### 13. Patent and Exclusivity Information for VFEND™ IV and Oral

(Voriconazole)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Active Ingredient:</strong></td>
<td>(2R,3S)-2-(2,4-difluorophenyl)-3-(5-fluoro-4-pyrimidinyl)-1-(1H-1,2,4-triazol-1-yl)-2-butanol with an empirical formula of C₁₉H₁₅F₃N₅O and a molecular weight of 349.3.</td>
</tr>
</tbody>
</table>
| **2. Strengths:** | Oral – 50 or 200 mg  
IV – 200 mg per vial |
| **3. Trade Name:** | VFEND™ |
| **4. Dosage Form/Route of Administration:** | Oral and IV |
| **5. Application Firm Name:** | Pfizer Inc |
| **6. NDA Number:** | Oral – 21,266  
IV – 21,267 |
| **7. Exclusivity Period:** | Five years from date of approval |
| **8. Applicable Patent Numbers and Expiration Dates:** | 5,118,844 exp. August 11, 2009  
5,364,938 exp. November 15, 2011  
5,567,817 exp. October 22, 2013  
5,773,443 exp. January 25, 2011 |
14. PATENT CERTIFICATION

With respect to the drug, VFEND™, which is the subject of this Application (NDA 21-266 and NDA-21-267) and the U.S. patents that are listed in Item 13 of this Application, Pfizer certifies that the drug, VFEND™, pharmaceutical compositions thereof, and methods of treating fungal infections are claimed in U.S. Patents Nos. 5,116,844; 5,384,938; 5,567,817 and 5,773,443.
EXCLUSIVITY SUMMARY for NDA# 21-266 & 21-267 SUPPL #

Trade Name VFEND™ Generic Name voriconazole

Applicant Name Pfizer Inc. HFD-590

Approval Date May 24, 2002

PART I: IS AN EXCLUSIVITY DETERMINATION NEEDED?

1. An exclusivity determination will be made for all original applications, but only for certain supplements. Complete Parts II and III of this Exclusivity Summary only if you answer "YES" to one or more of the following questions about the submission.

a) Is it an original NDA? YES / X / NO / ___/

b) Is it an effectiveness supplement? YES / ___ / NO / X /

If yes, what type(SE1, SE2, etc.)?

c) Did it require the review of clinical data other than to support a safety claim or change in labeling related to safety? (If it required review only of bioavailability or bioequivalence data, answer "NO.")

YES / X / NO / ___/

If your answer is "no" because you believe the study is a bioavailability study and, therefore, not eligible for exclusivity, EXPLAIN why it is a bioavailability study, including your reasons for disagreeing with any arguments made by the applicant that the study was not simply a bioavailability study.

If it is a supplement requiring the review of clinical data but it is not an effectiveness supplement, describe the change or claim that is supported by the clinical data:
d) Did the applicant request exclusivity?

YES /__/ NO /_x_/ 

If the answer to (d) is "yes," how many years of exclusivity did the applicant request?

e) Has pediatric exclusivity been granted for this Active Moiety?

YES /__/ NO /_x_/ 

IF YOU HAVE ANSWERED "NO" TO ALL OF THE ABOVE QUESTIONS, GO DIRECTLY TO THE SIGNATURE BLOCKS ON PAGE 9.

2. Has a product with the same active ingredient(s), dosage form, strength, route of administration, and dosing schedule previously been approved by FDA for the same use? (Rx to OTC Switches should be answered No - Please indicate as such).

YES /__/ NO /_x_/ 

If yes, NDA # _______ Drug Name

IF THE ANSWER TO QUESTION 2 IS "YES," GO DIRECTLY TO THE SIGNATURE BLOCKS ON PAGE 9.

3. Is this drug product or indication a DESI upgrade?

YES /__/ NO /_x_/ 

IF THE ANSWER TO QUESTION 3 IS "YES," GO DIRECTLY TO THE SIGNATURE BLOCKS ON PAGE 9 (even if a study was required for the upgrade).
PART II: FIVE-YEAR EXCLUSIVITY FOR NEW CHEMICAL ENTITIES
(Answer either #1 or #2, as appropriate)

1. Single active ingredient product.

Has FDA previously approved under section 505 of the Act any drug product containing the same active moiety as the drug under consideration? Answer "yes" if the active moiety (including other esterified forms, salts, complexes, chelates or clathrates) has been previously approved, but this particular form of the active moiety, e.g., this particular ester or salt (including salts with hydrogen or coordination bonding) or other non-covalent derivative (such as a complex, chelate, or clathrate) has not been approved. Answer "no" if the compound requires metabolic conversion (other than deesterification of an esterified form of the drug) to produce an already approved active moiety.

YES /___/ NO /__X__/ 

If "yes," identify the approved drug product(s) containing the active moiety, and, if known, the NDA #(s).

NDA #
NDA #
NDA #

2. Combination product.

If the product contains more than one active moiety (as defined in Part II, #1), has FDA previously approved an application under section 505 containing any one of the active moieties in the drug product? If, for example, the combination contains one never-before-approved active moiety and one previously approved active moiety, answer "yes." (An active moiety that is marketed under an OTC monograph, but that was never approved under an NDA, is considered not previously approved.)

YES /___/ NO /___/ N/A __X__
If "yes," identify the approved drug product(s) containing the active moiety, and, if known, the NDA #(s).

NDA #
NDA #
NDA #

IF THE ANSWER TO QUESTION 1 OR 2 UNDER PART II IS "NO," GO DIRECTLY TO THE SIGNATURE BLOCKS ON PAGE 9. IF "YES," GO TO PART III.

PART III: THREE-YEAR EXCLUSIVITY FOR NDA'S AND SUPPLEMENTS

To qualify for three years of exclusivity, an application or supplement must contain "reports of new clinical investigations (other than bioavailability studies) essential to the approval of the application and conducted or sponsored by the applicant." This section should be completed only if the answer to PART II, Question 1 or 2, was "yes."

1. Does the application contain reports of clinical investigations? (The Agency interprets "clinical investigations" to mean investigations conducted on humans other than bioavailability studies.) If the application contains clinical investigations only by virtue of a right of reference to clinical investigations in another application, answer "yes," then skip to question 3(a). If the answer to 3(a) is "yes" for any investigation referred to in another application, do not complete remainder of summary for that investigation.

YES /___/ NO /___/

IF "NO," GO DIRECTLY TO THE SIGNATURE BLOCKS ON PAGE 9.

2. A clinical investigation is "essential to the approval" if the Agency could not have approved the application or supplement without relying on that investigation. Thus, the investigation is not essential to the approval if 1) no clinical investigation is necessary to support the supplement or application in light of previously approved applications (i.e., information other than clinical trials, such as bioavailability data, would be sufficient to provide a basis
for approval as an ANDA or 505(b)(2) application because of what is already known about a previously approved product), or 2) there are published reports of studies (other than those conducted or sponsored by the applicant) or other publicly available data that independently would have been sufficient to support approval of the application, without reference to the clinical investigation submitted in the application.

For the purposes of this section, studies comparing two products with the same ingredient(s) are considered to be bioavailability studies.

(a) In light of previously approved applications, is a clinical investigation (either conducted by the applicant or available from some other source, including the published literature) necessary to support approval of the application or supplement?

YES /___/      NO /___/

If "no," state the basis for your conclusion that a clinical trial is not necessary for approval AND GO DIRECTLY TO SIGNATURE BLOCK ON Page 9:

(b) Did the applicant submit a list of published studies relevant to the safety and effectiveness of this drug product and a statement that the publicly available data would not independently support approval of the application?

YES /___/      NO /___/

(1) If the answer to 2(b) is "yes," do you personally know of any reason to disagree with the applicant's conclusion? If not applicable, answer NO.

YES /___/      NO /___/

If yes, explain:
(2) If the answer to 2(b) is "no," are you aware of published studies not conducted or sponsored by the applicant or other publicly available data that could independently demonstrate the safety and effectiveness of this drug product?  

YES /__/  NO /__/  

If yes, explain:

(c) If the answers to (b)(1) and (b)(2) were both "no," identify the clinical investigations submitted in the application that are essential to the approval:

Investigation #1, Study #

Investigation #2, Study #

Investigation #3, Study #

3. In addition to being essential, investigations must be "new" to support exclusivity. The agency interprets "new clinical investigation" to mean an investigation that 1) has not been relied on by the agency to demonstrate the effectiveness of a previously approved drug for any indication and 2) does not duplicate the results of another investigation that was relied on by the agency to demonstrate the effectiveness of a previously approved drug product, i.e., does not redemonstrate something the agency considers to have been demonstrated in an already approved application.

(a) For each investigation identified as "essential to the approval," has the investigation been relied on by the agency to demonstrate the effectiveness of a previously approved drug product? (If the investigation was relied on only to support the safety of a previously approved drug, answer "no.")

Investigation #1  YES /__/  NO /__/  
Investigation #2  YES /__/  NO /__/  
Investigation #3  YES /__/  NO /__/  

If you have answered "yes" for one or more investigations, identify each such investigation and the NDA in which each was relied upon:
(b) For each investigation identified as "essential to the approval," does the investigation duplicate the results of another investigation that was relied on by the agency to support the effectiveness of a previously approved drug product?

Investigation #1  YES /___/  NO /___/
Investigation #2  YES /___/  NO /___/
Investigation #3  YES /___/  NO /___/

If you have answered "yes" for one or more investigations, identify the NDA in which a similar investigation was relied on:

NDA # _____________  Study #
NDA # _____________  Study #
NDA # _____________  Study #

(c) If the answers to 3(a) and 3(b) are no, identify each "new" investigation in the application or supplement that is essential to the approval (i.e., the investigations listed in #2(c), less any that are not "new"):

Investigation ___, Study #
Investigation ___, Study #
Investigation ___, Study #

4. To be eligible for exclusivity, a new investigation that is essential to approval must also have been conducted or sponsored by the applicant. An investigation was "conducted by" or sponsored by" the applicant if, before or during the conduct of the investigation, 1) the applicant was the sponsor of the IND named in the form FDA 1571 filed with the Agency, or 2) the applicant (or its predecessor in interest) provided substantial support for the study. Ordinarily, substantial support will mean providing 50 percent or more of the cost of the study.
(a) For each investigation identified in response to question 3(c): if the investigation was carried out under an IND, was the applicant identified on the FDA 1571 as the sponsor?

Investigation #1

IND # _____ YES /__/ NO /__/ Explain:

Investigation #2

IND # _____ YES /__/ NO /__/ Explain:

(b) For each investigation not carried out under an IND or for which the applicant was not identified as the sponsor, did the applicant certify that it or the applicant's predecessor in interest provided substantial support for the study?

Investigation #1

YES /__/ Explain _____ NO /__/ Explain ________

______________________________
______________________________

Investigation #2

YES /__/ Explain _____ NO /__/ Explain ________

______________________________
______________________________

Page 8
(c) Notwithstanding an answer of "yes" to (a) or (b), are there other reasons to believe that the applicant should not be credited with having "conducted or sponsored" the study? (Purchased studies may not be used as the basis for exclusivity. However, if all rights to the drug are purchased (not just studies on the drug), the applicant may be considered to have sponsored or conducted the studies sponsored or conducted by its predecessor in interest.)

YES /___/       NO /___/

If yes, explain: ____________________________________________

________________________________________

Jouhayna Saliba, Pharm.D.
Regulatory Project Manager

Renata Albrecht, M.D.
Acting Division Director

CC:
Archival NDA
HFD-__/Division File
HFD-__/RPM
HFD-093/Mary Ann Holovac
HFD-104/PEDS/T.Crescenzi

Form OGD-011347
Revised 8/7/95; edited 8/8/95; revised 8/25/98, edited 3/6/00
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
6/12/02 01:25:28 PM
Item 16
NDA 21-266
Oral Tablets

DEBARMENT CERTIFICATION
[FD&C Act 306(k)(1)]

Pfizer hereby certifies that it did not and will not use in any capacity the services of any person debarred under section 306 of the Federal Food, Drug, and Cosmetic Act in connection with this application.

Signature of Company Representative: [Signature]
Date: November 2, 2010
Item 16
NDA 21-267
IV for Infusion

DEBARMENT CERTIFICATION
[FD&C Act 306(k)(1)]

Pfizer hereby certifies that it did not and will not use in any capacity the services of any person debarred under section 306 of the Federal Food, Drug, and Cosmetic Act in connection with this application.

Signature of Company Representative

Date
November 9, 2010
PEDiatric PAGE
(COMPLETE FOR ALL APPROVED ORIGINAL APPLICATIONS AND EFFICACY SUPPLEMENTS)

NDAs #: 21-266 & 21-267  Supplement Type (e.g. SES):  Supplement Number:

Stamp Date: November 17, 2000  Action Date: December 17, 2001 (AP)
Class 1 Resubmission/ Stamp Date: March 26, 2002  Action Date: May 24, 2002 (AP)

HFD-599  Trade and generic names/dosage form: VFEND™ (Voriconazole) Tablets and VFEND™ (Voriconazole for infusion)

Applicant: Pfizer Inc.  Therapeutic Class: Antifungal

Indication(s) previously approved: N/A – application not previously approved

Each approved indication must have pediatric studies: Completed, Deferred, and/or Waived.

Number of indications for this application(s): 2

Indication #1: Invasive aspergillosis

Is there a full waiver for this indication (check one)?

☐ Yes: Please proceed to Section A.

☒ No: Please check all that apply: Partial Waiver  ☒ Deferred  ☐ Completed

NOTE: More than one may apply

Please proceed to Section B, Section C, and/or Section D and complete as necessary.

Section A: Fully Waived Studies

Reason(s) for full waiver:

☐ Products in this class for this indication have been studied/labeled for pediatric population
☐ Disease/condition does not exist in children
☐ Too few children with disease to study
☐ There are safety concerns
☐ Other:________________________________________

If studies are fully waived, then pediatric information is complete for this indication. If there is another indication, please see Attachment A. Otherwise, this Pediatric Page is complete and should be entered into DFS.

Section B: Partially Waived Studies

Age/weight range being partially waived:

<table>
<thead>
<tr>
<th>Min</th>
<th>kg</th>
<th>mo</th>
<th>yr</th>
<th>Tanner Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Max</td>
<td>----</td>
<td>----</td>
<td>----</td>
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</tr>
</tbody>
</table>

Reason(s) for partial waiver:

☐ Products in this class for this indication have been studied/labeled for pediatric population
☐ Disease/condition does not exist in children
☐ Too few children with disease to study
☐ There are safety concerns
☐ Adult studies ready for approval
☐ Formulation needed
☐ Other:________________________________________
Section C: Deferred Studies

Age/weight range being deferred: 2-18 years of age deferred

<table>
<thead>
<tr>
<th>Min</th>
<th>kg</th>
<th>mo.</th>
<th>yr.</th>
<th>Tanner Stage</th>
</tr>
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<tbody>
<tr>
<td>Max</td>
<td>kg</td>
<td>mo.</td>
<td>yr.</td>
<td>Tanner Stage</td>
</tr>
</tbody>
</table>

0-2 years of age deferred (company plans to request a waiver December 1, 2002)

Reason(s) for deferral:

☐ Products in this class for this indication have been studied/labeled for pediatric population
☐ Disease/condition does not exist in children
☐ Too few children with disease to study
☐ There are safety concerns
☒ Adult studies ready for approval
☒ Formulation needed
Other: __________________________________________________________

Date studies are due (mm/dd/yy): 12/31/2003

If studies are completed, proceed to Section D. Otherwise, this Pediatric Page is complete and should be entered into DFS.

Section D: Completed Studies

Age/weight range of completed studies:

<table>
<thead>
<tr>
<th>Min</th>
<th>kg</th>
<th>mo.</th>
<th>yr.</th>
<th>Tanner Stage</th>
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<tr>
<td>Max</td>
<td>kg</td>
<td>mo.</td>
<td>yr.</td>
<td>Tanner Stage</td>
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</table>

Comments:

If there are additional indications, please proceed to Attachment A. Otherwise, this Pediatric Page is complete and should be entered into DFS.

This page was completed by:

(See appended electronic signature page)

Regulatory Project Manager

FOR QUESTIONS ON COMPLETING THIS FORM CONTACT, PEDIATRIC TEAM, HFD-960, 301-594-7337

Revised 1-18-02
Attachment A
(This attachment is to be completed for those applications with multiple indications only.)

Indication #2: Serious fungal infections caused by Scedosporium apiospermum and Fusarium spp., including Fusarium solani, in patients intolerant of or refractory to other therapy.

Is there a full waiver for this indication (check one)?

☐ Yes: Please proceed to Section A.

☒ No: Please check all that apply: ___ Partial Waiver ___ Deferred ___ Completed

NOTE: More than one may apply
Please proceed to Section B, Section C, and/or Section D and complete as necessary.

Section A: Fully Waived Studies

Reason(s) for full waiver:

☐ Products in this class for this indication have been studied/labeled for pediatric population
☐ Disease/condition does not exist in children
☐ Too few children with disease to study
☐ There are safety concerns
☐ Other:

If studies are fully waived, then pediatric information is complete for this indication. If there is another indication, please see Attachment A. Otherwise, this Pediatric Page is complete and should be entered into DFS.

Section B: Partially Waived Studies

Age/weight range being partially waived:

Min ______ kg ______ mo. ______ yr. ______ Tanner Stage ______
Max ______ kg ______ mo. ______ yr. ______ Tanner Stage ______

Reason(s) for partial waiver:

☐ Products in this class for this indication have been studied/labeled for pediatric population
☐ Disease/condition does not exist in children
☐ Too few children with disease to study
☐ There are safety concerns
☐ Adult studies ready for approval
☐ Formulation needed
☐ Other:

If studies are deferred, proceed to Section C. If studies are completed, proceed to Section D. Otherwise, this Pediatric Page is complete and should be entered into DFS.

FOR QUESTIONS ON COMPLETING THIS FORM CONTACT, PEDIATRIC TEAM, HFD-960, 301-594-7337

Revised 1-18-02
Section C: Deferred Studies

Age/weight range being deferred: 2-18 years of age deferred
0-2 years of age deferred (company plans to request a waiver December 1, 2002)

<table>
<thead>
<tr>
<th>Min</th>
<th>kg</th>
<th>mo.</th>
<th>yr.</th>
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<tbody>
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</table>

Max _____ kg _____ mo. _____ yr. _____ Tanner Stage _____

Reason(s) for deferral:

☐ Products in this class for this indication have been studied/labeled for pediatric population
☐ Disease/condition does not exist in children
☐ Too few children with disease to study
☐ There are safety concerns
X Adult studies ready for approval
X Formulation needed
☐ Other: ______________________________

Date studies are due (mm/dd/yy): 12/31/2003

If studies are completed, proceed to Section D. Otherwise, this Pediatric Page is complete and should be entered into DFS.

Section D: Completed Studies

Age/weight range of completed studies:

<table>
<thead>
<tr>
<th>Min</th>
<th>kg</th>
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Max _____ kg _____ mo. _____ yr. _____ Tanner Stage _____

Comments:

If there are additional indications, please copy the fields above and complete pediatric information as directed. If there are no other indications, this Pediatric Page is complete and should be entered into DFS.

This page was completed by:

(See appended electronic signature page)

Regulatory Project Manager

FOR QUESTIONS ON COMPLETING THIS FORM CONTACT, PEDIATRIC TEAM, HFD-960, 301-594-7337

Revised 1-18-02
This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.

/s/

Jouhayna Saliba
6/14/02 01:46:59 PM
NDA/EFFICACY SUPPLEMENT ACTION PACKAGE CHECKLIST

<table>
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<tr>
<th>NDAs 21-266</th>
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<tr>
<td>Drug</td>
<td>Vfend™ (Voriconazole) Tablets and IV</td>
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<tr>
<td>RPM</td>
<td>Jouhayna S. Saliba</td>
</tr>
<tr>
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<tr>
<td>505(b)(2)</td>
<td>Reference listed drug</td>
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<td>☐ Fast Track</td>
<td>☐ Rolling Review</td>
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<td>Pivotal IND(s)</td>
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Application classifications:
- Chem Class: 1S
- Other (e.g., orphan, OTC): __________

PDUFA Goal Dates:
- Primary: 05/24/02
- Secondary: 05/24/02

Arrange package in the following order:

GENERAL INFORMATION:

- User Fee Information: User Fee Paid X (completed), or add a comment.
  - User Fee Waiver (attach waiver notification letter) ______
  - User Fee Exemption ______

Action Letters
- Labeling & Labels
  - FDA revised labeling and reviews: ______
  - Original proposed labeling (package insert, patient package insert): ______
  - Other labeling in class (most recent 3) or class labeling: ______
  - Has DDMAC reviewed the labeling?: ______
    - Yes (include review) X
    - No ______
  - Immediate container and carton labels: ______
    - X
  - Nomenclature review: ______
    - X

- Application Integrity Policy (AIP) ☐ Applicant is on the AIP. This application ☐ is X is not on the AIP.
  - Exception for review (Center Director’s memo): ______
    - N/A
  - OC Clearance for approval: ______
    - N/A
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<td>Post-marketing Commitments</td>
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<td>Agency request for Phase 4 Commitments</td>
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<td>Debarment Statement</td>
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<td>Date of pre NDA Meeting 7/26/00</td>
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<td>Date of pre-AP Safety Conference 11/9/01</td>
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<tr>
<td>Advisory Committee Meeting</td>
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<td>Questions considered by the committee</td>
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<td>Minutes or 48-hour alert or pertinent section of transcript</td>
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<td>Federal Register Notices, DESI documents</td>
<td>X</td>
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**CLINICAL INFORMATION:**

Indicate N/A (not applicable), X (completed), or add a comment.

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<th>Item</th>
<th>Status</th>
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<td>Section</td>
<td>Status</td>
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<td>---------</td>
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<tr>
<td>Clinical review(s) and memoranda</td>
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<td>Safety Update review(s)</td>
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<td>Pediatric Information</td>
<td></td>
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<tr>
<td>□ Waiver/partial waiver (Indicate location of rationale for waiver)</td>
<td></td>
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<tr>
<td>□ Deferred</td>
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<tr>
<td>Pediatric Page</td>
<td>X</td>
</tr>
<tr>
<td>□ Pediatric Exclusivity requested? □ Denied □ Granted □ X Not Applicable</td>
<td></td>
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<tr>
<td>Statistical review(s) and memoranda</td>
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<td>Abuse Liability review(s)</td>
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<td>Recommendation for scheduling</td>
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<td>Microbiology (efficacy) review(s) and memoranda</td>
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<tr>
<td>DSI Audits</td>
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<tr>
<td>□ Clinical studies □ bioequivalence studies</td>
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</tr>
<tr>
<td>(See MO review on aspergillosis, page 20)</td>
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**CMC INFORMATION:**

Indicate N/A (not applicable), X (completed), or add a comment.

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<td>Statistics review(s) and memoranda regarding dissolution and/or stability</td>
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<td>DMF review(s)</td>
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<td>Micro (validation of sterilization) review(s) and memoranda</td>
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<tr>
<td>Facilities Inspection (include EES report)</td>
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<tr>
<td>Date completed 21-266 May 29, 2001</td>
<td>□ X Acceptable □ Not Acceptable</td>
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<tr>
<td>21-267 February 12, 2002</td>
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<tr>
<td>Methods Validation Requested (see Chemistry review)</td>
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PRECLINICAL PHARM/TOX INFORMATION:

- Pharm/Tox review(s) and memoranda .................................................. X
- Memo from DSI regarding GLP inspection (if any) .................................. N/A
- Statistical review(s) of carcinogenicity studies .................................... N/A
- CAC/ECAC report ................................................................. N/A
NDAs: 21-266 & 21-267 for the indications of invasive aspergillosis and fungal pathogens to include Scedosporium apiospermum and Fusarium species

Drug: Vfend™ (Voriconazole) Tablets and IV  Applicant: Pfizer

RPM: Jouhayna S. Saliba  Phone: 301-827-2127

505(b)(1)  X
505(b)(2)  Reference listed drug: Voriconazole

☐ Fast Track  ☐ Rolling Review  Review priority: X S _ P.

Pivotal IND(s)

Application classifications:
Chem Class: 1S
Other (e.g., orphan, OTC) 

PDUFA Goal Dates:
Primary: 12/17/01
Secondary: 02/17/02

Arrange package in the following order:
Indicate N/A (not applicable), X (completed), or add a comment.

User Fee Information:
User Fee Paid: X
User Fee Waiver (attach waiver notification letter) 
User Fee Exemption 

Action Letters:
1) AE for the indication of invasive aspergillosis and fungal pathogens to include Scedosporium apiospermum and Fusarium species.
2) AE for the indication of esophageal candidiasis
3) NA for the empirical antifungal therapy in febrile neutropenic patients.

Labeling & Labels:
FDA revised labeling and reviews: X
Original proposed labeling (package insert, patient package insert): X
Other labeling in class (most recent 3) or class labeling: X
Has DDMAC reviewed the labeling?: Yes (include review) ☐ No
Immediate container and carton labels: X
Nomenclature review: X
- Application Integrity Policy (AIP) □ Applicant is on the AIP. This application □ is \_X\_ is not on the AIP.
  - Exception for review (Center Director's memo) ........................................ [N/A]
  - OC Clearance for approval ........................................................................ [N/A]

- Status of advertising (if AP action) □ Reviewed (for Subpart H – attach review) □ Materials requested in AP letter

- Post-marketing Commitments
  - Agency request for Phase 4 Commitments .................................................. [N/A]
  - Copy of Applicant's commitments ................................................................ [N/A]

- Was Press Office notified of action (for approval action only)?
  - Copy of Press Release or Talk Paper .......................................................... [N/A]

- Patent
  - Information [505(b)(1)] ........................................................................... \_X\_
  - Patent Certification [505(b)(2)] ............................................................... [N/A]
  - Copy of notification to patent holder [21 CFR 314.50 (i)(4)] .................... [N/A]

- Exclusivity Summary ..................................................................................... [N/A]

- Debarment Statement .................................................................................... \_X\_

- Financial Disclosure
  - No disclosable information ......................................................................... \_X\_
  - Disclosable information – indicate where review is located (page 22 of the Medical Officer's review on invasive aspergillosis) .................................................................. \_X\_

- Correspondence/Memoranda/Faxes ............................................................... \_X\_

- Minutes of Meetings ..................................................................................... \_X\_
  - Date of EOP2 Meeting 6/24/96 and 2/25/98
  - Date of pre NDA Meeting 7/26/00
  - Date of pre-AP Safety Conference 11/9/01

- Advisory Committee Meeting ........................................................................ \_X\_
  - Date of Meeting 10/04/01
  - Questions considered by the committee .................................................... \_X\_
  - Minutes or 48-hour alert or pertinent section of transcript

- Federal Register Notices, DESI documents .................................................. \_X\_
### CLINICAL INFORMATION:

- Summary memoranda (e.g., Office Director’s memo, Division Director’s memo, Group Leader’s memo) .................................................................
- Clinical review(s) and memoranda .......................................................... X
- Safety Update review(s) ..............................................................................
- Pediatric Information
  - Waiver/partial waiver (Indicate location of rationale for waiver)  □ Deferred
  - Pediatric Page ........................................................................................ N/A
  - Pediatric Exclusivity requested? □ Denied □ Granted □ Not Applicable
- Statistical review(s) and memoranda .......................................................... X
- Biopharmaceutical review(s) and memoranda .......................................... X
- Abuse Liability review(s) ........................................................................... N/A
  - Recommendation for scheduling ............................................................ N/A
- Microbiology (efficacy) review(s) and memoranda .................................. X
- DSI Audits ................................................................................................... N/A
  - □ Clinical studies □ bioequivalence studies .............................................

### CMC INFORMATION:

- CMC review(s) and memoranda ............................................................... X
- Statistics review(s) and memoranda regarding dissolution and/or stability ........................................................................ N/A
- DMF review(s) .......................................................................................... X
- Environmental Assessment review/FONSI/Categorical exemption ...(They qualify for categorical exclusion, see Chemistry review) ............ X
- Micro (validation of sterilization) review(s) and memoranda .................. X
- Facilities Inspection (include EES report)
  - Date completed 21-266 May 29, 2001 .................................................. □X Acceptable for tablets □X Not Acceptable for IV
  - 21-267 November 14, 2001
Methods Validation .................................. Requested (see Chemistry review) .................................................. □ Completed □ Not Completed

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<th>PRECLINICAL PHARM/TOX INFORMATION:</th>
<th>Indicate N/A (not applicable), X (completed), or add a comment.</th>
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</tr>
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<td>N/A</td>
</tr>
<tr>
<td>♦ CAC/ECAC report ......................................</td>
<td>N/A</td>
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</table>
USER FEE VALIDATION SHEET

NDA # 21-267 Supp. Type & # N 000 UFID # 3944
(e.g., N000, SLR001, SE1001, etc.)

1. YES NO User Fee Cover Sheet Validated? MIS_Elements Screen Change(s):

2. YES NO APPLICATION CONTAINS CLINICAL DATA?
(Circle YES if NDA contains study or literature reports of what are explicitly or implicitly represented by the application to be adequate and well-controlled trials. Clinical data do not include data used to modify the labeling to add a restriction that would improve the safe use of the drug (e.g., to add an adverse reaction, contraindication or warning to the labeling).

REF IF NO CLINICAL DATA IN SUBMISSION, INDICATE IF CLINICAL DATA ARE CROSS REFERENCED IN ANOTHER SUBMISSION.

3. YES NO SMALL BUSINESS EXEMPTION

4. YES NO WAIVER GRANTED

5. YES NO NDA BEING SPLIT FOR ADMINISTRATIVE CONVENIENCE (other than bundling). If YES, list all NDA #s, review division(s) and those for which an application fee applies.

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<td>N_____</td>
<td>HFD-____</td>
<td>Fee</td>
<td>No Fee</td>
</tr>
</tbody>
</table>

6. YES NO BUNDLING POLICY APPLIED CORRECTLY? No Data Entry Required
(Circle YES if application is properly designated as one application or is properly submitted as a supplement instead of an original application. Circle NO if application should be split into more than one application or be submitted as an original instead of a supplement. If NO, list resulting NDA #s and review division(s).

<table>
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<tr>
<td>N_____</td>
<td>HFD-____</td>
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<td>HFD-____</td>
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</table>

7. P S PRIORITY or STANDARD APPLICATION?

Signature: /S/ 12/4/01 /S/ 1-Feb-01
CPMS Concurrency Signature / Date

Signature: /S/ 2/14/00
See Instructions on Reverse Side Before Completing This Form

1. APPLICANT'S NAME AND ADDRESS
Pfizer Global Research and Development
Eastern Point Road
Groton, CT 06340

2. TELEPHONE NUMBER (Include Area Code)
(212) 733-5868

7. IS THIS APPLICATION COVERED BY ANY OF THE FOLLOWING USER FEE EXCLUSIONS? IF SO, CHECK THE APPLICABLE EXCLUSION.

☐ A LARGE VOLUME PARENTERAL DRUG PRODUCT APPROVED UNDER SECTION 505 OF THE FEDERAL FOOD, DRUG, AND COSMETIC ACT BEFORE 9/1/92 (Self Explanatory)

☐ THE APPLICATION QUALIFIES FOR THE ORPHAN EXCEPTION UNDER SECTION 731(a)(I)(E) OF THE FEDERAL FOOD, DRUG, AND COSMETIC ACT (See Item 7, reverse side before checking box.)

☐ THE APPLICATION IS SUBMITTED BY A STATE OR FEDERAL GOVERNMENT ENTITY FOR A DRUG THAT IS NOT DISTRIBUTED COMMERCIALY (Self Explanatory)

☐ WHOLE BLOOD OR BLOOD COMPONENT FOR TRANSFUSION

☐ A CRUDE ALLERGENIC EXTRACT PRODUCT

☐ AN APPLICATION FOR A BIOLOGICAL PRODUCT FOR FURTHER MANUFACTURING USE ONLY

☐ AN "IN VITRO" DIAGNOSTIC BIOLOGICAL PRODUCT LICENSED UNDER SECTION 351 OF THE PHS ACT

☐ BOVINE BLOOD PRODUCT FOR TOPICAL APPLICATION LICENSED BEFORE 9/1/92

8. HAS A WAIVER OF AN APPLICATION FEE BEEN GRANTED FOR THIS APPLICATION? ☐ YES ☐ NO

A completed form must be signed and accompany each new drug or biologic product application and each new supplement. If payment is sent by U.S. mail or courier, please include a copy of this completed form with payment.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

DHHS, Reports Clearance Officer
Paperwork Reduction Project (0910-0297)
Hubert H. Humphrey Building, Room 531-H
200 Independence Avenue, S.W.
Washington, DC 20201

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Please DO NOT RETURN this form to this address.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE

TITLE
John E. Wollseben, Sr. Vice President, Regulatory Affairs

DATE
9/19/00

FORM FDA 3567 (8/96)
USER FEE VALIDATION SHEET

NDA # 21266 Supp. Type & # N 000 UFID # 3943
(e.g., N000, SLR001, SE1001, etc.)

1. **YES** NO User Fee Cover Sheet Validated? MIS_Elements Screen Change(s):

   

2. **YES** NO APPLICATION CONTAINS CLINICAL DATA?
(Circle YES if NDA contains study or literature reports of what are explicitly or implicitly represented by the application to be adequate and well-controlled trials. Clinical data do not include data used to modify the labeling to add a restriction that would improve the safe use of the drug (e.g., to add an adverse reaction, contraindication or warning to the labeling).

   REF IF NO CLINICAL DATA IN SUBMISSION, INDICATE IF CLINICAL DATA ARE CROSS REFERENCED IN ANOTHER SUBMISSION.

3. **YES** NO SMALL BUSINESS EXEMPTION

4. **YES** NO WAIVER GRANTED

5. **YES** NO NDA BEING SPLIT FOR ADMINISTRATIVE CONVENIENCE (other than bundling).
   If YES, list all NDA #s, review division(s) and those for which an application fee applies.

   NDA # Division
   N________ HFD-_____ Fee No Fee
   N________ HFD-_____ Fee No Fee

6. **YES** NO BUNDLING POLICY APPLIED CORRECTLY? No Data Entry Required
(Circle YES if application is properly designated as one application or is properly submitted as a supplement instead of an original application. Circle NO if application should be split into more than one application or be submitted as an original instead of a supplement. If NO, list resulting NDA #s and review division(s).

   NDA # Division   NDA # Division
   N_______ HFD-_____ N_______ HFD-_____ 

7. P S PRIORITY or STANDARD APPLICATION?

   

PM Signature: Date 2/14/00 CPMS Concurrence Signature / Date 1/24/01

2/14/00
<table>
<thead>
<tr>
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<tr>
<td>Pfizer Global Research and Development</td>
</tr>
<tr>
<td>Eastern Point Road</td>
</tr>
<tr>
<td>Groton, CT 06340</td>
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<tr>
<th><strong>2. TELEPHONE NUMBER (include Area Code)</strong></th>
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<tbody>
<tr>
<td>(212) 733-5688</td>
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<table>
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<tr>
<th><strong>3. PRODUCT NAME</strong></th>
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<td>Vfend (voriconazole) Oral</td>
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<th><strong>4. DOES THIS APPLICATION REQUIRE CLINICAL DATA FOR APPROVAL?</strong></th>
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<td><strong>IF YOUR RESPONSE IS &quot;NO&quot; AND THIS IS FOR A SUPPLEMENT, STOP HERE AND SIGN THIS FORM.</strong></td>
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<td><strong>IF RESPONSE IS &quot;YES&quot;, CHECK THE APPROPRIATE RESPONSE BELOW.</strong></td>
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<tr>
<td>☐ THE REQUIRED CLINICAL DATA ARE CONTAINED IN THE APPLICATION.</td>
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<td>☐ THE REQUIRED CLINICAL DATA ARE SUBMITTED BY REFERENCE TO</td>
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<td>(Data also contained in NDA N021266)</td>
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<th><strong>6. LICENSE NUMBER / NDA NUMBER</strong></th>
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<tr>
<td>☐ A LARGE VOLUME PARENTERAL DRUG PRODUCT APPROVED UNDER SECTION 505 OF THE FEDERAL FOOD, DRUG, AND COSMETIC ACT BEFORE 9/1/92 (Self Explanatory)</td>
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<tr>
<td>☐ A 505(b)(2) APPLICATION THAT DOES NOT REQUIRE A FEE (See item 7, reverse side before checking box.)</td>
</tr>
<tr>
<td>☐ THE APPLICATION QUALIFIES FOR THE ORPHAN EXCEPTION UNDER SECTION 738(a)(1)(E) OF THE FEDERAL FOOD, DRUG, AND COSMETIC ACT</td>
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<tr>
<td>(See item 7, reverse side before checking box.)</td>
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<tr>
<td>☐ THE APPLICATION IS A PEDIATRIC SUPPLEMENT THAT QUALIFIES FOR THE EXCEPTION UNDER SECTION 738(a)(1)(F) OF THE FEDERAL FOOD, DRUG, AND COSMETIC ACT</td>
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<tr>
<td>(See item 7, reverse side before checking box.)</td>
</tr>
<tr>
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<td>(Self Explanatory)</td>
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<tr>
<td>☐ AN APPLICATION FOR A BIOLOGICAL PRODUCT FOR FURTHER MANUFACTURING USE ONLY</td>
</tr>
<tr>
<td>☐ AN &quot;IN VITRO&quot; DIAGNOSTIC BIOLOGICAL PRODUCT LICENSED UNDER SECTION 361 OF THE PHS ACT</td>
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<tr>
<td>☐ Bovine Blood Product for Topical Application Licensed Before 9/1/92</td>
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<tr>
<th><strong>8. HAS A WAIVER OF AN APPLICATION FEE BEEN GRANTED FOR THIS APPLICATION?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ YES ☐ NO</td>
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<tr>
<td>(See reverse side if answered &quot;YES&quot;)</td>
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A completed form must be signed and accompany each new drug or biologic product application and each new supplement. If payment is sent by U.S. mail or courier, please include a copy of this completed form with payment.

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DHHS, Reports Clearance Officer
Paperwork Reduction Project (0910-0297)
Hubert H. Humphrey Building, Room S31-H
200 Independence Avenue, S.W.
Washington, DC 20201

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Please DO NOT RETURN this form to this address.

**SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE**

**DATE**

**TITLE**

**ST. VICE PRESIDENT, REGULATORY AFFAIRS**

**9/19/00**

FORM FDA 2587 (9/98)
**REQUEST FOR CONSULTATION**

**FROM:** HEO-990  
**DATE OF DOCUMENT:** Nov. 17, 00

**NAME OF DRUG:** Voriconazole  
**PRIORITY CONSIDERATION:** Standard  
**CLASSIFICATION OF DRUG:** Anti-fungal  
**DESIRED COMPLETION DATE:** 6/11/01

**REASON FOR REQUEST**

I. GENERAL

- [ ] NEW PROTOCOL
- [ ] PROGRESS REPORT
- [ ] NEW CORRESPONDENCE
- [ ] Drug Advertising
- [ ] ADVERSE REACTION REPORT
- [ ] MANUFACTURING CHANGE/ADDITION
- [ ] MEETING PLANNED BY

- [ ] PRE-NDA MEETING
- [ ] END OF PHASE II MEETING
- [ ] RESUBMISSION
- [ ] SAFETY/EFFICACY
- [ ] CONTROL SUPPLEMENT
- [ ] RESPONSE TO DEFICIENCY LETTER
- [ ] FINAL PRINTED LABELING
- [ ] LABELING REVISION
- [ ] ORIGINAL NEW CORRESPONDENCE
- [ ] FORMULATIVE REVIEW
- [ ] OTHER (Specify below)

II. BIOMETRICS

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<tr>
<th>STATISTICAL EVALUATION BRANCH</th>
<th>STATISTICAL APPLICATION BRANCH</th>
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<td>PROTOCOL REVIEW</td>
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III. BIOPHARMACEUTICS

- [ ] SOLUTION
- [ ] BIOAVAILABILITY STUDIES
- [ ] PHASE IV STUDIES
- [ ] DEFICIENCY LETTER RESPONSE
- [ ] PROTOCOL–BIOPHARMACEUTICS
- [ ] IN-VIVO WAIVER REQUEST

IV. DRUG EXPERIENCE

- [ ] PHASE IV SURVEILLANCE/Epidemiology Protocol
- [ ] Drug Use & Population Exposure, Associated Diagnoses
- [ ] CASE REPORTS OF SPECIFIC REACTIONS/List below
- [ ] COMPARATIVE RISK ASSESSMENT ON GENERIC DRUG GROUP
- [ ] REVIEW OF MARKETING EXPERIENCE, DRUG USE AND SAFETY
- [ ] SUMMARY OF ADVERSE EXPERIENCE
- [ ] POISON RISK ANALYSIS

V. SCIENTIFIC INVESTIGATIONS

- [ ] CLINICAL
- [ ] PRECLINICAL

**COMMENTS/SPECIAL INSTRUCTIONS:** (Attach additional sheets if necessary)

Micro sterility consult on NDA 21-267

To get to EDR:

- type EDR
- then put in NDA # 21-267
- then you can access the CMC Section from there.

If you have any questions, please call me at (724) 23

**METHOD OF DELIVERY (Check one):**

- [ ] MAIL
- [ ] HAND

**SIGNATURE OF RECIPIENT:**

[Signature]

**DATE:** 12-11-00

**SIGNATURE OF DELIVERER:**

[Signature]

**DATE:** 12-11-00
**REQUEST FOR CONSULTATION**

**TO:** HFD-550 (Dr. Chambers)  
**FROM:** HFD-590 (Dr. Tiernan)  
**DATE:** February 16, 2001  
**NDA Nos.:** 21-266, 21-267  
**TYPE OF DOCUMENTS:** N  
**DATE OF DOCUMENTS:** November 17, 2000  
**NAME OF DRUG:** Vfend (voriconazole) Tablets, Vfend (voriconazole) IV  
**PRIORITY CONSIDERATION:**  
**CLASSIFICATION OF DRUG:**  
**DESIRABLE COMPLETION DATE:** June 17, 2001  

**NAME OF FIRM:** Pfizer Global Research & Development  

**REASON FOR REQUEST**

**I. GENERAL**

- [ ] NEW PROTOCOL  
- [ ] PROGRESS REPORT  
- [ ] NEW CORRESPONDENCE  
- [ ] ADVERSE REACTION REPORT  
- [ ] MANUFACTURING CHANGE/ADDITION  
- [ ] MEETING PLANNED BY  
- [ ] PRE-NDA MEETING  
- [ ] END OF PHASE III MEETING  
- [ ] RESUBMISSION  
- [ ] SAFETY/EFFICACY  
- [ ] PAPER NDA  
- [ ] CONTROL SUPPLEMENT  
- [ ] RESPONSE TO DEFICIENCY LETTER  
- [ ] FINAL PRINTED LABELING  
- [ ] LABELING REVISION  
- [ ] ORIGINAL NEW CORRESPONDENCE  
- [ ] FORMATIVE REVIEW  
- [ ] OTHER (SPECIFY BELOW):  

**II. BIOMETRICS**

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- [ ] STATISTICAL APPLICATION BRANCH  
- [ ] TYPE A OR B NDA REVIEW  
- [ ] END OF PHASE II MEETING  
- [ ] CONTROLLED STUDIES  
- [ ] PROTOCOL REVIEW  
- [ ] OTHER (SPECIFY BELOW):  
- [ ] CHEMISTRY REVIEW  
- [ ] PHARMACOLOGY  
- [ ] BIOPHARMACEUTICS  
- [ ] OTHER (SPECIFY BELOW):  

**III. BIOPHARMACEUTICS**

- [ ] DISSOLUTION  
- [ ] BIOAVAILABILITY STUDIES  
- [ ] PHASE IV STUDIES  
- [ ] DEFICIENCY LETTER RESPONSE  
- [ ] PROTOCOL-BIOPHARMACEUTICS  
- [ ] IN-VIVO WAIVER REQUEST  

**IV. DRUG EXPERIENCE**

- [ ] PHASE IV SURVEILLANCE/EPIDEMIOLOGY PROTOCOL  
- [ ] DRUG USE & POPULATION EXPOSURE, ASSOCIATED DIAGNOSES  
- [ ] CASE REPORTS OF SPECIFIC REACTIONS (List below)  
- [ ] COMPARATIVE RISK ASSESSMENT ON GENERIC DRUG GROUP  
- [ ] REVIEW OF MARKETING EXPERIENCE, DRUG USE AND SAFETY  
- [ ] SUMMARY OF ADVERSE EXPERIENCE  
- [ ] POISON RISK ANALYSIS  

**V. SCIENTIFIC INVESTIGATIONS**

- [ ] CLINICAL  
- [ ] PRECLINICAL  

**COMMENTS/SPECIAL INSTRUCTIONS:**

Please see attached memo from Dr. Tiernan.

**SIGNATURE OF REQUESTER**  
**METHOD OF DELIVERY (Check one):**  
- [ ] MAIL  
- [ ] HAND  

**SIGNATURE OF RECEIVER**  
**SIGNATURE OF DELIVERER**
## REQUEST FOR CONSULTATION

**FROM:** Cheryl Dixon/Diana Williams  
HFD-590 (Division of Special Pathogen and Immunologic Drug Products)

<table>
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<th>DATE:</th>
<th>IND NO.:</th>
<th>NDA NO.:</th>
<th>TYPE OF DOCUMENTS:</th>
<th>DATE OF DOCUMENTS:</th>
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**NAME OF DRUG:** Vfend (vorticonazole)  
**PRIORITY CONSIDERATION:**  
**CLASSIFICATION OF DRUG:** Anti-Fungal  
**DESINED COMPLETION DATE:**

**NAME OF FIRM:** Pfizer

### REASON FOR REQUEST

#### I. GENERAL

- NEW PROTOCOL
- PROGRESS REPORT
- NEW CORRESPONDENCE
- DRUG ADVERTISING
- ADVERSE REACTION REPORT
- MANUFACTURING CHANGE/ADDITION
- MEETING PLANNED BY
- PRE-NDA MEETING
- END OF PHASE II MEETING
- RESUBMISSION
- SAFETY/EFFICACY
- PAPER NDA
- CONTROL SUPPLEMENT
- RESPONSE TO DEFICIENCY LETTER
- FINAL PRINTED LABELING
- LABELING REVISION
- ORIGINAL NEW CORRESPONDENCE
- FORMATIVE REVIEW
- OTHER (SPECIFY BELOW):
  - Electronic NDA

#### II. BIOMETRICS

**STATISTICAL EVALUATION BRANCH**

- TYPE A OR B NDA REVIEW
- END OF PHASE II MEETING
- CONTROLLED STUDIES
- PROTOCOL REVIEW
- OTHER:
  - CHEMISTRY REVIEW
  - PHARMACOLOGY
  - BIOPHARMACEUTICS
  - OTHER:

**STATISTICAL APPLICATION BRANCH**

#### III. BIOPHARMACEUTICS

- DISSOLUTION
- BIOAVAILABILITY STUDIES
- PHASE IV STUDIES
- DEFICIENCY LETTER RESPONSE
- PROTOCOL-BIOPHARMACEUTICS
- IN-VIVO WAIVER REQUEST

#### IV. DRUG EXPERIENCE

- PHASE IV SURVEILLANCE/EPIEDEMOLOGY PROTOCOL
- DRUG USE e.g. POPULATION EXPOSURE
- ASSOCIATED DIAGNOSES
- CASE REPORTS OF SPECIFIC REACTIONS (List below)
- COMPARATIVE RISK ASSESSMENT ON GENERIC DRUG GROUP
- REVIEW OF MARKETING EXPERIENCE, DRUG USE AND SAFETY
- SUMMARY OF ADVERSE EXPERIENCE
- POISON RISK ANALYSIS

#### V. SCIENTIFIC INVESTIGATIONS

- CLINICAL
- PRECLINICAL

### COMMENTS/SPECIAL INSTRUCTIONS:

This NDA, recently submitted to the Division, contains a historically controlled study for the indication of invasive aspergillosis. Our statistician would like the following 2 questions answered:

1. Have the usual biases associated with historical controls been adequately addressed in the design and conduct of Protocol A1501003?
2. Are the two study populations, Protocol 150-304 and Protocol A1501003, comparable? If so, what conclusions can be drawn?

The Division appreciates OPDRA’s willingness to assist us in analyzing another historically controlled study. An epidemiologist’s perspective would greatly enhance our ability to interpret the data. Should OPDRA’s
epidemiologist have any specific questions, please don’t hesitate to contact:

Cheryl Dixon (Statistician Reviewer) 301-827-2213
Karen Higgins (Stats Team Leader) 301-827-2171
Rose Tiernan (Medical Officer reviewer) 301-827-2375
Marc Cavaille-Coll (Medical Officer Team Leader) 301-827-2414

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<td>Diana Willard</td>
<td></td>
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<td>March 1, 2001</td>
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REQUEST FOR CONSULTATION

FROM: Division of Special Pathogen and Immunologic Drug Products HFD-590

DATE: November 9, 2000

NAME OF DRUG: Voriconazole

NAME OF FIRM: Pfizer

REASON FOR REQUEST

I. GENERAL

NEW PROTOCOL
☐ PROGRESS REPORT
☐ NEW CORRESPONDENCE
☐ DRUG ADVERTISING
☐ ADVERSE REACTION REPORT
☐ MANUFACTURING CHANGE/ADDITION
☐ MEETING PLANNED BY

☐ PRE-NDA MEETING
☐ END OF PHASE II MEETING
☐ RESUBMISSION
☐ SAFETY/EFFICACY
☐ PAPER NDA
☐ CONTROL SUPPLEMENT

☐ RESPONSE TO DEFICIENCY LETTER
☐ FINAL PRINTED LABELING
☐ LABELING REVISION
☐ ORIGINAL NEW CORRESPONDENCE
☐ FORMULATIVE REVIEW
☐ OTHER (SPECIFY BELOW):

II. BIOMETRICS

STATISTICAL EVALUATION BRANCH

☐ TYPE A OR B NDA REVIEW
☐ END OF PHASE II MEETING
☐ SYROLLOLED STUDIES
☐ TOCOL REVIEW
☐ OTHER:

STATISTICAL APPLICATION BRANCH

☐ CHEMISTRY REVIEW
☐ PHARMACOLOGY
☐ BIOPHARMACEUTICS
☐ OTHER:

III. BIOPHARMACEUTICS

☐ DISSOLUTION
☐ BIOAVAILABILITY STUDIES
☐ PHASE IV STUDIES

☐ DEFICIENCY LETTER RESPONSE
☐ PROTOCOL-BIOPHARMACEUTICS
☐ IN-VIVO WAIVER REQUEST

IV. DRUG EXPERIENCE

☐ PHASE IV SURVEILLANCE/Epidemiology Protocol
☐ DRUG USE e.g. POPULATION EXPOSURE, ASSOCIATED DIAGNOSES
☐ CASE REPORTS OF SPECIFIC REACTIONS (List below)
☐ COMPARATIVE RISK ASSESSMENT ON GENERIC DRUG GROUP

☐ REVIEW OF MARKETING EXPERIENCE, DRUG USE AND SAFETY
☐ SUMMARY OF ADVERSE EXPERIENCE
☐ POISON RISK ANALYSIS

V. SCIENTIFIC INVESTIGATIONS

☐ CLINICAL
☐ PRECLINICAL

COMMENTS/SPECIAL INSTRUCTIONS: Trade name review: LNC committee approved VFEND July 1999. (Pfizer’s preference is V-FEND. NDA is expected to come in end of November.

SIGNATURE OF REQUESTER: Jouhaya Saliba

METHOD OF DELIVERY (Check one):
☐ X E-MAIL
☐ HAND

NATURE OF RECEIVER:

SIGNATURE OF DELIVERER:
REQUEST FOR TRADEMARK REVIEW

To: Labeling and Nomenclature Committee
Attention: Dan Boring, Chair (HFD-530), 9201 Corporate Blvd, Room S447

<table>
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<tr>
<th>From: Division of Special Pathogen and Immunologic Drug Products</th>
<th>HFD-590</th>
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</thead>
<tbody>
<tr>
<td>Attention: Matthew Bacho</td>
<td>Phone: (301) 827-2127</td>
</tr>
</tbody>
</table>

Date: July 2, 1999

Subject: Request for Assessment of a Trademark for a Proposed New Drug Product

Proposed Trademark: VFEND (V-FEND) | NDA/ANDA# IND |

Established name, including dosage form: Voriconazole (Oral and I.V., respectively)

Other trademarks by the same firm for companion products: N/A

Indications for Use (may be a summary if proposed statement is lengthy): Triazole Antifungal Agent

Initial Comments from the submitter (concerns, observations, etc.): Their strong preference is for “VFEND” but they would appreciate consideration of “V-FEND”.

Note: Meetings of the Committee are scheduled for the 4th Tuesday of the month. Please submit this form at least one week ahead of the meeting. Responses will be as timely as possible.

cc: Original IND ——— ; HFD-590/division file; HFD-590/Matthew Bacho/Gene Holbert
CDER LABELING AND NOMENCLATURE COMMITTEE

CONSULT # 1233  HFD# 590  PROPOSED PROPRIETARY NAME:  PROPOSED ESTABLISHED NAME:
ATTENTION: Matthew Bache VFEND  voriconazole
RE: FDA/IND # __________

A. Look-alike/Sound-alike

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B. Misleading Aspects:

C. Other Concerns:

D. Established Name

Satisfactory

Unsatisfactory/Reason

Recommended Established Name

E. Proprietary Name Recommendations:

XXX ACCEPTABLE  UNACCEPTABLE

F. Signature of Chair/Date

/Sl/  9/14/99
# ESTABLISHMENT EVALUATION REQUEST
## SUMMARY REPORT

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<th>NDA 21266/000</th>
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<td>Regulatory Due:</td>
<td>17-DEC-2001</td>
<td>Brand Name: VfenD (Voriconazole) 50/200MG TABLETS</td>
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<tr>
<td>Applicant:</td>
<td>Pfizer Global Eastern Point Rd Groton, CT 06340</td>
<td>Established Name:</td>
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</tbody>
</table>

**FDA Contacts:**
- J. Saliba (HFD-590) 301-827-2423, Project Manager
- G. Holbert (HFD-590) 301-827-2399, Review Chemist
- N. Schmuff (HFD-590) 301-827-2425, Team Leader

<table>
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<tr>
<th>Overall Recommendation:</th>
<th>ACCEPTABLE on 29-MAY-2001 by J. D Ambrogio (HFD-324) 301-827-0062</th>
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### Establishment 1: 1211022
- **Establishment:** Pfizer Inc Eastern Point Rd Groton, CT 06340
- **Profile:** CSN OAI Status: NONE
- **Last Milestone:** OC RECOMMENDATION
- **Milestone Date:** 18-JAN-2001
- **Decision:** ACCEPTABLE
- **Reason:** DISTRICT RECOMMENDATION
- **Responsibilities:** DRUG SUBSTANCE MANUFACTURER, DRUG SUBSTANCE RELEASE TESTER

### Establishment 2: 2211583
- **Establishment:** Pfizer Inc 100 Jefferson Rd Parsippany, NJ 07054
- **Profile:** CTL OAI Status: NONE
- **Last Milestone:** OC RECOMMENDATION
- **Milestone Date:** 29-NOV-2000
- **Decision:** ACCEPTABLE
- **Reason:** BASED ON PROFILE

### Establishment 3: 2410924
- **Establishment:** Pfizer Inc 630 Flushing Ave
- **Profile:** TCM OAI Status: NONE
- **Last Milestone:** OC RECOMMENDATION
- **Milestone Date:** 29-NOV-2000
- **Decision:** ACCEPTABLE
- **Reason:** BASED ON PROFILE

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# ESTABLISHMENT EVALUATION REQUEST
## SUMMARY REPORT

BROOKLYN, NY 11206

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Establishment: 9610425
PFIZER LTD
CT139NJ
SANDWICH, KENT, UK

Profile: CRU | OAI Status: NONE | Responsibilities: |
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Establishment: 9611016
PFIZER PHARMACEUTICALS INC

RINCASKIDDY, COUNTY CORK, EI

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ESTABLISHMENT EVALUATION REQUEST
SUMMARY REPORT

Application: NDA 21267/000
Applicant: PFIZER GLOBAL
EASTERN POINT RD
GROTON, CT 06340
Priority: 1S
Org Code: 590
Action Goal: District Goal: 19-JUL-2001
Brand Name: VFEND (VORICONAZOLE) 20 MG IV
Established Name: VORICONAZOLE
Dosage Form: INJ (INJECTION)
Strength: 200 MG/VIAL

FDA Contacts:
J. SALIBA (HFD-590) 301-827-2423, Project Manager
G. HOLBERT (HFD-590) 301-827-2399, Review Chemist
N. SCHMUFF (HFD-590) 301-827-2425, Team Leader

Overall Recommendation:
WITHHOLD on 14-NOV-2001 by P. LEFLER (HFD-324) 301-827-0062
WITHHOLD on 29-MAY-2001 by J. D AMBROGIO (HFD-324) 301-827-0062

Establishment: ____________________________
DMF No: ____________________________
AADA No: ____________________________

Profile: CTL
OAI Status: NONE

Last Milestone: OC RECOMMENDATION
Milestone Date: 29-NOV-2000
Decision: ACCEPTABLE
Reason: BASED ON PROFILE

Profile: SVL
OAI Status: OAI ALERT

Last Milestone: OC RECOMMENDATION
Milestone Date: 14-NOV-2001
Decision: WITHHOLD
Reason: EIR REVIEW-CONCUR W/DISTRICT

Establishment: 1211022
PFIZER INC
EASTERN POINT RD
GROTON, CT 06340

Profile: CSN
OAI Status: NONE

Last Milestone: OC RECOMMENDATION
Milestone Date: 18-JAN-2001
Decision: ACCEPTABLE
Reason: DISTRICT RECOMMENDATION

Profile: CTL
OAI Status: NONE

Last Milestone: OC RECOMMENDATION
Milestone Date: 29-NOV-2000

Responsibilities:
DRUG SUBSTANCE MANUFACTURER
DRUG SUBSTANCE RELEASE TESTER
FINISHED DOSAGE STABILITY TESTER
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CONSULTATION RESPONSE  
Office of Post-Marketing Drug Risk Assessment  
(OPDRA; HFD-400)

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<th>DUE DATE: 8/17/01</th>
<th>OPDRA CONSULT: 01-0139</th>
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TO:  
Mark Goldberger, M.D.  
Director, Division of Special Pathogen and Immunologic Drug Products  
HFD-590  

THROUGH:  
Jouhaya Saliba  
Project Manager, Division of Special Pathogen and Immunologic Drug Products  
HFD-590  

PRODUCT NAME: Voriconazole  
50 mg and 200 mg Film-coated Tablets; Lyophilized Powder for Injection  

NDA #: 21-266/21-267  

MANUFACTURER: Pfizer, Inc.  

SAFETY EVALUATOR: Jennifer Fan, Pharm.D.  

SUMMARY: In response to a consult from the Division of Special Pathogen and Immunologic Drug Products (HFD-590), OPDRA conducted a review of the proposed proprietary name to determine the potential for confusion with approved proprietary and established names as well as pending names.  

OPDRA RECOMMENDATION: OPDRA does not recommend the use of the proprietary name, '  

Carol Holquist, R.Ph. for  
Jerry Phillips, R.Ph.  
Associate Director for Medication Error Prevention  
Office of Post-Marketing Drug Risk Assessment  
Phone: 301-827-3246  
Fax: 301-443-5161  

Martin Himmel, M.D.  
Deputy Director  
Office of Post-Marketing Drug Risk Assessment  
Center for Drug Evaluation and Research  
Food and Drug Administration
HFD-400; Rm. 15B32
Center for Drug Evaluation and Research

PROPRIETARY NAME REVIEW

DATE OF REVIEW: July 27, 2001
NDA NUMBERS: 21-266/21-267
NAME OF DRUG: —— (Voriconazole), 50 mg and 200 mg Film-coated Tablets; Lyophilized Powder for Solution for Infusion
NDA HOLDER: Pfizer, Inc.

I. INTRODUCTION:

This consult was written in response to a request from the Division of Special Pathogen and Immunologic Drug Products (HFD-590) for assessment of the trademark "—”, regarding potential name confusion with other proprietary/generic drug names. The sponsor’s prior trademark submissions for this product ("VFEND" and "V-FEND") were found unacceptable by OPDRA on February 20, 2001 (see OPDRA Consult 00-0318).

PRODUCT INFORMATION

— (voriconazole) is a broad-spectrum, triazole antifungal agent that is indicated for the treatment of invasive aspergillosis, serious Candida infections, serious fungal infections, and empirical treatment of presumed fungal infections in febrile immunocompromised patients. — is available as a 50 mg and 200 mg film-coated tablet as well as a sterile lyophilized powder equivalent to 200 mg voriconazole in a single use vial for intravenous infusion. The film-coated tablets should be taken at least one hour before, or one hour following, a meal. VFEND/V-FEND I.V. for infusion requires reconstitution and dilution prior to administration as an infusion, at a maximum rate of 3 mg/kg per hour over 1-2 hours. See chart below for dosing information.

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<td>Loading Dose</td>
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<tr>
<td>Regimen (1st 24 hrs)</td>
<td>Two doses of 6 mg/kg 12 hrs apart</td>
<td>Two doses of 400 mg 12 hrs apart</td>
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<tr>
<td>Maintenance Dose</td>
<td>3 mg/kg every 12 hrs</td>
<td>200 mg every 12 hrs</td>
</tr>
<tr>
<td>(after 1st 24 hrs)</td>
<td></td>
<td>100 mg every 12 hrs</td>
</tr>
</tbody>
</table>

II. RISK ASSESSMENT:

The medication error staff of OPDRA conducted a search of several standard published drug product reference texts1,2,3 as well as several FDA databases4 for existing drug names which sound alike or

1 MICROMEDEX Healthcare Intranet Series, 2000, MICROMEDEX, Inc., 6200 South Syracuse Way, Suite 300, Englewood, Colorado 80111-4740, which includes the following published texts: DrugDex, Poisindex, Martindale (Parfitt K

2
look alike to _—_ to a degree where potential confusion between drug names could occur under the usual clinical practice settings. A search of the electronic online version of the U.S. Patent and Trademark Office’s Text and Image Database and data provided by Thomson & Thomson’s SAEGIST™ Online Service were also conducted. An expert panel discussion was conducted to review all findings from the searches. In addition, OPDRA conducted three prescription analysis studies consisting of two written prescription studies (inpatient and outpatient) and one verbal prescription study, involving health care practitioners within FDA. This exercise was conducted to simulate the prescription ordering process in order to evaluate potential errors in handwriting and verbal communication of the name.

A. EXPERT PANEL DISCUSSION

An Expert Panel discussion was held by OPDRA to gather professional opinions on the safety of the proprietary name _——_. Potential concerns regarding drug marketing and promotion related to the proposed name were also discussed. This group is composed of OPDRA Medication Errors Prevention Staff and representation from the Division of Drug Marketing and Advertising Communications (DDMAC). The group relies on their clinical and other professional experiences and a number of standard references when making a decision on the acceptability of a proprietary name.

The Expert Panel had concerns with the “vor” ending of _——_, which may sound-alike and look-alike to names ending in “cor” and “clor”. Several product names were identified in the Expert Panel Discussion that were thought to have potential for confusion with _——_. These products are listed in Table 1, along with the dosage forms available and usual FDA-approved dosage.

<table>
<thead>
<tr>
<th>Product</th>
<th>Drug Name</th>
<th>Dosage</th>
<th>Dose Range</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zocor</td>
<td>Simvastatin (HMG-CoA Reductase Inhibitor – Rx)</td>
<td>Initial: 20 mg once a day in the evening.</td>
<td>Dose range: 5 to 80 mg/day.</td>
<td>S/A, L/A per OPDRA</td>
</tr>
<tr>
<td></td>
<td>Tablet: 5 mg, 10 mg, 20 mg, 40 mg, and 80 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asacol</td>
<td>Mesalamine (Gastrointestinal – Rx)</td>
<td>800 mg three times a day for 6 weeks.</td>
<td></td>
<td>S/A, L/A per OPDRA</td>
</tr>
<tr>
<td></td>
<td>Tablet: 400 mg (delayed-release)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


American Drug Index, 42nd Edition, online version, Facts and Comparisons, St. Louis, MO.

Facts and Comparisons, online version, Facts and Comparisons, St. Louis, MO.

The Established Evaluation System (EES), the Labeling and Nomenclature Committee (LNC) database of Proprietary name consultation requests, New Drug Approvals 98-00, and the electronic online version of the FDA Orange Book.


Cozaar
Losartan Potassium (Angiotensin II Receptor Antagonists – Rx)
Tablet: 25 mg, 50 mg, 100 mg
Initial: 50 mg once daily.
Can be given once or twice daily with total dose range from 25 mg to
100 mg.
L/A per OPDRA

Azmacort
Triamcinolone Acetonide (Corticosteroid – Rx)
Aerosol: 100 mcg per actuation from mouthpiece
2 inhalations (200 mcg) 3 to 4 times a day or 4 inhalations (400 mcg) twice daily.
S/A per OPDRA

B. PRESCRIPTION ANALYSIS STUDIES

1. Methodology:

Studies were conducted within FDA for the proposed proprietary name to determine the degree of confusion of "—" and with other U.S. drug names due to similarity in visual appearance with handwritten prescriptions or verbal pronunciation of the drug name. These studies employed a total of 117 health care professionals (nurses, pharmacists, and physicians). This exercise was conducted in an attempt to simulate the prescription ordering process. An OPDRA staff member wrote one inpatient prescription and one outpatient prescription, each consisting of a combination of marketed and unapproved drug products and prescriptions for (see below). These written prescriptions were optically scanned and one prescription was delivered via e-mail to each study participant. In addition, one OPDRA staff member recorded a verbal outpatient prescription that was then delivered to a group of study participants via telephone voicemail. Each reviewer was then requested to provide an interpretation of the prescription via e-mail.

<table>
<thead>
<tr>
<th>Inpatient:</th>
<th>Outpatient:</th>
</tr>
</thead>
<tbody>
<tr>
<td>200 mg over 1-2 hr q 12h</td>
<td>50 mg</td>
</tr>
<tr>
<td>50 mg</td>
<td>Take 2 by mouth every 12 hours.</td>
</tr>
<tr>
<td>Sig: ii po q 12º</td>
<td>#60</td>
</tr>
<tr>
<td>#60</td>
<td></td>
</tr>
</tbody>
</table>

*Frequently used, not all-inclusive
**S/A (Sound-alike), L/A (Look-alike)
2. Results:

Results of these exercises are summarized below:

<table>
<thead>
<tr>
<th></th>
<th>39</th>
<th>32 (82%)</th>
<th>9 (28%)</th>
<th>23 (72%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>39</td>
<td>39</td>
<td>34 (87%)</td>
<td>10 (29%)</td>
<td>24 (71%)</td>
</tr>
<tr>
<td>39</td>
<td>39</td>
<td>26 (67%)</td>
<td>7 (27%)</td>
<td>19 (73%)</td>
</tr>
<tr>
<td>117</td>
<td>117</td>
<td>92 (79%)</td>
<td>26 (28%)</td>
<td>66 (72%)</td>
</tr>
</tbody>
</table>

Among the written inpatient prescriptions, 23 (72%) out of 32 respondents interpreted incorrectly. Interpretations included Azanor, Azavon, Aganor, Aravon, Avavor, Azarron, Aprovor, Ajovron, Avarron, Azonor, Afavor, Azaron, Azor, Aravvor, Azavro, Azanor, and Ajavor.

Among the written outpatient prescriptions, 24 (71%) out of 34 respondents interpreted incorrectly. Twenty (59%) respondents interpreted as Azacor. Two (6%) respondents interpreted as Cozaar. Other interpretations included Azacol (3%) and Azavi (3%).

Among the verbal outpatient prescriptions, 19 (73%) out of 26 respondents interpreted incorrectly. Interpretations included Efavor, Efavor, Esavor, Azavon, Afavor, Easvor, Evaphor, Avar, Azavor, Azabor, Azavon, Azafor, Evavior, Ezaphor, SS4, Afavore, and Efavor.

C. SAFETY EVALUATOR RISK ASSESSMENT

In reviewing the proprietary names, the primary concerns raised were related to sound-alike, look-alike names that already exist in the U.S. marketplace. Such drug proprietary names include Azmacort, Zocor, Asacol, and Cozaar.

Azmacort is the proprietary name for triamcinolone acetate inhaler and is indicated for the maintenance of asthma as prophylactic therapy. Azmacort sounds similar to since the “azma” and “aza” and also the “cor” and “vor” sound alike, respectively. However, Azmacort is supplied as an inhaler where it administers 100 mcg per actuation while is available as a 50 mg and 200 mg tablet and 10 mg/mL (20 mL) vial. The dosage forms of these two drug products are different (aerosol vs. tablet vs. injection), different administration directions (“Take 2 puffs 3 to 4 times a day” vs. “Take 1 tablet (200 mg) every 12 hours” vs. “3 mg/kg every 12 hours”), and the strengths are different. These differences may decrease the potential risk of a medication error occurring between these two drug products.
Zocor is the proprietary drug name for simvastatin and is indicated in patients with coronary heart disease, hypercholesterolemia, and hyperlipidemia. Zocor and "— do sound alike due to the similarities in pronunciation with "zocor" and "zavor", respectively. A practitioner may prescribe "an — prescription" where the practitioner dispensing the prescription may misinterpret it as "a Zocor prescription". Even when scripted, the "A" and the "z" in — can resemble an uppercase, scripted "Z" and the "v" can look like a "e" so that "—" would look similar to Zocor. (See below) Zocor is available as a 5 mg, 10 mg, 20 mg, 40 mg, and 80 mg tablet where "—" is available in a 50 mg and 200 mg tablet as well as a 200 mg lyophilized powder. Even though there are no exactly overlapping strengths, the 5 mg and 20 mg may be written as 5.0 mg and 20.0 mg with a trailing zero where the decimal point can be missed when reading the prescription. Both drug products have the same dosage form (tablet), the same route of administration (oral), and the same numbers in their strengths (50 mg and 200 mg vs. 5.0 mg and 20.0 mg). If a patient was given — instead of Zocor, the patient's coronary heart disease, hypercholesterolemia, and hyperlipidemia would not be adequately treated. Also, the patient would be exposed to unnecessary adverse effects such as hepatic toxicity, photophobia and/or blurring, color vision change, and rash. If the mistake was later discovered after administering the — and the problem was corrected by administering the Zocor to the patient before the — was out of the patient's system, a drug-drug interaction can occur between Zocor and the — Zocor belongs to a particular drug category, the Statins, where — is likely to increase the plasma concentration of statins that are metabolized by CYP3A4. An increased level of statins have been associated with myopathy. If Zocor was dispensed instead of — then the patient's serious fungal infection would not be treated. Also, the patient would experience unnecessary side effects such as abdominal pain, constipation, headaches, and asthma. The patient would also be at risk for myopathy. Zocor is also rated as Pregnancy Category X. The fetus of a pregnant woman would be harmed if Zocor was inadvertently administered to a pregnant woman.

Writing Sample:

---

50 mg Zocor 5.0 mg

---

50 mg Zocor 5.0 mg

Asacol is the proprietary drug name for mesalamine and is indicated for the remission and treatment of mildly to moderately active ulcerative colitis. Asacol sounds quite similar to — , but slightly resembles — when scripted. The “Asa” and “Aza” sound alike as well as the “ol” and “or”, respectively. Both drug products are also available in tablet form. Asacol is only available in 400 mg while — is available in 50 mg and 200 mg. Even though the strengths are different, a practitioner may disregard the strengths and dispense the wrong medication, especially when the names are similar and the practice setting is chaotic. For example, Cerebyx and Celebrex do not share the same strengths or dosage form; however, there have been reported cases of the name confusion. A practitioner may also adjust the amount of tablets given to satisfy the prescribed dosage. For example, a physician may prescribe “Asacol 400 mg; 2 tablets 3 times a day” where a practitioner may dispense — 200 mg; 4 tablets 3 times a day” giving the patient an overdose of — as well as the wrong medication. According to the written outpatient portion of the OPDRA study, 20 (59%) out of 34 respondents
interpreted — as Azacor. One respondent (3%) interpreted — as Azacol, which when phonetically said is Asacol. Another respondent who interpreted — correctly commented that "can be confused with Asacol. If a nurse gave a prescription over the phone to a pharmacist, the pharmacist can easily mistaken it for Asacol. If Asacol was given instead of —, then the patient's fungal infection would not be treated. Also, the patient would experience unnecessary side effects such as headaches, bloody diarrhea, abdominal pains, and conjunctivitis. If — was given instead of Asacol, then the patient's ulcerative colitis would not be treated. Also, the patient would be exposed to unnecessary adverse effects such as hepatic toxicity, photophobia and/or blurring, color vision change, and rash.

Writing Sample:

[Image of written sample]

Cozaar is proprietary drug name for losartan potassium and is indicated for the treatment of hypertension alone or in combination with other antihypertensive agents. Even though there are no sound-alike properties between Cozaar and — except for the “ar” and “or”, respectively, they do look similar when scripted. (See below.) Like —, Cozaar is available as a 50 mg tablet (also available in 25 mg and 100 mg) and can be dosed twice a day. These two drug products share the same route of administration (oral), the same dosage form (tablet), the same strength (50 mg), and the same dosing schedule (twice a day). Also, from the written outpatient portion of the OPDRA study, 2 (6%) out of 34 respondents interpreted — as Cozaar. Although there are limitations to the predictive value of the OPDRA studies, primarily due to sample size, we have acquired safety concerns due to the positive interpretations with these drug products. A positive finding in a study with a small sample size may indicate a high risk and potential for medication errors when extrapolated to the general U.S. population. If Cozaar was dispensed instead of —, then the patient’s fungal infection would not be treated. Also, the patient would be exposed to unnecessary side effects such as a persistent dry cough, hypotension, dizziness, fatigue, abdominal pain, chest pain, nausea, and headache. Also, Cozaar is rated in Pregnancy Category C (first trimester) and D (second and third trimesters). The fetus would be harmed if Cozaar was mistakenly given to a pregnant female. If — was given instead of Cozaar, then the patient’s hypertension would not be controlled. Also, the patient would be exposed to unnecessary adverse effects such as hepatic toxicity, photophobia and/or blurring, color vision change, and rash.

Writing Sample:

[Image of written sample]

50mg Cozaar 50mg
III. LABELING, PACKAGING, AND SAFETY RELATED ISSUES:

Please refer to OPDRA Consult 00-0318 for labeling and packaging recommendations.

IV. RECOMMENDATIONS:

OPDRA does not recommend the use of the proprietary name ——

OPDRA would appreciate feedback of the final outcome of this consult. We would be willing to meet with the Division for further discussion, if needed. If you have further questions or need clarifications, please contact Sammie Beam, R.Ph. at 301-827-3231.

Jennifer Fan, Pharm.D.
Safety Evaluator
Office of Post-Marketing Drug Risk Assessment

Concur:

Jerry Phillips, R.Ph.
Associate Director for Medication Error Prevention
Office of Post-Marketing Drug Risk Assessment
This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.

/s/

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