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June 27, 2007

Division of Dockets Management
Food and Drug Administration
Room 1061, HFA-305
5630 Fishers Lane
Rockville, Maryland 20852

Re: Docket No. 2006P-0533 (Vancomycin HCl USP, 750 mg -- Fliptop Vial)
Docket No. 2006P-0534 (Vancomycin HCl USP, 750 mg -- ADD-Vantage® Vial)

Dear Sir or Madam:

Please file the enclosed supplements in each of the two referenced dockets. I have included four copies for each docket. Thank you.

Very truly yours,

Christina M. Markus

Enclosures

2006P-0533

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Re: Docket No. 2006P-0533 (Vancomycin HCl USP, 750 mg -- Fliptop Vial)
Docket No. 2006P-0534 (Vancomycin HCl USP, 750 mg -- ADD-Vantage® Vial)

Dear Sir or Madam:

This letter supplements the two referenced petitions, to provide additional justification for the rationality and desirability of the proposed 750 mg Fliptop and ADD-Vantage®-style Vancomycin HCl vial presentations.

Fliptop Vial

In adult patients with normal renal function, the usual daily dose of Vancomycin is 2 g divided either as 500 mg every six hours or 1 g every 12 hours. The American Heart Association (AHA) Scientific Statement on Infective Endocarditis: Diagnosis and Management of Complications[1] recommends a dose of 30 mg/kg in two equally divided doses (15 mg/kg per dose) not to exceed 2 g in 24 hours unless serum concentrations are low for multiple types of endocarditis (native and prosthetic valve).

The proposed 750 mg vial allows for an intermediate dose for the patient who may require dosage adjustment due to renal impairment from increasing age or other factors. *See* "Dosage and Administration" section of the Prescribing Labeling for Fliptop Vial ("Patients with Impaired Renal Function and Elderly Patients. Dosage adjustment must be made in patients with impaired renal function.") It is also useful for patients less than the average 70 kg weight

[1] American Heart Association Scientific Statement Infective Endocarditis: Diagnosis, Antimicrobial Therapy and Management of Complications: A Statement for Healthcare Professionals from the Committee on Rheumatic Fever, Endocarditis, and Kawasaki Disease, Council on Stroke, and Cardiovascular Surgery and Anesthesia, American Heart Association: Endorsed by the Infectious Disease Society of America. *Circulation*. 2005; 111:e394-e434.

(*e.g.*, elderly patients closer to 50 kg) undergoing treatment for infective endocarditis where each dose is 750 mg (50 kg x 15 mg/kg).

Drug waste is also minimized as the pharmacist does not have to compound a 750 mg dose by using portions of 2 x 500 mg vials or a 1 g vial. As noted in the "Description" section of the Prescribing Labeling: "Solutions of vancomycin hydrochloride reconstituted with Sterile Water for Injection, USP contain no bacteriostat and are intended for use only as a single-dose injection. When smaller doses are required, the unused portion should be discarded."

ADD-Vantage®-style Vial

As noted above, in adult patients with normal renal function, the usual daily dose of Vancomycin is 2 g divided either as 500 mg every six hours or 1 g every 12 hours. The AHA Scientific Statement on Infective Endocarditis: Diagnosis and Management of Complications recommends a dose of 30 mg/kg (15 mg/kg per dose) in two equally divided doses not to exceed 2 g in 24 hours unless serum concentrations are low for multiple types of endocarditis (native and prosthetic valve).

The ADD-Vantage system consists of a proprietary vial containing lyophilized or liquid drug that attaches to a flexible diluent container. The drug and diluent remain separate until the stopper is removed from the flexible container allowing the drug and diluent to mix. ADD-Vantage vials and diluent containers are frequently stored either in the pharmacy or in automated dispensing cabinets in the nursing unit.

The 750 mg dose allows for an intermediate dose for the patient who may require dosage adjustment due to renal impairment from increasing age or other factors. It is also useful for the 50 kg patient undergoing treatment for infective endocarditis where each dose is 750 mg (50 kg x 15 mg/kg). Currently, if an institution is using the ADD-Vantage system and requires a 750 mg dose, a dose of 750 mg must be custom-compounded in the pharmacy using the Fliptop vial presentation, which may delay therapy. By contrast, if the 750 mg vancomycin ADD-Vantage-style product were available, the dose could be readily available in the pharmacy or through the automated dispensing cabinet.

Applicable Legal Standard

The Federal Food, Drug, and Cosmetic Act, implementing regulations, and FDA precedent all clearly support approval of the petitions at issue. FDA must approve a petition seeking a strength that differs from the strength of the listed drug product unless it finds that investigations must be conducted to show the safety and effectiveness of the differing strength. 21 U.S.C. § 355(j)(2)(C) and 21 C.F.R. § 314.93(e).

As it has done with many other approved suitability petitions, the agency should find here that the change in vial strengths for the proposed drug products do not pose questions of safety or

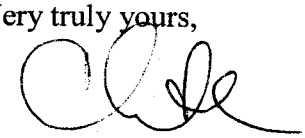
effectiveness because the formulation, concentration, uses, and route of administration of the proposed products are the same as those of the listed drug products, and the labeling for the listed drug supports the use of these interim strengths. *E.g.*, Letter from FDA to Lachman Consultant Services, Inc (FDA Docket 2002P-0484; Feb. 28, 2003) (approving suitability petition for change of strength (total drug content) of amiodarone HCl injection).[2]

Drug content of the individual vials will be clearly labeled, to support accurate product selection and administration.

* * *

Thank you for your ongoing consideration of the two referenced petitions. As the 90-day statutory timeframe for approval passed on March 22, 2007, we look forward to approval in the very near future.

Very truly yours,



Christina M. Markus

[2] We acknowledge that approval of the petitions simply would allow abbreviated new drug applications to be submitted for the proposed drug products, and FDA must then determine whether the products meet substantive standards for approval.