CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER:

50-679/S-007

ADMINISTRATIVE DOCUMENTS

4/6 /

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville MD 20857

NDA 50-679/S-007

JAN 6 1997

Bristol-Myers Squibb Pharmaceutals Res Inst
5 Research Parkway - P.O. Box 5100
Wallingford, CT 06492-7660

Attention: Hugh M. McIlhenny, Ph.D.

Dear Dr. McIlhenny:

We acknowledge receipt of your supplemental application for the following:

Name of Drug: Maxipime

NDA Number: 50-679

Supplement Number: S-007

Date of Supplement: December 23, 1996

Date of Receipt: December 23, 1996

Unless we find the application not acceptable for filing, this application will be filed under Section 505(b)(1) of the Act on February 21, 1997 in accordance with 21 CFR 314.101(a).

All communications concerning this NDA should be addressed as follows:

Center for Drug Evaluation and Research
Division of Anti-Infective Drug Products, HFD-520
Office of Drug Evaluation IV
Attention: Document Control Room
5600 Fishers Lane
Rockville, MD 20857

Sincerely,

/S/ 1/2/97

James D. Bona
Chief, Project Management Staff
Division of Anti-Infective Drug Products, HFD-520
Office of Drug Evaluation IV
Center for Drug Evaluation and Research

HFD-520 copy

JAN 29 1997

STATISTICAL REVIEW AND EVALUATION: 45 DAY MEETING REVIEW
(COMPLETED REVIEW FOR INTERNAL DISTRIBUTION ONLY)

NDA: [redacted]
50-679 / SLR-007

DRUG CLASS:

NAME OF DRUG: Maxipime® (Cefepime Hydrochloride) Injection
APPLICANT: Bristol-Myers Squibb Pharmaceutical Research Institute
SUBMISSION DATE: December 23, 1996

INDICATION(S): The following indications are sought for pediatric population:

1. Bacterial meningitis
2. Uncomplicated and complicated urinary tract infections (including pyelonephritis)
3. Uncomplicated skin and skin structure infections
4. Pneumonia (moderate to severe)
5. Emperic therapy in febrile neutropenic patients

NUMBER AND TYPE OF CONTROLLED CLINICAL STUDIES BY INDICATION:

[redacted]

Serious Bacterial Infections: Studies AI411-123, AI411-129 and AI411-157 enrolled patients with serious bacterial infections. Clinical diagnoses in these studies fell in four categories : urinary tract infections, lower respiratory tract infections, skin and soft tissue infections and other infections (including epiglottitis, sinusitis, otitis media, septic arthritis, osteomyelitis, salmonellosis, gonococcal vaginitis[redacted]. Study 129 was non-comparative with 214 patients while studies 123 and 157 had cefuroxime and cefotaxime as comparators and enrolled a total of 62 patients.

Febrile Neutropenia: Study AI411-131 enrolled 149 patients for emperic therapy in febrile neutropenia. It was a parallel-group study with ceftazidime as the comparative therapy.

STATISTICAL REVIEWER: Dr. Aloka G. Chakravarty
CLINICAL REVIEWER: Dr. David Ross
PROJECT MANAGER: Mr. Carmen DeBellas

45 DAY MEETING DATE: January 30, 1997
WAS THE NDA FILED:
IF YES, DUE DATE:
USER FEE DATE: December 23, 1997

I. ORGANIZATION AND DATA PRESENTATION	**YES**	**NO**	**N/A**
A. Is there a comprehensive table of contents with adequate indexing and pagination?	✔	___	___
B. Are the original protocols, protocol protocol amendments and proposed label provided?	✔	___	___
C. Adverse event listings by center and time of occurrence relative to enrollment date.	✔	___	___
1. Are adverse events from cited sources(foreign and domestic) provided?	✔	___	___
D. Is a CANDAR or an electronic submission of the data necessary?	✔	___	___

Reviewer's Note: The data has not been submitted by the sponsor in an electronic format at the time of the fileability meeting. It was communicated to the Project Manager by the sponsor that the estimated date of submission is February 10, 1997.

E. If the data have been submitted electronically, has adequate documentation of the data sets been provided?	___	___	✔
F. Are inclusion/exclusion (evaluability) criteria adequately coded and described:	___	___	✔
G. Are there discrepancies between CRF information and CANDAR/Jacket data?	___	___	✔
H. If the data have been submitted electronically, can laboratory data be easily merged across			

		YES	NO	N/A
	studies and indications?	___	___	✔
1.	If not, can you estimate the time required to correct problems?	___	___	✔

II. STATISTICAL METHODOLOGY

A.	Are all primary efficacy studies of appropriate design to meet basic approvability requirements, within current Divisional policy statements or to the extent agreed upon previously with the sponsor by the Division?	✔	___	___
B.	For each study, is there a comprehensive statistical summary of the efficacy analyses which covers the intent-to-treat population, evaluable subject population and other applicable sub populations (age, gender, race/ethnicity, etc.)?	✔	___	___
	If subset analyses were not done, was an acceptable explanation of why given?	___	___	✔
C.	Based on the summary analyses of each study, do you believe:			
1.	The analyses are appropriate for the type data collected, the study design, and the study objectives(based on protocol and proposed label claims)?	✔	___	___
2.	If there are multiple endpoints, has this been adequately addressed?	___	___	✔
3	Intent-to-treat (ITT and MITT) analyses are properly performed?	✔	___	___
4.	Sufficient and appropriate references were included for novel statistical approaches?	___	___	✔
D.	If interim analyses were performed, were they planned in the protocol and were appropriate significance level adjustments made?	___	✔	___

	YES	NO	N/A
E. Are there studies which are incomplete or ongoing?	✔	___	___

Reviewer's Note: Same as D.

F. Is there a comprehensive, adequate analysis of safety data as recommended in the Clinical/Statistical Guideline?	✔	___	___
1. Is there anything significant yet regarding safety or AE evaluations?	___	✔	___

III. FILEABILITY CONCLUSIONS

From a statistical perspective is this submission, or indications therein, reviewable with only minor further input from the sponsor?

Yes.

/S/
1/29/97
Aloka G. Chakravarty, Ph.D.
Biomedical Statistician, DOB IV

Concur: /S/
Daphne Lin, Ph.D.
Team Leader, DOB IV

cc:
Archival:NDA 50-679/ SLR-007
HFD-520
HFD-520/Dr. Feigal
HFD-520/Dr. Soreth
HFD-520/Dr. Ross
HFD-520/ Mr. DeBellas
HFD-725/Dr. Harkins
HFD-725/Dr. Lin
HFD-725/Dr. Chakravarty
Chron.