

PEDIATRIC PAGE

(Complete for all filed original applications and efficacy supplements)

IDA/BLA #: 22-303 Supplement Type (e.g. SE5): _____ Supplement Number: _____

Stamp Date: 12-28-08 PDUFA Goal Date: 10-31-08

HFD-150 Trade and generic names/dosage form: Treanda (bendamustine hydrochloride) Injection

Applicant: Cephalon, Ind. Therapeutic Class: Oncology

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.
- 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): 1

Indication #1: indolent B-cell non-Hodgkin's lymphoma

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.

NDA 22-303

Page 3

_____ **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)

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)

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this page is the manifestation of the electronic signature.**

/s/

Alice Kacuba
10/28/2008 06:11:28 PM

Cephalon®
NDA 22-303

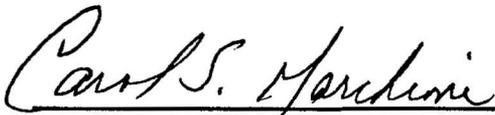
Bendamustine hydrochloride (CEP-18083)

CONFIDENTIAL

Debarment Certification

Debarment Certification

Cephalon, Inc. 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.



Carol S. Marchione
Senior Director and Group Leader
Regulatory Affairs
Cephalon, Inc.



Date

Kacuba, Alice

From: Kacuba, Alice
Sent: Monday, October 27, 2008 2:08 PM
To: 'Marchione, Carol'
Subject: IR
Importance: High

Hi,

Information Request from CMC re labels:

In the carton label submitted on 10/24/2008, we would prefer that the information regarding storage of the admixture not be deleted. The admixture stability statement should be reinserted below the reconstitution and dilution directions on the side panel as a stand alone statement. We recommend the following:

"Use the final solution within 24 hours when stored refrigerated (2-8°C or 36-47°F) or within 3 hours when stored at room temperature (15-30°C or 59-86°F). (See insert for details)."

Thank you.

Alice
Alice Kacuba, RN, MSN, RAC
Chief, Project Management Staff
Division of Drug Oncology Products
Office of Oncology Drug Products
OND/CDER/FDA
301-796-1381
(f)301-796-9845
alice.kacuba@fda.hhs.gov

9 Page(s) Withheld

Trade Secret / Confidential (b4)

Draft Labeling (b4)

Draft Labeling (b5)

Deliberative Process (b5)

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/s/

Alice Kacuba

10/27/2008 02:12:34 PM