CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER:

761436Orig1s000
761436Orig2s000

OTHER REVIEW(S)

MEMORANDUM
REVIEW OF REVISED LABEL AND LABELING

Division of Medication Error Prevention and Analysis 1 (DMEPA 1)
Office of Medication Error Prevention and Risk Management (OMEPRM)
Office of Surveillance and Epidemiology (OSE)
Center for Drug Evaluation and Research (CDER)

*** This document contains proprietary information that cannot be released to the public***

Date of This Review:	September 15, 2025
Requesting Office or Division:	Division of General Endocrinology (DGE)
Application Type and Number:	BLA 761436
Product Name, Dosage Form, and Strength:	Aukelso (denosumab-kyqq) injection, 120 mg/1.7 mL (70 mg/mL)
Applicant Name:	Biocon Biologics Inc.
FDA Received Date:	September 10, 2025
TTT ID #:	2024-10884-1
DMEPA 1 Safety Evaluator:	Amy J. Bao, PharmD, MPH
DMEPA 1 Team Leader:	Yevgeniya Kogan, PharmD, BCSCP

1 PURPOSE OF MEMORANDUM

Biocon Biologics Inc. (Biocon) submitted revised container label and carton labeling received on August 21, 2025 for Aukelso via email. The Division of General Endocrinology (DGE) requested that we review the revised container label and carton labeling for Aukelso (Appendix A) to determine if they are acceptable from a medication error perspective. The revisions are in response to recommendations that we made during a previous label and labeling review.[a] After labeling negotiations conducted via email, Biocon submitted final revised container label and carton labeling received on September 10, 2025.

2 LABELING NEGOTIATIONS CONDUCTED VIA EMAIL

Regarding the container label and carton labeling contained in Biocon's email response dated August 21, 2025, Biocon accepted most of our recommendations. However, we identified an additional medication error concern and sent the following recommendation via email:

A. Container Label

1. The net quantity statement is in close proximity to the product strength. From post-marketing experience, the risk of numerical confusion between the strength and net quantity increases when the net quantity statement is located in close proximity to the strength statement. Product selection or dosing errors can occur if the net quantity statement is mistaken for the product strength, leading to under- or overdosing. You may consider either slightly decreasing the font size of the net quantity statement so it is less prominent, or removing the net quantity statement as it is not required to be kept on small container labels. See *Guidance for Industry: Safety Considerations for Container Labels and Carton Labeling Design to Minimize Medication Errors (May 2022)*.

3 CONCLUSION

Biocon Biologics Inc. implemented all of our recommendations and we have no additional recommendations at this time.

1 Page(s) of Draft Labeling have been Withheld in Full as b4 (CCI/TS) immediately following this page

[a] Bao, A. Label and Labeling Review for Aukelso (BLA 761436). Silver Spring (MD): FDA, CDER, OSE, DMEPA 1 (US); 2025 Jun 10. TTT ID: 2024-10884.

This is a representation of an electronic record that was signed electronically. Following this are manifestations of any and all electronic signatures for this electronic record.

/s/

AMY J BAO
09/15/2025 10:15:41 AM

YEVGENIYA M KOGAN
09/15/2025 12:25:26 PM

MEMORANDUM
REVIEW OF REVISED LABEL AND LABELING

Division of Medication Error Prevention and Analysis 1 (DMEPA 1)
Office of Medication Error Prevention and Risk Management (OMEPRM)
Office of Surveillance and Epidemiology (OSE)
Center for Drug Evaluation and Research (CDER)

*** This document contains proprietary information that cannot be released to the public***

Date of This Review:	September 15, 2025
Requesting Office or Division:	Division of General Endocrinology (DGE)
Application Type and Number:	BLA 761436
Product Name, Dosage Form, and Strength:	Bosaya (denosumab-kyqq) injection, 60 mg/mL
Applicant Name:	Biocon Biologics Inc.
FDA Received Date:	September 10, 2025
TTT ID #:	2024-10883-1
DMEPA 1 Safety Evaluator:	Amy J. Bao, PharmD, MPH
DMEPA 1 Team Leader:	Yevgeniya Kogan, PharmD, BCSCP

1 PURPOSE OF MEMORANDUM

Biocon Biologics Inc. (Biocon) submitted revised container label and carton labeling received on August 21, 2025 for Bosaya via email. The Division of General Endocrinology (DGE) requested that we review the revised container label and carton labeling for Bosaya (Appendix A) to determine if they are acceptable from a medication error perspective. The revisions are in response to recommendations that we made during a previous label and labeling review.[a] After labeling negotiations conducted via email, Biocon submitted final revised container label and carton labeling received on September 10, 2025.

2 LABELING NEGOTIATIONS CONDUCTED VIA EMAIL

Regarding the container label and carton labeling contained in Biocon's email response dated August 21, 2025, Biocon accepted most of our recommendations. However, we identified additional medication error concerns and sent the following recommendations via email:

A. Blister Labeling

1. The net quantity statement is in close proximity to the product strength. From post-marketing experience, the risk of numerical confusion between the strength and net quantity increases when the net quantity statement is located in close proximity to the strength statement. Product selection or dosing errors can occur if the net quantity statement is mistaken for the product strength, leading to under- or overdosing. We recommend relocating the net quantity statement away from the product strength (e.g., to the bottom of the principal display panel) and slightly decreasing the font size so it is less prominent. See *Guidance for Industry: Safety Considerations for Container Labels and Carton Labeling Design to Minimize Medication Errors (May 2022)*.

B. Carton Labeling

1. As currently presented, it is still unclear which panel is the principal display panel. Consider further differentiating the back panel so it is not mistaken for the principal display panel (e.g., removing the proprietary name, nonproprietary name, dosage form, strength, route of administration, etc.).
2. We note the carton dimensions include a flap panel above the principal display panel. Please clarify if the flap at the top is intended to be used to open the carton, and if so, ensure the principal display panel is oriented in a way so that is readable when a user is opening the carton.
3. As currently presented, the Medication Guide statement is not prominently displayed on the principal display panel. Per 21 CFR 208.24(d), the label of each container or package, where the container label is too small, of drug product for which a Medication Guide is required under this part shall instruct the authorized dispenser to provide a Medication Guide to each patient to whom

[a] Bao, A. Label and Labeling Review for Bosaya (BLA 761436). Silver Spring (MD): FDA, CDER, OSE, DMEPA 1 (US); 2025 Jun 10. TTT ID: 2024-10883.

the drug product is dispensed, and shall state how the Medication Guide is provided. These statements shall appear on the label in a prominent and conspicuous manner. Ensure the Medication Guide statement appears in accordance with 21 CFR 208.24(d). You may consider utilizing bolding or boxing to increase the prominence of the statement.

3 CONCLUSION

Biocon Biologics Inc. implemented all of our recommendations and we have no additional recommendations at this time.

2 Page(s) of Draft Labeling have been Withheld in Full as b4 (CCI/TS) immediately following this page

Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Office of Medical Policy Initiatives

PATIENT LABELING REVIEW

Date:	September 12, 2025
To:	Meghna M. Jairath, Pharm.D. Regulatory Project Manager **Division of General Endocrinology (DGE)**
Through:	Marcia Williams, PhD Team Leader, Patient Labeling **Division of Medical Policy Programs (DMPP)**
From:	Sharon Williams, MSN, BSN, RN Patient Labeling Reviewer Position Title **Division of Medical Policy Programs (DMPP)** Sapna Shah, PharmD Team Leader **Office of Prescription Drug Promotion (OPDP)**
Subject:	Review of Patient Labeling: Medication Guide (MG)
Drug Name (nonproprietary name):	Bosaya (denosumab-kyqq)[1]
Dosage Form and Route:	injection, for subcutaneous use
Application Type/Number:	BLA 761436
Applicant:	Biocon Biologics Inc.

[1] Bmab 10000 has been developed as a proposed biosimilar to US-licensed Prolia (denosumab). The proposed proprietary name Bosaya and nonproprietary name suffix-kyqq were found to be conditionally acceptable on March 28, 2025, and June 20, 2025, respectively by the Division of Medication Error Prevention and Analysis I (DMEPA 1).

1 INTRODUCTION

On September 13, 2024, Biocon Biologics. Inc., submitted for the Agency's review a New Biologics License Application (BLA) 761436 for Bosaya (denosumab-kyqq) injection, for subcutaneous use a biosimilar to US-licensed PROLIA (denosumab), injection for subcutaneous use (BLA 125320).

This collaborative review is written by the Division of Medical Policy Programs (DMPP) and the Office of Prescription Drug Promotion (OPDP) in response to a request by the Division of General Endocrinology (DGE) on October 17, 2024, for DMPP and OPDP to review the Applicant's proposed Medication Guide (MG) for Bosaya (denosumab-kyqq) injection, for subcutaneous use.

2 MATERIAL REVIEWED

- Draft Bosaya (denosumab-kyqq) MG received by DMPP and OPDP on September 13, 2024, revised by the Review Division throughout the review cycle, and received by DMPP and OPDP on September 9, 2025.
- Draft Bildyos (denosumab-nxxp) Prescribing Information (PI) received on September 13, 2024, revised by the Review Division throughout the review cycle, and received by DMPP and OPDP on September 9, 2025.
- Prolia (denosumab**)** MG approved May 30, 2025.

3 REVIEW METHODS

To enhance patient comprehension, materials should be written at a 6th to 8th grade reading level, and have a reading ease score of at least 60%. A reading ease score of 60% corresponds to an 8th grade reading level.

Additionally, in 2008 the American Society of Consultant Pharmacists Foundation (ASCP) in collaboration with the American Foundation for the Blind (AFB) published *Guidelines for Prescription Labeling and Consumer Medication Information for People with Vision Loss*. The ASCP and AFB recommended using fonts such as Verdana, Arial or APHont to make medical information more accessible for patients with vision loss.

In our collaborative review of the MG we:

- simplified wording and clarified concepts where possible
- ensured that the MG is consistent with the Prescribing Information (PI)
- removed unnecessary or redundant information
- ensured that the MG is free of promotional language or suggested revisions to ensure that it is free of promotional language
- ensured that the MG meets the Regulations as specified in 21 CFR 208.20
- ensured that the MG meets the criteria as specified in FDA's Guidance for Useful Written Consumer Medication Information (published July 2006)
- ensured that the MG is consistent with the approved labeling where applicable

4 CONCLUSIONS

The MG is acceptable with our recommended changes.

5 RECOMMENDATIONS

- Please send these comments to the Applicant and copy DMPP and OPDP on the correspondence.
- Our collaborative review of the MG is appended to this memorandum. Consult DMPP and OPDP regarding any additional revisions made to the PI to determine if corresponding revisions need to be made to the MG.

Please let us know if you have any questions.

7 Page(s) of Draft Labeling have been Withheld in Full as b4 (CCI/TS) immediately following this page

---

This is a representation of an electronic record that was signed electronically. Following this are manifestations of any and all electronic signatures for this electronic record.

/s/

SHARON W WILLIAMS
09/12/2025 10:08:34 AM

SAPNA SHAH
09/12/2025 10:20:00 AM

MARCIA B WILLIAMS
09/12/2025 11:48:56 AM

FOOD AND DRUG ADMINISTRATION
Center for Drug Evaluation and Research
Office of Prescription Drug Promotion

****Pre-decisional Agency Information****

Memorandum

Date: September 12, 2025

To: Meghna Jairath, PharmD, Regulatory Project Manager
Division of General Endocrinology Products (DGE)

LaiMing Lee, PhD, Associate Director for Labeling, DGE

From: Sapna Shah, PharmD, Team Leader
Office of Prescription Drug Promotion (OPDP)

Subject: OPDP Labeling Comments for BOSAYA™ (denosumab-kyqq) injection, for subcutaneous use

BLA: 761436

Background:
In response to DGE's consult request dated October 10, 2024, OPDP has reviewed the proposed Prescribing Information (PI), Medication Guide, and carton and container labeling for the original BLA submission for BOSAYA™ (denosumab-kyqq) injection, for subcutaneous use.

PI/Medication Guide:
OPDP's review of the proposed PI is based on the draft labeling emailed to OPDP on September 9, 2025, and we do not have any comments at this time.

A combined OPDP and Division of Medical Policy Programs (DMPP) review was completed for the proposed Medication Guide, and comments were sent under separate cover on September 12, 2025.

Carton and Container Labeling:
OPDP's review of the proposed carton and container labeling is based on the draft labeling submitted by the sponsor to the electronic document room on September 10, 2025, and we do not have any comments at this time.

Thank you for your consult. If you have any questions, please contact Sapna Shah at (240) 402-6068 or Sapna.Shah@fda.hhs.gov.

42 Page(s) of Draft Labeling have been Withheld in Full as b4 (CCI/TS) immediately following this page

---

This is a representation of an electronic record that was signed electronically. Following this are manifestations of any and all electronic signatures for this electronic record.

/s/

SAPNA SHAH
09/12/2025 11:25:31 AM

FOOD AND DRUG ADMINISTRATION
Center for Drug Evaluation and Research
Office of Prescription Drug Promotion

****Pre-decisional Agency Information****

Memorandum

Date: September 11, 2025

To: Meghna Jairath, PharmD, Regulatory Project Manager
Division of General Endocrinology Products (DGE)

LaiMing Lee, PhD, Associate Director for Labeling, DGE

From: Jeena Sun, PharmD, Regulatory Review Officer
Office of Prescription Drug Promotion (OPDP)

CC: Emily Dvorsky, PharmD, Team Leader, OPDP

Subject: OPDP Labeling Comments for AUKELSO™ (denosumab-kyqq) injection, for subcutaneous use

BLA: 761436

Background:
In response to DGE's consult request dated October 10, 2024, OPDP has reviewed the proposed Prescribing Information (PI) and carton and container labeling for the original BLA submission for AUKELSO™ (denosumab-kyqq) injection, for subcutaneous use.

PI:
OPDP's review of the proposed PI is based on the draft labeling emailed to OPDP on September 9, 2025, and we do not have any comments at this time.

Carton and Container Labeling:
OPDP's review of the proposed carton and container labeling is based on the draft labeling submitted by the sponsor to the electronic document room on September 10, 2025, and we do not have any comments at this time.

Thank you for your consult. If you have any questions, please contact Jeena Sun at (301) 796-9699 or Jeena.Sun@fda.hhs.gov.

29 Page(s) of Draft Labeling have been Withheld in Full as b4 (CCI/TS) immediately following this page

---

This is a representation of an electronic record that was signed electronically. Following this are manifestations of any and all electronic signatures for this electronic record.

/s/

JEENA L SUN
09/11/2025 02:06:40 PM

Clinical Inspection Summary

Date	07/11/2025
From	Regina Zopf, MD, Senior Medical Officer Michele Fedowitz, MD, Team Leader Jenn Sellers, MD, PhD, Branch Chief Good Clinical Practice Assessment Branch (GCPAB) Division of Clinical Compliance Evaluation (DCCE) Office of Scientific Investigations (OSI)
To	Carly Gordon, MD, Clinical Reviewer Shivangi Vachhani, MD, Clinical Team Leader Meghna Jairath, Regulatory Project Manager Division of General Endocrinology (DGE)
BLA #	761346
Applicant	Biocon Biologics Inc.
Drug	Bmab 1000 (Denosumab-kyqq)
NME (Yes/No)	Yes
Therapeutic Classification	Biologic human monoclonal antibody (mAb) targets and binds with high affinity and specificity to the receptor activator of nuclear factor (RANKL)
Proposed Indication	Women with postmenopausal osteoporosis
Consultation Request Date	11/12/2024
Summary Goal Date	07/16/2025
Action Goal Date	09/16/2025
PDUFA Date	09/16/2025

I. OVERALL ASSESSMENT OF FINDINGS AND RECOMMENDATIONS

The Applicant, Biocon Biologics Inc. (Biocon), submitted clinical data from Study B1000-PMO-03-G-02 to the Agency in support of a biologics license application (BLA 761346) for Bmab1000 (denosumab-kyqq), a biosimilar to Prolia, for the proposed indication of treatment of postmenopausal women with osteoporosis.

Three clinical investigators, Drs. Anna Strzelecka, Grzegorz Kania, and Rafal Plebanski, were inspected.

The completed inspections did not find significant concerns regarding the oversight of the clinical trials or Good Clinical Practice (GCP) or regulatory compliance, and based on the results of these inspections, the data generated by the inspected clinical investigator and submitted by the Applicant appear acceptable in support of the proposed indication.

II. BACKGROUND

Biocon Biologics Inc. seeks approval for BLA 761346 for denosumab-kyqq (a biosimilar to Prolia) for the proposed indication of treatment of postmenopausal women with osteoporosis. Denosumab, the active substance of Prolia, is a human monoclonal antibody (mAb) that targets and binds with high affinity and specificity to the receptor activator of nuclear factor (RANKL), preventing activation of its receptor (RANK) on the surface of osteoclast precursors and osteoclasts. Prevention of the RANKL/RANK interaction inhibits osteoclast formation, function, and survival, thereby decreasing bone resorption in cortical and trabecular bone.

In support of the BLA, the Applicant submitted clinical data from B1000-PMO-03-G-02, a phase 3, international, randomized, open-label, active-controlled study comparing the efficacy and safety of denosumab-kyqq to Prolia. The following is a summary of the study protocol and key study information relevant to the completed clinical inspections.

B1000-PMO-03-G-02

Study Design

B1000-PMO-03-G-02 was a Phase 3, randomized, double-blind, active controlled, multicenter, parallel-arm, prospective, trial designed to compare the efficacy, pharmacokinetic (PK), pharmacodynamic (PD), safety, and immunogenicity of Bmab 1000 (denosumab-kyqq) with Prolia in women with postmenopausal osteoporosis. Subjects were randomized to receive Bmab 1000 (60 mg) (treatment arm) or Prolia (60 mg) (placebo arm), via subcutaneous (SC) injection on Day 1 and at Week 26 and Week 52.

Objectives and Endpoints

The primary objective of this study was:

- To demonstrate equivalent efficacy between Bmab 1000 and Prolia based on percent change from baseline (%CfB) at Week 52 in the lumbar spine Bone Mineral Density (BMD)

The primary endpoint was:

- Percent change from baseline (%CfB) in lumbar spine **Bone Mineral Density (BMD)** (g/cm^2) at Week 52, where:

$$\%CfB = \frac{BMD_{WeekXX} - BMD_{Baseline}}{BMD_{Baseline}} * 100$$

BMD was measured by dual energy X-ray absorptiometry (DXA) and data was further processed and read by a central imaging CRO (b) (4)

Study Conduct

Screening period:

- (from Day -28 to Day -1): Eligibility criteria were assessed and informed consent was obtained.

Treatment Period:

Part 1 Treatment Period (Week 0 [Day 1] to Week 52 Predose): During the Treatment Period, subjects were randomized 1:1 to receive either Bmab 1000 (study drug) or Prolia (reference drug). Subjects received two doses of the treatment on Day 1 and at Week 26.

Part 2 Transition Period (from Week 52 to Week 78 [end-of-study {EoS} Visit]): All patients who completed Part 1 underwent the re-randomization process prior to the study drug administration at Week 52. Prior to dosing at Week 52, patients in the Prolia arm were randomly assigned in a 1:1 ratio to receive either Bmab 1000 or Prolia at Week 52. To maintain the study blinding, the patients in the original Bmab 1000 arm also underwent the re-randomization procedure; however, they continued to receive Bmab 1000 treatment in Part 2.

Study Results:

The study was initiated on (b) (6), and the last patient was seen on June 12, 2024. There were 479 subjects enrolled in 42 study centers across Europe (35 Centers) and the United States (7 centers) with 426 completing Part 1 of the study. Of the enrolled subjects, 238 received Bmab 1000 treatment 241 received Prolia. 426 subjects completed Part 1 with 52 subjects discontinuing the trial prior to the end of 52 weeks.

RESULTS

1. **Dr. Anna Strzelecka (Site 3001)**
   Ul. Pilsudskiego 9
   SKIERNIEWICE, Lodzkie, 90-368
   Poland

Inspection Dates: March 24, 2025 – March 28, 2025

This investigator was inspected as a BIMO Review-Based inspection for study B1000-PMO-03-G-02. This was the first inspection of this clinical investigator.

Dr. Strzelecka initiated study B1000-PMO-03-G-02 on May 30, 2022. At the time of the inspection, the site had screened 315 subjects and enrolled and treated 96 subjects. The study was closed on August 14, 2024.

The inspector reviewed records for 56 of the 96 randomized subjects, verifying informed consent, eligibility, randomization, investigational product administration, subject disposition, and efficacy endpoints. Documents related to efficacy outcomes were reviewed, including DXA scans, (b) (4) T-score reports, and other study records. (b) (4) T Score reports were compared to Listing 16.2.6.1, "Bone Mineral Density by DXA scan", from the background data. The inspector noted discrepancies between the on-site (b) (4) T-score Reports and sponsor provided DXA listings.

Reviewer Comment:

The discrepancies observed by the inspector between the (b) (4) T-Score reports and the background data listings were caused by on-site (b) (4) representatives providing the inspector with raw DXA (b) (4) T-Scores. This raw data had not yet undergone two crucial data processing steps outlined in the imaging review charter. Namely, removal of unevaluable vertebrae data, and application of the study site correction factor for DXA scans. Once these steps are applied, the data aligns accurately with the background listings, confirming efficacy findings at this site.

The informed consent forms were reviewed for all participants. Subjects were adequately informed about the purpose of the study inclusive with potential risks, benefits, as well as structure of the clinical study. All subjects received informed consent prior to screening and initiating study treatment.

The inspector reviewed a comprehensive set of study-related documents during the inspection. These included informed consent forms for all participants, approved protocols, signed declarations of investigator (equivalent to FDA 1572 forms for this international study), financial disclosures, and the delegation log. The screening and enrollment logs were examined, along with ethics committee approvals for B1000-PMO-03-G-02, records of sponsor monitoring activities, protocol amendments, administrative files, correspondence files, and master subject lists. The inspector also reviewed daily calibration testing reports for imaging equipment. Investigational product accountability records and pharmacy binder dispensing logs were checked, as were monitoring logs and correspondence.

There were no over reporting or under reporting of AEs, SAEs, and deviations were reported according to the protocol.

Based on the results of this inspection, the data generated by Dr. Strazalecka's site appear acceptable in the support of the proposed indication of this BLA.

2. **Dr. Grzegorz Kania (Site 3013)**
   Ulica Ogrodowa 21/23, Skierniewice, Lodzkie, 96-100
   Poland
   Inspection Dates: March 17, 2025 – March 20, 2025

This investigator was inspected as a BIMO Review-Based inspection and data audit for

Protocol B1000-PMO-03-G-02. This was the second inspection of this clinical investigator, with the previous inspection in 2017, which noted that Dr. Kania had isolated protocol deviations, namely for safety monitoring and documentation.

Dr. Kania initiated B1000-PMO-03-G-02 on July 28, 2022. At the time of the inspection, the site had screened 111 subjects and enrolled and treated 61 subjects. The inspector reviewed 10 enrolled subjects' records, examining adverse events, inclusion/exclusion criteria, randomization, investigational product administration, subject disposition, and efficacy endpoints. DXA scan reports at baseline and 12 months were reviewed and no discrepancies were noted. The inspector performed a limited review of efficacy given that DXA scans were centrally read and not under the purview of Dr. Kania. The informed consent forms were reviewed and found to be completed prior to enrollment for all participants.

Study-related documents were also reviewed and included: approved protocols, signed investigator agreements, financial disclosures, delegation logs, screening/enrollment logs, IRB approvals, sponsor monitoring activities, protocol amendments, administrative files, correspondence files, and master subject lists. There was no evidence of over-reporting or under-reporting of adverse events or protocol deviations.

Based on the results of this inspection, the data generated by Dr. Kania's site appear acceptable in support of the proposed indication in this BLA.

3. Rafal Plebanski
Ul. Kowalska 3
Lodz, Lodzkie, 91-843
Poland

Inspection Dates: 5/19/2025-5/23/2025

This investigator was inspected as a BIMO Review-Based inspection for study B1000-PMO-03-G-02. This was the first inspection of this clinical investigator.

Dr. Plebanski initiated the study on July 15, 2022. At the time of the inspection, the site had screened 102 potential subjects and enrolled 60 subjects. All enrolled subjects received at least one dose of study medication, and two subjects discontinued the study early. Records for 24 enrolled subjects were reviewed for adverse events, inclusion/exclusion criteria, randomization, investigational product administration, subject disposition, and protocol adherence.

Study-related documents were reviewed and included approved protocols, financial disclosures, delegation logs, screening/enrollment logs, ethics committee approvals, sponsor monitoring activities, protocol amendments, administrative files, correspondence files, and investigational product accountability records.

The informed consent forms were reviewed for all participants. Subjects were adequately informed about the purpose of the study, including potential risks and benefits. All subjects

received informed consent before screening and initiating study treatment.

The primary efficacy endpoint data were reviewed and found to be verifiable. There was no under-reporting of adverse events or serious adverse events. Protocol deviations were appropriately reported according to the protocol requirements and to the ethics committee.

Based on the results of this inspection, the data generated by Dr. Plebanski's site appear acceptable in support of the proposed indication of this BLA.

{See appended electronic signature page}

Regina Zopf, M.D., M.P.H.,
Primary Reviewer
Good Clinical Practice Assessment Branch
Division of Clinical Compliance Evaluation
Office of Scientific Investigations

CONCURRENCE: {See appended electronic signature page}

Michele Fedowitz, M.D.
Team Leader
Good Clinical Practice Assessment Branch
Division of Clinical Compliance Evaluation
Office of Scientific Investigations

CONCURRENCE: {See appended electronic signature page}

Jenn Sellers, M.D., Ph.D.
Branch Chief
Good Clinical Practice Assessment Branch
Division of Clinical Compliance Evaluation
Office of Scientific Investigations

cc:

Review Division/Division Director/
Review Division/Project Manager/
Review Division/Cross Discipline Team Lead/
Review Division/Clinical Reviewer/
OSI/Office Director/David Burrow
OSI/GCP Program Analysts/Yolanda Patague

This is a representation of an electronic record that was signed electronically. Following this are manifestations of any and all electronic signatures for this electronic record.

/s/

REGINA R ZOPF
07/11/2025 03:21:40 PM

MICHELE B FEDOWITZ
07/11/2025 03:24:38 PM

JENN W SELLERS
07/11/2025 03:28:02 PM

LABEL AND LABELING REVIEW

Division of Medication Error Prevention and Analysis 1 (DMEPA 1)
Office of Medication Error Prevention and Risk Management (OMEPRM)
Office of Surveillance and Epidemiology (OSE)
Center for Drug Evaluation and Research (CDER)

*** This document contains proprietary information that cannot be released to the public***

Date of This Review:	June 10, 2025
Requesting Office or Division:	Division of General Endocrinology (DGE)
Application Type and Number:	BLA 761436
Product Name, Dosage Form, and Strength:	Bosaya (denosumab-xxxx)[a] injection, 60 mg/mL
Product Type:	Combination Product (Biologic-Device)
Rx or OTC:	Prescription (Rx)
Applicant Name:	Biocon Biologics Inc.
FDA Received Date:	September 16, 2024
TTT ID #:	2024-10883
DMEPA 1 Safety Evaluator:	Amy J. Bao, PharmD, MPH
DMEPA 1 Team Leader:	Yevgeniya Kogan, PharmD, BCSCP

[a] The non-proprietary name suffix for this product has not yet been determined; therefore, the placeholder denosumab-xxxx is used throughout this review to refer to the non-proprietary name and suffix for this product.

1 INTRODUCTION

As part of the approval process for Bosaya (denosumab-xxxx) injection, the Division of General Endocrinology (DGE) requested that we review the proposed Bosaya Prescribing Information (PI), Medication Guide (MG), container label, and carton labeling for areas of vulnerability that may lead to medication errors.

1.1 BACKGROUND

Bosaya (denosumab-xxxx) is a proposed 351(k)(4) interchangeable and the US-licensed Reference Product (RP) is Prolia (denosumab), BLA 125320.

2 MATERIALS CONSIDERED

This section lists the materials considered for our review.

Table 1. Materials Considered for this Review	
Materials Considered	Appendix Section
Relevant Product Information	A
Labels and Labeling	B
Previous DMEPA Reviews	C

3 CONCLUSION

The proposed Bosaya Prescribing Information (PI), Medication Guide (MG), container label, and carton labeling may be improved to promote safe use of this product from a medication error perspective. We provide the identified medication error issues, our rationale for concern, and our proposed recommendations to minimize the risk for medication error for the Division of General Endocrinology (DGE) in Section 4 and for Biocon Biologics Inc. in Section 5.

4 RECOMMENDATIONS FOR THE DIVISION OF GENERAL ENDOCRINOLOGY (DGE)

A. Prescribing Information

1. General Issues

a. As currently presented, the proprietary name is denoted by the placeholders "Trade Name" and "Bmab 1000". We reference our December 11, 2024 Proprietary Name Request Conditionally Acceptable letter informing you that the proprietary name, Bosaya, was found conditionally acceptable. We recommend replacing the placeholders "Trade Name" and "Bmab 1000" with the conditionally acceptable proprietary name, Bosaya.

b. We recommend updating "healthcare professional" to "healthcare provider" throughout the prescribing information.

c. We recommend changing "pre-filled" to "prefilled" for consistency throughout the prescribing information.

2. Section 2 Dosage and Administration

a. Section 2.4

i. We recommend updating "(up to 25°C/77°F)" to "up to 25°C (77°F)".

ii. We recommend updating the sentence (b) (4) " to read "DO NOT attempt to activate the needle safety guard prior to injection." for increased clarity.

iii. We recommend clarifying with the Applicant if the lines of text preceded by an "x" should be replaced with bullet points

3. Section 16 How Supplied/Storage and Handling

a. We recommend updating "(up to 25°C/77°F)" to "up to 25°C (77°F)" and updating "25°C/77°F" to "25°C (77°F)".

4. Section 17 Patient Counseling

a. We recommend updating "other denosumab products" to "other denosumab products concomitantly".

B. Medication Guide (MG)

1. As currently presented, the proprietary name is denoted by the placeholder "Trade Name". We reference our December 11, 2024 Proprietary Name Request Conditionally Acceptable letter informing you that the proprietary name, Bosaya, was found conditionally acceptable. We recommend replacing the placeholder "Trade Name" with the conditionally acceptable proprietary name, Bosaya, and including the pronunciation spelling in parentheses.

2. We recommend updating “healthcare professional” and “health professionals” to “healthcare provider” and “healthcare providers”, respectively.
3. We recommend updating “other denosumab products” to “other denosumab products at the same time”.

5 RECOMMENDATIONS FOR BIOCON BIOLOGICS INC.

A. General Comments (Container Label, Blister Labeling, and Carton Labeling)

1. As currently presented, the proprietary name is denoted by the placeholder "Trade Name". We are unable to assess the prominence and readability of the intended presentation of the proprietary name. We reference our December 11, 2024 Proprietary Name Request Conditionally Acceptable letter informing you that the proprietary name, Bosaya, was found conditionally acceptable. We recommend replacing the placeholder "Trade Name" with the conditionally acceptable proprietary name, Bosaya, using the intend-to-market presentation of the proprietary name (font, color, etc.) so that we may adequately evaluate your labels and labeling.
2. As currently presented, the expiration date format appears as YYYY-MM. Two letter abbreviations have led to confusion for the months of March vs. May and June vs July. Please clarify whether MM is intended to indicate a 2-letter abbreviation (e.g., JU) for the month or 2-digit (e.g., 01). FDA recommends that the human-readable expiration date on the drug package label include a year, month, and non-zero day. FDA recommends that the expiration date appear in YYYY-MM-DD format if only numerical characters are used or in YYYY-MMM-DD if alphabetical characters are used to represent the month. If there are space limitations on the drug package, the human-readable text may include only a year and month, to be expressed as: YYYY-MM if only numerical characters are used or YYYY-MMM if alphabetical characters are used to represent the month. FDA recommends that a hyphen or forward slash to separate the portions of the expiration date. See *Guidance for Industry: Product Identifiers under the Drug Supply Chain Security Act - Questions and Answers (June 2021)*.

B. Container Label

1. As currently presented, the proprietary name lacks prominence on the principal display panel. The proprietary name along with the product strength, route of administration, and warnings or cautionary statements should be the most prominent information on the principal display panel (PDP). To increase the prominence of the proprietary name, we recommend slightly increasing the font size of the proprietary name, and additionally unbolding the NDC, Rx only, "Injection - For Subcutaneous Use Only", "Single-dose Prefilled Syringe", "Discard unused portion", and manufacturer name. See *Guidance for Industry: Safety Considerations for Container Labels and Carton Labeling Design to Minimize Medication Errors (May 2022)*.
2. The manufacturer graphic (manufacturer name and logo) competes in prominence with critical product information (e.g., proprietary name, nonproprietary name, and strength) on the principal display panel. Critical product information such as the proprietary name, nonproprietary name, and product strength should appear as the most prominent information on the

principal display panel in accordance with 21 CFR 201.15. We recommend decreasing in size and/or moving the manufacturer graphic to the bottom of the principal display panel, so it does not compete with the prominence of critical product information.

3. We note the size of the prefilled syringe container label may be too small to accommodate all of the information currently presented in a manner that is legible. Critical information may be difficult for users to read if small labels are overcrowded with information. Consider removing non-critical information (e.g., manufacturer logo, manufacturer street address, "Single-dose Prefilled Syringe", "Discard unused potion", [redacted] (b) (4) ") to allow space for required information to appear in a larger font size. At a minimum, the following information must be kept on small container labels:
    a. Proprietary name
    b. Nonproprietary name
    c. Product strength
    d. Lot number
    e. Expiration date
    f. Name of manufacturer
    g. U.S. license number
    h. Linear barcode

    See *Guidance for Industry: Safety Considerations for Container Labels and Carton Labeling Design to Minimize Medication Errors (May 2022)*.
4. If you do not remove the "Rx Only" statement per recommendation #3 above, we recommend relocating the "Rx Only" statement so that it does not compete in prominence with critical information.
5. If you do not remove the [redacted] (b) (4) " statement per recommendation #3 above, we recommend updating the statement to read: "Recommended Dosage: See Prescribing Information" in accordance with 21 CFR 201.55.
6. The "refrigerate" statement is not bolded. Not including a bolded "refrigerate" statement may result in the risk of the storage information being overlooked and lead to deteriorated drug medication errors. If you do not remove the storage statement per recommendation #3 above, we recommend revising and bolding the storage statement from "Refrigerate at 2°C to 8°C (36°F to 46°F)." to "Refrigerate at 2°C to 8°C (36°F to 46°F).".
7. It is unclear which direction the container label will wrap around the body of the prefilled syringe. Please ensure the linear barcode is oriented on the container label such that it is not distorted or obstructed by the container curvature (i.e., following the length of the syringe body) in order to improve scannability.

C. Blister Labeling

1. We recommend unbolding the NDC, Rx Only, net quantity statement, "Single-dose Prefilled Syringe", "Discard unused portion", Sterile Solution – No Preservative", storage information, manufacturer's name, and "No U.S. standard of potency", so they do not compete with the prominence of critical product information on the principal display panel.
2. We recommend updating the net quantity statement "(b) (4) " to "1 x Single-Dose Prefilled Syringe".
3. We recommend updating the statement "(b) (4):" to read "Each single-dose prefilled syringe contains:".
4. In the ingredients list, update "denosumab" with the placeholder "denosumab-xxxx".
5. We recommend replacing the statement (b) (4)" with "Recommended Dosage: See Prescribing Information" in accordance with 21 CFR 201.55.
6. We recommend bolding and updating the storage statement to appear as "Store refrigerated at 2°C to 8°C (36°F to 46°F) in the original carton to protect from light. Do not freeze. Avoid excessive shaking.".

D. Carton Labeling

1. The carton labeling does not contain instructions that this product should be administered by healthcare provider only. Failure to include instructions on the carton labeling may result in patients or caregivers administering the product, which may lead to medication errors. We recommend adding the statement "Bosaya should be administered by a healthcare provider" to the principal display panel of the carton labeling. The statement will help alert patients, caregivers, and healthcare providers (particularly pharmacies who may dispense the product directly to the patient) that the patient should take the product to their healthcare provider for administration.
2. As currently presented, it is unclear which panel is the principal display panel, as the front and back panel look nearly identical apart from one panel including the Medication Guide (MG) statement while the other panel includes the ingredients list. We recommend either making the front and back panels identical, or designating the front panel as the principal display panel and revising the back panel (e.g., removing information, decreasing prominence of information, etc.) so it is not mistaken for the principal display panel. Ensure the following product information is displayed on the principal display panel(s), and relocate all other information to a side panel:
    a. Proprietary name
    b. Nonproprietary name
    c. Dosage form
    d. Product strength

e. Route of administration
f. Net quantity
g. "Rx Only" statement
h. NDC number
i. Package type term and discard statement ("Single-dose prefilled syringe. Discard unused portion")
j. "Bosaya should be administered by a healthcare provider" statement
k. Medication Guide statement

Ensure there is sufficient white space between the critical information listed above to improve readability.

3. We recommend unbolding the NDC, Rx Only, and net quantity statement, so they do not compete with the prominence of critical product information on the principal display panel.
4. We recommend slightly increasing the font size of the text throughout the carton labeling to increase readability.
5. We recommend updating the net quantity statement "(b) (4) " to "1 x Single-Dose Prefilled Syringe".
6. The manufacturer graphic (manufacturer name and logo) competes in prominence with critical product information (e.g., proprietary name, nonproprietary name, and strength) on the principal display panel. Critical product information such as the proprietary name, nonproprietary name, and product strength should appear as the most prominent information on the principal display panel in accordance with 21 CFR 201.15. We recommend decreasing in size and/or moving the manufacturer graphic to the lower right corner, so it does not compete with the prominence of important product information on the principal display panel.
7. We recommend updating the statement "(b) (4):" to read "Each single-dose prefilled syringe contains:".
8. In the ingredients list, update "denosumab" with the placeholder "denosumab-xxxx".
9. We recommend replacing the statement "(b) (4) ." with "Recommended Dosage: See Prescribing Information" on the side panel in accordance with 21 CFR 201.55.
10. We recommend unbolding text on the side panel that contains the storage and manufacturer information. For consistency with the Prescribing Information, we recommend revising the storage and handling information to read:

    "Store refrigerated at 2°C to 8°C (36°F to 46°F) in the original carton to protect from light. Do not freeze. Avoid excessive shaking.
    Prior to administration, Bosaya may be allowed to reach room temperature up to 25°C (77°F) in the original container. Once removed from the refrigerator,

Bosaya must not be exposed to temperatures above 25°C (77°F) and must be used within 30 days. Discard Bosaya if not used within the 30 days. Do not use Bosaya after the expiry date printed on the label.".

11. The serial number is missing. In June 2021, FDA finalized the Guidance for Industry on product identifiers required under the Drug Supply Chain Security Act (DSCSA). The Act requires manufacturers and re-packagers to affix or imprint a product identifier to each package and homogenous case of a product intended to be introduced in a transaction in(to) commerce. The product identifier includes the NDC, serial number, lot number, and expiration date in both a human-readable form and machine-readable (2D data matrix barcode) format. We recommend that you review the guidance to determine if the product identifier requirements apply to your product's labeling. If you determine that the product identifier requirements apply to your product's labeling, we request you add a placeholder for the serial number. We recommend using "SN", "S/N", or one of the other FDA-recommended abbreviations for serial number. See *Guidance for Industry: Product Identifiers under the Drug Supply Chain Security Act - Questions and Answers (June 2021)*.

APPENDICES: MATERIALS CONSIDERED FOR THIS REVIEW

APPENDIX A. RELEVANT PRODUCT INFORMATION

Table 2 presents relevant product information for Bosaya received on September 16, 2024 from Biocon Biologics Inc., and the US-licensed Reference Product (RP).

Table 2. Relevant Product Information for Bosaya and the US-licensed Reference Product (RP).		
Product Name	Bosaya	Prolia[b] (BLA 125320)
Initial Approval Date	N/A	June 01, 2010
Nonproprietary Name	denosumab-xxxx	denosumab
Indication	• Treatment of postmenopausal women with osteoporosis at high risk for fracture • Treatment to increase bone mass in men with osteoporosis at high risk for fracture • Treatment of glucocorticoid-induced osteoporosis in men and women at high risk for fracture • Treatment to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy for nonmetastatic prostate cancer • Treatment to increase bone mass in women at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer	
Dosage Form	injection	
Strength	60 mg/mL	
Route of Administration	Subcutaneous	
Dose and Frequency	60 mg every 6 months	
How Supplied	Single-dose prefilled syringe with a safety guard. The prefilled syringe is not made with natural rubber latex.	

[b] Prolia [Prescribing Information]. Drugs@FDA. U.S. Food and Drug Administration. Mar 2024. [cited 2025 Apr 21]. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2024/125320s213lbl.pdf.

Table 2. Relevant Product Information for Bosaya and the US-licensed Reference Product (RP).		
Product Name	Bosaya	Prolia[b] (BLA 125320)
Storage	Store in a refrigerator at 2°C to 8°C (36°F to 46°F) in the original carton. Do not freeze. Prior to administration, may be allowed to reach room temperature (up to 25°C/77°F) in the original container. Once removed from the refrigerator, must not be exposed to temperatures above 25°C/77°F and must be used within 30 days. Discard if not used within the 30 days. Do not use after the expiry date printed on the label. Protect from direct light and heat. Avoid vigorous shaking.	Store in a refrigerator at 2°C to 8°C (36°F to 46°F) in the original carton. Do not freeze. Prior to administration, may be allowed to reach room temperature (up to 25°C/77°F) in the original container. Once removed from the refrigerator, must not be exposed to temperatures above 25°C/77°F and must be used within 14 days. Discard if not used within the 14 days. Do not use after the expiry date printed on the label. Protect from direct light and heat. Avoid vigorous shaking.
Container Closure	Single-dose prefilled syringe	

APPENDIX B. LABELS AND LABELING

B.1 List of Labels and Labeling Reviewed

Using the principles of human factors and Failure Mode and Effects Analysis,[c] along with postmarket medication error data, we reviewed the following Bosaya labels and labeling submitted by Biocon Biologics Inc.

- Prescribing Information received on September 16, 2024, available from \\CDSESUB1\evsprod\BLA761436\0001\m1\us\114-labeling\draft\labeling\draft-labeling-text-tracked-changes-word-pfs.docx
- Medication Guide received on September 16, 2024, available from \\CDSESUB1\evsprod\BLA761436\0001\m1\us\114-labeling\draft\labeling\draft-labeling-text-tracked-changes-word-pfs.docx
- Container label received on September 16, 2024
- Carton labeling received on September 16, 2024

B.2 Container Label and Carton Labeling Images

Container Label:

[c] Institute for Healthcare Improvement (IHI). Failure Modes and Effects Analysis. Boston. IHI:2004.

1 Page(s) of Draft Labeling have been Withheld in Full as b4 (CCI/TS) immediately following this page

APPENDIX C. PREVIOUS DMEPA REVIEWS

On April 21, 2025, we searched for previous DMEPA reviews relevant to this current review using the terms, "denosumab" and "60 mg/mL". Our search identified 24 previous reviews, and we considered our previous recommendations to see if they are applicable for this current review.

Table 3. List of Previous DMEPA Reviews for denosumab

Application #	Product name	Applicant	Strength	Status	Previous DMEPA Reviews
BLA 125320	Prolia (denosumab) injection	Amgen, Inc.	60 mg/mL	Approved 06/01/2010	2011-4679 2011-4679-1 2016-2303 2016-1751 2017-1903 2022-2530
BLA 761362	Jubbonti (denosumab-bbdz) injection	Sandoz Inc.	60 mg/mL	Approved 03/05/2024	2022-2980 2022-2980-1
BLA 761392	Ospomyv (denosumab-dssb) injection	Samsung Bioepis Co., Ltd.	60 mg/mL	Approved 02/13/2025	2024-8268 2024-8268-1 2024-8268-2 2024-8268-3
BLA 761404	Stoboclo (denosumab-bmwo) injection	Celltrion, Inc.	60 mg/mL	Approved 02/28/2025	2023-7341 2023-7341-1 2023-7341-2 2023-7341-3 2023-7341-4
BLA 761398	Conexxence (denosumab-bnht) injection	Fresenius Kabi USA, LLC	60 mg/mL	Approved 03/25/2025	2024-8850 2024-8850-1 2024-8850-2
BLA 761424	Osvyrti (denosumab-desu)	Accord Biopharma Inc.	60 mg/mL	Application is pending	2024-8720 2024-8720-1 2024-8720-2 2024-8720-3
BLA 761436	Bosaya (denosumab-xxxx) injection	Biocon Biologics Inc.	60 mg/mL	Subject of this review	2024-10883

This is a representation of an electronic record that was signed electronically. Following this are manifestations of any and all electronic signatures for this electronic record.

/s/

AMY J BAO
06/10/2025 12:42:19 PM

YEVGENIYA M KOGAN
06/10/2025 03:07:56 PM

LABEL AND LABELING REVIEW

Division of Medication Error Prevention and Analysis 1 (DMEPA 1)
Office of Medication Error Prevention and Risk Management (OMEPRM)
Office of Surveillance and Epidemiology (OSE)
Center for Drug Evaluation and Research (CDER)

*** This document contains proprietary information that cannot be released to the public***

Date of This Review:	June 10, 2025
Requesting Office or Division:	Division of General Endocrinology (DGE)
Application Type and Number:	BLA 761436
Product Name, Dosage Form, and Strength:	Aukelso (denosumab-xxxx)[a] injection, 120 mg/1.7 mL (70 mg/mL)
Product Type:	Single Ingredient Product
Rx or OTC:	Prescription (Rx)
Applicant Name:	Biocon Biologics Inc.
FDA Received Date:	September 16, 2024
TTT ID #:	2024-10884
DMEPA 1 Safety Evaluator:	Amy J. Bao, PharmD, MPH
DMEPA 1 Team Leader:	Yevgeniya Kogan, PharmD, BCSCP

[a] The non-proprietary name suffix for this product has not yet been determined; therefore, the placeholder denosumab-xxxx is used throughout this review to refer to the non-proprietary name and suffix for this product.

1 INTRODUCTION

As part of the approval process for Aukelso (denosumab-xxxx) injection, the Division of General Endocrinology (DGE) requested that we review the proposed Aukelso Prescribing Information (PI), container label, and carton labeling for areas of vulnerability that may lead to medication errors.

1.1 BACKGROUND

Aukelso (denosumab-xxxx) is a proposed 351(k)(4) interchangeable and the US-licensed Reference Product (RP) is Xgeva (denosumab), BLA 125320.

2 MATERIALS CONSIDERED

This section lists the materials considered for our review.

Table 1. Materials Considered for this Review	
Materials Considered	Appendix Section
Relevant Product Information	A
Labels and Labeling	B
Previous DMEPA Reviews	C

3 CONCLUSION

The proposed Aukelso Prescribing Information (PI), container label, and carton labeling may be improved to promote safe use of this product from a medication error perspective. We provide the identified medication error issues, our rationale for concern, and our proposed recommendations to minimize the risk for medication error for the Division of General Endocrinology (DGE) in Section 4 and for Biocon Biologics Inc. in Section 5.

4 RECOMMENDATIONS FOR THE DIVISION OF GENERAL ENDOCRINOLOGY (DGE)

A. Prescribing Information

1. General Issues

a. As currently presented, the proprietary name is denoted by the placeholder “Trade Name”. We reference our March 28, 2025 Proprietary Name Request Conditionally Acceptable letter informing you that the proprietary name, Aukelso, was found conditionally acceptable. We recommend replacing the placeholder “Trade Name” with the conditionally acceptable proprietary name, Aukelso.

2. Highlights of Prescribing Information

a. We recommend adding the statement “Aukelso should be administered by a healthcare provider. (2.1)” as the first bullet in the Dosage and Administration section of the Highlights of Prescribing Information.

3. Section 2 Dosage and Administration

a. We recommend adding the statement “Aukelso should be administered by a healthcare provider.” in bolded font at the beginning of Section 2.1.

b. We recommend updating “(up to 25°C/77°F)” to “up to 25°C (77°F)” in Section 2.5.

4. Section 3 Dosage Forms and Strengths

a. We recommend adding the product description: “clear to slightly opalescent, colorless to pale yellow solution” in accordance with 21 CFR 201.57(c)(4)(ii).

5. Section 16 How Supplied/Storage and Handling

a. We recommend updating “Trade Name is supplied in a single-dose vial.” to “Aukelso (denosumab-xxxx) injection is a clear to slightly opalescent, colorless to pale yellow solution supplied in a single-dose vial.” in accordance with 21 CFR 201.57(c)(17)(iii).

b. We recommend updating “25°C/77°F” to “25°C (77°F)”.

6. Section 17 Patient Counseling

a. We recommend updating “other denosumab products” to “other denosumab products concomitantly”.

5 RECOMMENDATIONS FOR BIOCON BIOLOGICS INC.

A. General Comments (Container Label and Carton Labeling)

1. As currently presented, the proprietary name is denoted by the placeholder "Trade Name". We are unable to assess the prominence and readability of the intended presentation of the proprietary name. We reference our March 28, 2025 Proprietary Name Request Conditionally Acceptable letter informing you that the proprietary name, Aukelso, was found conditionally acceptable. We recommend replacing the placeholder "Trade Name" with the conditionally acceptable proprietary name, Aukelso, using the intend-to-market presentation of the proprietary name (font, color, etc.) so that we may adequately evaluate your labels and labeling.
2. As currently presented, the proprietary name lacks prominence on the principal display panel. The proprietary name along with the product strength, route of administration, and warnings or cautionary statements should be the most prominent information on the principal display panel (PDP). To increase the prominence of the proprietary name, we recommend slightly increasing the font size of the proprietary name, and additionally unbolding the NDC, Rx only, net quantity statement, and the manufacturer name. See *Guidance for Industry: Safety Considerations for Container Labels and Carton Labeling Design to Minimize Medication Errors (May 2022)*.
3. The manufacturer graphic (manufacturer name and logo) competes in prominence with critical product information (e.g., proprietary name, nonproprietary name, and strength) on the principal display panel. Critical product information such as the proprietary name, nonproprietary name, and product strength should appear as the most prominent information on the principal display panel in accordance with 21 CFR 201.15. We recommend decreasing in size and/or moving the manufacturer graphic to the bottom right/left corner, so it does not compete with the prominence of critical product information on the principal display panel.
4. We recommend increasing the size of the strength color box so that it includes the "(70 mg/mL)" as well.
5. As currently presented, the expiration date format appears as YYYY-MM. Two letter abbreviations have led to confusion for the months of March vs. May and June vs July. Please clarify whether MM is intended to indicate a 2-letter abbreviation (e.g., JU) for the month or 2-digit (e.g., 01). FDA recommends that the human-readable expiration date on the drug package label include a year, month, and non-zero day. FDA recommends that the expiration date appear in YYYY-MM-DD format if only numerical characters are used or in YYYY-MMM-DD if alphabetical characters are used to represent the month. If there are space limitations on the drug package, the human-readable text may include only a year and month, to be expressed as: YYYY-MM if only numerical characters are

used or YYYY-MMM if alphabetical characters are used to represent the month. FDA recommends that a hyphen or forward slash to separate the portions of the expiration date. See *Guidance for Industry: Product Identifiers under the Drug Supply Chain Security Act - Questions and Answers (June 2021)*.

B. Container Label

1. We recommend bolding the storage statement to appear as "Refrigerate at 2°C to 8°C".
2. We recommend unbolding the "For Subcutanous Use Only" statement and reformatting the statement so it appears as a single line of text.
3. We recommend unbolding the net quantity statement and revising the statement to read "1 x Single-Dose Vial", appearing as a single line of text.
4. We recommend slightly increasing the font size of the strength to increase readability.

C. Carton Labeling

1. Consider unbolding the nonproprietary name for consistency with its appearance on the container label.
2. For consistency with our concurrent recommendations to add the statement "Aukelso should be administered by a healthcare provider" to Section 2.1 of the Prescribing Information, we recommend adding the statement, "Aukelso should be administered by a healthcare provider", to the principal display panels of the carton labeling.
3. We recommend updating the net quantity statement "(b) (4) " to "1 x Single-Dose Vial".
4. On the side panel, we recommend updating the statement (b) (4) ." to read "Each single-dose vial contains:".
5. In the ingredients list, update "denosumab" with the placeholder "denosumab-xxxx".
6. We recommend replacing the statement "(b) (4) ." with "Recommended Dosage: See Prescribing Information" on the side panel in accordance with 21 CFR 201.55.
7. The "refrigerate" statement is not bolded and is missing a Fahrenheit unit. Not including a bolded "refrigerate" statement may result in the risk of the storage information being overlooked and lead to deteriorated drug medication errors. For consistency with the Prescribing Information, we recommend revising and bolding the storage statement to read:

   "Store refrigerated at 2°C to 8°C (36°F to 46°F) in the original carton to protect from light. Do not freeze. Avoid excessive shaking.

Once removed from the refrigerator, Aukelso must not be exposed to temperatures above 25°C (77°F) and must be used within 30 days. Discard Aukelso if not used within the 30 days. Do not use Aukelso after the expiry date printed on the label.".

8. The serial number and 2D data matrix barcode are missing. In June 2021, FDA finalized the Guidance for Industry on product identifiers required under the Drug Supply Chain Security Act (DSCSA). The Act requires manufacturers and re-packagers to affix or imprint a product identifier to each package and homogenous case of a product intended to be introduced in a transaction in(to) commerce. The product identifier includes the NDC, serial number, lot number, and expiration date in both a human-readable form and machine-readable (2D data matrix barcode) format. We recommend that you review the guidance to determine if the product identifier requirements apply to your product's labeling. If you determine that the product identifier requirements apply to your product's labeling, we request you add placeholders for the serial number and 2D data matrix barcode to the carton labeling. We recommend using "SN", "S/N", or one of the other FDA-recommended abbreviations for serial number. We recommend positioning the 2D data matrix barcode near the human-readable portion of the product identifier. See *Guidance for Industry: Product Identifiers under the Drug Supply Chain Security Act - Questions and Answers (June 2021)*.

APPENDICES: MATERIALS CONSIDERED FOR THIS REVIEW

APPENDIX A. RELEVANT PRODUCT INFORMATION

Table 2 presents relevant product information for Aukelso received on September 16, 2024 from Biocon Biologics Inc., and the US-licensed Reference Product (RP).

Table 2. Relevant Product Information for Aukelso and the US-licensed Reference Product (RP).		
Product Name	Aukelso	Xgeva[b] (BLA 125320)
Initial Approval Date	N/A	June 1, 2010
Nonproprietary Name	denosumab-xxxx	denosumab
Indication	• Prevention of skeletal-related events in patients with multiple myeloma and in patients with bone metastases from solid tumors. • Treatment of adults and skeletally mature adolescents with giant cell tumor of bone that is unresectable or where surgical resection is likely to result in severe morbidity. • Treatment of hypercalcemia of malignancy refractory to bisphosphonate therapy.	
Dosage Form	injection	
Strength	120 mg/1.7 mL (70 mg/mL)	
Route of Administration	subcutaneous	
Dose and Frequency	Multiple myeloma and bone metastasis from solid tumors: • 120 mg every 4 weeks Giant cell tumor of bone: • 120 mg every 4 weeks with additional 120 mg doses on Days 8 and 15 of the first month of therapy Hypercalcemia of malignancy: • 120 mg every 4 weeks with additional 120 mg doses on Days 8 and 15 of the first month of therapy	
How Supplied	120 mg/1.7 mL in a single-dose vial (1 vial per carton)	

[b] Xgeva [Prescribing Information]. Drugs@FDA. U.S. Food and Drug Administration. Jun 2020. [cited 2025 Apr 23]. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/125320s203lbl.pdf.

Table 2. Relevant Product Information for Aukelso and the US-licensed Reference Product (RP).		
Product Name	Aukelso	Xgeva[b] (BLA 125320)
Storage	Store in a refrigerator at 2°C to 8°C (36°F to 46°F) in the original carton. Do not freeze. Once removed from the refrigerator, product must not be exposed to temperatures above 25°C/77°F or direct light and must be used within 30 days. Discard if not used within the 30 days. Do not use after the expiry date printed on the label. Protect from direct light and heat. Avoid vigorous shaking.	Store in a refrigerator at 2°C to 8°C (36°F to 46°F) in the original carton. Do not freeze. Once removed from the refrigerator, product must not be exposed to temperatures above 25°C/77°F or direct light and must be used within 14 days. Discard if not used within the 14 days. Do not use after the expiry date printed on the label. Protect from direct light and heat. Avoid vigorous shaking.
Container Closure	Single-dose vial	

APPENDIX B. LABELS AND LABELING

B.1 List of Labels and Labeling Reviewed

Using the principles of human factors and Failure Mode and Effects Analysis,[c] along with postmarket medication error data, we reviewed the following Aukelso labels and labeling submitted by Biocon Biologics Inc..

- Prescribing Information received on September 16, 2024, available from \\CDSESUB1\evsprod\BLA761436\0001\m1\us\114-labeling\draft\labeling\draft-labeling-text-tracked-changes-word-vial.docx
- Container label received on September 16, 2024
- Carton labeling received on September 16, 2024

B.2 Container Label and Carton Labeling Images

Container Label:

1 Page(s) of Draft Labeling have been Withheld in Full as b4 (CCI/TS) immediately following this page

[c] Institute for Healthcare Improvement (IHI). Failure Modes and Effects Analysis. Boston. IHI:2004.

APPENDIX C. PREVIOUS DMEPA REVIEWS

On April 23, 2025, we searched for previous DMEPA reviews relevant to this current review using the terms, “denosumab” and “120 mg/1.7 mL”. Our search identified 23 previous reviews, and we considered our previous recommendations to see if they are applicable for this current review.

Table 3. List of Previous DMEPA Reviews for denosumab

Application #	Product name	Applicant	Strength	Status	Previous DMEPA Reviews
BLA 125320	Xgeva (denosumab) injection	Amgen, Inc.	120 mg/1.7 mL (70 mg/mL)	Approved 06/01/2010	2010-1310 2014-1786 2017-774 2025-13613 2025-13613-1
BLA 761362	Wyost (denosumab-bbdz) injection	Sandoz Inc.	120 mg/1.7 mL (70 mg/mL)	Approved 03/05/2024	2023-4809 2023-4809-1
BLA 761392	Xbryk (denosumab-dssb) injection	Samsung Bioepis Co., Ltd.	120 mg/1.7 mL (70 mg/mL)	Approved 02/13/2025	2024-8282 2024-8282-1 2024-8282-2 2024-8282-3
BLA 761404	Osenvelt (denosumab-bmwo) injection	Celltrion, Inc.	120 mg/1.7 mL (70 mg/mL)	Approved 02/28/2025	2023-7435 2023-7435-1 2023-7435-2 2023-7435-3 2023-7435-4
BLA 761398	Bomyntra (denosumab-bnht) injection	Fresenius Kabi USA, LLC	120 mg/1.7 mL (70 mg/mL)	Approved 03/25/2025	2024-8851 2024-8851-1 2024-8851-2
BLA 761424	Jubereq (denosumab-desu) injection	Accord Biopharma Inc.	120 mg/1.7 mL (70 mg/mL)	Application is pending	2024-8721 2024-8721-1 2024-8721-2 2024-8721-3
BLA 761436	Aukelso (denosumab-xxxx) injection	Biocon Biologics Inc.	120 mg/1.7 mL (70 mg/mL)	Subject of this review	2024-10884

This is a representation of an electronic record that was signed electronically. Following this are manifestations of any and all electronic signatures for this electronic record.

/s/

AMY J BAO
06/10/2025 12:45:12 PM

YEVGENIYA M KOGAN
06/10/2025 03:09:14 PM

MEMORANDUM

USE-RELATED RISK ANALYSIS AND COMPARATIVE ANALYSES REVIEW

Division of Medication Error Prevention and Analysis 1 (DMEPA 1)

Office of Medication Error Prevention and Risk Management (OMEPRM)

Office of Surveillance and Epidemiology (OSE)

Center for Drug Evaluation and Research (CDER)

*** This document contains proprietary information that cannot be released to the public***

Date of This Review:	March 26, 2025
Requesting Office or Division:	Division of General Endocrinology (DGE)
Application Type and Number:	BLA 761436
Product Type:	Combination Product (Biologic-Device)
Product Name, Dosage Form and Strength:	Bosaya[1] (denosumab-xxxx)[2] injection, 60 mg/mL
Device Constituent:	Prefilled syringe (PFS)
Rx or OTC:	Rx
Applicant/Sponsor Name:	Biocon Biologics Inc. (Biocon)
Submission Date:	September 16, 2024; December 12, 2024
OSE TTT #:	2024-10872
DMEPA 1 Safety Evaluator:	Lisa Huang, PharmD, MPH, BCGP
DMEPA 1 Team Leader:	Matthew Barlow, BSN, RN
DMEPA 1 Associate Director for Human Factors:	Ariane O. Conrad, PharmD, BCACP, CDCES, FISMP

[1] Bmab 1000-P has been developed as a proposed biosimilar and interchangeable biosimilar to US-licensed Prolia. The proprietary name, Bosaya was found conditionally acceptable on December 11, 2024. For the purposes of this review, the proprietary name placeholder “Bmab 1000-P” is used throughout the review to refer to this product.

[2] The nonproprietary name suffix for this BLA has not yet been determined. Therefore, the placeholder “denosumab-xxxx” is used to refer to the non-proprietary name for this product and is not intended to be included in the final labels and labeling.

1 REASON FOR REVIEW

On September 16, 2024, Biocon submitted Biologics License Application (BLA) 761436 that included a use-related risk analysis (URRA), threshold analysis (hereafter referred to as comparative analyses (CA)), and justification for not submitting Human Factors (HF) Validation study and Comparative Use Human Factors (CUHF) study results to support their marketing application for Bmab 1000-P (denosumab-xxxx) injection, 60 mg/mL prefilled syringe as a proposed biosimilar and interchangeable biosimilar to US-licensed Prolia, 60 mg/mL prefilled syringe (hereafter, called Prolia).

2 BACKGROUND

Bmab 1000-P is a single ingredient combination product with a single-dose prefilled syringe (PFS) device constituent part, intended for administration by health professionals. Bmab 1000-P is a receptor activator of nuclear factor kappa-B ligand (RANKL) inhibitor proposed for the:

- Treatment of postmenopausal women with osteoporosis at high risk for fracture.
- Treatment to increase bone mass in men with osteoporosis at high risk for fracture.
- Treatment of glucocorticoid-induced osteoporosis in men and women at high risk for fracture.
- Treatment to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy for nonmetastatic prostate cancer.
- Treatment to increase bone mass in women at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer.

On July 18, 2023, and September 28, 2023, Biocon submitted a URRA, CA, and justification for not submitting HF validation study results under IND 153805 to support their future marketing application for Bmab 1000-P PFS, as a proposed biosimilar to Prolia PFS. On March 22, 2024, we reviewed the URRA, CA, and justification and determined that the results of an HF validation study do not need to be submitted with Biocon's future marketing application for Bmab 1000-P PFS as a proposed biosimilar to US-licensed Prolia PFS (BLA 125320). We also stated that additional human factors considerations may apply if Biocon modified the product user interface.[3]

On September 16, 2024, Biocon submitted their marketing application under BLA 761436 for Bmab 1000-P PFS as proposed interchangeable biosimilar to Prolia PFS. This submission included a URRA and CA. However, it was not clear if the URRA and CA submitted under BLA 761436 was identical to the URRA and CA we previously reviewed under IND 153805. Additionally, it was not clear if the product user interface of the proposed Bmab 1000-P PFS presentation submitted under BLA 761436 was identical to the product user interface of the proposed Bmab 1000-P PFS evaluated in the URRA, CA, and justification submitted on July 18, 2023, and September 28, 2023, under IND 153805. Thus, we issued an information request (IR) on December 10, 2024, to clarify.

[3] Needleman, K. Use-Related Risk Analysis and Comparative Analyses review for Bmab 1000 Injection, 60 mg/mL (IND 153805). Silver Spring (MD): FDA, CDER, OSE, DMEPA (US); 22 MAR 2024. TTT No.: 2023-5625.

Subsequently, on December 12, 2024, Biocon provided the following IR response[4] [5]:

- IR response dated December 12, 2024:

  "The Applicant would like to confirm that the use-related risk analysis (URRA) and threshold analyses [(also, referred to as comparative analyses (CA)] documents submitted on September 16, 2024 within the BLA 761436 are updated versions (i.e., version 02) of the earlier versions (i.e., version 01) which were provided to the Agency on July 18, 2023, and September 28, 2023, under IND 153805. The Applicant would like to clarify that the URRA and CA documents were updated to incorporate the recommendations received from the Agency as part of Human Factors Use Risk Related Analysis Advice letter, dated March 27, 2024" and *"would like to confirm that the product user interface submitted on September 16, 2024, under BLA 761436 is an updated version to the earlier version, which was provided to the Agency on July 18, 2023 and September 28, 2023, under IND 153805. The following changes were incorporated into the labelling (PI) based on the recommendations received from the Agency as part of Human Factors Use Risk Related Analysis Advice letter, March 27, 2024.*

  - *Exclusion of separate IFU for the proposed Bmab 1000-P (denosumab-xxxx) 60 mg/mL PFS product in the carton, as a separate IFU does not exist for the reference product, Prolia®.*
  - *Modification to the Section 2.3 of proposed PI of Bmab 1000-P (denosumab-xxxx) 60 mg/mL PFS product to include instructions only for healthcare professionals on preparation and administration of the prefilled syringe, that is consistent with the corresponding text in the US-licensed Prolia® PI Section 2.3."*

In addition to the labeling updates noted above, Biocon indicated in their IR response that they made the following changes to the Bmab 1000-P PFS URRA and CA:

URRA:

- Updated the URRA to remove (b) (4) . The rationale for the change is to align with Prolia's intended user population and intended use environment.
- Updated the URRA to remove (b) (4) information. The rationale for the change is to align with Prolia's labeling.

[4] Re: BLA 761436 Human Factors/Response to Information Request. Cambridge (MA): Biocon Biologics Inc. 2024 DEC 12. Available from: \\CDSESUB1\EVSPROD\bla761436\0009\m1\us\111-information-amendment\clinical-information-amendment-response.pdf

[5] Re: BLA 761436 Human Factors/Response to Information Request. Cambridge (MA): Biocon Biologics Inc. 2024 DEC 12. Available from: \\CDSESUB1\EVSPROD\bla761436\0009\m5\53-clin-stud-rep\535-rep-effic-safety-stud\osteoporosis\5354-other-stud-rep\side-by-side-comparison\side-by-side-comparison.pdf

- Updated the URRA to replace the phrase "[redacted]" with *"Gray Needle Cap"*. The rationale for the change is to align with Prolia's labeling.
- Updated the URRA to remove [redacted] to self-administration. The rationale for the change is to align with Prolia's labeling.
- Updated the URRA to rephrase [redacted] to align with instructions for healthcare providers that is consistent with the Prolia prescribing information (PI). The rationale for the change is to align with Prolia's labeling.
- Updated the URRA to include recent complaints data of similar products on the market.
- Updated the User Risk Analysis table in the URRA to remove [redacted] The rationale for the change is to align with Prolia's user tasks.
- Updated the User Risk Analysis table in the URRA to include additional user tasks and related information.

CA:

- Updated the CA to reflect the exclusion of [redacted] to include preparation and administration instructions for healthcare professionals. The rationale for the change is to align with Prolia's labeling.
- Updated the CA to reflect the intended user population and use environment to be healthcare professionals in a clinic setting. The rationale for the change is to align with Prolia's intended user population and intended use environment.
- Updated the CA to remove [redacted] as an intended user population, [redacted] as an intended use environment, and [redacted] related information. The rationale for the change is to align with Prolia's intended user population and intended use environment.
- Changed the comparative task analysis in the CA to rephrase [redacted] to align with instructions for healthcare providers that is consistent with the Prolia prescribing information (PI). The rationale for the change is to align with Prolia's labeling.
- Changed the labeling comparison in the CA to remove [redacted].
- Changed the labeling comparison in the CA to include side-by-side comparison of Prolia and Bmab 1000-P's PI Section 2.4 preparation and administration.
- Changed the blister labeling in the CA to reflect updated artwork dimensions. The rationale for the change is due to manufacturing packaging processes.

Based on our review of the aforementioned information, we determined that the URRA, CA, and labeling modifications are unlikely to negatively impact user's ability to complete the critical tasks needed to use this product safely and effectively in the context of a proposed biosimilar or interchangeable biosimilar product to Prolia. Therefore, we determine that these differences do not warrant data from a HF validation study or CUHF study.

3 CONCLUSION

Based on the aforementioned information, we determined that Biocon does not need to submit HF validation study and CUHF study results as part of their marketing application for Bmab 1000-P (denosumab-xxxx) injection, 60 mg/mL, PFS as a proposed biosimilar and interchangeable biosimilar to Prolia PFS. We have no HF recommendations for this marketing application.

Additionally, we note that the DMEPA 1 nomenclature and labeling review team will evaluate product specific label and labeling under a separate cover.

APPENDICES: METHODS & RESULTS FOR EACH MATERIALS REVIEWED

APPENDIX A. URRA AND COMPARATIVE ANALYSES
Use-Related Risk Analysis is accessible in EDR via:
URRA: \\CDSESUB1\EVSPROD\bla761436\0001\m5\53-clin-stud-rep\535-rep-effic-safety-stud\osteoporosis\5354-other-stud-rep\drd-ura-028\drd-ura-028-report-body.pdf

Comparative Analyses is accessible in EDR via:
CA: \\CDSESUB1\EVSPROD\bla761436\0001\m5\53-clin-stud-rep\535-rep-effic-safety-stud\osteoporosis\5354-other-stud-rep\drd-tha-028\drd-tha-028-report-body.pdf

APPENDIX B. INFORMATION REQUESTS ISSUED DURING THE REVIEW
On December 10, 2024, we issued an information request (IR) to request the following:

- Clarify if the product user interface, URRA, CA, and justification submitted in this application is identical to the version we reviewed previously under their IND 153805.

Biocon provided a response on December 12, 2024, that can be accessible in EDR via:
\\CDSESUB1\EVSPROD\bla761436\0009\m5\53-clin-stud-rep\535-rep-effic-safety-stud\osteoporosis\5354-other-stud-rep\side-by-side-comparison\side-by-side-comparison.pdf

\\CDSESUB1\EVSPROD\bla761436\0009\m1\us\111-information-amendment\clinical-information-amendment-response.pdf

APPENDIX C. LABELS AND LABELING AND PACKAGING

C.1 List of Labeling Reviewed
Using the principles of human factors and Failure Mode and Effects Analysis,[6] along with postmarket medication error experiences with similar products, we reviewed the following Bosaya (denosumab-xxxx) labeling submitted by Biocon on September 16, 2024.

Prescribing Information (PI) is accessible in EDR via:
\\CDSESUB1\EVSPROD\bla761436\0001\m1\us\114-labeling\draft\labeling\draft-labeling-text-pfs-clean.pdf

[6] Institute for Healthcare Improvement (IHI). Failure Modes and Effects Analysis. Boston. IHI:2004.

This is a representation of an electronic record that was signed electronically. Following this are manifestations of any and all electronic signatures for this electronic record.

/s/

LISA HUANG
03/26/2025 12:05:31 PM

MATTHEW J BARLOW
03/26/2025 12:07:52 PM

ARIANE O CONRAD
03/26/2025 12:37:44 PM

M E M O R A N D U M

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION
CENTER FOR DRUG EVALUATION AND RESEARCH

DATE: 1/2/2025

TO: Division of General Endocrinology (DGE)
Office of Cardiology, Hematology, Endocrinology and Nephrology (OCHEN)

FROM: Office of Study Integrity and Surveillance (OSIS)

SUBJECT: **Decline to conduct on-site inspections**

RE: BLA 761436

The Office of Study Integrity and Surveillance (OSIS) determined that inspections are not needed for the sites listed below. The rationale for this decision is noted below.

Rationale

Biotrial, Rennes: The Office of Inspections and Investigations (OII) conducted an inspection of the site in September 2024. The inspection was conducted under the following submissions: BLA 761392.

The following item was discussed with the site:

- Failure to retain representative reserve samples from the second and third shipments of IPs received and used during the study.

After review of the discussion item and the site's response, OSIS concluded that data from the reviewed study were reliable.

Biotrial, Newark: The Office of Inspections and Investigations (OII) conducted an inspection of the site in November 2024. The inspection was conducted under the following submissions: BLA 761392.

The following items were discussed with the site:

- Failure to report a protocol deviation for one subject. Specifically, the subject was not fasted for the minimum 8 hours prior to the day 43 fasting PK blood sample collection.
- Discrepancies between the paper case report form and the source record regarding documentation for an AE experienced by one subject.
- Discrepancies in the eCRFs compared to the paper-based study source records for three subjects.
- The site did not record progress notes to provide detailed information related to the adverse events for multiple subjects.

After review of the discussion items and the site's response, OSIS suggested that the review division consider reviewing the data for one subject to determine impact on data reliability but considered all other data to be reliable.

Sites

Facility Type	Facility Name	Facility Address
Clinical	Biotrial Rennes	7 rue Jean-Louis Bertrand 35042 Rennes Cedex, Ille-et-Vilaine Region of Brittany, France
Clinical	Biotrial, Inc.	130 Norfolk Street, Newark, NJ

JAMES J. LUMALCURI -S

Digitally signed by JAMES J. LUMALCURI -S
Date: 2025.01.02 11:01:21 -05'00'

This is a representation of an electronic record that was signed electronically. Following this are manifestations of any and all electronic signatures for this electronic record.

/s/

JAMES J LUMALCURI
01/02/2025 11:13:25 AM

M E M O R A N D U M

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION
CENTER FOR DRUG EVALUATION AND RESEARCH

DATE: 12/4/2024

TO: Division of General Endocrinology (DGE)
Office of Cardiology, Hematology, Endocrinology and Nephrology (OCHEN)

FROM: Office of Study Integrity and Surveillance (OSIS)

SUBJECT: **Decline to conduct an on-site inspection**

RE: BLA 761436

The Office of Study Integrity and Surveillance (OSIS) determined that an inspection is not needed for the site listed below. The rationale for this decision is noted below.

Rationale

OSIS conducted a Remote Regulatory Assessment (RRA) for the analytical site in (b) (4) The RRA was conducted under the following submission: (b) (4)

The following objectionable conditions were observed:

(b) (4)

After review of the objectionable conditions and the written response from the site, OSIS concluded that data from the reviewed studies were reliable. (Final OSIS Review – April 2024).

Site

Facility Type	Facility Name	Facility Address
Analytical	(b) (4)	

This is a representation of an electronic record that was signed electronically. Following this are manifestations of any and all electronic signatures for this electronic record.

/s/

WENDY NG
12/04/2024 05:46:20 PM