

CENTER FOR DRUG EVALUATION AND RESEARCH

Approval Package for:

APPLICATION NUMBER:

21-073/S012

Trade Name: Actos Tablets 15mg, 30mg, 45mg

Generic Name: (pioglitazone HCL)

Sponsor: Takeda Pharmaceuticals of North America, Inc

Approval Date: May 5, 2001

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APPLICATION NUMBER:

21-073/S012

CONTENTS

Reviews / Information Included in this NDA Review.

Approval Letter	X
Approvable Letter	
Labeling	
Medical Review(s)	
Chemistry Review(s)	X
Pharmacology Review(s)	
Statistical Review(s)	
Microbiology Review(s)	
Clinical Pharmacology/ Biopharmaceutics Review(s)	
Administrative/Correspondence Document(s)	X

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APPLICATION NUMBER:

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APPROVAL LETTER



NDA 21-073/S-012

Takeda Pharmaceuticals North America, Inc.
Attention: Robert M. Pilson, R.Ph.
Manager, Regulatory Compliance
475 Half Day Road, Suite 500
Lincolnshire, IL 60069

Dear Mr. Pilson:

Please refer to your supplemental new drug application dated May 9, 2001, received May 10, 2001, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Actos[®] (pioglitazone hydrochloride) Tablets, 15 mg, 30 mg, and 45 mg.

This supplemental new drug application provides for the addition of 1 _____
_____ as an analytical testing facility for the drug substance and drug product.

We have completed the review of this supplemental application, and it is approved.

We remind you that you must comply with the requirements for an approved NDA set forth under 21 CFR 314.80 and 314.81.

If you have any questions, please call Ms. Jena Weber, Regulatory Project Manager, at (301) 827-6422.

Sincerely,

{See appended electronic signature page}

Stephen K. Moore, Ph.D.
Chemistry Team Leader I, for
Division of Metabolic and Endocrine Drug Products,
(HFD-510)
DNDC II, Office of New Drug Chemistry
Center for Drug Evaluation and Research

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/s/

Stephen Moore
5/22/01 03:13:39 PM

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APPLICATION NUMBER:

21-073/S012

CHEMISTRY REVIEW(S)

CHEMIST'S REVIEW		
Organization CDER/HFD-510 Division of Metabolism and Endocrine Drug Products		NDA # 21-073 Approved: 21-JUL-1999
Name and Address of Applicant: Takeda Pharmaceuticals America Inc. 101 Carnegie Center, Suite 207 Princeton, NJ 08540 Phone: (609) 452-1113 x-4409 Fax: (609) 452-1218		Supplement SCM-012 Doc. 09-MAY-2001 Rec. 10-MAY-2001
		Name Of The Drug Actos™ Tablets
		Nonproprietary Name Pioglitazone Hydrochloride Tablets
Supplement provides for the addition of _____ _____ as an analytical testing facility for the drug substance and drug product.		Amendment(s) --
Pharmacological Category: Hypoglycemic Agent, treatment of NIDDM.	How Dispensed Oral R	Supporting Documents --
Dosage Form Tablets	Potencies 15-, 30- and 45-mg	
Chemical Name and Structure Pioglitazone $C_{19}H_{20}N_2O_3S \cdot HCl$ $MW = 356.43 + 36.57 = 392.90$		
(±)-5-[[4-[2-(5-ethyl-2-pyridinyl)ethoxy]phenyl]methyl]-2,4-thiazolidinedione monohydrochloride		
Comments: This Supplement -Changes Being Effected in 30 days- provides for the addition of _____ as an _____ facility for pioglitazone and Actos® Tablets. _____ is in compliance with cGMP as certified by the firm itself in the application, and corroborated by the Office of Compliance (EER dated 14-MAY-2001 attached). The firm, Takeda pharmaceuticals America Inc., certifies that the tests methods approved in NDA 21-073 have been transferred to _____ utilizing an approved Transfer Protocol and no post approval commitments have been made by the applicant relating to the _____. Adequate information has been provided, and all regulatory requirements -Post Approval Changes -Analytical Testing Laboratory Sites (PAC-ATLS)- have been fulfilled.		
Conclusions and Recommendations: _____ has been found acceptable for the analytical testing of the drug substance, pioglitazone, and the drug product, Actos® (Pioglitazone) Tablets. From the chemistry point of view, this supplement can be approved. Issue approval letter.		
Reviewer Name (and signature) Xavier Ysern, PhD		Date Completed: 14-MAY-2001
R/D Init.		filename: /nda/21073s12.doc
DISTRIBUTION: Original: NDA 21-073 cc: HFD-510 Division File/ JWeber / SMoore/ XYsern		

CBE - 30 days

AP

14-MAY-2001

Page 1 of 1

FDA CDER EES
ESTABLISHMENT EVALUATION REQUEST
SUMMARY REPORT

Application: NDA 21073/012
Stamp: 10-MAY-2001 Regulatory Due: 10-SEP-2001
Applicant: TAKEDA PHARMS
475 HALF DAY RD STE 500
LINCOLNSHIRE, IL 60069

Priority: 1P
Action Goal:
Brand Name: ACTOS (PIOGLITAZONE HCL)15/30/45MG TABS
Established Name:
Generic Name: PIOGLITAZONE HCL
Dosage Form: TAB (TABLET)
Strength: 15-, 30- AND 45-MG

Org Code: 510

District Goal: 06-AUG-2001

FDA Contacts: J. WEBER (HFD-510) 301-827-6422 , Project Manager
X. YSERN (HFD-510) 301-827-6420 , Review Chemist
S. MOORE (HFD-510) 301-827-6430 , Team Leader

Overall Recommendation:

ACCEPTABLE on 14-MAY-2001 by J. D AMBROGIO (HFD-324) 301-827-0062

Establishment: [Redacted]

DMF No:
AADA No:

Profile: CTL OAI Status: NONE
Last Milestone: OC RECOMMENDATION
Milestone Date: 14-MAY-2001
Decision: ACCEPTABLE
Reason: BASED ON PROFILE

Responsibilities: [Redacted]

Establishment: [Redacted]

DMF No:
AADA No:

Profile: CTL OAI Status: NONE
Last Milestone: OC RECOMMENDATION
Milestone Date: 14-MAY-2001
Decision: ACCEPTABLE
Reason: BASED ON FILE REVIEW

Responsibilities: [Redacted]

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/s/

Xavier Ysern
5/17/01 10:49:11 AM
CHEMIST

AP

Stephen Moore
5/18/01 09:13:28 AM
CHEMIST