CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER:

761467Orig1,Orig2s000

OTHER REVIEW(S)

MEMORANDUM
REVIEW OF REVISED LABEL AND LABELING

Division of Medication Error Prevention and Analysis 2 (DMEPA 2)
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 4, 2025
Requesting Office or Division:	Division of Oncology 2 (DO2)
Application Type and Number:	BLA 761467
Product Name, Dosage Form, and Strength:	Keytruda Qlex (pembrolizumab and berahyaluronidase alfa-pmph) injection, 395 mg and 4,800 units per 2.4 mL (165 mg/2,000 units per mL) and 790 mg and 9,600 units per 4.8 mL (165 mg/2,000 units per mL)
Applicant Name:	Merck Sharp & Dohme LLC
FDA Received Date:	August 20, 2025
TTT ID #:	2025-12718-2
DMEPA 2 Safety Evaluator:	Sali Mahmoud, PharmD, BCPS
DMEPA 2 Team Leader:	Tingting Gao, PharmD

1 PURPOSE OF MEMORANDUM

Merck Sharp & Dohme LLC submitted revised container labels and carton labeling received on August 20, 2025 for Keytruda Qlex. The Division of Oncology 2 (DO2) requested that we review the revised container labels and carton labeling for Keytruda Qlex (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]

2 CONCLUSION

Merck Sharp & Dohme LLC implemented all of our recommendations on container label and carton labeling. We have no further recommendations at this time.

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[a] Mahmoud, S. Label and Labeling Review for Keytruda Qlex (BLA 761467). Silver Spring (MD): FDA, CDER, OSE, DMEPA 2 (US); 2025 JUL 15. TTT ID: 2025-12718-1.

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

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

Memorandum

Date: July 31, 2025

To: Ashley Lane, MS, Senior Regulatory Health Project Manager
Division of Oncology 2 (DO2)

From: Andrew Nguyen, PharmD, Regulatory Review Officer
Office of Prescription Drug Promotion (OPDP)

CC: Emily Dvorsky, PharmD, RAC, Team Leader, OPDP

Barbara Scepura, MS, CRNP, Associate Director for Labeling, DO2

Subject: OPDP Labeling Comments for KEYTRUDA QLEX™ (pembrolizumab and berahyaluronidase alfa-xxxx) injection, for subcutaneous use

BLA: 761467

Background:
In response to DO2's consult request dated March 7, 2025, OPDP has reviewed the proposed Prescribing Information (PI), Medication Guide (MG), and carton and container labeling for the original application for KEYTRUDA QLEX™ (pembrolizumab and berahyaluronidase alfa-xxxx) injection, for subcutaneous use.

PI/MG:
OPDP's review of the proposed PI is based on the draft labeling sent by electronic mail to OPDP on July 23, 2025 (accessed via SharePoint on July 23, 2025), and our comments are provided below.

A combined OPDP and Division of Medical Policy Programs (DMPP) review was completed for the proposed MG, and comments were sent under separate cover.

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 via BLA 761467 on January 23, 2025, and we have no additional comments.

Thank you for your consult. If you have any questions, please contact Andrew Nguyen at 240-402-0512 or andrew.nguyen@fda.hhs.gov.

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

PATIENT LABELING REVIEW

Date:	July 28, 2025
To:	Ashley Lane, MS Senior Regulatory Health Project Manager **Division of Oncology II (DO2)**
Through:	Barbara Fuller, MSN, BSN, RN Team Leader, Patient Labeling **Division of Medical Policy Programs (DMPP)**
From:	Laurie Buonaccorsi, PharmD Senior Patient Labeling Reviewer **Division of Medical Policy Programs (DMPP)** Andrew Nguyen, PharmD Regulatory Review Officer **Office of Prescription Drug Promotion (OPDP)**
Subject:	Review of Patient Labeling: Medication Guide (MG)
Drug Name (established name):	KEYTRUDA QLEX (pembrolizumab and berahyaluronidase alfa-xxxx)
Dosage Form and Route:	injection, for subcutaneous use
Application Type/Number:	BLA 761467
Applicant:	Merck Sharp & Dohme LLC

1 INTRODUCTION

On January 23, 2025, Merck Sharp & Dohme LLC submitted for the Agency's review an original Biologics License Application (BLA) 761467 for KEYTRUDA QLEX (pembrolizumab and berahyaluronidase alfa-xxxx) injection.

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 Oncology II (DO2) on March 7, 2025, for DMPP and OPDP to review the Applicant's proposed Medication Guide (MG) for KEYTRUDA QLEX (pembrolizumab and berahyaluronidase alfa-xxxx) injection.

2 MATERIAL REVIEWED

- Draft KEYTRUDA QLEX (pembrolizumab and berahyaluronidase alfa-xxxx) injection MG received on January 23, 2025, revised throughout the review cycle, received by DMPP and OPDP on July 21, 2025, further revised and received by DMPP and OPDP on July 23, 2025.
- Draft KEYTRUDA QLEX (pembrolizumab and berahyaluronidase alfa-xxxx) injection PI received on January 23, 2025, revised throughout the review cycle, received by DMPP and OPDP on July 21, 2025, further revised and received by DMPP and OPDP on July 23, 2025.
- Approved BLA 761381 OPDIVO QVANTIG (nivolumab and hyaluronidase-nvhy), BLA 761145 DARZALEX FASPRO (daratumumab and hyaluronidase-fihj), and BLA 761347 TECENTRIQ HYBREZA (atezolizumab and hyaluronidase-tqjs) injection comparator labeling dated May 23, 2025, July 30, 2024, and September 12, 2024, respectively.

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 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 comparator 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.

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/s/

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ANDREW D NGUYEN
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BARBARA A FULLER
07/28/2025 02:10:46 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: July 24, 2025

TO: Erin Larkins, MD
Director (Acting)
Division of Oncology II (DOII)
Office of Oncological Disease (OOD)
Office of New Drug (OND)

FROM: Hasan A. Irier, Ph.D.
Division of Generic Drug Study Integrity (DGDSI)
Office of Study Integrity and Surveillance (OSIS)

THROUGH: Seongeun (Julia) Cho, Ph.D.
Director
DGDSI
OSIS

SUBJECT: Review of Clinical Inspection of Centrul de Oncologie Sfantul Nectarie, Dolj, Romania

1. Inspection Summary

The Office of Study Integrity and Surveillance (OSIS) arranged a clinical inspection of studies MK-3475A-D77 (BLA 761467) conducted at Centrul de Oncologie Sfantul Nectarie, Strada Caracal 109 Craiova, Dolj, Romania.

No Form FDA 483 was issued at the inspection close-out. There were two discussion items regarding discrepancies in data capture between the source documents and electronic data capture (EDC), and unclear designation of IP storage areas. Based on my evaluation of the inspection findings, I recommend review division to be aware of the dosing information of three subjects in study MK-3475A-D77 (BLA 761467) detailed in section 3.3.

2. Inspected Studies:

BLA 761467

Study Number: MK-3475A-D77
Study Title: "A Phase 3 Randomized, Open-label Clinical Study to Evaluate the Pharmacokinetics and Safety of

Subcutaneous Pembrolizumab Coformulated With Hyaluronidase (MK-3475A) Versus Intravenous Pembrolizumab, Administered With Chemotherapy, in the First-line Treatment of Participants With Metastatic Non-small Cell Lung Cancer"

Dates of study conduct: 02/14/2023 – ongoing (data cutoff date 07/12/2024)

Clinical site: Centrul de Oncologie, Sfantul Nectarie, Strada Caracal 109 Craiova, Dolj, Romania, 200542

3. Inspectional Findings

Centrul de Oncologie "Sfantul Nectarie" Craiova, Dolj, Romania

OII investigator Colleen E Burke inspected Centrul de Oncologie, Sfantul Nectarie Strada Caracal 109 Craiova, Dolj, Romania, 200542 from June 16-20, 2025.

3.1 Previous Inspection(s)

This was the first OSIS inspection of Centrul de Oncologie under the BA/BE program. The previous inspection of CI, Michael Schenker, M.D., was conducted from 12/10-12/14/2018, and was classified NAI.

3.2 Current Inspection

The current inspection included auditing the following items:

-Case report forms (CRFs)
-Informed consent process
-Protocol deviations
-Institutional review board approvals
-Test article accountability and storage
-Randomization
-Adverse events

3.3 Inspection finding(s)

At the conclusion of the inspection, investigator Colleen E Burke did not issue Form FDA 483 to the clinical site. There were two discussion items regarding discrepancies between the source and the EDC, and unclear designation of IP storage areas. The discussion items and my evaluation are provided below:

3.3.1 Discussion items

Discussion Item 1: Regarding the dosing records of three subjects, there were three discrepancies between the source and the electronic data capture (EDC).

Discussion Item 1a: The dose of Pemetrexed given to Subject (b) (6) was recorded as 890 mg in paper source document but reported as 830 mg in EDC.

Discussion Item 1b: Dosing time of Pemetrexed to Subject (b) (6) (b) (6) during Cycle 10 day 22 was recorded as 15:39-15:49 in the paper source record but reported as 12:39-12:49 in EDC.

Discussion Item 1c: Dosing time of Pemetrexed to Subject (b) (6) (b) (6) during Cycle 6 day 22 was recorded as 14:51-15:01 on the paper source record but reported as 11:51-12:01 in EDC.

OSIS Evaluation of discussion item 1a:
The source dosing records of the subject (b) (6) (see **Attachment 01,** pages 2-13) shows the subject receiving 890 mg of Pemetrexed. The ECD for the same subject is showing 830 mg of Pemetrexed. Because the dosing was captured incorrectly in EDC, I recommend review division to consider the dosing information of subject (b) (6) as 890 mg of Pemetrexed during review of the data.

OSIS Evaluation of Discussion Item 1b: The source dosing records of subject (b) (6) (**Attachment 02,** page 1) shows that the subject received 855 mg Pemetrexed between 15:39-15:49 on October 1, 2024 (Cycle 10, day 22). The subject EDC provided the time for the same dosing schedule as 12:39-12:49. Because the time of the dosing was captured incorrectly in EDC, I recommend review division be aware that the correct time of the Pemetrexed administration is 15:39-15:49 in the source dosing record on October 1, 2024 (Cycle 10, day 22).

OSIS Evaluation of Discussion Item 1c: At Cycle 6 day 22, the dosing time of Pemetrexed for Subject (b) (6) was recorded in the source record as 14:51-15:01 (**Attachment 03,** page 1), which is different from the dosing timing entered as 11:51-12:01 in EDC for the same subject. Because the time of the dosing was captured incorrectly in EDC, I recommend review division be aware the correct dosing time of 14:51-15:01 in the source record when reviewing subject data.

Discussion Item 2: For IP areas (the refrigerators and ambient shelves) consider using shelf dividers or a color-coding system to further delineate different studies that share a shelf.

OSIS Evaluation:
There is no requirement in the study protocol for such designation Furthermore, OII investigator reviewed records of investigation products receipt, storage, and dispensing and did not find any issues or concerns during identification of the IPs in storage area. This discussion item does not impact subject safety or data reliability.

Attachment(s)
Attachment-01-Exhibit 8 - Subject (b) (6) - 15 pages_bla
Attachment-02-Exhibit 9 - Subject - 3 pages_bla
Attachment-03-Exhibit 10 - Subject (b) (6) - 3 pages_bla

Hasan A. Irier, Ph.D.
Pharmacologist

Draft: HAI 07/22/2025, 7/23/2025
Edit: MO 07/22/2025, 7/23/2025; JC 7/24/2025

OSIS File #: BE 10555

eNSpect Assignment ID: 261051
eNSpect OpID: 314462

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MEMORANDUM
REVIEW OF REVISED LABEL AND LABELING

Division of Medication Error Prevention and Analysis 2 (DMEPA 2)
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:	July 15, 2025
Requesting Office or Division:	Division of Oncology 2 (DO2)
Application Type and Number:	BLA 761467
Product Name, Dosage Form, and Strength:	Keytruda Qlex (pembrolizumab and berahyaluronidase alfa-xxxx)[a] injection, 395 mg and 4,800 units/2.4 mL (165 mg and 2,000 units/mL) and 790 mg and 9,600 units/4.8 mL (165 mg and 2,000 units/mL)
Applicant Name:	Merck Sharp & Dohme LLC
FDA Received Date:	May 8, 2025 and June 26, 2025
TTT ID #:	2025-12718-1
DMEPA 2 Safety Evaluator:	Sali Mahmoud, PharmD, BCPS
DMEPA 2 Team Leader:	Tingting Gao, PharmD

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

1 PURPOSE OF MEMORANDUM

Merck Sharp & Dohme LLC submitted revised container labels and carton labeling received on May 8, 2025 for Keytruda Qlex. The Division of Oncology 2 (DO2) requested that we review the revised container labels and carton labeling for Keytruda Qlex (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.[b]

2 DISCUSSION

Merck confirms that the expiration date format will be YYYY-MMM-DD.[c]

3 CONCLUSION

The container labels and carton labeling are unacceptable 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 Merck Sharp & Dohme LLC in Section 3.

4 RECOMMENDATIONS FOR MERCK SHARP & DOHME LLC

A. General Comments (Container Label(s) and Carton Labeling)

1. As currently presented, the modifier "QLex" has the letter "L" presented as a capital letter. This mixed case type or presentation is typically reserved for differentiating known look-alike and sound-alike established name pairs or in rare circumstances for proprietary names to help reduce the risk of wrong drug name errors. Since Keytruda Qlex is not a name that has been involved in drug name confusion or wrong drug errors, the capitalization of the letter "L" in the modifier "Qlex" is inappropriately applied. We recommend revising the presentation of the proprietary name "Keytruda QLex" to "Keytruda Qlex" so that both the rootname "Keytruda" and the modifier "Qlex" are presented in title case.

2 Page(s) of Draft Labeling have been Withheld in Full as B4 (CCI/TS) immediately following this page

[b] Mahmoud, S. Label and Labeling Review for Keytruda Qlex (BLA 761467). Silver Spring (MD): FDA, CDER, OSE, DMEPA 2 (US); 2025 MAY 12. TTT ID: 2025-12718.

[c] Response to FDA Carton and Container IR. Rahway (NJ): Merck Sharp & Dohme LLC. 2025 May 8. Available from: \\CDSESUB1\EVSPROD\bla761467\0011\m1\us\clinical-information-amendment-08may2025.pdf and Response to FDA Carton and Container IR. Rahway (NJ): Merck Sharp & Dohme LLC. 2025 June 26. Available from: \\CDSESUB1\EVSPROD\bla761467\0024\m1\us\clinical-information-amendment-26jun2025.pdf.

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/s/

SALI MAHMOUD
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Clinical Inspection Summary

Date	June 13, 2025
From	Lee Pai-Scherf, MD Michele Fedowitz, MD, Team Leader Kassa Ayalew, MD, MPH, Division Director Good Clinical Practice Assessment Branch (GCPAB) DCCE, OSI
To	Satinder Choudhary, Clinical Analyst Timil Patel, Medical Team Leader Paz Vellanki, Supervisory Associated Director Division of Oncology 2 (DO2), Office of Oncology Products
BLA #	BLA 761467
Applicant	Merck Sharp & Dohme LLC
Drug	Pembrolizumab and Berahyaluronidase alfa
NME (Yes/No)	Yes
Therapeutic Classification	Pembrolizumab is a monoclonal antibody programmed cell death (PD-1) inhibitor; berahyaluronidase alfa is an enzyme, tissue permeability modifier
Proposed Indication(s)	For all currently approved solid tumor indications for which pembrolizumab intravenous injection (IV) is approved within BLA 125514 for adults and pediatric patients 12 years and older
Consultation Request Date	February 19, 2025
Summary Goal Date	June 23, 2025
Action Goal Date	July 16, 2025
PDUFA Date	July 23, 2025

I. OVERALL ASSESSMENT OF FINDINGS AND RECOMMENDATIONS

Clinical data from Study 3475A-D77 were submitted to the Agency in support of Biologics License Application (BLA) 761467 for the fixed-dose combination of pembrolizumab and berahyaluronidase alfa for subcutaneous (SC) administration. This application covers all currently approved solid tumor indications for which pembrolizumab intravenous (IV) injection is approved for adult and pediatric patients 12 years and older. Two clinical investigators, Dr. Ignacio Casarini (Site #1001), and Dr. Dariusz Kowalski (Site #2800), as well as the Sponsor, Merck Sharp & Dohme LLC (henceforth, Merck), were inspected.

Inspections of Drs. Casarini and Kowalski, and the Sponsor, Merck, did not find significant concerns regarding study conduct, data discrepancies or integrity, Good Clinical Practice (GCP), or regulatory compliance.

Based on these inspections, Study 3475A-D77 appears to have been conducted adequately, and the data generated by the inspected clinical investigators and submitted by the Applicant appear acceptable in support of the proposed indication.

Of note, the inspection results for Drs. Casarini and Kowalski are based on a summary provided by the FDA field investigator and are therefore preliminary. If significantly new or different information is contained in the final FDA Establishment Inspection Report (EIR), an addendum to this clinical inspection summary will be filed.

II. BACKGROUND

Merck Sharp & Dohme LLC submitted BLA 761467 seeking approval for pembrolizumab and berahyaluronidase (MK-3475A) for subcutaneous administration (SC) for all currently approved solid tumor indications for which pembrolizumab intravenous injection (IV) is approved (within BLA 125514) for adults and pediatric patients 12 years and older.

MK-3475A is a fixed-dose combination of pembrolizumab and berahyaluronidase, an endoglucosidase used to enhance the dispersion and permeation which facilitates delivery of drugs that are co-administered subcutaneously.

The data from Study 3475A-D77 were submitted to support the proposed indications. 3475A-D77 is a Phase 3, randomized, active-controlled, open label study of MK-3475A SC and platinum doublet chemotherapy (Arm 1 or MK-3475A + chemo) versus pembrolizumab IV and platinum doublet chemotherapy (Arm 2 or pembro IV + chemo) in participants with treatment-naïve metastatic NSCLC.

Participants were randomly assigned in a 2:1 ratio to MK-3475A + chemo or pembro IV + chemo. Randomization was stratified by ECOG performance status (0 vs 1), histology (squamous vs non-squamous), PD-L1 tumor proportion score [TPS] (<50% vs ≥50%; PD-L1 non-evaluable participants were included with the TPS <50% group), and region (East Asia vs North America/Western Europe/Australia/New Zealand vs Rest of the World).

The primary objective was to assess the pharmacokinetic non-inferiority of MK-3475A SC versus pembrolizumab IV. The co-primary endpoints are Cycle 1 $AUC_{0\text{-}6wks}$ and Steady-state (Cycle 3) C_{trough}. The key secondary efficacy objectives were to assess objective response rate (CR or PR), duration of response per RECIST 1.1 as assessed by a blinded independent central review (BICR), progression-free survival (PFS) and overall survival (OS).

Participants must sign informed consent prior to any study related assessment. Screening procedures, including history and physical examination, laboratory tests, thyroid function, EKG, hepatitis panel, tumor sample for PD-L1 testing, and EGFR, ALK, and ROS1 testing must be obtained within 28 days prior to initiation of treatment.

Assessment of tumor status includes a baseline CT or MRI of chest, abdomen, and pelvis, brain scan within 28 days of starting study treatment, at week 6, week 12, week 18, then every 9 weeks until week 45, and then every 12 weeks thereafter until disease progression, death, or loss to follow up. Following end of treatment, subjects were evaluated for safety 30 days after the last dose of study treatment then every 12 weeks for survival follow-up.

At the time of the data cut-off date (July 12, 2024), the study was ongoing. The study had randomized 377 participants (251 in the MK-3475A plus chemotherapy, 126 in the placebo plus chemotherapy). Participants were enrolled across 110 centers in 16 countries globally.

III. RESULTS (by site)

1. **Dr. Ignacio Casarini (Site # 1001)**
   3456 Avenida Colon
   Mar Del Plata, NA B7600FZO
   Argentina

   Inspection dates: May 19 – 23, 2025

   Dr. Casarini underwent a BIMO review-based inspection for Study 3475A-D77. This was the first inspection for this investigator.

   At the time of the inspection, the site had screened 29 subjects, 15 of whom were enrolled in the 3475A-D77 study.

   Source records for all 15 subjects enrolled at the site were reviewed. Records reviewed included, but were not limited to, informed consent forms, eligibility criteria, investigational drug administration, and adverse event reporting. No significant discrepancies were found when source records were compared with the data submitted to the BLA.

   The inspection also verified that radiology studies to assess the secondary efficacy endpoints of ORR and DOR were performed according to protocol-specified time points, and all scans were submitted for central review. The survival status of all subjects was reviewed in the source records and compared with the data listing. No discrepancies were observed.

   Based on the preliminary results provided by the FDA field investigator, data generated by Dr. Casarini appear to be acceptable in support of the BLA.

2. **Dr. Dariusz Kowalski (Site # 2800)**
   Roentgena 5
   Warszawa, NA 02-781
   Poland

   Inspection dates: June 2 - 6, 2025

   Dr. Kowalski underwent a BIMO review-based inspection for Study 3475A-D77. Dr. Kowalski was last inspected in March 2015.

   At the time of the inspection, the site had screened 26 subjects and enrolled 17 subjects. Source records for all 17 enrolled subjects were reviewed and compared with the data submitted to the BLA. Records reviewed included, but were not limited to, informed consent forms, eligibility criteria, investigational drug and chemotherapy administration, and adverse event reporting. No significant discrepancies were observed.

   Imaging scans to evaluate the secondary efficacy endpoints of ORR and DOR were performed as specified in the protocol and all scans were submitted for central review, consistent with the data submitted to the BLA. No discrepancies were observed.

   Based on the preliminary results provided by the FDA field investigator, data generated at Dr. Kowalski's site appear acceptable in support of the proposed indication in the BLA.

3. **Merck Sharp & Dohme LLC**
   126 East Lincoln Ave
   Rahway, NJ 07065-4607

   Inspection dates: May 6 - 16, 2025.

   This inspection assessed Merck's oversight responsibilities for Study 3475A-D77. Merck was last inspected in March 2025.

   Documents reviewed during the inspection included, but were not limited to, study plans, data collection and handling, safety reporting and handling, selection of clinical site investigators, site monitoring, financial disclosures, data monitoring committee activities, investigational product disposition, vendor oversight and contracts, and electronic case report forms (eCRF). No significant issues were noted.

   Monitoring files for two clinical sites (Sites # 1001 and # 2800) were reviewed in depth for compliance. Deficiencies in contemporaneous record keeping and monitoring of electronic clinical outcome assessment (eCOA) data were observed, however, these deficiencies were corrected before database lock did not impact on overall data accuracy or reliability.

The inspection did not reveal any issues related to safety/adverse event handling or reporting for 3475A-D77 study.

Based on the results of the inspection, Merck's overall oversight of the study and monitoring of the clinical investigators appear adequate.

{See appended electronic signature page}

Lee Pai-Scherf, MD
Good Clinical Practice Assessment Branch
Division of Clinical Compliance Evaluation
Office of Scientific Investigations

CONCURRENCE:

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}*

Kassa Ayalew, M.D., M.P.H.
Division Director
Division of Clinical Compliance Evaluation
Office of Scientific Investigation

CC:
Review Division /Project Manager/Ashley Lane
OSI/DCCE/GCPAB/Program Analyst/Yolanda Patague

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/s/

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LABEL AND LABELING REVIEW

Division of Medication Error Prevention and Analysis 2 (DMEPA 2)
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:	May 12, 2025
Requesting Office or Division:	Division of Oncology 2 (DO2)
Application Type and Number:	BLA 761467
Product Name, Dosage Form, and Strength:	Keytruda Qlex (pembrolizumab and berahyaluronidase alfa-xxxx)[a] injection, 395 mg and 4,800 units/2.4 mL (165 mg and 2,000 units/mL) and 790 mg and 9,600 units/4.8 mL (165 mg and 2,000 units/mL)
Product Type:	Multiple Ingredient Product
Rx or OTC:	Prescription (Rx)
Applicant Name:	Merck Sharp & Dohme LLC
FDA Received Date:	January 23, 2025
TTT ID #:	2025-12718
DMEPA 2 Safety Evaluator:	Sali Mahmoud, PharmD, BCPS
DMEPA 2 Team Leader:	Tingting Gao, PharmD

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

1 INTRODUCTION

Keytruda (pembrolizumab) Injection was approved on September 4, 2014 and is administered as a 30-minute intravenous infusion.

Merck proposes Keytruda Qlex (pembrolizumab and berahyaluronidase alfa-xxxx) Injection for subcutaneous administration as one injection in the abdomen or thigh to be given every 3 weeks or every 6 weeks for all adult and pediatric (age 12 to 17 years old) solid tumor indications currently approved for BLA 125514 pembrolizumab.

As part of the approval process for Keytruda Qlex (pembrolizumab and berahyaluronidase alfa-xxxx) Injection, the Division of Oncology 2 (DO2) requested that we review the proposed Keytruda Qlex Prescribing Information (PI), Medication Guide (MG), container label(s), and carton labeling for areas of vulnerability that may lead to medication errors.

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

3 CONCLUSION

We evaluated the proposed Keytruda Qlex Medication Guide (MG) and determined that it is acceptable from a medication error perspective.

However, the proposed Keytruda Qlex Prescribing Information (PI), container label(s), and carton labeling may be improved to promote the 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 Oncology 2 (DO2) in Section 4 and for Merck Sharp & Dohme LLC in Section 5.

4 RECOMMENDATIONS FOR THE DIVISION OF ONCOLOGY 2 (DO2)

A. Prescribing Information

1. General issues

a. We reference our March 31, 2025 Proprietary Name Request Conditionally Acceptable letter[b] informing you that the proprietary name, Keytruda Qlex, was found conditionally acceptable. We recommend

[b] Fahnbulleh, F. Proprietary Name Request Conditionally Acceptable Letter for Keytruda Qlex. Silver Spring (MD): FDA, CDER, OSE (US); 2025 MAR 31. BLA 761467. Available from: https://darrts.fda.gov/darrts/faces/ViewDocument?documentId=090140af807ab96e

replacing the placeholder "TRADEMARK" with the conditionally acceptable proprietary name, Keytruda Qlex.

2. Highlights of Prescribing Information

   a. Under Dosage and Administration section, the statements (b) (6) [redacted] are written using negative statements which may be misinterpreted as affirmative actions (b) (6) [redacted] For emphasis and clarity, we recommend revising to present the affirmative actions first, followed by negative statements. For example,

      For Subcutaneous Use Only.

      KEYTRUDA QLEX has different dosage and administration instructions than intravenous pembrolizumab products.

      Do NOT substitute KEYTRUDA QLEX with intravenous pembrolizumab products.

      KEYTRUDA QLEX is to be administered by a healthcare provider only.

3. Full Prescribing Information, Section 2 Dosage and Administration

   a. To emphasize important medication safety information, we recommend revising the bullets at the beginning of Section 2.2 Important Dosage and Administration Information to:

      - **TRADENAME is for subcutaneous use only into the abdomen or thigh. Do not administer intravenously.**
      - **TRADENAME has different dosage and administration instructions than intravenous pembrolizumab products.**
      - TRADENAME is to be administered by a healthcare provider only.

      We also recommend deleting the last two bullets shown below:

      - To reduce the risk of medication errors, check the vial labels to ensure that the drug being prepared and administered is TRADEMARK for subcutaneous use and not intravenous pembrolizumab.
      - Do not substitute TRADEMARK (b) (4) with intravenous pembrolizumab products because they have different recommended dosages and routes of administration.
      - Patients receiving intravenous pembrolizumab can switch to subcutaneous TRADEMARK at their next scheduled dose.
      - Patients receiving subcutaneous TRADEMARK can switch to intravenous pembrolizumab at their next scheduled dose.

      (b) (4) [redacted]

b. Consider adding a sentence to explain that the recommended dosages of Keytruda Qlex are presented in Table 1 for clarity. For example:

   Section 2.3 Recommended Dosage

   The recommended dosages of KEYTRUDA QLEX are presented in Table 1.

   Table 1. Recommended Dosage

c. Section 2.5 Preparation and Administration does not contain a warning statement to verify the vial being prepared is the correct formulation. This can lead to wrong drug and wrong route of administration errors. We recommend adding the following statements, "To prevent medication errors, check the vial labels to ensure that the drug being prepared and administered is KEYTRUDA QLEX for subcutaneous use. Do NOT administer KEYTRUDA QLEX intravenously. KEYTRUDA QLEX should be administered by a healthcare provider."

d. We recommend revising the sentence (b) (4) (b) (4) to "KEYTRUDA QLEX is a ready-to-use solution for injection. Do not dilute."

e. As currently presented, the preparation instructions state the volume to withdraw followed by the dose. (b) (4) This can lead to wrong dose errors. For clarity, we recommend stating the dose then the required volume to withdraw to align preparation with how the vials are supplied and how dosing is presented throughout prescribing information. An example revision is provided below.

Preparation of the Syringe

(b) (4)

- Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit. The solution is clear to slightly opalescent, colorless to slightly yellow. Discard the vial if visible particles are observed.

(b) (4)

- To avoid needle clogging, change the needle to a 25 to -30 gauge, ½-inch hypodermic injection needle immediately prior to subcutaneous injection.
- Discard any unused portions left in the vial.

f. As currently presented, the instruction to discard unused portion of the vial is at the (b) (4) subsection. We recommend relocating the discard statement to the end of the Preparation of the Syringe subsection for clarity. See revision example above.

g. As currently presented, the storage of the prepared syringe at room temperature is not defined. Incomplete reference to storage temperature may lead to deteriorated drug errors. We recommend adding the room temperature range for clarity. Revise (b) (4) (b) (4) to "At room temperature at 20°C to 25°C (68°F to 77°F) for up to 8 hours,".

h. The carton states to protect vials from light. Currently, there are no instructions to protect the prepared syringe from light during storage. We defer to the review team on whether the prepared syringes need to be protected from light.

i. (b) (4) We recommend deleting the (b) (4) for clarity. We also recommend deleting (b) (4) for consistency with the information provided on the carton labeling. For example:

5 RECOMMENDATIONS FOR MERCK SHARP & DOHME LLC

A. General Comments (Container Label(s) and Carton Labeling)

1. As currently presented, the proprietary name is denoted by the placeholder "Trademark XXXX". We are unable to assess the prominence and readability of the intended presentation of the proprietary name. We reference our March 31, 2025 Proprietary Name Request Conditionally Acceptable letter[c] informing you that the proprietary name, Keytruda Qlex, was found conditionally acceptable. We recommend replacing the placeholder "Trademark XXXX" with the conditionally acceptable proprietary name, Keytruda Qlex, and use 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 format for the expiration date is not defined. To minimize confusion and reduce the risk for deteriorated drug medication errors, we recommend identifying the expiration date format you intend to use. 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)*.

[c] Fahnbulleh, F. Proprietary Name Request Conditionally Acceptable Letter for Keytruda Qlex. Silver Spring (MD): FDA, CDER, OSE (US); 2025 MAR 31. BLA 761467. Available from: https://darrts.fda.gov/darrts/faces/ViewDocument?documentId=090140af807ab96e

B. Container Label(s)

1. There is no storage information on the vial. We recommend adding the recommended storage information onto the side panel. Revise to “Store refrigerated at 2°C to 8°C (36°F to 46°F) in original carton to protect from light. Do not freeze. Do not shake.” if space permits.

2. There is no statement of dosage on the vial. To ensure consistency with the Prescribing Information, we recommend adding the statement of dosage, “Recommended Dosage: see Prescribing Information.” if space permits.

C. Carton Labeling

1. On the principal display panel, the package type term (b) (4) is located (b) (4) and the discard statement “Discard unused portion” appears (b) (4) We recommend relocating (b) (4) to the bottom left corner to precede the statement “Discard unused portion.”

2. We recommend stating the number of vials per carton for clarity. For example, “One single-dose vial. Discard unused portion.”

3. On side panel of the carton labeling, delete the word (b) (4) from the statement “Each single-dose vial (b) (4) contains ### mg of pembrolizumab and #,### units of berahyaluronidase alfa per #.# mL solution.” so that the statement reads “Each single-dose vial contains ### mg of pembrolizumab and #,### units of berahyaluronidase alfa per #.# mL solution.”

4. The terminology within the statement of dosage statement (i.e., “Dosage”) is inconsistent with the terminology in the Prescribing Information. We recommend revising the statement of dosage statement to read, “Recommended Dosage: see Prescribing Information.” to be consistent with the terminology in the Prescribing Information.

5. The storage statement contains a symbol ‘-’. We recommend replacing the symbol ‘-’ with “to” for consistency with the storage information in the Prescribing Information. For example, “Store refrigerated at 2°C to 8°C (36°F to 46°F) in original carton to protect from light. Do not freeze. Do not shake.”

APPENDICES: MATERIALS CONSIDERED FOR THIS REVIEW

APPENDIX A. RELEVANT PRODUCT INFORMATION

Table 2 presents relevant product information for Keytruda Qlex received on January 23, 2025 from Merck Sharp & Dohme LLC.

Table 2. Relevant Product Information for Keytruda Qlex	
Initial Approval Date	N/A
Nonproprietary Name	pembrolizumab and berahyaluronidase alfa-xxxx
Indication	Melanoma Non-Small Cell Lung Cancer (NSCLC) Malignant Pleural Mesothelioma (MPM) Head and Neck Squamous Cell Cancer (HNSCC) Urothelial Cancer Microsatellite Instability-High or Mismatch Repair Deficient Cancer Microsatellite Instability-High or Mismatch Repair Deficient Colorectal Cancer (CRC) Gastric Cancer Esophageal Cancer Cervical Cancer Hepatocellular Carcinoma (HCC) Biliary Tract Cancer (BTC) Merkel Cell Carcinoma (MCC) Renal Cell Carcinoma (RCC) Endometrial Carcinoma Tumor Mutational Burden-High (TMB-H) Cancer Cutaneous Squamous Cell Carcinoma (cSCC) Triple-Negative Breast Cancer (TNBC)
Dosage Form	injection
Strength	395 mg and 4,800 units/2.4 mL (165 mg and 2,000 units/mL) and 790 mg and 9,600 units/4.8 mL (165 mg and 2,000 units/mL)
Route of Administration	Subcutaneous

Dose and Frequency

Indication	Recommended Dosage of TRADEMARK	Duration/Timing of Treatment
Monotherapy		
Adult patients with unresectable or metastatic melanoma	395 mg/4,800 units every 3 weeks* or 790 mg/9,600 units every 6 weeks*	Until disease progression or unacceptable toxicity
Adjuvant treatment of adult patients with melanoma, NSCLC, or RCC	395 mg/4,800 units every 3 weeks* or 790 mg/9,600 units every 6 weeks*	Until disease recurrence, unacceptable toxicity, or up to 12 months
Adult patients with NSCLC, HNSCC, locally advanced or metastatic Urothelial Carcinoma, MSI-H or dMMR Cancer, MSI-H or dMMR CRC, MSI-H or dMMR Endometrial Carcinoma, Esophageal Cancer, Cervical Cancer, HCC, MCC, TMB-H Cancer, or cSCC	395 mg/4,800 units every 3 weeks* or 790 mg/9,600 units every 6 weeks*	Until disease progression, unacceptable toxicity, or up to 24 months
Adult patients with high-risk BCG-unresponsive NMIBC	395 mg/4,800 units every 3 weeks* or 790 mg/9,600 units every 6 weeks*	Until persistent or recurrent high-risk NMIBC, disease progression, unacceptable toxicity, or up to 24 months
Pediatric patients† (12 years and older who weigh greater than 40 kg) with MSI-H or dMMR Cancer, MCC, or TMB-H Cancer	395 mg/4,800 units every 3 weeks* or 790 mg/9,600 units every 6 weeks*	Until disease progression, unacceptable toxicity, or up to 24 months
Pediatric patients† (12 years and older who weigh greater than 40 kg) for adjuvant treatment of melanoma	395 mg/4,800 units every 3 weeks* or 790 mg/9,600 units every 6 weeks*	Until disease recurrence, unacceptable toxicity, or up to 12 months
Combination Therapy‡		
Adult patients with resectable NSCLC	395 mg/4,800 units every 3 weeks* or 790 mg/9,600 units every 6 weeks* Administer TRADEMARK prior to chemotherapy when given on the same day.	Neoadjuvant treatment in combination with chemotherapy for 12 weeks or until disease progression that precludes definitive surgery or unacceptable toxicity, followed by adjuvant treatment with TRADEMARK as a single agent after surgery for 39 weeks or until disease recurrence or unacceptable toxicity

	Adult patients with NSCLC, MPM, HNSCC, HER2-negative Gastric Cancer, Esophageal Cancer, or BTC	395 mg/4,800 units every 3 weeks* or 790 mg/9,600 units every 6 weeks* Administer TRADEMARK prior to chemotherapy when given on the same day.	Until disease progression, unacceptable toxicity, or up to 24 months
	Adult patients with locally advanced or metastatic urothelial cancer	395 mg/4,800 units every 3 weeks* or 790 mg/9,600 units every 6 weeks* Administer TRADEMARK after enfortumab vedotin when given on the same day.	Until disease progression, unacceptable toxicity, or up to 24 months
	Adult patients with HER2-positive Gastric Cancer	395 mg/4,800 units every 3 weeks* or 790 mg/9,600 units every 6 weeks* Administer TRADEMARK prior to trastuzumab and chemotherapy when given on the same day.	Until disease progression, unacceptable toxicity, or up to 24 months
	Adult patients with Cervical Cancer	395 mg/4,800 units every 3 weeks* or 790 mg/9,600 units every 6 weeks* Administer TRADEMARK prior to chemoradiotherapy or prior to chemotherapy with or without bevacizumab when given on the same day.	Until disease progression, unacceptable toxicity, or for TRADEMARK, up to 24 months
	Adult patients with RCC	395 mg/4,800 units every 3 weeks* or 790 mg/9,600 units every 6 weeks* Administer TRADEMARK in combination with axitinib 5 mg orally twice daily[§] or Administer TRADEMARK in combination with lenvatinib 20 mg orally once daily.	Until disease progression, unacceptable toxicity, or for TRADEMARK, up to 24 months
	Adult patients with Endometrial Carcinoma	395 mg/4,800 units every 3 weeks* or 790 mg/9,600 units every 6 weeks*	Until disease progression, unacceptable toxicity, or for TRADEMARK, up to 24 months

	Administer TRADEMARK prior to carboplatin and paclitaxel when given on the same day. or Administer TRADEMARK in combination with lenvatinib 20 mg orally once daily.	
Adult patients with high-risk early-stage TNBC	395 mg/4,800 units every 3 weeks* or 790 mg/9,600 units every 6 weeks* Administer TRADEMARK prior to chemotherapy when given on the same day.	Neoadjuvant treatment in combination with chemotherapy for 24 weeks (8 doses of 395 mg/4,800 units every 3 weeks or 4 doses of 790 mg/9,600 units every 6 weeks) or until disease progression or unacceptable toxicity, followed by adjuvant treatment with TRADEMARK as a single agent for up to 27 weeks (9 doses of mg every 3 weeks or 5 doses of (b) (4) every 6 weeks) or until disease recurrence or unacceptable toxicity¶
Adult patients with locally recurrent unresectable or metastatic TNBC	395 mg/4,800 units every 3 weeks* or 790 mg/9,600 units every 6 weeks* Administer TRADEMARK prior to chemotherapy when given on the same day.	Until disease progression, unacceptable toxicity, or up to 24 months
(b) (4)		

† The recommended dosage for melanoma, MSI-H or dMMR cancer, MCC and TMB-H cancer has not been established in pediatric patients 12 years and older who weigh 40 kg or less *[see Use in Specific Populations (8.4)*].

‡ Refer to the Prescribing Information for the agents administered in combination with TRADEMARK for recommended dosing information, as appropriate.

§ When axitinib is used in combination with TRADEMARK, dose escalation of axitinib above the initial 5 mg dose may be considered at intervals of six weeks or longer.

¶ Patients who experience disease progression or unacceptable toxicity related to TRADEMARK with neoadjuvant treatment in combination with chemotherapy should not receive adjuvant single agent TRADEMARK.

How Supplied	Carton containing one single-dose vial either as: • 395 mg pembrolizumab and 4,800 units berahyaluronidase alfa per 2.4 mL (165 mg and 2,000 units per mL) • 790 mg pembrolizumab and 9,600 units berahyaluronidase alfa per 4.8 mL (165 mg and 2,000 units per mL)

Storage	Store vials [redacted] at 2°C to 8°C (36°F to 46°F) in original carton to protect from light. Do not freeze. Do not shake.
Container Closure	6 mL glass vial with 20 mm grey [redacted] stopper with 20 mm aluminum seal and green [redacted] flip-off cap or 2 mL glass vial with 13 mm grey [redacted] stopper with 13 mm aluminum seal and yellow [redacted] flip-off cap.

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,[d] along with postmarket medication error data, we reviewed the following Keytruda Qlex labels and labeling submitted by Merck Sharp & Dohme LLC.

- Prescribing Information received on January 23, 2025, available from \\CDSESUB1\EVSPROD\bla761467\0001\m1\us\01-crt-uspi-mk3475a-i-original.docx
- Medication Guide received on January 23, 2025, available from \\CDSESUB1\EVSPROD\bla761467\0001\m1\us\01-crt-usmg-mk3475a-i-original.docx
- Container label(s) received on January 23, 2025
- Carton labeling received on January 23, 2025

B.2 Container Label(s) and Carton Labeling Images

Container Label(s):

2 Page(s) of Draft Labeling have been Withheld in Full as B4 (CCI/TS) immediately following this page

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

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/s/

SALI MAHMOUD
05/12/2025 02:26:57 PM

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05/13/2025 10:28:21 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: 4/28/2025

TO: Division of Oncology II (DO II)
Office of Oncologic Diseases (OOD)

FROM: Office of Study Integrity and Surveillance (OSIS)

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

RE: BLA 761467

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

Rationale

OSIS received an inspection request consult from the Division of Oncology II dated February 28, 2025. Three clinical sites for study MK-3475A-D77 were included on the consult. We were made aware that the Office of Scientific Investigations (OSI) also received a consult from the Division of Oncology II dated February 19, 2025, requesting inspection of the same two sites below which were listed on the OSIS consult.

Although OSIS has no inspection history for the two sites below which conducted study MK-3475A-D77, because OSI is planning inspection of the two sites below, OSIS inspections of those two sites are not warranted. However, OSIS will inspect the 3rd clinical site listed on the OSIS consult because OSI will not plan an inspection of that site.

Therefore, based on the information above, the below two clinical sites will not be inspected by OSIS.

Sites

Facility Type	Facility Name	Facility Address
Clinical	Instituto de Investigaciones Clínicas Mar del Plata	Avenida Colon 3456, Mar del Plata, Buenos Aires, Argentina
Clinical	Narodowy Instytut Onkologii im. Marii Sklodowskiej-Curie	Klinika Nowotworow Pluca I Klatki Piersiowej, ul. Wilhelma Konrada Roentgena 5, Warsaw, Mazowieckie, Poland

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/s/

NICOLA M FENTY-STEWART
04/28/2025 03:23:48 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: 4/9/2025

TO: Division of Oncology II (DO II)
Office of Oncologic Diseases (OOD)

FROM: Office of Study Integrity and Surveillance (OSIS)

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

RE: BLA 761467

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 site in July 2023. The RRA was conducted under the following submission: NDA NON-RESPONSIVE

OSIS concluded that data from the reviewed studies were reliable.

Site

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

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04/09/2025 03:17:50 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: 4/4/2025

TO: Division of Oncology II (DO II)
Office of Oncologic Diseases (OOD)

FROM: Office of Study Integrity and Surveillance (OSIS)

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

RE: BLA 761467

OSIS received an inspection request consult from the Division of Oncology on February 28, 2025, for the below site. The requested review goal date is May 23, 2025. OSIS determined that an inspection or remote regulatory assessment (RRA) is not possible for the site. The rationale for this decision is noted below.

Rationale

An Inspection or remote regulatory assessment (RRA) of the site below is not able to be completed. Specifically, the requested review goal date of May 23, 2025, to meet the PDUFA date of July 23, 2025, and current resource constraints, do not provide sufficient time for an inspection or RRA to be initiated and for OSIS to submit a review to the review division.

We note OSIS's inspection history for the site below:

OSIS conducted an RRA for the analytical site in July 2021. The RRA was conducted under the following submission: BLA NON-RESPONSIVE

OSIS concluded that data from the reviewed studies were reliable.

Site

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

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/s/

WENDY NG
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