



NDA 20634/S-058
NDA 20635/S-064
NDA 21721/S-025

SUPPLEMENT APPROVAL

Ortho McNeil- Janssen Pharmaceutical, Inc.
c/o Johnson & Johnson Pharmaceutical Research & Development, L.L.C.
Attention: Ms. Melissa Gannon
Director, Regulatory Affairs
920 U.S. Highway 202, P.O. Box 300
Raritan, NJ 08869-0602

Dear Ms. Gannon:

Please refer to your Supplemental New Drug Applications (sNDAs) submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for the following:

Drug Product Name	NDA Number	Supplement number	Date of supplement	Date of receipt
Levaquin [®] (levofloxacin) Tablets	20634	S-058	December 16, 2010	December 16, 2010
Levaquin [®] (levofloxacin) Injection and Levaquin [®] (levofloxacin in 5% dextrose) Injection	20635	S-064	December 16, 2010	December 16, 2010
Levaquin [®] (levofloxacin) Oral Solution	21721	S-025	December 16, 2010	December 16, 2010

We acknowledge receipt of your amendments dated January 27, 2011.



We also refer to our letter dated November 15, 2010, notifying you, under Section 505(o)(4) of the FDCA, of new safety information that we believe should be included in the labeling for all fluoroquinolone products. This information pertains to the risk of fluoroquinolone-associated myasthenia gravis exacerbation, which is a potentially life-threatening event and may require ventilatory support.

These supplemental new drug applications provide for revisions to the labeling for Levaquin[®] (levofloxacin). The agreed upon changes to the language included in our November 15, 2010, letter are as follows (additions are noted by underline and deletion are noted by ~~striketrough~~).

I. BOXED WARNING

WARNING:

Fluoroquinolones, including LEVAQUIN[®], are associated with an increased risk of tendinitis and tendon rupture in all ages. This risk is further increased in older patients usually over 60 years of age, in patients taking corticosteroid drugs, and in patients with kidney, heart or lung transplants [See Warnings and Precautions (5.1)].

Fluoroquinolones, including LEVAQUIN[®], may exacerbate muscle weakness in persons with myasthenia gravis. Avoid LEVAQUIN[®] in patients with known history of myasthenia gravis. [See Warnings and Precautions (5.2)]

II. 5 WARNINGS AND PRECAUTIONS

5.2 Exacerbation of myasthenia gravis

Fluoroquinolones, including LEVAQUIN[®], have neuromuscular blocking activity and may exacerbate muscle weakness in persons with myasthenia gravis. Postmarketing serious adverse events, including deaths and requirement for ventilatory support, have been associated with fluoroquinolone use in persons with myasthenia gravis. Avoid LEVAQUIN[®] in patients with known history of myasthenia gravis. [See Postmarketing Experience (6.3), and Patient Counseling Information (17.3)]

III. 6 ADVERSE REACTIONS

6.1 Serious and Otherwise Important Adverse Reactions

The following serious and otherwise important adverse drug reactions are discussed in greater detail in other sections of labeling:

- Tendon Effects [*see Warnings and Precautions (5.1)*]
- Exacerbation of Myasthenia Gravis [*see Warnings and Precautions (5.2)*]

IV. Under **6.3 Postmarketing Experience**, in table 8 the following has been added to the Nervous System Disorders row as the first item: exacerbation of myasthenia gravis [*see Warnings and Precautions (5.2)*]

V. Section **17.3 Serious and Potentially Serious Adverse Reactions** has been revised as follows:

Patients should be informed of the following serious adverse reactions that have been associated with LEVAQUIN[®] or other fluoroquinolone use:

- **Tendon Disorders:** Patients should contact their healthcare provider if they experience pain, swelling, or inflammation of a tendon, or weakness or inability to use one of their joints; rest and refrain from exercise; and discontinue LEVAQUIN[®] treatment. The risk

of severe tendon disorders with fluoroquinolones is higher in older patients usually over 60 years of age, in patients taking corticosteroid drugs, and in patients with kidney, heart or lung transplants.

- **Exacerbation of myasthenia gravis:** patients should inform their physician of any history of myasthenia gravis. Patients should notify their physician if they experience any symptoms of muscle weakness, including respiratory difficulties.

VI. Medication guide:

- a. In the section “What is the most important information I should know about LEVAQUIN®? The following has been added as the last bulleted paragraph:

- **Worsening of myasthenia gravis (a disease which causes muscle weakness).** Fluoroquinolones like LEVAQUIN may cause worsening of myasthenia gravis symptoms, including muscle weakness and breathing problems. Call your healthcare provider right away if you have any worsening muscle weakness or breathing problems.

See the section "**What are the possible side effects of LEVAQUIN®?**" for more information about side effects

- b. In the section “**What should I tell my healthcare provider before taking LEVAQUIN®?**” The following has been added:

What should I tell my healthcare provider before taking LEVAQUIN®?

See "**What is the most important information I should know about LEVAQUIN®?**"

Tell your healthcare provider about all your medical conditions, including if you:

- have tendon problems
- have a disease that causes muscle weakness (myasthenia gravis)
- have central nervous system problems (such as epilepsy)
- have nerve problems
- have or anyone in your family has an irregular heartbeat, especially a condition called "QT prolongation."
- have low blood potassium (hypokalemia)
- have a history of seizures
- have bone and joint problems
- have kidney problems. You may need a lower dose of LEVAQUIN® if your kidneys do not work well.
- have liver problems
- have rheumatoid arthritis (RA) or other history of joint problems
- are pregnant or planning to become pregnant. It is not known if LEVAQUIN® will harm your unborn child.

- are breast-feeding or planning to breast-feed. LEVAQUIN[®] is thought to pass into breast milk. You and your healthcare provider should decide whether you will take LEVAQUIN[®] or breast-feed.

We have completed our review of these supplemental applications, as amended. They are approved, effective on the date of this letter, for use as recommended in the enclosed, agreed-upon labeling text.

CONTENT OF LABELING

As soon as possible, but no later than 14 days from the date of this letter, submit the content of labeling [21 CFR 314.50(l)] in structured product labeling (SPL) format using the FDA automated drug registration and listing system (eLIST), as described at <http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm>. Content of labeling must be identical to the enclosed labeling (text for the package insert, Medication Guide), with the addition of any labeling changes in pending “Changes Being Effected” (CBE) supplements, as well as annual reportable changes not included in the enclosed labeling.

Information on submitting SPL files using eLIST may be found in the guidance for industry titled “SPL Standard for Content of Labeling Technical Qs and As” at <http://www.fda.gov/downloads/DrugsGuidanceComplianceRegulatoryInformation/Guidances/UCM072392.pdf>.

The SPL will be accessible from publicly available labeling repositories.

Also within 14 days, amend all pending supplemental applications for this NDA, including CBE supplements for which FDA has not yet issued an action letter, with the content of labeling [21 CFR 314.50(l)(1)(i)] in MS Word format, that includes the changes approved in this supplemental application, as well as annual reportable changes and annotate each change. To facilitate review of your submission, provide a highlighted or marked-up copy that shows all changes, as well as a clean Microsoft Word version. The marked-up copy should provide appropriate annotations, including supplement number(s) and annual report date(s).

We request that the labeling approved today be available on your website within 10 days of receipt of this letter.

PROMOTIONAL MATERIALS

You may request advisory comments on proposed introductory advertising and promotional labeling. To do so, submit the following, in triplicate, (1) a cover letter requesting advisory comments, (2) the proposed materials in draft or mock-up form with annotated references, and (3) the package insert(s) to:

Food and Drug Administration
Center for Drug Evaluation and Research
Division of Drug Marketing, Advertising, and Communications
5901-B Ammendale Road
Beltsville, MD 20705-1266

You must submit final promotional materials and package insert(s), accompanied by a Form FDA 2253, at the time of initial dissemination or publication [21 CFR 314.81(b)(3)(i)]. Form FDA 2253 is available at <http://www.fda.gov/opacom/morechoices/fdaforms/cder.html>; instructions are provided on page 2 of the form. For more information about submission of promotional materials to the Division of Drug Marketing, Advertising, and Communications (DDMAC), see <http://www.fda.gov/AboutFDA/CentersOffices/CDER/ucm090142.htm>.

All promotional materials that include representations about your drug product must be promptly revised to be consistent with the labeling changes approved in this supplement, including any new safety information [21 CFR 314.70(a)(4)]. The revisions in your promotional materials should include prominent disclosure of the important new safety information that appears in the revised package labeling. Within 7 days of receipt of this letter, submit your statement of intent to comply with 21 CFR 314.70(a)(4) to the address above or by fax to 301-847-8444.

LETTERS TO HEALTH CARE PROFESSIONALS

If you decide to issue a letter communicating important safety-related information about this drug product (i.e., a “Dear Health Care Professional” letter), we request that you submit, at least 24 hours prior to issuing the letter, an electronic copy of the letter to this NDA to the following address:

MedWatch Program
Office of Special Health Issues
Food and Drug Administration
10903 New Hampshire Ave
Building 32, Mail Stop 5353
Silver Spring, MD 20993

REPORTING REQUIREMENTS

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

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If you have any questions, call Hyun Son, Pharm.D., Safety Regulatory Project Manager, at (301) 796-1600.

Sincerely,

{See appended electronic signature page}

Ozlem Belen, MD, MPH
Deputy Director for Safety
Division of Special Pathogen and Transplant Products
Office of Antimicrobial Products
Center for Drug Evaluation and Research

ENCLOSURE:
Content of Labeling

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

/s/

OZLEM A BELEN
02/25/2011