



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration  
Rockville, MD 20852

Our STN: BL 103772/5090

DEC 17 2004

Centocor, Incorporated  
Attention: Stella Jones, Ph.D.  
Vice President, Worldwide Regulatory Affairs  
200 Great Valley Parkway  
Malvern, PA 19355

Dear Dr. Jones:

Your request to supplement your biologics license application for Infliximab to revise the package insert and patient information sheet with updated information regarding hepatic aminotransferase elevations has been approved.

We acknowledge your plan to disseminate a Dear Health Care Provider letter, informing health care providers of the updated safety information in the Warnings and the Adverse Reactions sections of the package insert by December 21, 2004.

Pursuant to 21 CFR 201.57(f)(2), patient labeling must be reprinted at the end of the package insert. We request that the text of information distributed to patients be printed in a minimum of 10 point font.

Please submit all final printed labeling at the time of use and include implementation information on FDA Form 356h. Please provide a PDF-format electronic copy as well as original paper copies (ten for circulars and five for other labels).

Please refer to <http://www.fda.gov/cder/biologics/default.htm> for important information regarding therapeutic biological products, including the address for submissions. Effective October 4, 2004, the new address for all submissions to this application is:

CDER Therapeutic Biological Products Document Room  
Center for Drug Evaluation and Research  
Food and Drug Administration  
12229 Wilkins Avenue  
Rockville, Maryland 20852

This information will be included in your biologics license application file.

Sincerely,

(b)(6)

Marc Walton, M.D., Ph.D.

Director

Division of Therapeutic Biological Internal Medicine Products

Office of Drug Evaluation VI

Center for Drug Evaluation and Research

## CONCURRENCE PAGE

Letter Type: LETTER: Approval (AP)

Summary Text: Clinical Supplmt. – Labeling Only  
**REVIEW COMPLETION REQUIRED BY: RIS**

**SS Data Check:**

- Place copy of Approval Ltr. with original signature concurrence page in Archival package behind the “Approval Materials” Tab after LAR (Licensing Action Recommendation).

**RIS Data Check:**

- Verify short summary – Ltr. & Submission screen should match.
- Check Letter for PMCs (if PMCs – add “PMCs – Approved With” special characteristic code.)
- Perform Review Completion Process
- Milestone: Confirm Approved Status

cc: Attached label is sent to everyone  
HFD-108/M. Walton  
HFD-108/E. Unger  
HFD-108/J. Siegel  
HFD-108/A. Pariser  
HFD-711/K. Lee  
HFD-711/B. Zhen  
HFD-711/A. Chakravarty  
HFD-109/K. Needleman  
HFD-109/E. Dye  
HFD-106/K. Weiss  
HFD-106/G. Jones  
HFM-110/RIMS/R. Eastep  
HFD-400/ODS M. Dempsey  
HFD-006/Exec sec P. Guinn  
HFD-013/FOI D. Taub  
HFD-013/FOI H. Brubaker  
HFD-240/OTCOM/ B. Poole  
HFD-230/OTCOM/CDER WebMaster  
HFD-001/B. Duvall-Miller (if PMC commitments)  
HFD-42/DDMAC/M. Kiester  
HFD-410/ODS/DSRCS/ Karen Young  
HFD-950/OCTAP/T. Crescenzi (if pediatric language)  
HFD-960/OCTAP/G. Carmouze (if pediatric language)  
HFM-570 C. Lee (if clinical PMC commitments)  
HFD-328/TFRB Blue File/Mike Smedley  
HFD-410/CDER Medwatch Safety Labeling HFD-430/ODS/DDRE (hard copy)  
DRMP BLA file (hard copy)

History: K. Needleman: 12.14.04

File Name: S:\Needleman\BLA\Infliximab\103772\_5090\BL103772\_5090\_ap.doc

Office	Name/Signature	Date
DKMP	(b)(6)	12/17/04
DRMP		12/17/04
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DRMP		12/17/04
DRMP		12/17/04
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