CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER:

22-066

ADMINISTRATIVE and CORRESPONDENCE DOCUMENTS

Patent Information on Any Patent Which Claims the Drug

This section contains the pertinent patent information originally submitted to NDA 20-123 for Omniscan (gadodiamide) Injection. To facilitate review, the information is summarized below and a copy of the patent, granted to Amersham Health Salutar Inc[1], Princeton, NJ, USA is attached.

Omniscan™

USA Patent Information:

Title:	"Diamide-DTPA-Paramagnetic Contrast Agents for MR Imaging"
Patent Number:	US 4,687,659
Status:	Granted, in force
Date of grant:	18 August 1987
Expiry:	09 January 2007*

(*) includes 873 days patent term extension obtained for Omniscan™, which extends the patent term from 18 August 2004.

[1] Amersham Health Salutar Inc., formerly known as Nycomed Salutar, is a wholly owned subsidiary of GE Healthcare.

APPEARS THIS WAY ON ORIGINAL

Form Approved: OMB No. 0910 - 0297 Expiration Date: December 31, 2006 See instructions for OMB Statement.

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION	PRESCRIPTION DRUG USER FEE COVERSHEET

A completed form must be signed and accompany each new drug or biologic product application and each new supplement. See exceptions on the reverse side. If payment is sent by U.S. mail or courier, please include a copy of this completed form with payment. Payment instructions and fee rates can be found on CDER's website: http://www.fda.gov/cder/pdufa/default.htm

1. APPLICANT'S NAME AND ADDRESS

GE HEALTHCARE INC
David Risley
101 Carnegie Center
Princeton NJ 08558
US

4. BLA SUBMISSION TRACKING NUMBER (STN) / NDA NUMBER

22-066

2. TELEPHONE NUMBER
609-5146489

5. DOES THIS APPLICATION REQUIRE CLINICAL DATA FOR APPROVAL?

[ ] YES [X] NO

IF YOUR RESPONSE IS "NO" AND THIS IS FOR A SUPPLEMENT, STOP HERE AND SIGN THIS FORM.
IF RESPONSE IS "YES", CHECK THE APPROPRIATE RESPONSE BELOW:

[ ] THE REQUIRED CLINICAL DATA ARE CONTAINED IN THE APPLICATION

[ ] THE REQUIRED CLINICAL DATA ARE SUBMITTED BY REFERENCE TO:

3. PRODUCT NAME
Omniscan (Gadodiamide injection)

6. USER FEE I.D. NUMBER
PD3006583

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)

[ ] A 505(b)(2) APPLICATION THAT DOES NOT REQUIRE A FEE

[ ] THE APPLICATION QUALIFIES FOR THE ORPHAN EXCEPTION UNDER SECTION 736(a)(1)(E) of the Federal Food,Drug, and Cosmetic Act

[ ] THE APPLICATION IS SUBMITTED BY A STATE OR FEDERAL GOVERNMENT ENTITY FOR A DRUG THAT IS NOT DISTRIBUTED COMMERCIALLY

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

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewinginstructions, 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:

Department of Health and Human Services
Food and Drug Administration
CBER, HFM-99
1401 Rockville Pike
Rockville, MD 20852-1448

Food and Drug Administration
CDER, HFD-94
12420 Parklawn Drive, Room 3046
Rockville, MD 20852

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.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE	TITLE	DATE
David Risley	Director Market Prods. Reg Affs	6/13/2006

9. USER FEE PAYMENT AMOUNT FOR THIS APPLICATION
$383,700.00

Form FDA 3397 (12/03)

IBE_PRMT_CLOSE_G) (Print Cover sheet)

1.3.3 Debarment Certification

GE Healthcare 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.

APPEARS THIS WAY ON ORIGINAL

NDA REGULATORY FILING REVIEW

(Including Memo of Filing Meeting)

NDA # 22-066 Supplement # Efficacy Supplement Type SE-

Proprietary Name: Omniscan™ (gadodiamide) Injection
Established Name:
Strengths: 0.5mmol/mL

Applicant: GE Healthcare
Agent for Applicant (if applicable):

Date of Application: July 06, 2006
Date of Receipt: July 7, 2006
Date clock started after UN:
Date of Filing Meeting: August 22, 2006
Filing Date: September 18, 2006
Action Goal Date (optional): User Fee Goal Date: May 7, 2007

Indication(s) requested:

Type of Original NDA:	(b)(1) X	(b)(2) ☐
AND (if applicable)		
Type of Supplement:	(b)(1) ☐	(b)(2) ☐

NOTE:

(1) If you have questions about whether the application is a 505(b)(1) or 505(b)(2) application, see Appendix A. A supplement can be either a (b)(1) or a (b)(2) regardless of whether the original NDA was a (b)(1) or a (b)(2). If the application or efficacy supplement is a (b)(2), complete Appendix B.

Review Classification: S X P ☐
Resubmission after withdrawal? ☐ Resubmission after refuse to file? ☐
Chemical Classification: (1,2,3 etc.)
Other (orphan, OTC, etc.)

Form 3397 (User Fee Cover Sheet) submitted: YES X NO ☐

User Fee Status: Paid X Exempt (orphan, government) ☐
Waived (e.g., small business, public health) ☐

NOTE: *If the NDA is a 505(b)(2) application, and the applicant did not pay a fee in reliance on the 505(b)(2) exemption (see box 7 on the User Fee Cover Sheet), confirm that a user fee is not required by contacting the User Fee staff in the Office of Regulatory Policy. The applicant is required to pay a user fee if: (1) the product described in the 505(b)(2) application is a new molecular entity or (2) the applicant claims a new indication for a use that that has not been approved under section 505(b). Examples of a new indication for a use include a new indication, a new dosing regime, a new patient population, and an Rx-to-OTC switch. The best way to determine if the applicant is claiming a new indication for a use is to compare the applicant's proposed labeling to labeling that has already been approved for the product described in the application. Highlight the differences between the proposed and approved labeling. If you need assistance in determining if the applicant is claiming a new indication for a use, please contact the User Fee staff.*

- Is there any 5-year or 3-year exclusivity on this active moiety in any approved (b)(1) or (b)(2) application? YES ☐ NO X
  If yes, explain:

Note: If the drug under review is a 505(b)(2), this issue will be addressed in detail in appendix B.

- Does another drug have orphan drug exclusivity for the same indication? YES ☐ NO ☐

- If yes, is the drug considered to be the same drug according to the orphan drug definition of sameness [21 CFR 316.3(b)(13)]?
  YES ☐ NO ☐

  If yes, consult the Director, Division of Regulatory Policy II, Office of Regulatory Policy (HFD-007).

- Is the application affected by the Application Integrity Policy (AIP)? YES ☐ NO ☐
  If yes, explain:

- If yes, has OC/DMPQ been notified of the submission? YES ☐ NO ☐

- Does the submission contain an accurate comprehensive index? YES X NO ☐
  If no, explain:

- Was form 356h included with an authorized signature? YES X NO ☐
  If foreign applicant, both the applicant and the U.S. agent must sign.

- Submission complete as required under 21 CFR 314.50? YES X NO ☐
  If no, explain:

- Answer 1, 2, or 3 below (do not include electronic content of labeling as an partial electronic submission).

1. This application is a paper NDA YES X

2. This application is an eNDA or combined paper + eNDA YES ☐
   This application is: All electronic ☐ Combined paper + eNDA ☐
   This application is in: NDA format ☐ CTD format ☐
   Combined NDA and CTD formats ☐

   Does the eNDA, follow the guidance?
   (http://www.fda.gov/cder/guidance/2353fnl.pdf) YES ☐ NO ☐

   If an eNDA, all forms and certifications must be in paper and require a signature.

   If combined paper + eNDA, which parts of the application were submitted in electronic format?

   Additional comments:

3. This application is an eCTD NDA. YES ☐
   If an eCTD NDA, all forms and certifications must either be in paper and signed or be electronically signed.

   Additional comments:

- Patent information submitted on form FDA 3542a? YES ☐ NO X

- Exclusivity requested? YES, _____ Years NO X
  NOTE: *An applicant can receive exclusivity without requesting it; therefore, requesting exclusivity is not required.*

- Correctly worded Debarment Certification included with authorized signature? YES X NO ☐
  If foreign applicant, both the applicant and the U.S. Agent must sign the certification.

  NOTE: *Debarment Certification should use wording in FD&C Act section 306(k)(1) i.e., "[Name of applicant] 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." Applicant may not use wording such as "To the best of my knowledge . . . ."*

- Are the required pediatric assessment studies and/or deferral/partial waiver/full waiver of pediatric studies (or request for deferral/partial waiver/full waiver of pediatric studies) included?
  YES ☐ NO ☐

- If the submission contains a request for deferral, partial waiver, or full waiver of studies, does the application contain the certification required under FD&C Act sections 505B(a)(3)(B) and (4)(A) and (B)? YES ☐ NO X

- Is this submission a partial or complete response to a pediatric Written Request? YES ☐ NO X

  If yes, contact PMHT in the OND-IO

- Financial Disclosure forms included with authorized signature? YES ☐ NO X
  (Forms 3454 and/or 3455 must be included and must be signed by the APPLICANT, not an agent.)
  NOTE: *Financial disclosure is required for bioequivalence studies that are the basis for approval.*

- Field Copy Certification (that it is a true copy of the CMC technical section) YES X NO ☐

- PDUFA and Action Goal dates correct in tracking system? YES X NO ☐
  If not, have the document room staff correct them immediately. These are the dates EES uses for calculating inspection dates.

- Drug name and applicant name correct in COMIS? If not, have the Document Room make the corrections. Ask the Doc Rm to add the established name to COMIS for the supporting IND if it is not already entered.

- List referenced IND numbers:

- Are the trade, established/proper, and applicant names correct in COMIS? YES X NO ☐
  If no, have the Document Room make the corrections.

- End-of-Phase 2 Meeting(s)? Date(s) _____ NO X
  If yes, distribute minutes before filing meeting.

- Pre-NDA Meeting(s)? Date(s) _____ NO X
  If yes, distribute minutes before filing meeting.

- Any SPA agreements? Date(s) _____ NO X
  If yes, distribute letter and/or relevant minutes before filing meeting.

Project Management

- If Rx, was electronic Content of Labeling submitted in SPL format? YES X NO ☐
  If no, request in 74-day letter.

- If Rx, for all new NDAs/efficacy supplements submitted on or after 6/30/06:
  Was the PI submitted in PLR format? YES ☐ NO X

  If no, explain. Was a waiver or deferral requested before the application was received or in the submission? If before, what is the status of the request: The applicant made a request for an extension to comply with the PLR format. This waiver request was denied by the Immediate OND office. The Sponsor plans to submit the labeling in the appropriate format prior to the filing date.

- If Rx, all labeling (PI, PPI, MedGuide, carton and immediate container labels) has been consulted to DDMAC? YES ☐ NO X

- If Rx, trade name (and all labeling) consulted to OSE/DMETS? YES ☐ NO X

- If Rx, MedGuide and/or PPI (plus PI) consulted to ODE/DSRCS?
  N/A ☐ YES ☐ NO X

- Risk Management Plan consulted to OSE/IO? N/A X YES ☐ NO ☐

- If a drug with abuse potential, was an Abuse Liability Assessment, including a proposal for scheduling submitted? NA X YES ☐ NO ☐

If Rx-to-OTC Switch or OTC application:

- Proprietary name, all OTC labeling/packaging, and current approved PI consulted to OSE/DMETS? YES ☐ NO ☐

- If the application was received by a clinical review division, has DNPCE been notified of the OTC switch application? Or, if received by DNPCE, has the clinical review division been notified? YES ☐ NO ☐

Clinical

- If a controlled substance, has a consult been sent to the Controlled Substance Staff?
  YES ☐ NO X

Chemistry

- Did applicant request categorical exclusion for environmental assessment? YES X NO ☐
  If no, did applicant submit a complete environmental assessment? YES ☐ NO ☐
  If EA submitted, consulted to EA officer, OPS? YES ☐ NO ☐

- Establishment Evaluation Request (EER) submitted to DMPQ? YES ☐ NO ☐

- If a parenteral product, consulted to Microbiology Team? YES X NO ☐

ATTACHMENT

MEMO OF FILING MEETING

DATE: August 22, 2006

NDA #: 22-066

DRUG NAMES: Omnsican

APPLICANT: GE Healthcare

BACKGROUND: This application is a Pharmacy Bulk Package that provides for a new container closure system for dispensing multiple single doses.
(Provide a brief background of the drug, (e.g., molecular entity is already approved and this NDA is for an extended-release formulation; whether another Division is involved; foreign marketing history; etc.)

ATTENDEES: Clinical, Clinical Pharmacology and Chemistry

ASSIGNED REVIEWERS (including those not present at filing meeting) :

Discipline/Organization	**Reviewer**
Medical:	
Secondary Medical:	
Statistical:	
Pharmacology:	
Statistical Pharmacology:	
Chemistry:	Eldon Leutzinger
Environmental Assessment (if needed):	
Biopharmaceutical:	
Microbiology, sterility:	Robert Mello
Microbiology, clinical (for antimicrobial products only):	
DSI:	
OPS:	
Regulatory Project Management:	Tiffany Brown
Other Consults:	DDMAC

Per reviewers, are all parts in English or English translation? YES X NO ☐
If no, explain:

CLINICAL FILE ☐ REFUSE TO FILE ☐

- Clinical site audit(s) needed? YES ☐ NO ☐
  If no, explain:
- Advisory Committee Meeting needed? YES, date if known _____ NO ☐

- If the application is affected by the AIP, has the division made a recommendation regarding whether or not an exception to the AIP should be granted to permit review based on medical necessity or public health significance?

N/A ☐ YES ☐ NO ☐

CLINICAL MICROBIOLOGY N/A ☐ FILE ☐ REFUSE TO FILE ☐

STATISTICS N/A ☐ FILE ☐ REFUSE TO FILE ☐

BIOPHARMACEUTICS FILE ☐ REFUSE TO FILE ☐

- Biopharm. study site audits(s) needed? YES ☐ NO ☐

PHARMACOLOGY/TOX N/A ☐ FILE ☐ REFUSE TO FILE ☐

- GLP audit needed? YES ☐ NO ☐

CHEMISTRY FILE X REFUSE TO FILE ☐

- Establishment(s) ready for inspection? YES X NO ☐
- Sterile product? YES ☐ NO ☐
  If yes, was microbiology consulted for validation of sterilization? YES ☐ NO ☐

ELECTRONIC SUBMISSION:
Any comments:

REGULATORY CONCLUSIONS/DEFICIENCIES:
(Refer to 21 CFR 314.101(d) for filing requirements.)

☐ The application is unsuitable for filing. Explain why:

X The application, on its face, appears to be well-organized and indexed. The application appears to be suitable for filing.

☐ No filing issues have been identified.

X Filing issues to be communicated by Day 74. List (optional):

ACTION ITEMS:

1. ☐ Ensure that the review and chemical classification codes, as well as any other pertinent classification codes (e.g., orphan, OTC) are correctly entered into COMIS.

2. ☐ If RTF, notify everybody who already received a consult request of RTF action. Cancel the EER.

3. ☐ If filed and the application is under the AIP, prepare a letter either granting (for signature by Center Director) or denying (for signature by ODE Director) an exception for review.

4. ☐ If filed, complete the Pediatric Page at this time. (If paper version, enter into DFS.)

5. X Convey document filing issues/no filing issues to applicant by Day 74.

Tiffany Brown
Regulatory Project Manager

APPEARS THIS WAY ON ORIGINAL

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

/s/

Tiffany Brown
12/20/2006 12:36:10 PM
CSO

PEDIATRIC PAGE

(Complete for all filed original applications and efficacy supplements)

NDA/BLA #: 22-066 **Supplement Type (e.g. SE5):** _____ **Supplement Number:** _____

Stamp Date: July 7, 2006 **PDUFA Goal Date:** May 3, 2007

HFD 160 **Trade and generic names/dosage form:** Omniscan™ (Gadodiamide Injection) 0.5 mmol/ml

Applicant: GE Healthcare **Therapeutic Class:** MRI contrast Agent

Does this application provide for new active ingredient(s), new indication(s), new dosage form, new dosing regimen, or new route of administration? *

- ☐ **Yes. Please proceed to the next question.**
- X **No. PREA does not apply. Skip to signature block.**

** SE5, SE6, and SE7 submissions may also trigger PREA. If there are questions, please contact the Rosemary Addy or Grace Carmouze.*

Indication(s) ***previously approved*** **(please complete this section for supplements only):** _____

Each indication covered by current application under review must have pediatric studies: ***Completed, Deferred, and/or Waived.***

Number of indications for this application(s): _____

Indication #1: _____

Is this an orphan indication?

- ☐ **Yes. PREA does not apply. Skip to signature block.**
- ☐ **No. Please proceed to the next question.**

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 (fill in applicable criteria below):

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.

Section C: Deferred Studies

Age/weight range being deferred (fill in applicable criteria below):

Min _____ kg_____ mo._____ yr._____ Tanner Stage_____
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**
- ☐ **Adult studies ready for approval**
- ☐ **Formulation needed**

Other:_____

Date studies are due (mm/dd/yy): _____

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 (fill in applicable criteria below):

Min _____ kg_____ mo._____ yr._____ Tanner Stage_____
Max_____ kg_____ mo._____ yr._____ Tanner Stage_____

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: Tiffany Brown, M.P.H.

{See appended electronic signature page}

Regulatory Project Manager

FOR QUESTIONS ON COMPLETING THIS FORM CONTACT THE PEDIATRIC AND MATERNAL HEALTH STAFF at 301-796-0700

(Revised: 10/10/2006)

APPEARS THIS WAY ON ORIGINAL

Attachment A
(This attachment is to be completed for those applications with multiple indications only.)

Indication #2: _____

Is this an orphan indication?

☐ **Yes. PREA does not apply. Skip to signature block.**

☐ **No. Please proceed to the next question.**

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 (fill in applicable criteria below)::

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.

Section C: Deferred Studies

Age/weight range being deferred (fill in applicable criteria below)::

Min _____ kg_____ mo._____ yr._____ Tanner Stage_____
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**
- ❑ **Adult studies ready for approval**
- ❑ **Formulation needed**
- ❑ **Other:_____**

Date studies are due (mm/dd/yy): _____

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 (fill in applicable criteria below):

Min _____ kg_____ mo._____ yr._____ Tanner Stage_____
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 THE PEDIATRIC AND MATERNAL HEALTH STAFF at 301-796-0700

(Revised: 10/10/2006)

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

/s/

Tiffany Brown
4/17/2007 12:28:28 PM

DEPARTMENT OF HEALTH & HUMAN SERVICES
Public Health Service
Food and Drug Administration
Rockville, MD 20857

FILING COMMUNICATION

NDA 22-066

GE Healthcare
Attention: Mike Barbush
Senior Manager, Regulatory Affairs
101 Carnegie Center
Princeton, New Jersey 08540

Dear Mr. Barbush:

Please refer to your July 06, 2006 new drug application (NDA) submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Omniscan™ (gadodiamide) Injection-Pharmacy Bulk Package.

We also refer to your submissions dated July 20 and 21, August 30 and September 7, 2006.

We have completed our filing review and have determined that your application is sufficiently complete to permit a substantive review. Therefore, this application has been filed under section 505(b) of the Act on September 5, 2006 in accordance with 21 CFR 314.101(a).

In our filing review, we have identified the following potential review issues noted below. These issues were communicated to you on August 31, 2006.

CHEMISTRY:

It is noted that there is not enough stability data provided in the submission to support GE Healthcare's proposed expiration dating period of a full 36 months. However, since there is some data present and Omniscan Injection is an approved product, the lack of sufficient stability data to support your proposed 36 months of expiration dating can be handled as a review issue. *Please provide as much stability data as soon as it becomes available, as well as a timeline estimating the time of submission of this information.* Additional issues, if any, will be conveyed as the review process moves forward.

We also request that you submit the following information:

MICROBIOLOGY:
The applicant should be advised that the following information will be needed to complete the microbiology review. It is recommended that the information be submitted as an amendment to the application.

3 Page(s) Withheld

_____ Trade Secret / Confidential

√ Draft Labeling

_____ Deliberative Process

Withheld Track Number: Administrative- 1

In closing, we make reference to your July 21, 2006 submission requesting an exemption from the Pediatric Research Equity Act (PREA Requirements). We also refer to your outstanding post-marketing commitment for NDA 20-123 Omniscan™ (gadodiamide) Injection which is to conduct a pharmacokinetic study in neonates and children less than 2 years of age with immature renal function. Please provide an update regarding your plans and timeline to fulfill this outstanding post-marketing commitment.

Please respond only to the above requests for additional information. While we anticipate that any response submitted in a timely manner will be reviewed during this review cycle, such review decisions will be made on a case-by-case basis at the time of receipt of the submission.

If you have any questions, call me at (301) 796-2050.

Sincerely,

{See appended electronic signature page}

Tiffany Brown, M. P.H.
Regulatory Health Project Manager
Division of Medical Imaging and
Hematology Products
Office of Oncology Drug Products
Center for Drug Evaluation and Research

APPEARS THIS WAY ON ORIGINAL

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/s/

Tiffany Brown
9/18/2006 04:23:38 PM

Food and Drug Administration
Center for Drug Evaluation and Research
Office of Oncology Drug Products OODP

FACSIMILE TRANSMITTAL SHEET

DATE: August 31, 2006

To: Michael Barbush Senior Manager, Regulatory Affairs	**From:** Tiffany Brown, M.P.H. Regulatory Health Project Manager
Company: GE Healthcare	Division of Medical Imaging and Hematology Products
Fax number: 609-514-6695	**Fax number:** 301-796-9849
Phone number: 609-514-6427	**Phone number:** 301-796-2050

Subject: CMC and Microbiology Initial Comments/

Total no. of pages including cover: 3

Comments: Please provide a timeframe for your response by Friday, September 8, 2006.

Document to be mailed: ☐ YES ☑ NO

THIS DOCUMENT IS INTENDED ONLY FOR THE USE OF THE PARTY TO WHOM IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, AND PROTECTED FROM DISCLOSURE UNDER APPLICABLE LAW.

If you are not the addressee, or a person authorized to deliver this document to the addressee, you are hereby notified that any review, disclosure, dissemination, copying, or other action based on the content of this communication is not authorized. If you have received this document in error, please notify us immediately by telephone at (301) 796-2050. Thank you.

To: Mike Barbush
Senior Manager, Regulatory Affairs
GE Healthcare

From: Tiffany Brown, Regulatory Health Project Manager
FDA/CDER/DMIHP

Date: August 31, 2006

Following a preliminary review of NDA 22-066 for Omniscan™ Injection-Pharmacy Bulk Package, the chemistry and microbiology comments are noted below. Please be advised that these are preliminary comments which are subject to being modified upon additional data submitted for this application.

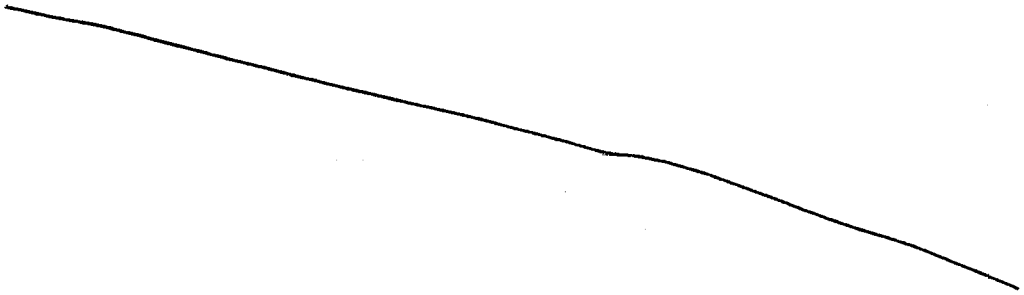
Please provide a response indicating your timeframe for responding to the following issues by September 8, 2006.

CHEMISTRY:

It is noted that there is not enough stability data provided in the submission to support GE Healthcare's proposed expiration dating period of a full 36 months. However, since there is some data present, and it is reviewable, as well as Omniscan Injection being an approved product, the lack of sufficient stability to support their proposed 36 months of expiration dating can be handled as a review issue. *Please provide as much stability data as you can when it becomes available, with the understanding that we can accept additional data up to, but not exceeding 3 months before the PDUFA due date.* No other issues have been identified at this point.

MICROBIOLOGY:

The applicant should be advised that the following information will be needed to complete the microbiology review. It is recommended that the information be submitted as an amendment to the application.



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_____ Draft Labeling

_____ Deliberative Process

Withheld Track Number: Administrative- 2

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/s/

Tiffany Brown
8/31/2006 01:49:37 PM
CSO

Food and Drug Administration
Center for Drug Evaluation and Research
Office of Oncology Drug Products OODP

FACSIMILE TRANSMITTAL SHEET

DATE: October 30, 2006

To: Michael Barbush Senior Manager, Regulatory Affairs	**From:** Tiffany Brown, M.P.H. Regulatory Health Project Manager
Company: GE Healthcare	Division of Medical Imaging and Hematology Products
Fax number: 609-514-6599	**Fax number:** 301-796-9849
Phone number: 609-514-6427	**Phone number:** 301-796-2050

Subject: NDA 22066/OMNISCAN/ Proposed Labeling Format Revisions/FDA Comments

Total no. of pages including cover: 1

Comments: **If you have any questions, please contact Tiffany Brown at 301-796-2050.**

Document to be mailed: ☐ YES ☑ NO

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/s/

Tiffany Brown
10/30/2006 11:34:25 AM
CSO

Tiffany Brown
10/30/2006 11:39:21 AM
CSO

Food and Drug Administration
Center for Drug Evaluation and Research
Office of Oncology Drug Products OODP

FACSIMILE TRANSMITTAL SHEET

DATE: December 7, 2006

To: Michael Barbush Senior Manager, Regulatory Affairs	**From:** Tiffany Brown, M.P.H. Regulatory Health Project Manager
Company: GE Healthcare	Division of Medical Imaging and Hematology Products
Fax number: 609-514-6695	**Fax number:** 301-796-9849
Phone number: 609-514-6427	**Phone number:** 301-796-2050

Subject: CMC Comments in response to November 14, 2006 Chemistry Amendment

Total no. of pages including cover: 2

Comments: **Please provide a timeline for your response**

Document to be mailed: ☐ YES ☑ NO

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CMC COMMENTS TO SPONSOR

NDA 22-066 Omniscan™ (gadodiamide) Injection

December 7, 2006

1. In your amendment of November 14, 2006, there is a Table 3 on page 3 (Section 3.2.P.8.1) that contains 9 months as one of the sampling (test) points at 25^0C/40% RH for batch 10347504 and 10347516. Yet, in the original submission Table 1 (page 2, Section 3.2.P.8.2) the Proposed Stability Program for Omniscan Injection in 50 mL and 100 mL ———— bottles has no 9 month time point included. Is GE amending the Stability Program to include a 9 month test point, or was this test point originally intended to be in the program, but omitted in error? Provide a clear, and complete Stability Protocol that will contain the schedule of test points and tests to be performed at each in the long-term stability studies.

2. For batches placed on long-term stability, we have noted that testing only included Description, pH and Assay of Gadodiamide at the 3, 6 and 9 month test points, although they and other attributes (Caldiamide sodium, Purity by HPLC and Particulates) were included in the accelerated stability studies. We are concerned that in the ongoing long-term studies, among the tests to be performed at 12, 24 and 36 months will be those for Caldiamide sodium, Purity by HPLC and Particulates. Please confirm.

APPEARS THIS WAY ON ORIGINAL

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/s/

Tiffany Brown
12/7/2006 01:42:36 PM
CSO

Tiffany Brown
12/7/2006 01:58:03 PM
CSO

Food and Drug Administration
Center for Drug Evaluation and Research
Office of Oncology Drug Products OODP

FACSIMILE TRANSMITTAL SHEET

DATE: April 6, 2007

To: Jennifer Jones, RAC Manager, Regulatory Affairs	**From:** Tiffany Brown, M.P.H. Regulatory Health Project Manager
Company: GE Healthcare	Division of Medical Imaging and Hematology Products
Fax number: 609-514-6695	**Fax number:** 301-796-9849
Phone number: 609-514-6305	**Phone number:** 301-796-2050

Subject: NDA 22-066 OMNISCAN™ Labeling Revisions

Total no. of pages including cover: 3

Comments: If you have any questions, please contact me at 301-796-1972.

Document to be mailed: ☐ YES ☑ NO

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/s/

Tiffany Brown
4/6/2007 10:43:44 AM
CSO

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

NDA 22-066

INFORMATION REQUEST LETTER

GE Healthcare
Attention: Michael Barbush
Senior Manager, Regulatory Affairs
101 Carnegie Center
Princeton, NJ 08540

Dear Mr. Barbush:

Please refer to your July 6, 2006 new drug application (NDA) submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Omniscan™ (gadodiamide) Injection.

We also refer to your submissions dated November 29, 2006 and April 5, 2007.

Subsequent to our review of your revised package insert, of our Adverse Event Reporting System (AERS) database and of the scientific literature we have determined that the prominence, specificity and comprehensiveness of existing information on life-threatening and other clinically important adverse reactions associated with Omniscan requires revision. In addition we believe that revisions to the content and format of the "Clinical Studies" and "Dosing Guidelines" sections are warranted.

We are providing a draft proposal for revision of your package insert to address the major findings from our review of your application and accumulating post-marketing data. The enclosed draft may contain typographical and formatting problems and we encourage your attention to the correction of these problems. Additionally, we will consider modifications of the text, if sufficiently justified.

Please contact us to discuss any items (textual or regulatory) in which you need further clarification.

We have the following specific comments and information requests.

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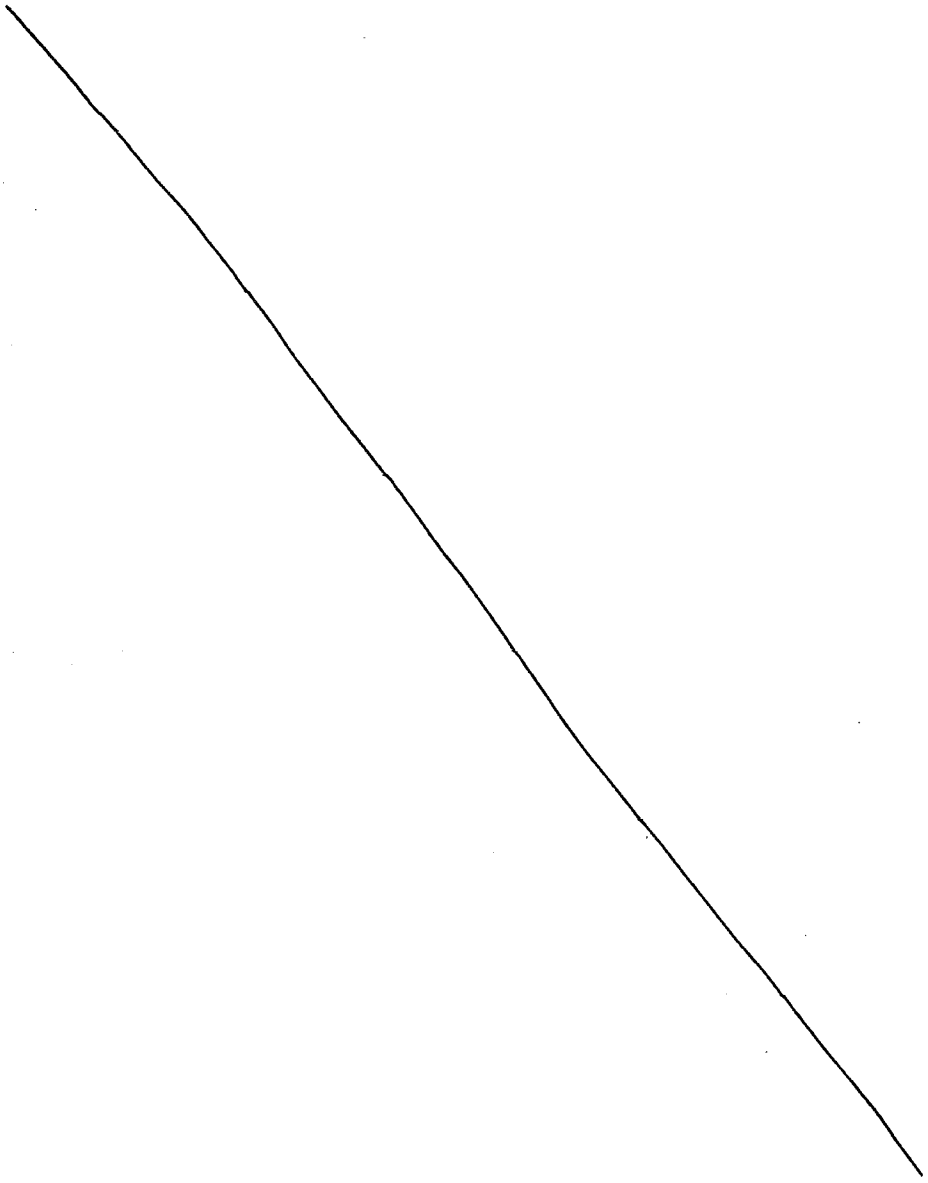
_____ Deliberative Process

Withheld Track Number: Administrative- 5



Please provide us with a timeline for completing our information requests and for providing a revised label.

If you have any questions, call Tiffany Brown, Regulatory Health Project Manager, at 301-796-2050.

Sincerely,

{See appended electronic signature page}

Rafel Dwaine Rieves, M.D.
Acting Director
Division of Medical Imaging and
Hematology Products
Office of Oncology Drug Products
Center for Drug Evaluation and Research

[Enclosure: DRAFT LABELING]

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Administrative 6

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/s/

Rafel Rieves
4/11/2007 04:21:23 PM

FOOD AND DRUG ADMINISTRATION
Center for Drug Evaluation and Research
Division of Drug Marketing, Advertising, and Communications

MEMORANDUM

****PRE-DECISIONAL AGENCY MEMO****

Date: **January 25, 2007**

To: **Tiffany Brown, Project Manager**
Division of Medical Imaging and Hematology Drug Products

From: **Sean K. Bradley, Regulatory Review Officer**
Division of Drug Marketing, Advertising, and Communications

Subject: **NDA 22-066**
Omniscan™ (gadodiamide) Injection
Pharmacy Bulk Package Labeling Changes

The Division of Drug Marketing, Advertising, and Communications (DDMAC) has reviewed GE Healthcare's (GE) proposed labeling changes associated with a new container closure system for the Pharmacy Bulk Packaging and at this time we have no comments.

APPEARS THIS WAY ON ORIGINAL

If you have any questions or comments, please contact Sean Bradley at 301-796-1332 or sean.bradley@fda.hhs.gov

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/s/

Sean Bradley
1/25/2007 10:03:54 AM
DDMAC REVIEWER

Date: September 11, 2006

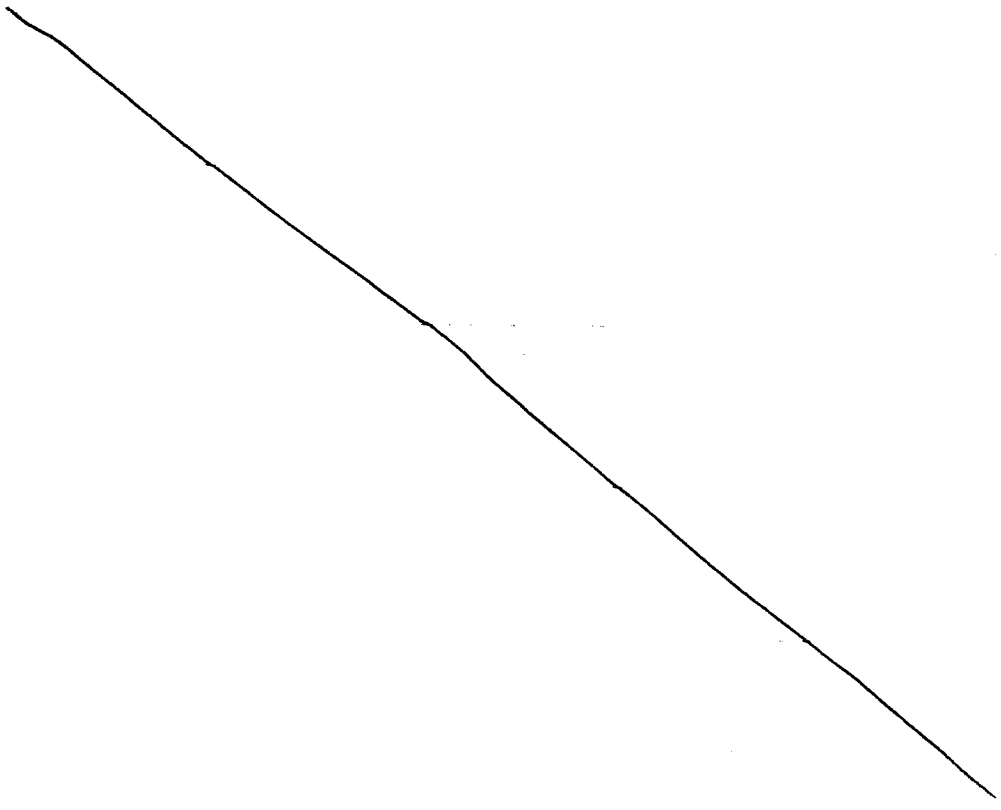
From: Jeanne M. Delasko, RN, MS
Label Initiatives Specialist
Study Endpoint and Label Development (SEALD)
Office of New Drugs, CDER

Through: Laurie B. Burke, RPh, MPH
Director, SEALD

To: Tiffany J. Brown, MPH
Regulatory Health Project Manager, DMIHP

Subject: Proposed Labeling Format Review
NDA 22-066
Omniscan (gadodiamide)

This memo provides a list of revisions for the proposed labeling that should be conveyed to the applicant in the 74-day letter. Please contact me at 796-0146 with questions or concerns.



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✓ Draft Labeling

_____ Deliberative Process

Withheld Track Number: Administrative- 7

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/s/

Jeanne Delasko
9/13/2006 01:04:20 PM
CSO

Laurie Burke
9/15/2006 05:11:47 PM
INTERDISCIPLINARY

ACTION PACKAGE CHECKLIST

Application Information			
NDA # 22-066	NDA Supplement #	If NDA, Efficacy Supplement Type	
Proprietary Name: Gadodiamide Injection Established Name: OMNISCAN™ Dosage Form: 0.5 mmol/mL		Applicant: GE Healthcare	
RPM: Tiffany Brown, M.P.H.		Division: DMIHP	Phone # 301-796-1972

NDAs:	505(b)(2) NDAs and 505(b)(2) NDA supplements:
NDA Application Type: ☒ 505(b)(1) ☐ 505(b)(2) Efficacy Supplement: ☐ 505(b)(1) ☐ 505(b)(2) (A supplement can be either a (b)(1) or a (b)(2) regardless of whether the original NDA was a (b)(1) or a (b)(2). Consult page 1 of the NDA Regulatory Filing Review for this application or Appendix A to this Action Package Checklist.)	Listed drug(s) referred to in 505(b)(2) application (NDA #(s), Drug name(s)): Provide a brief explanation of how this product is different from the listed drug. ☐ If no listed drug, check here and explain: **Review and confirm the information previously provided in Appendix B to the Regulatory Filing Review. Use this Checklist to update any information (including patent certification information) that is no longer correct.** ☐ Confirmed ☐ Corrected Date:

❖ User Fee Goal Date ❖ Action Goal Date (if different)	May 3, 2007
❖ Actions	
• Proposed action	☐ AP ☐ TA ☒ AE ☐ NA ☐ CR
• Previous actions *(specify type and date for each action taken)*	☐ None
❖ Advertising *(approvals only)* Note: If accelerated approval (21 CFR 314.510/601.41), advertising must have been submitted and reviewed *(indicate dates of reviews)*	☐ Requested in AP letter ☐ Received and reviewed N/A

❖ Application Characteristics

Review priority: ☒ Standard ☐ Priority
Chemical classification (new NDAs only): Type 3

NDAs, BLAs and Supplements:
☐ Fast Track
☐ Rolling Review
☐ CMA Pilot 1
☐ CMA Pilot 2

☐ Orphan drug designation

NDAs: Subpart H
☐ Accelerated approval (21 CFR 314.510)
☐ Restricted distribution (21 CFR 314.520)
Subpart I
☐ Approval based on animal studies

BLAs: Subpart E
☐ Accelerated approval (21 CFR 601.41)
☐ Restricted distribution (21 CFR 601.42)
Subpart H
☐ Approval based on animal studies

NDAs and NDA Supplements:
☐ OTC drug

Other:

Other comments:

❖ Application Integrity Policy (AIP)	N/A
• Applicant is on the AIP	☐ Yes ☒ No
• This application is on the AIP	☐ Yes ☒ No
• Exception for review *(file Center Director's memo in* Administrative Documents *section)*	☐ Yes ☐ No
• OC clearance for approval *(file communication in* Administrative Documents *section)*	☐ Yes ☐ Not an AP action

❖ Public communications (approvals only)	N/A
• Office of Executive Programs (OEP) liaison has been notified of action	☐ Yes ☒ No
• Press Office notified of action	☐ Yes ☒ No
• Indicate what types (if any) of information dissemination are anticipated	☒ None ☐ FDA Press Release ☐ FDA Talk Paper ☐ CDER Q&As ☐ Other

❖ Exclusivity	N/A
• NDAs: Exclusivity Summary (approvals only) *(file Summary in* Administrative Documents *section)*	☐ Included
• Is approval of this application blocked by any type of exclusivity?	☐ No ☐ Yes
• NDAs/BLAs: Is there existing orphan drug exclusivity for the "same" drug or biologic for the proposed indication(s)? *Refer to 21 CFR 316.3(b)(13) for the definition of "same drug" for an orphan drug (i.e., active moiety). This definition is NOT the same as that used for NDA chemical classification.*	☐ No ☐ Yes If, yes, NDA/BLA # and date exclusivity expires:
• NDAS: Is there remaining 5-year exclusivity that would bar effective approval of a 505(b)(2) application? *(Note that, even if exclusivity remains, the application may be tentatively approved if it is otherwise ready for approval.)*	☐ No ☐ Yes If yes, NDA # and date exclusivity expires:
• NDAs: Is there remaining 3-year exclusivity that would bar effective approval of a 505(b)(2) application? *(Note that, even if exclusivity remains, the application may be tentatively approved if it is otherwise ready for approval.)*	☐ No ☐ Yes If yes, NDA # and date exclusivity expires:
• NDAs: Is there remaining 6-month pediatric exclusivity that would bar effective approval of a 505(b)(2) application? *(Note that, even if exclusivity remains, the application may be tentatively approved if it is otherwise ready for approval.)*	☐ No ☐ Yes If yes, NDA # and date exclusivity expires:
❖ Patent Information (NDAs and NDA supplements only)	
• Patent Information: Verify that form FDA-3542a was submitted for patents that claim the drug for which approval is sought. If the drug is an old antibiotic, skip the Patent Certification questions.	☒ Verified ☐ Not applicable because drug is an old antibiotic.
• Patent Certification [505(b)(2) applications]: Verify that a certification was submitted for each patent for the listed drug(s) in the Orange Book and identify the type of certification submitted for each patent.	21 CFR 314.50(i)(1)(*i*)(A) ☐ Verified 21 CFR 314.50(i)(1) ☐ (ii) ☐ (iii)
• [505(b)(2) applications] If the application includes a **paragraph III** certification, it cannot be approved until the date that the patent to which the certification pertains expires (but may be tentatively approved if it is otherwise ready for approval).	☐ No paragraph III certification Date patent will expire
• [505(b)(2) applications] For **each paragraph IV** certification, verify that the applicant notified the NDA holder and patent owner(s) of its certification that the patent(s) is invalid, unenforceable, or will not be infringed (review documentation of notification by applicant and documentation of receipt of notice by patent owner and NDA holder). *(If the application does not include any paragraph IV certifications, mark "N/A" and skip to the next section below (*Summary Reviews*)).*	☐ N/A (no paragraph IV certification) ☐ Verified
• [505(b)(2) applications] For **each paragraph IV** certification, based on the questions below, determine whether a 30-month stay of approval is in effect due to patent infringement litigation. Answer the following questions for **each** paragraph IV certification: (1) Have 45 days passed since the patent owner's receipt of the applicant's	☐ Yes ☐ No

notice of certification?

(Note: The date that the patent owner received the applicant's notice of certification can be determined by checking the application. The applicant is required to amend its 505(b)(2) application to include documentation of this date (e.g., copy of return receipt or letter from recipient acknowledging its receipt of the notice) (see 21 CFR 314.52(e))).

*If "**Yes**," skip to question (4) below. If "**No**," continue with question (2).*

(2) Has the patent owner (or NDA holder, if it is an exclusive patent licensee) submitted a written waiver of its right to file a legal action for patent infringement after receiving the applicant's notice of certification, as provided for by 21 CFR 314.107(f)(3)? ☐ Yes ☐ No

*If "**Yes**," there is no stay of approval based on this certification. Analyze the next paragraph IV certification in the application, if any. If there are no other paragraph IV certifications, skip to the next section below (*Summary Reviews*).*

*If "**No**," continue with question (3).*

(3) Has the patent owner, its representative, or the exclusive patent licensee filed a lawsuit for patent infringement against the applicant? ☐ Yes ☐ No

(Note: This can be determined by confirming whether the Division has received a written notice from the (b)(2) applicant (or the patent owner or its representative) stating that a legal action was filed within 45 days of receipt of its notice of certification. The applicant is required to notify the Division in writing whenever an action has been filed within this 45-day period (see 21 CFR 314.107(f)(2))).

*If "**No**," the patent owner (or NDA holder, if it is an exclusive patent licensee) has until the expiration of the 45-day period described in question (1) to waive its right to bring a patent infringement action or to bring such an action. After the 45-day period expires, continue with question (4) below.*

(4) Did the patent owner (or NDA holder, if it is an exclusive patent licensee) submit a written waiver of its right to file a legal action for patent infringement within the 45-day period described in question (1), as provided for by 21 CFR 314.107(f)(3)? ☐ Yes ☐ No

*If "**Yes**," there is no stay of approval based on this certification. Analyze the next paragraph IV certification in the application, if any. If there are no other paragraph IV certifications, skip to the next section below (*Summary Reviews*).*

*If "**No**," continue with question (5).*

(5) Did the patent owner, its representative, or the exclusive patent licensee bring suit against the (b)(2) applicant for patent infringement within 45 days of the patent owner's receipt of the applicant's notice of certification? ☐ Yes ☐ No

(Note: This can be determined by confirming whether the Division has received a written notice from the (b)(2) applicant (or the patent owner or its representative) stating that a legal action was filed within 45 days of receipt of its notice of certification. The applicant is required to notify the Division in writing whenever an action has been filed within this 45-day period (see 21 CFR 314.107(f)(2)). If no written notice appears in the NDA file, confirm with the applicant whether a lawsuit was commenced

within the 45-day period). *If "**No**," there is no stay of approval based on this certification. Analyze the next paragraph IV certification in the application, if any. If there are no other paragraph IV certifications, skip to the next section below (*Summary Reviews*).* *If "**Yes**," a stay of approval may be in effect. To determine if a 30-month stay is in effect, consult with the Director, Division of Regulatory Policy II, Office of Regulatory Policy (HFD-007) and attach a summary of the response.*	
Summary Reviews	
❖ Summary Reviews (e.g., Office Director, Division Director) *(indicate date for each review)*	April 29, 2007
❖ BLA approvals only: Licensing Action Recommendation Memo (LARM) *(indicate date)*	
Labeling	
❖ Package Insert	
• Most recent division-proposed labeling (only if generated after latest applicant submission of labeling)	April 11, 2007
• Most recent applicant-proposed labeling (only if subsequent division labeling does not show applicant version)	November 29, 2006
• Original applicant-proposed labeling	July 6, 2006
• Other relevant labeling (e.g., most recent 3 in class, class labeling), if applicable	April 5, 2007
❖ Patient Package Insert	
• Most-recent division-proposed labeling (only if generated after latest applicant submission of labeling)	N/A
• Most recent applicant-proposed labeling (only if subsequent division labeling does not show applicant version)	N/A
• Original applicant-proposed labeling	N/A
• Other relevant labeling (e.g., most recent 3 in class, class labeling), if applicable	N/A
❖ Medication Guide	N/A
• Most recent division-proposed labeling (only if generated after latest applicant submission of labeling)	N/A
• Most recent applicant-proposed labeling (only if subsequent division labeling does not show applicant version)	N/A
• Original applicant-proposed labeling	N/A
• Other relevant labeling (e.g., most recent 3 in class, class labeling)	N/A
❖ Labels (**full color** carton and immediate-container labels)	
• Most-recent division-proposed labels (only if generated after latest applicant submission)	April 5, 2007
• Most recent applicant-proposed labeling	April 5, 2007
❖ Labeling reviews and minutes of any labeling meetings *(indicate dates of reviews and meetings)*	☒ DMETS 03/22/07 ☐ DSRCS ☒ DDMAC 01/25/07 ☒ SEALD 09/15/06 ☒ Other reviews 03/12/07 ☒ Memos of Mtgs 02/06/07; 03/15/07; April 5, 2007

Administrative Documents	
Administrative Reviews (RPM Filing Review/Memo of Filing Meeting; ADRA) *(indicate date of each review)*	12/20/06
❖ NDA and NDA supplement approvals only: Exclusivity Summary *(signed by Division Director)*	☐ Included
❖ AIP-related documents • Center Director's Exception for Review memo • If AP: OC clearance for approval	N/A
❖ Pediatric Page (all actions)	☒ Included
❖ Debarment certification (original applications only): verified that qualifying language was not used in certification and that certifications from foreign applicants are cosigned by U.S. agent. *(Include certification.)*	☒ Verified, statement is acceptable
❖ Postmarketing Commitment Studies	☒ None
• Outgoing Agency request for post-marketing commitments *(if located elsewhere in package, state where located)*	
• Incoming submission documenting commitment	
❖ Outgoing correspondence (letters including previous action letters, emails, faxes, telecons)	See FDA Correspondence
❖ Internal memoranda, telecons, email, etc.	N/A
❖ Minutes of Meetings	N/A
• Pre-Approval Safety Conference *(indicate date; approvals only)*	N/A
• Pre-NDA/BLA meeting *(indicate date)*	☒ No mtg
• EOP2 meeting *(indicate date)*	☐ No mtg
• Other (e.g., EOP2a, CMC pilot programs)	
❖ Advisory Committee Meeting	☒ No AC meeting
• Date of Meeting	
• 48-hour alert or minutes, if available	
❖ Federal Register Notices, DESI documents, NAS/NRC reports (if applicable)	
CMC/Product Quality Information	
❖ CMC/Product review(s) *(indicate date for each review)*	08/25/06 and 04/18/07 (draft)
❖ Reviews by other disciplines/divisions/Centers requested by CMC/product reviewer *(indicate date for each review)*	☐ None 04/10/07
❖ BLAs: Product subject to lot release (APs only)	☐ Yes ☐ No
❖ Environmental Assessment (check one) (original and supplemental applications)	
• ☒ Categorical Exclusion *(indicate review date)(all original applications and all efficacy supplements that could increase the patient population)*	08/25/06
• ☐ Review & FONSI *(indicate date of review)*	N/A
• ☐ Review & Environmental Impact Statement *(indicate date of each review)*	N/A
❖ NDAs: Microbiology reviews (sterility & apyrogenicity) *(indicate date of each review)*	04/10/07 ☐ Not a parenteral product
❖ Facilities Review/Inspection	
❖ NDAs: Facilities inspections (include EER printout)	Date completed: April 23, 2007 ☒ Acceptable ☐ Withhold recommendation

❖ BLAs: Facility-Related Documents • Facility review *(indicate date(s))* • Compliance Status Check (approvals only, both original and supplemental applications) *(indicate date completed, must be within 60 days prior to AP)*	☐ Requested ☐ Accepted ☐ Hold
❖ NDAs: Methods Validation	☐ Completed ☐ Requested ☐ Not yet requested ☒ Not needed
Nonclinical Information	
❖ Pharm/tox review(s), including referenced IND reviews *(indicate date for each review)*	X N/A
❖ Review(s) by other disciplines/divisions/Centers requested by P/T reviewer *(indicate date for each review)*	☒ None
❖ Statistical review(s) of carcinogenicity studies *(indicate date for each review)*	☒ No carc
❖ ECAC/CAC report/memo of meeting	N/A
❖ Nonclinical inspection review Summary (DSI)	☒ None requested
Clinical Information	
❖ Clinical review(s) *(indicate date for each review)*	April 6, 2007
❖ Financial Disclosure reviews(s) or location/date if addressed in another review	N/A
❖ Clinical consult reviews from other review disciplines/divisions/Centers *(indicate date of each review)*	☒ None
❖ Microbiology (efficacy) reviews(s) *(indicate date of each review)*	☒ Not needed
❖ Safety Update review(s) *(indicate location/date if incorporated into another review)*	N/A
❖ Risk Management Plan review(s) (including those by OSE) *(indicate location/date if incorporated into another review)*	N/A
❖ Controlled Substance Staff review(s) and recommendation for scheduling *(indicate date of each review)*	☒ Not needed
❖ DSI Inspection Review Summary(ies) *(include copies of DSI letters to investigators)*	☒ None requested
• Clinical Studies	
• Bioequivalence Studies	
• Clin Pharm Studies	
❖ Statistical Review(s) *(indicate date for each review)*	☒ None
❖ Clinical Pharmacology review(s) *(indicate date for each review)*	☒ None