

**CENTER FOR DRUG EVALUATION AND RESEARCH**

**Approval Package for:**

***APPLICATION NUMBER:***

**22309Orig1s000**

***Trade Name:*** AndroGel 1.62%

***Generic Name:*** testosterone gel

***Sponsor:*** Abbott Products, Inc.

***Approval Date:*** April 29, 2011

***Indications:*** Provides for the use of AndroGel 1.62% for replacement therapy in males for conditions associated with a deficiency or absence of endogenous testosterone.

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**APPROVAL LETTER**



NDA 022309

**NDA APPROVAL**

Abbott Products, Inc.  
Attention: Gregg Pratt, Ph.D.  
Director, Global Regulatory Affairs Liaison  
901 Sawyer Road  
Marietta, GA 30062

Dear Dr. Pratt:

Please refer to your new drug application (NDA) dated February 11, 2009, and received February 12, 2009, submitted pursuant to section 505(b)(2) of the Federal Food, Drug, and Cosmetic Act (FDCA) for AndroGel<sup>®</sup> (testosterone gel) 1.62 %.

This new drug application provides for the use of AndroGel<sup>®</sup> (testosterone gel) 1.62% for replacement therapy in males for conditions associated with a deficiency or absence of endogenous testosterone.

We acknowledge receipt of your submissions dated February 11, March 4 and 10, May 14, June 11, July 14, September 3(2), and 18, November 9, December 1(2), 4, 8, 15, and 24, 2009, January 15(2) and 21, February 2, March 17, 18 and 31, May 27, August 16, October 25, December 14 and 22, 2010, January 7 and 26, February 15, March 1, April 22, and 29, 2011.

The October 25, 2010, submission received October 29, 2010, constituted a complete response to our March 12, 2010, action letter.

We have completed our review of this application, as amended. It is approved, effective on the date of this letter, for use as recommended in the enclosed agreed-upon labeling text.

We are waiving the requirements of 21 CFR 201.57(d)(8) regarding the length of Highlights of prescribing information. This waiver applies to all future supplements containing revised labeling unless we notify you otherwise.

**CONTENT OF LABELING**

As soon as possible, but no later than 14 days from the date of this letter, submit, via the FDA automated drug registration and listing system (eLIST), the content of labeling [21 CFR 314.50(l)] in structured product labeling (SPL) format, as described at <http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm>, that is identical to the enclosed labeling text for the package insert and Medication Guide. Information

on submitting SPL files using eLIST may be found in the guidance for industry titled “SPL Standard for Content of Labeling Technical Qs and As” at <http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM072392.pdf>.

The SPL will be accessible via publicly available labeling repositories.

We request that the labeling approved today be available on your website within 10 days of receipt of this letter.

### **CARTON AND IMMEDIATE CONTAINER LABELS**

Submit final printed carton and container labels that are identical to the carton and immediate container labels submitted on April 22, 2011, as soon as they are available, but no more than 30 days after they are printed. Please submit these labels electronically according to the guidance for industry titled “Providing Regulatory Submissions in Electronic Format – Human Pharmaceutical Product Applications and Related Submissions Using the eCTD Specifications (June 2008).” Alternatively, you may submit 12 paper copies, with 6 of the copies individually mounted on heavy-weight paper or similar material. For administrative purposes, designate this submission “**Final Printed Carton and Container Labels for approved NDA 022309.**” Approval of this submission by FDA is not required before the labeling is used.

Marketing the product with FPL that is not identical to the approved labeling text may render the product misbranded and an unapproved new drug.

### **REQUIRED PEDIATRIC ASSESSMENTS**

Under the Pediatric Research Equity Act (PREA) (21 U.S.C. 355c), all applications for new active ingredients, new indications, new dosage forms, new dosing regimens, or new routes of administration are required to contain an assessment of the safety and effectiveness of the product for the claimed indication in pediatric patients unless this requirement is waived, deferred, or inapplicable.

Because none of these criteria apply to your application, you are exempt from this requirement.

### **POSTMARKETING REQUIREMENTS UNDER 505(o)**

Section 505(o)(3) of the FDCA authorizes FDA to require holders of approved drug and biological product applications to conduct postmarketing studies and clinical trials for certain purposes, if FDA makes certain findings required by the statute.

We have determined that an analysis of spontaneous postmarketing adverse events reported under subsection 505(k)(1) of the FDCA will not be sufficient to assess a known serious risk of secondary exposure of children to testosterone due to drug transfer from adult men using testosterone gel products.

Furthermore, the new pharmacovigilance system that FDA is required to establish under section 505(k)(3) of the FDCA is not yet sufficient to assess this serious risk.

Finally, we have determined that only a clinical trial (rather than a nonclinical or observational study) will be sufficient to assess a known serious risk of secondary exposure to testosterone.

Therefore, based on appropriate scientific data, FDA has determined that you are required to conduct the following:

1745           A hand washing trial following the application of AndroGel<sup>®</sup>. This clinical trial will measure the amount of residual testosterone before and after washing the primary user's hands.

The timetable you submitted on January 25, 2011, states that you will conduct this clinical trial according to the following schedule:

Final Protocol Submission:	July 2011
Trial Completion:	October 2011
Final Report Submission:	July 2012

Submit the protocol to your IND 050377, with a cross-reference letter to this NDA. Submit the final report to your NDA. Prominently identify the submission with the following wording in bold capital letters at the top of the first page of the submission, as appropriate: **“Required Postmarketing Protocol Under 505(o)”**, **“Required Postmarketing Final Report Under 505(o)”**, **“Required Postmarketing Correspondence Under 505(o).”**

Section 505(o)(3)(E)(ii) of the FDCA requires you to report periodically on the status of any study or clinical trial required under this section. This section also requires you to periodically report to FDA on the status of any study or clinical trial otherwise undertaken to investigate a safety issue. Section 506B of the FDCA, as well as 21 CFR 314.81(b)(2)(vii) requires you to report annually on the status of any postmarketing commitments or required studies or clinical trials.

FDA will consider the submission of your annual report under section 506B and 21 CFR 314.81(b)(2)(vii) to satisfy the periodic reporting requirement under section 505(o)(3)(E)(ii) provided that you include the elements listed in 505(o) and 21 CFR 314.81(b)(2)(vii). We remind you that to comply with 505(o), your annual report must also include a report on the status of any study or clinical trial otherwise undertaken to investigate a safety issue. Failure to submit an annual report for studies or clinical trials required under 505(o) on the date required will be considered a violation of FDCA section 505(o)(3)(E)(ii) and could result in enforcement action.

### **RISK EVALUATION AND MITIGATION STRATEGY REQUIREMENTS**

Section 505-1 of the FDCA authorizes FDA to require the submission of a risk evaluation and mitigation strategy (REMS), if FDA determines that such a strategy is necessary to ensure that the benefits of the drug outweigh the risks [section 505-1(a)]. The details of the REMS requirements were outlined in our complete response letter dated March 12, 2010.

Your proposed REMS, submitted on October 25, 2010, and appended to this letter, is approved. The REMS consists of a Medication Guide and a timetable for submission of assessments of the REMS.

The REMS assessment plan should include, but is not limited to, the following:

- a. An evaluation of patients' understanding of the serious risks of AndroGel<sup>®</sup>.
- b. Information on the status of any postapproval study or clinical trial required under section 505(o) or otherwise undertaken to investigate a safety issue. With respect to any such postapproval study, you must include the status of such study, including whether any difficulties completing the study have been encountered. With respect to any such postapproval clinical trial, you must include the status of such clinical trial, including whether enrollment has begun, the number of participants enrolled, the expected completion date, whether any difficulties completing the clinical trial have been encountered, and registration information with respect to requirements under subsections (i) and (j) of section 402 of the Public Health Service Act. You can satisfy these requirements in your REMS assessments by referring to relevant information included in the most recent annual report required under section 506B and 21 CFR 314.81(b)(2)(vii) and including any material or significant updates to the status information since the annual report was prepared. Failure to comply with the REMS assessments provisions in section 505-1(g) could result in enforcement action.

We remind you that, in addition to the assessments submitted according to the timetable included in the approved REMS, you must submit a REMS assessment and may propose a modification to the approved REMS when you submit a supplemental application for a new indication for use as described in section 505-1(g)(2)(A) of FDCA.

Prominently identify the submission containing the REMS assessments or proposed modifications with the following wording in bold capital letters at the top of the first page of the submission:

**NDA 022309 REMS ASSESSMENT**

**NEW SUPPLEMENT FOR NDA 022309  
PROPOSED REMS MODIFICATION  
REMS ASSESSMENT**

**NEW SUPPLEMENT (NEW INDICATION FOR USE)  
FOR NDA 022309  
REMS ASSESSMENT  
PROPOSED REMS MODIFICATION (if included)**

If you do not submit electronically, please send 5 copies of REMS-related submissions.

## **PROMOTIONAL MATERIALS**

You may request advisory comments on proposed introductory advertising and promotional labeling. To do so, submit, in triplicate, a cover letter requesting advisory comments, the proposed materials in draft or mock-up form with annotated references, and the package insert to:

Food and Drug Administration  
Center for Drug Evaluation and Research  
Division of Drug Marketing, Advertising, and Communications  
5901-B Ammendale Road  
Beltsville, MD 20705-1266

As required under 21 CFR 314.81(b)(3)(i), you must submit final promotional materials, and the package insert, at the time of initial dissemination or publication, accompanied by a Form FDA 2253. For instruction on completing the Form FDA 2253, see page 2 of the Form. For more information about submission of promotional materials to the Division of Drug Marketing, Advertising, and Communications (DDMAC), see <http://www.fda.gov/AboutFDA/CentersOffices/CDER/ucm090142.htm>.

## **REPORTING REQUIREMENTS**

We remind you that you must comply with reporting requirements for an approved NDA (21 CFR 314.80 and 314.81).

If you have any questions, call Jeannie Roule, Regulatory Project Manager, at (301) 796-3993.

Sincerely,

*{See appended electronic signature page}*

George Benson, M.D.  
Deputy Director  
Division of Reproductive and Urologic Products  
Office of Drug Evaluation III  
Center for Drug Evaluation and Research

ENCLOSURES:  
Content of Labeling  
Medguide  
REMS

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**This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.**  
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/s/  
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GEORGE S BENSON  
04/29/2011