

**CENTER FOR DRUG EVALUATION AND
RESEARCH**

APPLICATION NUMBER:

206473Orig1s000

**ADMINISTRATIVE and CORRESPONDENCE
DOCUMENTS**

EXCLUSIVITY SUMMARY

NDA # 206473

SUPPL # NA

HFD # 520

Trade Name NA

Generic Name Linezolid Injection

Applicant Name Hospira, Inc.

Approval Date, If Known 6/18/15

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)

b) 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.

NA

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:

NA

c) Did the applicant request exclusivity?

YES NO

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

NA

d) 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?

NA

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#

NDA#

NDA#

2. Combination product.

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

YES NO

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

NDA#

NDA#

NDA#

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

IF "YES," GO TO PART III.

PART III THREE-YEAR EXCLUSIVITY FOR NDAs AND SUPPLEMENTS

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

1. Does the application contain reports of clinical investigations? (The Agency interprets "clinical investigations" to mean investigations conducted on humans other than bioavailability studies.) If

the application contains clinical investigations only by virtue of a right of reference to clinical investigations in another application, answer "yes," then skip to question 3(a). If the answer to 3(a) is "yes" for any investigation referred to in another application, do not complete remainder of summary for that investigation.

YES NO

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

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

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

YES NO

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

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

YES NO

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

YES NO

If yes, explain:

(2) If the answer to 2(b) is "no," are you aware of published studies not conducted or sponsored by the applicant or other publicly available data that could independently

demonstrate the safety and effectiveness of this drug product?

YES NO

If yes, explain:

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

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

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

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

Investigation #1 YES NO

Investigation #2 YES NO

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

- 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

interest provided substantial support for the study?

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

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

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

YES NO

If yes, explain:

Name of person completing form: Susmita Samanta
Title: Safety Regulatory Project Manager
Date: June 18, 2015

Name of Office/Division Director signing form: Sumathi Nambiar, MD, MPH, Division of Anti-Infective Products/Office of Antimicrobial Products
Title: Division Director

Form OGD-011347; Revised 05/10/2004; formatted 2/15/05; removed hidden data 8/22/12

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

/s/

SUSMITA SAMANTA
06/18/2015

SUMATHI NAMBIAR
06/18/2015

ACTION PACKAGE CHECKLIST

APPLICATION INFORMATION ¹		
NDA # 206473	NDA Supplement # NA	If NDA, Efficacy Supplement Type: NA <i>(an action package is not required for SE8 or SE9 supplements)</i>
Proprietary Name: None Established/Proper Name: Linezolid Injection Dosage Form: Injectable		Applicant: Hospira, Inc. Agent for Applicant (if applicable): NA
RPM: Susmita Samanta		Division: Division of Anti-Infective Products
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) BLA Application Type: <input type="checkbox"/> 351(k) <input type="checkbox"/> 351(a) Efficacy Supplement: <input type="checkbox"/> 351(k) <input type="checkbox"/> 351(a)	<u>For ALL 505(b)(2) applications, two months prior to EVERY action:</u> <ul style="list-style-type: none"> Review the information in the 505(b)(2) Assessment and submit the draft² to CDER OND IO for clearance. Check Orange Book for newly listed patents and/or exclusivity (including pediatric exclusivity) <input checked="" type="checkbox"/> No changes <input type="checkbox"/> New patent/exclusivity (<i>notify CDER OND IO</i>) Date of check: 6/17/15 <i>Note: 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.</i>	
❖ Actions		
<ul style="list-style-type: none"> Proposed action User Fee Goal Date is 6/19/15 		<input checked="" type="checkbox"/> AP <input type="checkbox"/> TA <input type="checkbox"/> CR 6/18/15
<ul style="list-style-type: none"> Previous actions (<i>specify type and date for each action taken</i>) 		CR 09/26/2014
❖ If accelerated approval or approval based on efficacy studies in animals, were promotional materials received? Note: Promotional materials to be used within 120 days after approval must have been submitted (for exceptions, see http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/ucm069965.pdf). If not submitted, explain _____		NA <input type="checkbox"/> Received
❖ Application Characteristics ³		

¹ The **Application Information** Section is (only) a checklist. The **Contents of Action Package** Section (beginning on page 2) lists the documents to be included in the Action Package.

² For resubmissions, 505(b)(2) applications must be cleared before the action, but it is not necessary to resubmit the draft 505(b)(2) Assessment to CDER OND IO unless the Assessment has been substantively revised (e.g., new listed drug, patent certification revised).

³ 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.

Review priority: Standard Priority
 Chemical classification (new NDAs only): 5S
 (confirm chemical classification at time of approval)

- | | |
|---|---|
| <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 |
| <input type="checkbox"/> Breakthrough Therapy designation | |

NDAs: Subpart H

- Accelerated approval (21 CFR 314.510)
 Restricted distribution (21 CFR 314.520)

Subpart I

- Approval based on animal studies

- Submitted in response to a PMR
 Submitted in response to a PMC
 Submitted in response to a Pediatric Written Request

BLAs: Subpart E

- Accelerated approval (21 CFR 601.41)
 Restricted distribution (21 CFR 601.42)

Subpart H

- Approval based on animal studies

- REMS: MedGuide
 Communication Plan
 ETASU
 MedGuide w/o REMS
 REMS not required

Comments:

❖ Public communications (approvals only)	
• Office of Executive Programs (OEP) liaison has been notified of action	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
• Indicate what types (if any) of information were issued	<input checked="" type="checkbox"/> None <input type="checkbox"/> FDA Press Release <input type="checkbox"/> FDA Talk Paper <input type="checkbox"/> CDER Q&As <input type="checkbox"/> Other
❖ Exclusivity	
• Is approval of this application blocked by any type of exclusivity (orphan, 5-year NCE, 3-year, pediatric exclusivity)?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
• If so, specify the type	NA
❖ Patent Information (NDAs only)	
• Patent Information: Verify that form FDA-3542a was submitted for patents that claim the drug for which approval is sought.	<input checked="" type="checkbox"/> Verified/Not applicable <input type="checkbox"/> Not applicable because drug is an old antibiotic.
CONTENTS OF ACTION PACKAGE	
Officer/Employee List	
❖ List of officers/employees who participated in the decision to approve this application and consented to be identified on this list (approvals only)	<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 (including approval letter with final labeling)	Tentative Approval 9/26/14 Approval 6/18/15

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 <i>(if it is division-proposed labeling, it should be in track-changes format)</i> 	<input checked="" type="checkbox"/> Included
<ul style="list-style-type: none"> • Original applicant-proposed labeling 	<input checked="" type="checkbox"/> Included
❖ 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 type="checkbox"/> Patient Package Insert <input type="checkbox"/> Instructions for Use <input type="checkbox"/> Device Labeling <input checked="" type="checkbox"/> None
<ul style="list-style-type: none"> • Most-recent draft labeling <i>(if it is division-proposed labeling, it should be in track-changes format)</i> 	<input type="checkbox"/> Included
<ul style="list-style-type: none"> • Original applicant-proposed labeling 	<input type="checkbox"/> Included
❖ 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 	<input checked="" type="checkbox"/> Included
❖ 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> 	NA
❖ Labeling reviews <i>(indicate dates of reviews)</i>	RPM: <input checked="" type="checkbox"/> 9/24/14 DMEPA: <input checked="" type="checkbox"/> 7/3/14 DMPP/PLT (DRISK): <input checked="" type="checkbox"/> None OPDP: <input checked="" type="checkbox"/> 8/21/14 SEALD: <input checked="" type="checkbox"/> None CSS: <input checked="" type="checkbox"/> None Other: <input checked="" type="checkbox"/> None
Administrative / Regulatory Documents	
❖ RPM Filing Review ⁴ /Memo of Filing Meeting <i>(indicate date of each review)</i>	9/24/14
❖ All NDA 505(b)(2) Actions: Date each action cleared by 505(b)(2) Clearance Committee	<input type="checkbox"/> Not a (b)(2) 8/16/14, 5/19/15
❖ NDAs only: Exclusivity Summary <i>(signed by Division Director)</i>	<input checked="" type="checkbox"/> Included 6/18/15
❖ 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 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 checked="" type="checkbox"/> No <input type="checkbox"/> Not an AP action

⁴ Filing reviews for scientific disciplines are NOT required to be included in the action package.

❖ Pediatrics (<i>approvals only</i>) <ul style="list-style-type: none"> Date reviewed by PeRC _____ If PeRC review not necessary, explain: The 505(b)(2) product is not a new active ingredient, dosing regimen, dosage form, route of administration, or indication. PeRC not triggered 	
❖ Outgoing communications: letters, emails, and faxes considered important to include in the action package by the reviewing office/division (e.g., clinical SPA letters, RTF letter, etc.) (<i>do not include previous action letters, as these are located elsewhere in package</i>)	X
❖ Internal documents: memoranda, telecons, emails, and other documents considered important to include in the action package by the reviewing office/division (e.g., Regulatory Briefing minutes, Medical Policy Council meeting minutes)	NA
❖ Minutes of Meetings	
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> Pre-NDA/BLA meeting (<i>indicate date of mtg</i>) 	<input checked="" type="checkbox"/> No mtg
<ul style="list-style-type: none"> EOP2 meeting (<i>indicate date of mtg</i>) 	<input checked="" type="checkbox"/> No mtg
<ul style="list-style-type: none"> Mid-cycle Communication (<i>indicate date of mtg</i>) 	<input checked="" type="checkbox"/> N/A
<ul style="list-style-type: none"> Late-cycle Meeting (<i>indicate date of mtg</i>) 	<input checked="" type="checkbox"/> N/A
<ul style="list-style-type: none"> Other milestone meetings (e.g., EOP2a, CMC pilots) (<i>indicate dates of mtgs</i>) 	NA
❖ Advisory Committee Meeting(s) <ul style="list-style-type: none"> Date(s) of Meeting(s) 	<input checked="" type="checkbox"/> No AC meeting
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>)	9/26/14, 6/18/15
Cross-Discipline Team Leader Review (<i>indicate date for each review</i>)	9/25/14, 6/17/15
PMR/PMC Development Templates (<i>indicate total number</i>)	<input checked="" type="checkbox"/> None
Clinical	
❖ Clinical Reviews	
<ul style="list-style-type: none"> Clinical Team Leader Review(s) (<i>indicate date for each review</i>) 	<input checked="" type="checkbox"/> No separate review
<ul style="list-style-type: none"> Clinical review(s) (<i>indicate date for each review</i>) 	8/14/14, 6/8/15
<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
❖ Financial Disclosure reviews(s) or location/date if addressed in another review OR If no financial disclosure information was required, check here <input checked="" type="checkbox"/> and include a review/memo explaining why not (<i>indicate date of review/memo</i>)	8/14/14
❖ 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"/> N/A

❖ Risk Management	
<ul style="list-style-type: none"> REMS Documents and REMS Supporting Document (<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>) 	<p>NA</p> <p>NA</p> <p><input checked="" type="checkbox"/> None</p>
❖ OSI Clinical Inspection Review Summary(ies) (<i>include copies of OSI letters to investigators</i>)	<input checked="" type="checkbox"/> None requested
Clinical Microbiology <input type="checkbox"/> None	
❖ Clinical Microbiology Team Leader Review(s) (<i>indicate date for each review</i>)	<input checked="" type="checkbox"/> No separate review
Clinical Microbiology Review(s) (<i>indicate date for each review</i>)	9/22/14
Biostatistics <input type="checkbox"/> None	
❖ Statistical Division Director Review(s) (<i>indicate date for each review</i>)	<input checked="" type="checkbox"/> No separate review
Statistical Team Leader Review(s) (<i>indicate date for each review</i>)	<input checked="" type="checkbox"/> No separate review
Statistical Review(s) (<i>indicate date for each review</i>)	8/19/14
Clinical Pharmacology <input type="checkbox"/> None	
❖ Clinical Pharmacology Division Director Review(s) (<i>indicate date for each review</i>)	<input checked="" type="checkbox"/> No separate review
Clinical Pharmacology Team Leader Review(s) (<i>indicate date for each review</i>)	<input checked="" type="checkbox"/> No separate review
Clinical Pharmacology review(s) (<i>indicate date for each review</i>)	6/20/14
❖ OSI Clinical Pharmacology Inspection Review Summary (<i>include copies of OSI letters</i>)	<input checked="" type="checkbox"/> None requested
Nonclinical <input type="checkbox"/> None	
❖ Pharmacology/Toxicology Discipline Reviews	
<ul style="list-style-type: none"> ADP/T Review(s) (<i>indicate date for each review</i>) Supervisory Review(s) (<i>indicate date for each review</i>) Pharm/tox review(s), including referenced IND reviews (<i>indicate date for each review</i>) 	<p>NA</p> <p><input checked="" type="checkbox"/> No separate review</p> <p>4/15/14</p>
❖ 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 NA
❖ OSI Nonclinical Inspection Review Summary (<i>include copies of OSI 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"/> No separate review
• Branch Chief/Team Leader Review(s) <i>(indicate date for each review)</i>	<input checked="" type="checkbox"/> No separate review
• Product quality review(s) including ONDQA biopharmaceutics reviews <i>(indicate date for each review)</i>	9/19/14, 8/21/14, 7/15/14, 6/16/15
❖ Microbiology Reviews	<input type="checkbox"/> Not needed 7/11/14
<input checked="" type="checkbox"/> NDAs: Microbiology reviews (sterility & pyrogenicity) (OPS/NDMS) <i>(indicate date of each review)</i>	
<input type="checkbox"/> BLAs: Sterility assurance, microbiology, facilities reviews (OMPQ/MAPCB/BMT) <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>	9/19/14
<input type="checkbox"/> Review & FONSI <i>(indicate date of review)</i>	NA
<input type="checkbox"/> Review & Environmental Impact Statement <i>(indicate date of each review)</i>	NA
❖ Facilities Review/Inspection	
<input checked="" type="checkbox"/> NDAs: Facilities inspections (include EER printout or EER Summary Report only; do NOT include EER Detailed Report; date completed must be within 2 years of action date) <i>(only original NDAs and supplements that include a new facility or a change that affects the manufacturing sites⁵)</i>	Date completed: 6/10/15 <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) <i>(original and supplemental BLAs)</i>	Date completed: <input type="checkbox"/> Acceptable <input type="checkbox"/> Withhold recommendation
❖ NDAs: Methods Validation <i>(check box only, do not include documents)</i>	<input checked="" type="checkbox"/> Completed <input type="checkbox"/> Requested <input type="checkbox"/> Not yet requested <input type="checkbox"/> Not needed (per review)

⁵ 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.

Day of Approval Activities	
❖ For all 505(b)(2) applications: • Check Orange Book for newly listed patents and/or exclusivity (including pediatric exclusivity)	<input checked="" type="checkbox"/> No changes <input type="checkbox"/> New patent/exclusivity (<i>Notify CDER OND IO</i>)
• Finalize 505(b)(2) assessment	<input checked="" type="checkbox"/> Done
❖ Send a courtesy copy of approval letter and all attachments to applicant by fax or secure email	<input checked="" type="checkbox"/> Done
❖ If an FDA communication will issue, notify Press Office of approval action after confirming that applicant received courtesy copy of approval letter	<input type="checkbox"/> Done NA
❖ Ensure that proprietary name, if any, and established name are listed in the <i>Application Product Names</i> section of DARRTS, and that the proprietary name is identified as the “preferred” name	<input type="checkbox"/> Done NA
❖ Ensure Pediatric Record is accurate	<input type="checkbox"/> Done NA
❖ Send approval email within one business day to CDER-APPROVALS	<input checked="" type="checkbox"/> Done

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

/s/

SUSMITA SAMANTA
06/18/2015

Samanta, Susmita

From: Holovac, Mary Ann
nt: Tuesday, May 19, 2015 8:55 AM
o: Samanta, Susmita
Cc: Schumann, Katherine; Bertha, Amy; Duvall, Beth A; Holovac, Mary Ann
Subject: NDA 206473 Linezolid - cleared for action

Susmita,

We discussed this application at last Monday's 505(b)(2) clearance meeting. This application is cleared for action from a 505(b)(2) perspective. It is noted that the '792 patent expired on 5/18/15 inclusive of a pediatric extension. As the applicant certified pIII to this patent, full approval action may be taken as the patent plus pediatric extension expired yesterday (5/18/15). Additionally, the applicant certified pIV to the '305 patent, provided evidence of notification and was not sued within 45 days.

Please make the following changes (if not already done) to the draft assessment before archiving in DARRTS, assuming you are heading towards an approval. If you are not approving this cycle, please make the changes below but defer archiving in DARRTS until you are headed towards approval (in which case you would need to have the application cleared again). If that's the case, please let us know when the RS arrives so that we can add it anew to our clearance queue.

- *Q3: Please annotate that the biowaiver was granted as you indicated on your 7/25/14 email.*
- *Q11: Please list NDAs 21130 and 21132 as pharmaceutical alternatives.*

ase let me know if you have any questions.

Mary Ann

From: Samanta, Susmita
Sent: Tuesday, April 21, 2015 10:15 AM
To: Holovac, Mary Ann
Subject: RE: NDA 206473 Linezolid

Thank you Mary Ann.
Susmita

From: Holovac, Mary Ann
Sent: Tuesday, April 21, 2015 10:14 AM
To: Samanta, Susmita
Subject: RE: NDA 206473 Linezolid

Hi Susmita,
Thanks for the info. You do not need to send another assessment as I have the original still on file. Please advise of what action will be taken as information becomes available.
Mary Ann

rom: Samanta, Susmita
Sent: Tuesday, April 21, 2015 10:11 AM

To: Holovac, Mary Ann
Subject: RE: NDA 206473 Linezolid

Hi Mary Ann,

Thank you for your email. There is a facility inspection pending so we don't know yet what the action will be. Please tell me when you need the assessment submitted if we plan to approve it in mid-June.

Thanks again

Susmita

From: Holovac, Mary Ann
Sent: Tuesday, April 21, 2015 10:03 AM
To: Samanta, Susmita
Subject: FW: NDA 206473 Linezolid

Hi Susmita,

I see the subject application has been resubmitted with 6/19/15 PDUFA date. Are you still on target for action on that date? Is a full approval planned??

Thank you.

Mary Ann

From: Holovac, Mary Ann
Sent: Wednesday, August 06, 2014 11:49 AM
To: Samanta, Susmita
Cc: Roeder, David L; Bertha, Amy; Duvall, Beth A; Holovac, Mary Ann
Subject: NDA 206473 Linezolid - cleared for action - TA at best

Susmita,

We discussed this application at Monday's 505(b)(2) clearance meeting. This application is cleared for action from a 505(b)(2) perspective ~ Tentative Approval (TA) at best ~ as the applicant has submitted a paragraph III certification to the '792 patent that expires 5/18/15 including the pediatric extension.

Please make the following changes to the draft assessment before archiving in DARRTS. As you are not fully approving this cycle, please make the changes below but defer archiving in DARRTS until you are headed towards a full approval (in which case you would need to have the application cleared again). If that's the case, please let us know when the RS arrives so that we can add it anew to our clearance queue. Great job on the assessment!

- Q3: Please annotate that the biowaiver was granted as you indicated on your 7/25/14 email.
- Q11: Please list NDAs 21130 and 21132 as pharmaceutical alternatives.

Please let me know if you have any questions.

Mary Ann

From: Samanta, Susmita
Sent: Friday, July 25, 2014 12:51 PM
To: Holovac, Mary Ann
Subject: RE: NDA 206473 Linezolid 505(b)(2) assessment status

Hello Mary Ann,
The answer is "yes" to both questions.
Thank you
Susmita

From: Holovac, Mary Ann
Sent: Friday, July 25, 2014 12:24 PM
To: Samanta, Susmita
Subject: RE: NDA 206473 Linezolid 505(b)(2) assessment status

Hello Susmita,
Thank you for sending the document. I took a quick look at it and have two questions.

1. I assume you are planning a TENTATIVE approval action as the sponsor did a pIII certification to a patent that does not expire to next year, correct?
2. Was the biowaiver granted?

Please let me know at your convenience.

Thanks.

Mary Ann

From: Samanta, Susmita
Sent: Tuesday, July 22, 2014 11:03 AM
To: Holovac, Mary Ann
Subject: RE: NDA 206473 Linezolid 505(b)(2) assessment status

Hi Mary Ann,
I will complete the 505(b)(2) assessment this week. We are planning to take an approval action by 9/26/14. Sorry about the delay.
Thank you
Susmita

From: Holovac, Mary Ann
Sent: Monday, July 21, 2014 3:33 PM
To: Samanta, Susmita
Subject: NDA 206473 Linezolid 505(b)(2) assessment status

Hi Susmita,

Just checking on the status of the subject NDA as it has moved to the top of the 505(b)(2) queue. Are you still heading toward an action on 9/26/14 and if so will the 505(b)(2) assessment be forthcoming? Also, what action are you heading toward?

[I realize I am asking this in advance of the two month mark, just trying to line things up :-)]

Thanks in advance for any info you can provide.

Mary Ann

Mary Ann Holovac, R.Ph.
U.S. Food and Drug Administration
Center for Drug Evaluation and Research
Office of New Drugs/Immediate Office
Regulatory Affairs Team

301-796-0136 (office)

301-796-9858 (fax)

MaryAnn.Holovac@fda.hhs.gov

WO Building 22, Room 6478

From: LeSane, Frances V
To: ["Yaleh, Neda"](#)
Cc: [Samanta, Susmita](#)
Bcc: [Lorenz, Benjamin](#); [Davidson, Alma](#); [Laessig, Katherine A](#); [Nambiar, Sumathi](#)
Subject: NDA 206473 Linezolid Injection in 0.9% Sodium Chloride REVISED Label dated 16SEPT14
Date: Wednesday, September 17, 2014 11:30:00 AM
Attachments: [NDA 206473 Linezolid REVISED Label 16SEPT14.docx](#)

Dear Neda,

Attached please note the Review Team for NDA 206473 Linezolid Injection in 0.9% Sodium Chloride revised label comments in **"Track Changes"**. Please respond with comments/edits in **"Track Changes"** by September 19, 2014.

If you have any questions, I can be reached at the number below or by email.

Thanks,
Frances for Susmita Samanta

Frances V. LeSane
Chief, Project Management Staff
Division of Anti-Infective Products
Office of Antimicrobial Products
Center for Drug Evaluation and Research
Phone: 301-796-0747
Fax: 301-796-9881
frances.lesane@fda.hhs.gov

From: Yaleh, Neda [<mailto:Neda.Yaleh@hospira.com>]
Sent: Monday, September 15, 2014 11:47 AM
To: LeSane, Frances V
Cc: Samanta, Susmita
Subject: Linezolid - Redline Label NDA 206-473

Dear Frances,

As you requested, I am sending you the redline document of the linezolid package insert. This redline includes revision to the label proposed by the FDA on July 18, 2014 as well as September 5, 2014.

Kind regards,
Neda

CONFIDENTIALITY STATEMENT. This email and any attachment is for the sole use of the intended recipient and may contain private, confidential and/or privileged information that may be subject to Hospira internal policies. If you are not the intended recipient, any

dissemination, distribution or copying is strictly prohibited. If you have received this transmission in error, please notify Hospira immediately by return email or by email to privacypostmaster@hospira.com and delete the message and all copies and attachments from your system.

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

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/s/

FRANCES V LESANE
09/18/2014

From: [Samanta, Susmita](#)
To: Neda.Yaleh@hospira.com
Subject: Proposed Revisions for Container and Overwrap Label, NDA 206473
Date: Friday, July 18, 2014 10:39:11 AM
Attachments: [image002.png](#)
[image004.png](#)
Importance: High

Good morning Neda,

The following revisions should be made to the container and overwrap label of Linezolid in 0.9% Sodium Chloride before we approve this product. Please let me know if you have any questions.

Thank you

Susmita

Susmita Samanta
Safety Regulatory Project Manager
Division of Anti-Infective Products
301-796-0803

A. Container Label

1.
 - a) Place the route of administration “for intravenous infusion” under the strength to ensure appropriate prominence.
 - b) Express the strength only by 600 mg/300 mL. Delete “(2 mg/mL)”.
 - c) Delete (b) (4).
 - d) Change pH range from “(b) (4)” to “4.4 – 5.2”.
2. Delete the statement (b) (4).
3. The correct administration technique for the product is via intravenous infusion; therefore, revise the statement “(b) (4)” to “For Intravenous Infusion” and relocate the statement below the strength statement to ensure appropriate prominence (present the statement in title case). This revision will also be consistent with the information provided in the Dosage and Administration sections of the Prescribing Information (PI) labeling.
4. The container volume statement, “(b) (4)”, competes for prominence with the strength statement, which could lead to errors. Decrease the font size of the container volume statement, (b) (4), and consider relocating it further away from the established name such as to the bottom right or bottom left corner of the container label. Additionally, increase the font size of the strength statements, and for clarity revise it to appear similar to:

600 mg/300

mL

(2
mg/mL)

5. [redacted] (b) (4) :

[redacted] (b) (4)

[redacted] (b) (4)

B. Overwrap Labeling
See A1 and A3

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/s/

SUSMITA SAMANTA
07/18/2014



NDA 206473

INFORMATION REQUEST

Hospira Inc.
Attention: Neda Yaleh
Manager, Global Regulatory Affairs
275 North Field Drive
Lake Forest, IL 60045-5046

Dear Ms. Yaleh:

Please refer to your New Drug Applications (NDAs) submitted under section 505(b)(2) of the Federal Food, Drug, and Cosmetic Act for Linezolid Injection in 0.9% Sodium Chloride.

We are reviewing the Chemistry, Manufacturing, and Controls section of your submission and have the following comments and information requests. We request a prompt written response by July 21, 2014, in order to continue our evaluation of your NDA.

Revise the drug substance specification to include testing for (b) (4) and (b) (4). Your solubility data as provided in the 6/16/2014 amendment show that both quality attributes affect the dissolution rate of linezolid in the formulation vehicle.

If you have any questions, call Navdeep Bhandari, Regulatory Health Project Manager, at (240) 402 -3815.

Sincerely,

{See appended electronic signature page}

Rapti D. Madurawe, Ph.D.
Branch Chief, Branch V
Division of New Drug Quality Assessment II
Office of New Drug Quality Assessment
Center for Drug Evaluation and Research

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/s/

RAPTI D MADURawe
07/11/2014



NDA 206473

INFORMATION REQUEST

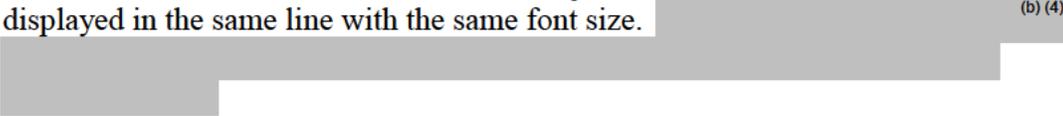
Hospira Inc.
Attention: Neda Yaleh
Manager, Global Regulatory Affairs
275 North Field Drive
Lake Forest, IL 60045-5046

Dear Ms. Yaleh:

Please refer to your New Drug Applications (NDAs) submitted under section 505(b)(2) of the Federal Food, Drug, and Cosmetic Act for Linezolid Injection in 0.9% Sodium Chloride.

We are reviewing the Chemistry, Manufacturing, and Controls section of your submission and have the following comments and information requests. We request a prompt written response by June 16, 2014, in order to continue our evaluation of your NDA.

1. Your response on the extractable/leachable study for (b) (4) in the April 18, 2014 amendment is not acceptable because (b) (4). Until this issue is addressed, commit to use (b) (4), instead of (b) (4), for the manufacture of linezolid injection.
2. Revise the upper limit of fill volume from (b) (4) mL to (b) (4) mL for the drug product specification based on the variability observed for the three registration batches. Furthermore, revise the analytical procedure for volume determination from USP <1151> to USP <1> because USP <1151> does not contain analytical procedure for volume determination.
3. Your response on the extractable/leachable study for the container closure system for the drug product (Item 15a of the 3/27/2014 FDA Letter) in the April 18, 2014 amendment is not acceptable because (b) (4). The extractable data from an aqueous solution of a pH similar (or a lower pH as the worst case scenario) to the drug product solution should be provided since different pH solutions may result in different extractable profiles. If the data have been submitted, please provide the exact location (e.g. date of submission, Section/page numbers, DMF, etc.) where the information is presented.
4. Regarding the container label and overwrap labeling:

- a. Revise the established name to “Linezolid Injection”. The established name should be displayed in the same line with the same font size. (b) (4)

 - b. Indicate the locations where lot number and expiration date will be placed.
 - c. Include permitted excursion temperature “excursions permitted to 15-30°C (59-86°F).
5. Provide the strength of inactive ingredients, including anhydrous citric acid, sodium chloride, and sodium hydroxide in Product Data Elements in Structured Product Labeling.

If you have any questions, call Navdeep Bhandari, Regulatory Health Project Manager, at (240) 402 -3815.

Sincerely,

{See appended electronic signature page}

Rapti D. Madurawe, Ph.D.
Branch Chief, Branch V
Division of New Drug Quality Assessment II
Office of New Drug Quality Assessment
Center for Drug Evaluation and Research

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/s/

RAPTI D MADURawe
05/27/2014



NDA 206473

INFORMATION REQUEST

Hospira, Inc.
Attention: Neda Yaleh
Manager, Global Regulatory Affairs
275 North Field Dr.
H2-2N/0392
Lake Forest, IL 60045

Dear Ms. Yaleh:

Please refer to your New Drug Application (NDA) dated November 25, 2013, received November 26, 2013, pursuant to section 505(b)(2) of the Federal Food, Drug, and Cosmetic Act, for Linezolid in 0.9% Sodium Chloride Injection.

We are reviewing the Microbiology Sterility 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. We note the inclusion of a container-closure integrity test conducted on a (b) (4) mL VisIV bag (b) (4). However, the submitted study was conducted using (b) (4). Submit container closure integrity study results that support the proposed commercial system.
2. We refer to your description of the methods and controls to monitor production cycles. Please describe how the sterilization (b) (4) are monitored in (b) (4).
3. Provide a description of the (b) (4) used during sterilization validation studies.
4. Module 3.2.P.3.5 Microbial Challenge Studies describes the preparation of (b) (4). However, the results presented in Table 11 only include (b) (4). Please explain this discrepancy.
5. Describe how the D (b) (4) for (b) (4) in 0.9% sodium chloride is determined. Indicate how often the D (b) (4) is reassessed to support the stability of the biological indicator.
6. Justify the use of a biological indicator ((b) (4) in drug product) with a D (b) (4) of (b) (4).

minutes in context with the routine bioburden isolates recovered at the facility.

7. If available, more information is desired on the routine bioburden to be expected in (b) (4) product. Provide a summary of bioburden results from bulk and filled units for other (b) (4) sterilized products manufactured in (b) (4). This should include, but not be limited to, information on how many alert and action levels were exceeded and a discussion of any organisms that survived the (b) (4).
8. We refer to your product and stability specification, which refer to an in-house endotoxin method in addition to the USP<85> Gel Clot method. The specification refers to the Validation of Analytical Procedures Section for more information but no information was found on the in-house method, only the USP<85> method. Please provide a description of the test method and the validation studies to support the in-house endotoxin method.
9. We refer to the proposed sterility test and the submitted verification studies. For drug products that contain >100 mL, USP<71> requires testing of 10% of the contents, but not less than 20 mL from each unit. Your proposed test method utilizes a (b) (4)mL sample and is unacceptable. Please revise your sterility test method to be consistent with USP<71> or provide a scientific justification for the deviation. The test should be repeated on manufactured batches using the appropriate test volumes.
10. Provide a copy or a summary of the contents of document 90.M-03060.
11. Provide a copy or summary of Report RM BQ 11.122.
12. Provide a comparison of (b) (4) used during (b) (4) sterilization validation studies.

If you have any questions, please contact Susmita Samanta, Regulatory Project Manager at 301-796-0803.

Sincerely,

{See appended electronic signature page}

Sumathi Nambiar, M.D., MPH
Division Director
Division of Anti-Infective Products
Office of Antimicrobial Products
Center for Drug Evaluation and Research

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/s/

SUMATHI NAMBIAR
04/24/2014



NDA 206473

INFORMATION REQUEST

Hospira Inc.
Attention: Neda Yaleh
Manager, Global Regulatory Affairs
275 North Field Drive
Lake Forest, IL 60045-5046

Dear Ms. Yaleh:

Please refer to your New Drug Applications (NDAs) submitted under section 505(b)(2) of the Federal Food, Drug, and Cosmetic Act for Linezolid Injection in 0.9% Sodium Chloride.

We are reviewing the Chemistry, Manufacturing, and Controls section of your submission and have the following comments and information requests. We request a prompt written response by April 18, 2014, in order to continue our evaluation of your NDA.

1. Provide the analytical procedure for instrumental color testing for the drug substance. Provide information on the standards as to whether they are (b) (4). If they are (b) (4), please provide the (b) (4).
2. Regarding linezolid drug substance specification, tighten the acceptance criterion for each unspecified impurity to NMT (b) (4)%, which corresponds to (b) (4) mg per day, per ICH Q3A.
3. Regarding the drug substance container closure system, clarify whether the (b) (4). The information appears to be inconsistent with the description in DMF (b) (4).
4. Provide linezolid (b) (4) solubility data in the formulation vehicle, i.e. (b) (4). The solubility of the (b) (4) should be characterized because your formulation uses (b) (4).
5. Provide data on extractables/leachables for (b) (4) as well as (b) (4) that are in direct contact with the product. The data should be obtained using linezolid injection or the vehicle solution.
6. To support the proposed hold time of (b) (4) hours for the bulk solution, provide data to demonstrate its quality is not adversely affected. In the absence of such data, limit the hold time to (b) (4) hours, which was used for the registration stability batches.
7. Your proposed acceptance criterion of (b) (4) mL to (b) (4) mL (target (b) (4) mL), which corresponds to (b) (4)% to (b) (4)% of the label claim, for fill volume is not acceptable. Please tighten the acceptance

criterion to comply with the USP <1151> recommendation of 2% excess for injectable drug products of 50.0 mL or more.

8. Regarding the non-compendial analytical procedures for testing of the drug product:
 - a. Provide the analytical procedures and the respective method validation data for total sodium.
 - b. Provide the analytical procedures for color by instrumental, identification by UV, and identification by HPLC.
 - c. Clarify the analytical procedure for osmolality. The following analytical procedures are listed: “in house” in Section 3.2.P.5.1; “USP <785>, C-1191” in Sections 3.2.P.8.1 and 3.2.P.8.2. If non-compendial analytical procedure is used, please provide the procedure.
9. Please clarify the amount of (b)(4) impurity for the three registration batches of the drug product. The amount reported in the certificate of analysis for each registration batch is “(b)(4) (b)(4)” However, the amount reported in the summary table (Table 2 of Section 3.2.P.5.4) is (b)(4) %.
10. Please provide a summary in Section 3.2.P.5.5 for the analytical techniques used in structural characterization of potential impurities, including (b)(4).
11. Address the following items regarding the drug product specification:
 - a. Provide specific acceptance criterion for identification by HPLC and by UV. The proposed acceptance criterion of “Meets test requirements” is not acceptable because the test requirements are not provided.
 - b. Revise the acceptance criteria for particulate matter from “NMT (b)(4)” to “NMT (b)(4) per mL” for particles $\geq 10 \mu\text{m}$ and from “NMT (b)(4)” to “NMT (b)(4) per mL” for particles $\geq 25 \mu\text{m}$.
 - c. Delete testing for (b)(4). The specification should reflect actual testing performed for release and stability study.
 - d. Revise the acceptance criterion for pH for release and stability from “(b)(4)” to “4.4 to 5.2”. Please note that your proposed release acceptance criterion in Section 2.3 (b)(4) is inconsistent with that in Section 3.2.P.5.1 (b)(4).
 - e. Tighten the acceptance criterion for total impurities from (b)(4) % to (b)(4) %.
 - f. Tighten the acceptance criterion for color APHA from NMT (b)(4) to NMT (b)(4). This limit is supported by the regression analysis of the long-term stability data of the registration batches.
12. Please provide the source, batch number, and the amount of total impurities of the reference standards for Impurities (b)(4) for testing of the drug substance and/or drug product.

13. Please specify the (b) (4) to be used for linezolid injection container. In Section 3.2.P.7, you state that (b) (4) may be used in addition to (b) (4)
14. Please include testing for (b) (4) in the drug product stability protocol as per ICH Q1A(R2). The drug product is packaged in a (b) (4).
15. Please address the following issues regarding extractables/leachables for linezolid injection:
- Provide product specific extractable data, i.e. extractable study using linezolid injection or the vehicle solution, for all components of the container closure system that are in direct contact with the product.
 - Provide the quantitation limits for all known leachables.
 - Clarify whether the (b) (4) administration port, and additive port are in contact with the product solution for stability samples of the three registration batches stored in the “(b) (4)” orientation. Provide the orientation of the (b) (4) administration port and additive port in the “(b) (4)” orientation.
 - Provide the chromatographic overlay of samples stored at 40°C for 6 months.
 - As a postapproval stability commitment, please commit to a one-time leachable study for three batches of linezolid injection under long-term for the proposed expiration dating period and under accelerated condition for 6 months. The samples should be stored under the worst case scenario, i.e. the product solution in contact with all components of the container closure system that are in direct contact with the product.

If you have any questions, call Navdeep Bhandari, Regulatory Health Project Manager, at (240) 402 -3815.

Sincerely,

{See appended electronic signature page}

Rapti D. Madurawe, Ph.D.
Branch Chief, Branch V
Division of New Drug Quality Assessment II
Office of New Drug Quality Assessment
Center for Drug Evaluation and Research

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/s/

DOROTA M MATECKA
03/27/2014



NDA 206473

**FILING COMMUNICATION –
NO FILING REVIEW ISSUES IDENTIFIED**

Hospira, Inc.
Attention: Neda Yaleh
Manager, Global Regulatory Affairs
275 North Field Dr.
H2-2N/0392
Lake Forest, IL 60045

Dear Ms. Yaleh:

Please refer to your New Drug Application (NDA) dated November 25, 2013, received November 26, 2014, pursuant to section 505(b)(2) of the Federal Food, Drug, and Cosmetic Act, for Linezolid in 0.9% Sodium Chloride Injection.

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 September 26, 2014.

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 August 30, 2014.

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.

We request that you submit the following information:

Clinical:

In the DESCRIPTION section of the labeling, clarify whether 3.98 mg/mL is the total sodium content.

Chemistry:

1. The draft labeling (Section 2.3 Compatibilities) includes a list of intravenous solutions compatible with the proposed linezolid formulation. Please provide compatibility data (i.e., assay, degradation products, pH, particulate matter, sterility, osmolality, etc.) for your proposed drug product to support this statement and any proposed holding times or indicate where this data can be located in the NDA.
2. The container closure system for the proposed linezolid drug product is described as (b) (4) VisIV™ flexible container whereas the fill volume of the proposed drug product (2 mg/mL strength, 600 mg dose) is 300 mL. Please explain this discrepancy. Provide two samples of the proposed drug product in the proposed container closure system.

Please respond only to the above requests for information. While we anticipate that any response submitted in a timely manner will be reviewed during this review cycle, such review decisions will be made on a case-by-case basis at the time of receipt of the submission.

PROMOTIONAL MATERIAL

You may request advisory comments on proposed introductory advertising and promotional labeling. Please submit, in triplicate, a detailed cover letter requesting advisory comments (list each proposed promotional piece in the cover letter along with the material type and material identification code, if applicable), the proposed promotional materials in draft or mock-up form with annotated references, and the proposed package insert (PI). Submit consumer-directed, professional-directed, and television advertisement materials separately and send each submission to:

Food and Drug Administration
Center for Drug Evaluation and Research
Office of Prescription Drug Promotion (OPDP)
5901-B Ammendale Road
Beltsville, MD 20705-1266

Do not submit launch materials until you have received our proposed revisions to the package insert (PI), and you believe the labeling is close to the final version.

For more information regarding OPDP submissions, please see <http://www.fda.gov/AboutFDA/CentersOffices/CDER/ucm090142.htm>. If you have any questions, call OPDP at 301-796-1200.

REQUIRED PEDIATRICS 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.

Because none of these criteria apply to your application, you are exempt from this requirement.

If you have any questions, call Susmita Samanta, Regulatory Project Manager, at (301) 796-0803.

Sincerely,

{See appended electronic signature page}

Sumathi Nambiar, MD, MPH
Director
Division of Anti-Infective Products
Office of Antimicrobial Products
Center for Drug Evaluation and Research

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/s/

SUMATHI NAMBIAR
02/07/2014



NDA 206473

NDA ACKNOWLEDGMENT

Hospira, Inc.
Attention: Neda Yaleh
Manager, Global Regulatory Affairs
275 North Field Dr.
H2-2N/0392
Lake Forest, IL 60045

Dear Ms. Yaleh:

We have received your New Drug Application (NDA) submitted pursuant to section 505(b)(2) of the Federal Food, Drug, and Cosmetic Act (FDCA) for the following:

Name of Drug Product: Linezolid in 0.9% Sodium Chloride Injection

Date of Application: November 25, 2013

Date of Receipt: November 26, 2013

Our Reference Number: NDA 206473

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 January 25, 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.

You are also 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).

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

Food and Drug Administration
Center for Drug Evaluation and Research
Division of Anti-Infective 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>.

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If you have any questions, call Susmita Samanta, Safety Regulatory Project Manager at (301) 796-0803.

Sincerely,

{See appended electronic signature page}

Frances V. LeSane
Chief, Project Management Staff
Division of Anti-Infective Products
Office of Antimicrobial 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/

SUSMITA SAMANTA

01/03/2014

Signing for Frances V. LeSane