton Labeling

1. Add a statement to the principal display panel that reads: "Check concentration prior to preparation. See package insert for complete instructions."

2. Add the concentration to the top of the principal display panel (e.g., 20 mg/2 mL (10 mg/mL), 80 mg/8 mL (10 mg/mL), or 160 mg/16 mL (10 mg/mL). See the approved Hospira one-vial Docetaxel Injection.

3. Add a banner to the top of the principal display panel that states the following: "New Concentration and Preparation". Please note this statement must be removed after six months.

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
04/21/2011



NDA 201525

INFORMATION REQUEST

Sandoz Inc.
Attention: Bernadette Attinger
Director, Regulatory Affairs
506 Carnegie Center, Suite 400
Princeton, NJ 08540

Dear Ms. Attinger:

Please refer to your New Drug Application (NDA) submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Docetaxel Injection 10 mg/mL in the following presentations: 20 mg/2mL, 80 mg/8mL and 160 mg/16 mL.

We also refer to your September 16, 2010, October 6, 2010, and November 15, 2010 submissions.

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

1. Revise Section 11 (Description) of the labeling to correctly reflect the chemical structure, chemical name, molecular formula and molecular weight of the drug substance, (b) (4)
[REDACTED]
2. Revise the stereochemical configurations for the drug substance chemical structure in sections 3.2.S.1.2 and 2.3.S.1.2. The stereochemical configurations, as presented in these sections, do not appear to be consistent with the stereochemical configurations of docetaxel in the reference listed drug and in published sources. Note that the chemical name of the drug substance, as shown in section 3.2.S.1.1 (b) (4)
[REDACTED].
Resolve this discrepancy.
3. For the drug substance and drug product specifications (Tables 3.2.S.4.1-1 and 3.2.P.5.1-1), it is noted that Ph.Eur. analytical procedures are listed for some of the tests. For those analytical procedures that currently exist in USP, you may choose to perform release testing using the EP analytical procedures as alternative analytical procedures (provided the results of EP testing are equivalent to the monograph), but the analytical procedures in the official

compendia will remain as the regulatory procedures. Revise the drug substance and drug product specifications accordingly.

4. For the drug substance and drug product specifications, (b) (4)
[REDACTED]
Revise the specification tables accordingly.
5. It is noted that different acceptance criteria are proposed for release and shelf-life for the drug product specification. Harmonize your proposed acceptance criteria to reflect a single specification for both release and shelf-life, and revise the proposed specification accordingly.
6. Provide freeze-thaw cycling stability data for the drug product. This stability study is required to demonstrate the stability of the drug product in distribution and during the use, and to support your labeling statement that freezing does not adversely affect the product.
7. Provide drug product stability data for the drug product stored in an (b) (4) position. It is noted that the stability data provided in section 3.2.P.8.3 of your NDA are for the (b) (4) position only. This comparison between upright and inverted position is important to determine whether contact of the drug product with the closure results in extraction of chemical substances from the closure components or adsorption and absorption of product components into the container/closure.
8. Provide functionality test results as described in USP <381> for the proposed stoppers.
9. Provide compatibility study results to demonstrate stability of the drug product when diluted into infusion solutions and during infusion, under the conditions described in the proposed package insert. Specifically, provide data to demonstrate compatibility of the drug product with the proposed infusion bottles (b) (4), plastic bags (b) (4), syringe, and the infusion line (b) (4). It is noted that the data you provided in section 3.2.P.2.6 was obtained using (b) (4) bottles only.

If you have any questions, call Tu-Van Lambert, Product Quality Regulatory Health Project Manager, at (301) 796-4246.

Sincerely,

{See appended electronic signature page}

Sarah Pope Miksinski, Ph.D.
Chief, Branch II
Division of New Drug Quality Assessment I
Office of New Drug Quality Assessment
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/

SARAH P MIKSINSKI
03/15/2011

Mwidau, Jamila

From: Dorantes, Angelica
Sent: Monday, March 07, 2011 6:35 PM
To: Mwidau, Jamila
Cc: Pope Miksinski, Sarah; Lambert, Tu-Van; Marroum, Patrick J; Lin, Sue Ching; Sarker, Haripada
Subject: Biowaiver - NDA 201,525 for Docetaxel Injection manufactured by Sandoz

Hi Jamila:

According to our current policy for granting biowaiver for parenteral products, the Sandoz formulation for docetaxel does not qualify for a biowaiver. Docetaxel is an insoluble drug and Sandoz formulation includes a high percentage of polyethylene glycol 300, a solubilizing agent that is not included in the formulation of the RLD product.

Up to date only Taxotere (RLD) is approved, the other docetaxel products submitted under NDAs have not been approved yet. (b) (4) did not include a biowaiver deficiency and the docetaxel product from Sandoz is the latest. Therefore, I had to compile the formulations information for all the NDA-docetaxel products as well as the Agency's determination regarding their biowaiver. (b) (4) of the products include polyethylene glycol 300 in their formulation and the Agency granted a biowaiver or agreed that BA/BE studies were no needed for all of them; therefore, it becomes very difficult to deny the biowaiver for NDA 201-525 from Sandoz.

In conclusion, ONDQA-Biopharmaceutics has decided that in this case the best approach is to keep consistency with the Agency's previously given biowaiver recommendations for the docetaxel Injection products, and a biowaiver will be granted for NDA 201,525 for Docetaxel Injection manufactured by Sandoz. Therefore, no further information is needed and there are no comments to be conveyed to the sponsor.

Thank you,
Angelica

*Angelica Dorantes, Ph.D.
Biopharmaceutics Team Leader
Office of New Drug Quality Assessment*

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
03/08/2011

REQUEST FOR CONSULTATION

TO (Office/Division): **Environmental Assessment Group/SRS**
Attn: Raanan Bloom and/or Emily McVey

FROM (Name, Office/Division, and Phone Number of Requestor): **Tu-Van Lambert, Regulatory Project Manager, Office of New Drug Quality Assessment**

DATE February 8, 2011	IND NO.	NDA NO. 201525	TYPE OF DOCUMENT 505(b)(2) new NDA	DATE OF DOCUMENT September 16, 2010
--------------------------	---------	-------------------	---------------------------------------	--

NAME OF DRUG docetaxel injection	PRIORITY CONSIDERATION standard review	CLASSIFICATION OF DRUG oncology drug	DESIRED COMPLETION DATE May 17, 2011
-------------------------------------	---	---	---

NAME OF FIRM: **Sandoz Inc.**

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 2a MEETING
<input type="checkbox"/> END-OF-PHASE 2 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): |
|--|---|--|

II. BIOMETRICS

- | | |
|---|--|
| <input type="checkbox"/> PRIORITY P NDA REVIEW
<input type="checkbox"/> END-OF-PHASE 2 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 4 STUDIES | <input type="checkbox"/> DEFICIENCY LETTER RESPONSE
<input type="checkbox"/> PROTOCOL - BIOPHARMACEUTICS
<input type="checkbox"/> IN-VIVO WAIVER REQUEST |
|--|--|

IV. DRUG SAFETY

- | | |
|---|---|
| <input type="checkbox"/> PHASE 4 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"/> NONCLINICAL |
|-----------------------------------|--------------------------------------|

COMMENTS / SPECIAL INSTRUCTIONS: This new NDA is a 505(b)(2) for the treatment of breast cancer, non-small cell lung cancer hormone refractory prostate cancer, gastric adenocarcinoma, and squamous cell carcinoma of the head and neck cancer. Please review the NDA's environmental assessment. Submissions can be found in DARRTS: \\Cdsub1\evsprod\NDA201525
PDUFA date: July 17, 2011

SIGNATURE OF REQUESTOR
Tu-Van Lambert

METHOD OF DELIVERY (Check one)
 DFS EMAIL MAIL HAND

PRINTED NAME AND SIGNATURE OF RECEIVER

PRINTED NAME AND SIGNATURE OF DELIVERER

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

/s/

TU-VAN L LAMBERT
02/08/2011

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**

***E-mail to:* CDER OPS IO MICRO**

***Paper mail to:* WO Bldg 51, Room 4193**

FROM: Tu-Van Lambert, Product Quality RPM, Office of New Drug Quality Assessment, WO 21 Room 2625, (301) 796-4246
PROJECT MANAGER (*if other than sender*):

REQUEST DATE
February 8, 2011

IND NO.

NDA NO.
201525

TYPE OF DOCUMENT
New NDA

DATE OF DOCUMENT
September 16, 2010

NAMES OF DRUG
Docetaxel Injection

PRIORITY CONSIDERATION
Standard review

PDUFA DATE
July 17, 2011

DESIRED COMPLETION DATE
May 17, 2011

NAME OF APPLICANT OR SPONSOR: Sandoz Inc.

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 checked="" type="checkbox"/> DOCUMENT IN EDR | |

COMMENTS / SPECIAL INSTRUCTIONS:

This 505(b)(2) for docetaxel injection is for the treatment of breast cancer, non-small cell lung cancer hormone refractory prostate cancer, gastric adenocarcinoma, and squamous cell carcinoma of the head and neck cancer. Formal micro consult is requested to evaluate this submission from the sterility assurance standpoint. Please also review the microbiology aspect of the drug substance specification. Please note that Bryan Riley has completed the filing review for this submission.

Application can be found in DARRTS. Original submission: \\Cdsesub1\evsprod\nda201525

PDUFA date: July 17, 2011

SIGNATURE OF REQUESTER Tu-Van Lambert

REVIEW REQUEST DELIVERED BY (Check one):

DARRTS EDR E-MAIL MAIL HAND

DOCUMENTS FOR REVIEW DELIVERED BY (Check one):

EDR E-MAIL MAIL HAND

Reference ID: 2902594

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

/s/

TU-VAN L LAMBERT
02/08/2011



NDA 201525

FILING COMMUNICATION

Sandoz Inc.
Attention: Ms. Bernadette Attinger
Director of Regulatory Affairs
506 Carnegie Center
Suite 400
Princeton, NJ 08540

Dear Ms. Attinger:

Please refer to your New Drug Application (NDA) dated September 16, 2010, received September 17, 2010, submitted pursuant to section 505(b)(2) of the Federal Food, Drug, and Cosmetic Act, for Docetaxel Injection 10 mg/mL in the following presentations: 20 mg/2mL, 80 mg/8mL and 160 mg/16 mL.

We also refer to your submissions dated October 6, 2010 and November 15, 2010.

We have completed our filing review and have determined that your application is sufficiently complete to permit a substantive review. Therefore, in accordance with 21 CFR 314.101(a), this application is considered filed 60 days after the date we received your application. The review classification for this application is Standard. Therefore, the user fee goal date is July 17, 2011.

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, midcycle, 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 June 19, 2011.

At this time, we are notifying you that, we have not identified any potential review issues. Please note that our filing review is only a preliminary evaluation of the application and is not indicative of deficiencies that may be identified during our review.

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.

Because none of these criteria apply to your application, you are exempt from this requirement. If you have any questions, call Jamila Mwidau, Regulatory Project Manager, at (301) 796-4989.

Sincerely,

{See appended electronic signature page}

Robert L. Justice, M.D., M.S
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/

FRANK H Cross

11/30/2010

Signed for Robert L. Justice, M.D., M.S

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/

JAMILA MWIDAU
11/19/2010

REQUEST FOR DDMAC LABELING REVIEW CONSULTATION

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

TO: CDER-DDMAC-RPM: Michael Wade/Keith Olin	FROM: (Name/Title, Office/Division/Phone number of requestor) Jamila Mwidau X64989
---	--

REQUEST DATE 11/18/10	IND NO. N/A	NDA/BLA NO. 201525	TYPE OF DOCUMENTS (PLEASE CHECK OFF BELOW) 05/12/11
---------------------------------	-----------------------	------------------------------	---

NAME OF DRUG Docetaxel Injection	PRIORITY CONSIDERATION Standard	CLASSIFICATION OF DRUG N/A	DESIRED COMPLETION DATE (Generally 1 week before the wrap-up meeting) 05/12/11
--	---	--------------------------------------	---

NAME OF FIRM: Sandoz Inc.	PDUFA Date: 07/17/11
-------------------------------------	-----------------------------

TYPE OF LABEL TO REVIEW

TYPE OF LABELING: (Check all that apply)	TYPE OF APPLICATION/SUBMISSION	REASON FOR LABELING CONSULT
<input type="checkbox"/> PACKAGE INSERT (PI)	<input type="checkbox"/> ORIGINAL NDA/BLA	<input checked="" type="checkbox"/> INITIAL PROPOSED LABELING
<input type="checkbox"/> PATIENT PACKAGE INSERT (PPI)	<input type="checkbox"/> IND	<input type="checkbox"/> LABELING REVISION
<input type="checkbox"/> CARTON/CONTAINER LABELING	<input checked="" type="checkbox"/> EFFICACY SUPPLEMENT	
<input type="checkbox"/> MEDICATION GUIDE	<input type="checkbox"/> SAFETY SUPPLEMENT	
<input type="checkbox"/> INSTRUCTIONS FOR USE(IFU)	<input type="checkbox"/> LABELING SUPPLEMENT	
	<input type="checkbox"/> PLR CONVERSION	

EDR link to submission:

<\\CDSESUB1\EVSPROD\NDA201525\201525.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:

Tentative Dates

Mid-Cycle Meeting: [02/17/2011]

Labeling Meetings: [TBD]

Wrap-Up Meeting: [06/11/10]

SIGNATURE OF REQUESTER Jamila Mwidau	METHOD OF DELIVERY (Check one) Electronic <input type="checkbox"/> eMAIL <input type="checkbox"/> HAND
SIGNATURE OF RECEIVER	

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
11/19/2010



NDA 201525

NDA ACKNOWLEDGMENT

Sandoz Inc.
Attention: Bernadette Attinger
Director, Regulatory Affairs
506 Carnegie Center
Suite 400
Princeton, NJ 08540

Dear Ms. Attinger:

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 Injection 10 mg/mL (20 mg/2 mL, 80 mg/8 mL, 160 mg/16 mL)

Date of Application: September 16, 2010

Date of Receipt: September 17, 2010

Our Reference Number: NDA 201525

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 November 16, 2010, 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/ForIndustry/DataStandards/StructuredProductLabeling/default.htm>. 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.

When submitting the certification for this application, do not include the certification with other submissions to the application. Submit the certification within 30 days of the date of this letter. In the cover letter of the certification submission clearly identify that it pertains to NDA 201525, submitted on September 16, 2010, and that it contains the FDA Form 3674 that was to accompany that application.

If you have already submitted the certification for this application, please disregard the above.

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/Drugs/DevelopmentApprovalProcess/FormsSubmissionRequirements/DrugMasterFilesDMFs/ucm073080.htm>.

If you have any questions, call me at (301) 796-4989.

Sincerely,

{See appended electronic signature page}

Jamila A. Mwidau, RN,BSN,MPH
Regulatory Health Project Manager
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/

JAMILA MWIDAU
11/05/2010