

**CENTER FOR DRUG EVALUATION AND  
RESEARCH**

*APPLICATION NUMBER:*

**21-199**

**CHEMISTRY REVIEW(S)**

**SUPPORTING DOCUMENTS:**

**DMFs:**

DMF No.	Holder Name	Subject	Status	Date Reviewed
[redacted]	[redacted]	Drug substance manufacturer	Inadequate Adequate	H. Khorshidi, HFD-550 3/17/2000 6/20/2000
[redacted]	[redacted]	Drug product manufacturer/chemical and microbiological testing.	Adequate	H. Khorshidi, HFD-550 6/20/2000. Also refer to this chemistry review
[redacted]	[redacted]	Alternative microbiological/sterility tester	Adequate	Refer to microbiology review dated 4/14/2000
[redacted]	[redacted]	Packaging materials- Eye dropper 5, 11 and 15 ml bottles, plug, Caps	Adequate	H. Khorshidi, HFD-550 6/20/2000
[redacted]	[redacted]	[redacted]	Adequate	H. Khorshidi, HFD-550 6/20/2000. Also refer to micro-review dated 4/14/2000

**RELATED DOCUMENTS (if applicable):**

Type	Number	Owner	Subject
IND	[redacted]	Santen	Levofloxacin Ophthalmic solution
NDA	20-634	R.W. Johnson	Levaquin tablets (approval date: 12/20/1996)
NDA	20-635	R.W. Johnson	Levaquin Injection (approval date: 12/20/1996)

**CONSULTS:**

Consult	Date forwarded	Status	Comments
EER	3/13/2000	OVERALL RESULT: Pending	Except one site (Winkham laboratories U.K. for microbiological testing), all other sites are acceptable as of 7/19/2000
Pharmacology, HFD-550	None		
Bio-pharm HFD-550	None		
Statistical analysis, HFD-550	None		

APPEARS THIS WAY  
ON ORIGINAL

**REMARKS/COMMENTS**

1. Establishment evaluation requests (EER) has been forwarded on 3/13/2000. Except one site [redacted] all other sites are acceptable by OC.

Overall Result: pending

2. DMF [redacted] originally reviewed and found to be inadequate in support of NDA 21-199 (refer to DMF review dated 3/17/2000). DMF holder has amended DMF [redacted] on 4/28/2000. The submitted amendment was reviewed and found to be adequate.

3. The first IR letter was send to the applicant on 3/12/2000.  
Applicant's response was received on 5/17/2000:  
Result: satisfactory (refer to page 10 of this chemistry review).

4. The second IR letter was forwarded to the applicant on 5/2/2000.  
Applicant has responded to the second IR letter on 5/12/2000, 5/18/2000 and 5/19/2000 respectively.  
Result: satisfactory (refer to pages 40-45 of this chemistry review).

5. The third IR letter was send to the applicant on 6/6/2000.  
Applicant has responded on 6/9/2000 and 6/12/2000.  
Result: satisfactory (refer to pages 47-52 of this review).

6. The forth and final IR letter was send to the applicant on 6/16/2000.  
Applicant has responded on 6/21/2000.  
Result: satisfactory (refer to page 52 of this review).

APPEARS THIS WAY  
ON ORIGINAL

**CONCLUSIONS & RECOMMENDATIONS:**

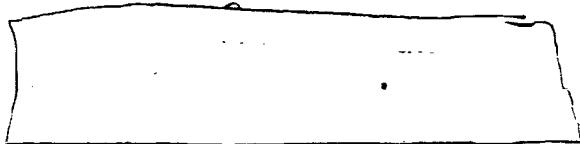
From CMC standpoint, This NDA submission is approved pending satisfactory i)- EES results for all manufacturing/testing sites and ii)- response to the labeling comments listed on page 54 of this review. Moreover, comments listed in draft commitments and comments letters of this review (on page 53) should be forwarded to the applicant with the approval letter by the CSO.

cc:

Org. NDA 21-199  
HFD-550/Division File  
HFD-550/HKhorshidi  
HFD-550/LNg  
HFD-550/MPuglisi  
HFD-550/Wchambers  
HFD-830/CwChen



Hossein S. Khorshidi, Ph.D. Review Chemist



APPEARS THIS WAY  
ON ORIGINAL

DIVISION OF Anti-Inflammatory/Analgesics & Ophthalmic Drug products  
DAAODP, HFD-550

Review of Chemistry, Manufacturing, and Controls

NDA #: 21-199

CHEM. REVIEW # 1

REVIEW DATE: 7/19/2000

<u>SUBMISSION TYPE</u>	<u>DOCUMENT DATE</u>	<u>CDER DATE</u>	<u>ASSIGNED DATE</u>
ORIGINAL	2/28/2000	2/1/2000	3/3/2000
AMENDMENT	5/12/2000	5/16/2000	5/22/2000
AMENDMENT	5/17/2000	5/18/2000	5/24/2000
AMENDMENT	5/18/2000	5/19/2000	5/24/2000
AMENDMENT	5/19/2000	5/23/2000	5/30/2000
AMENDMENT	6/9/2000	6/12/2000	6/14/2000
AMENDMENT	6/12/2000	6/13/2000	6/14/2000
AMENDMENT	6/21/2000	6/22/2000	6/27/2000

NAME & ADDRESS OF APPLICANT:

Santen Inc  
555 Gateway Dr  
Napa, California 94558

DRUG PRODUCT NAME

Proprietary:

Quixin®

Nonproprietary/USAN:

Levofloxacin Ophthalmic Solution

Code Name#:

Chem. Type/Ther. Class:

3P

PHARMACOL. CATEGORY/INDICATION:

Anti-bacterial

DOSAGE FORM:

Solution

STRENGTHS:

0.5%

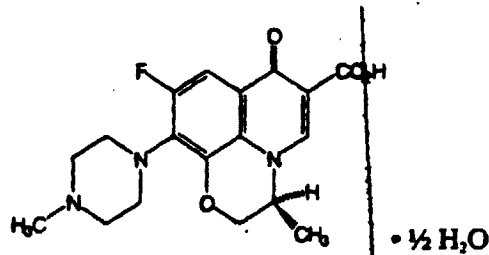
ROUTE OF ADMINISTRATION:

Topical ocular

DISPENSED:

Rx  OTC

CHEMICAL NAME, STRUCTURAL FORMULA, MOLECULAR FORMULA, MOLECULAR WEIGHT:



Molecular Formula

C<sub>18</sub>H<sub>20</sub>FN<sub>3</sub>O<sub>4</sub> • ½ H<sub>2</sub>O

Molecular Weight

370.38

Stereoisomerism

L-isomer of ofloxacin