Dear Dr. Padhye:

Please refer to your new drug application (NDA) dated December 19, 2003, received December 22, 2003, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Levaquin® (levofloxacin) Oral Solution, 25 mg/mL.

We acknowledge receipt of your submissions dated:

- February 18, 2004
- February 26, 2004
- March 18, 2004
- June 17, 2004
- July 7, 2004
- October 5, 2004
- October 14, 2004
- October 20, 2004

This new drug application provides for the use of Levaquin® (levofloxacin) Oral Solution, 25 mg/mL for the treatment of:

- Acute maxillary sinusitis due to *Streptococcus pneumoniae*, *Haemophilus influenzae*, or *Moraxella catarrhalis*.
- Acute bacterial exacerbation of chronic bronchitis due to *Staphylococcus aureus*, *Streptococcus pneumoniae*, *Haemophilus influenzae*, *Haemophilus parainfluenzae*, or *Moraxella catarrhalis*.
- Nosocomial pneumonia due to methicillin-susceptible *Staphylococcus aureus*, *Pseudomonas aeruginosa*, *Serratia marcescens*, *Escherichia coli*, *Klebsiella pneumoniae*, *Haemophilus influenzae*, or *Streptococcus pneumoniae*.
- Community-acquired pneumonia due to *Staphylococcus aureus*, *Streptococcus pneumoniae* (including multi-drug resistant strains [MDRSP]), *Haemophilus influenzae*, *Haemophilus parainfluenzae*, *Klebsiella pneumoniae*, *Moraxella catarrhalis*, *Chlamydia pneumoniae*, *Legionella pneumophila*, or *Mycoplasma pneumoniae*.
- Complicated skin and skin structure infections due to methicillin-susceptible *Staphylococcus aureus*, *Enterococcus faecalis*, *Streptococcus pyogenes*, or *Proteus mirabilis*.
- Uncomplicated skin and skin structure infections (mild to moderate) including abscesses, cellulitis, furuncles, impetigo, pyoderma, wound infections, due to *Staphylococcus aureus* or *Streptococcus pyogenes*.
- Chronic bacterial prostatitis due to *Escherichia coli*, *Enterococcus faecalis*, or *Staphylococcus epidermidis*. 
Complicated urinary tract infections (mild to moderate) due to *Enterococcus faecalis, Enterobacter cloacae, Escherichia coli, Klebsiella pneumoniae, Proteus mirabilis, or Pseudomonas aeruginosa*.
- Acute pyelonephritis (mild to moderate) caused by *Escherichia coli*.
- Uncomplicated urinary tract infections (mild to moderate) due to *Escherichia coli, Klebsiella pneumoniae, or Staphylococcus saprophyticus*.

We completed our review of this application, as amended. It is approved, effective on the date of this letter, for use as recommended in the agreed-upon labeling text.

The final printed labeling (FPL) must be identical to the enclosed labeling (text for the package insert submitted October 20, 2004) and submitted labeling (immediate container and carton labels submitted December 19, 2003). Marketing the product with FPL that is not identical to the approved labeling text may render the product misbranded and an unapproved new drug.

The electronic labeling rule published December 11, 2003, (68 FR 69009) requires submission of labeling content in electronic format effective June 8, 2004. For additional information, consult the following guidances for industry regarding electronic submissions: Providing Regulatory Submissions in Electronic Format - NDAs (January 1999) and Providing Regulatory Submissions in Electronic Format – Content of Labeling (February 2004). The guidances specify that labeling to be submitted in *pdf* format. To assist in our review, we request that labeling also be submitted in *MS Word* format. If formatted copies of all labeling pieces (i.e., package insert, patient package insert, container labels, and carton labels) are submitted electronically, labeling does not need to be submitted in paper. For administrative purposes, designate this submission “**FPL for approved NDA 21-721**.” Approval of this submission by FDA is not required before the labeling is used.

All applications for new active ingredients, new dosage forms, new indications, new routes of administration, and new dosing regimens are required to contain an assessment of the safety and effectiveness of the product in pediatric patients unless this requirement is waived or deferred. We are waiving pediatric study requirements for ages 0 to 16 years for the following indications for this application:

- Acute maxillary sinusitis due to *Streptococcus pneumoniae, Haemophilus influenzae, or Moraxella catarrhalis*.
- Acute bacterial exacerbation of chronic bronchitis due to *Staphylococcus aureus, Streptococcus pneumoniae, Haemophilus influenzae, Haemophilus parainfluenzae, or Moraxella catarrhalis*.
- Uncomplicated skin and skin structure infections (mild to moderate) including abscesses, cellulitis, furuncles, impetigo, pyoderma, wound infections, due to *Staphylococcus aureus or Streptococcus pyogenes*.
- Chronic bacterial prostatitis due to *Escherichia coli, Enterococcus faecalis, or Staphylococcus epidermidis*.
- Uncomplicated urinary tract infections (mild to moderate) due to *Escherichia coli, Klebsiella pneumoniae or Staphylococcus saprophyticus*. 
We are deferring pediatric studies for ages 0 to 16 years for the indications listed below for this application.

Your deferred pediatric studies required under section 2 of the Pediatric Research Equity Act (PREA) are considered required postmarketing study commitments. The statuses of these postmarketing studies shall be reported annually according to 21 CFR 314.81. These commitments are:

1. Deferred pediatric study under PREA for the treatment of nosocomial pneumonia due to methicillin-susceptible *Staphylococcus aureus*, *Pseudomonas aeruginosa*, *Serratia marcescens*, *Escherichia coli*, *Klebsiella pneumoniae*, *Haemophilus influenzae*, or *Streptococcus pneumoniae* in pediatric patients ages 0 to 16 years.
   
   Final Report Submission: February 2, 2009

2. Deferred pediatric study under PREA for the treatment of community-acquired pneumonia due to *Staphylococcus aureus*, *Streptococcus pneumoniae* (including multi-drug resistant strains [MDRSP]), *Haemophilus influenzae*, *Haemophilus parainfluenzae*, *Klebsiella pneumoniae*, *Moraxella catarrhalis*, *Chlamydia pneumoniae*, *Legionella pneumophila*, or *Mycoplasma pneumoniae* in pediatric patients ages 0 to 16 years.
   
   Final Report Submission: February 2, 2009

3. Deferred pediatric study under PREA for the treatment of complicated skin and skin structure infections due to methicillin-susceptible *Staphylococcus aureus*, *Enterococcus faecalis*, *Streptococcus pyogenes*, or *Proteus mirabilis* in pediatric patients ages 0 to 16 years.
   
   Final Report Submission: February 2, 2009

4. Deferred pediatric study under PREA for the treatment of complicated urinary tract infections (mild to moderate) due to *Enterococcus faecalis*, *Enterobacter cloacae*, *Escherichia coli*, *Klebsiella pneumoniae*, *Proteus mirabilis*, or *Pseudomonas aeruginosa* in pediatric patients ages 0 to 16 years.
   
   Final Report Submission: February 2, 2009

5. Deferred pediatric study under PREA for the treatment of acute pyelonephritis (mild to moderate) caused by *Escherichia coli* in pediatric patients ages 0 to 16 years.
   
   Final Report Submission: February 2, 2009

Submit final study reports to this NDA. For administrative purposes, all submissions related to these pediatric postmarketing study commitments must be clearly designated “Required Pediatric Study Commitments.”
In addition, submit three copies of the introductory promotional materials that you propose to use for this product. Submit all proposed materials in draft or mock-up form, not final print. Send one copy to this division and two copies of both the promotional materials and the package insert directly to:

Division of Drug Marketing, Advertising, and Communications, HFD-42
Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20857

Please submit one market package of the drug product when it is available.

We remind you that you must comply with reporting requirements for an approved NDA (21 CFR 314.80 and 314.81).

If you have any questions, call Rebecca Saville, Regulatory Project Manager, at (301) 827-2127.

Sincerely,

[See appended electronic signature page]

Renata Albrecht, M.D.
Director
Division of Special Pathogen and Immunologic Drug Products
Office of Drug Evaluation IV
Center for Drug Evaluation and Research

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

/s/

Renata Albrecht
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NDA 21-721