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# SUBMITTED VIA REGULATIONS.GOV

Division of Dockets Management U.S. Food and Drug Administration Department of Health and Human Services 5630 Fishers Lane, Room 1061 Rockville, MD 20852

# **SUITABILITY PETITION**

Dear Sir/Madam:

The undersigned, on behalf of a client and in response to a directive from the Office of Generic Drugs, submits this Suitability Petition pursuant to Section 505(j)(2)(C) of the Federal Food, Drug, and Cosmetic Act ("FDC Act") and in accordance with 21 C.F.R. § 314.93 and 21 C.F.R. §§ 10.20 and 10.30, to request that the Commissioner of the U.S. Food and Drug Administration ("FDA") declare that the following drug product is suitable for consideration in an Abbreviated New Drug Application ("ANDA") as a pharmacy bulk package (100 mL, 500 mL, 1L and 2L):

Oxytocin Injection, USP (synthetic), 10 USP Units/mL

## A. Action Requested

The Petitioner requests that FDA declare that a pharmacy bulk package (100 mL, 500 mL, 1L and 2L) Oxytocin Injection, USP (synthetic), 10 USP Units/mL, is suitable for submission as an ANDA. As designated in FDA's *Approved Drug Products with Therapeutic Equivalence Evaluations* ("Orange Book"), the Reference Listed Drug ("RLD") upon which this Petition is based is Oxytocin Injection, USP (synthetic), 10 USP Units/mL, submitted under NDA 018248 by Fresenius Kabi USA LLC ("Fresenius Kabi"). The RLD is available as a 1 mL fill in 2 mL single-dose vial, as well as 10 mL and 30 mL multiple-dose vials. The Petitioner seeks to introduce a 10 USP Units/mL presentation in a pharmacy bulk package (100 mL, 500 mL, 1L and 2L):

10 USP Units/mL	1,000 Units per 100 mL	100 mL PBP
10 USP Units/mL	5,000 Units per 500 mL	500 mL PBP
10 USP Units/mL	10,000 Units per 1L	1 L PBP
10 USP Units/mL	20,000 Units per 2L	2 L PBP

#### **B.** Statement of Grounds

FDC Act § 505(j)(2)(A)(iii) provides for the submission of an ANDA for a drug product that differs in strength from that of the listed drug provided FDA has first approved a petition permitting the submission of such an application. Here, by nature of the bulk packaging, the proposed drug product will have a different total fill volume/total drug content than the RLD, which constitutes a change in strength under FDA regulations. *See* 21 C.F.R. § 314.3 (defining "strength" to include total quantity and concentration of drug in a container closure system).

Fresenius Kabi's Oxytocin Injection, USP (synthetic), approved under NDA 018248, contains 10 USP Oxytocin Units/mL in an injectable dosage form. A copy of the current Orange Book entry for the Fresenius Kabi product, NDA 018248, is included in *Attachment 1*. The proposed drug product also contains Oxytocin in an injectable dosage form in the same intended strength of 10 USP Oxytocin Units/mL; however, the total fill volume/total drug content differs.

While the Petitioner is seeking a change in total fill volume/total drug content, the concentration and intended delivered dose in the proposed drug product are consistent with the dosing recommendations of the RLD's approved labeling. Approved labeling for Fresenius Kabi's product is included as *Attachment 2*. The proposed product is to be used as anticipated in the labeling but simply supplied in a pharmacy bulk package.

The availability of a larger size pharmacy bulk package would permit hospitals, non-acute ambulatory infusion centers and outsourcing facilities the option to use a more convenient packaging configuration that would reduce waste, permit the stocking of fewer vials, and help pharmacies achieve operational efficiencies that could result in an overall reduce cost of care. Further, the addition of a new Oxytocin product would help prevent a future shortage arising from increased demand of the drug. A pharmacy bulk package of Oxytocin Injection would increase supply of product and thereby could assist in preventing shortage.

The proposed labeling will include instructions for proper use. To ensure the safe use of the pharmacy bulk packaged Oxytocin, the labeling will reference the total dispensing time is to occur in a laminar flow work area and that the user adhere to USP

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<797>, "Pharmaceutical Compounding – Sterile Preparation", for aseptic handling requirements during pharmacy compounding. Other than these instructions and the change in fill volume/total drug content sought in this Petition, the labeling for the proposed product will be the same as the RLD. Proposed labeling is attached as Attachment 3. The active ingredient, uses, indications, warnings, and directions for use will remain the same as that of the RLD, with the addition of instructions associated with the pharmacy bulk package presentation. The product is expected to have the same therapeutic effect as the RLD for each condition of use. Thus, the proposed change in fill volume/total drug content from that of the RLD does not raise questions of safety or efficacy for the proposed drug product. Therefore, FDA should conclude that clinical investigations are not necessary to demonstrate safety or effectiveness of the proposed drug product.

FDA has approved similar petitions for a change in total drug content/fill volume from a single dose vial to a pharmacy bulk package. For example, FDA approved Fresenius Kabi's petition in 2021 requesting that FDA determine that Sodium Chloride, 23.4% Injection, USP, 100 mL fill in 100 mL and 200 mL fill in 200 mL plastic primary bulk package vials are suitable for submission in an ANDA even though the RLD was approved as a 30 mL fill in 30 mL plastic vial. There, while the concentration remained unchanged at 234 mg/mL, the total drug content was changed from 7,020 mg/30 mL to 23,400 mg/100 mL and 46,800 mg/200 mL. Nevertheless, because the uses, dose, dosage form, and route of administration of the proposed product were the same as the listed drug product, FDA concluded that the change in total drug content would not jeopardize the safe or effective use of the product. *Attachment 4*, Petition Response, Docket No. FDA-2018-P-4281 (May 27, 2021). The request in this Petition is comparable: This Petition also requests a change in total drug content/fill volume without change to the uses, dose, dosage form, and route of administration as compared to the listed drug product. Thus, FDA should grant this Petition.

The Pediatric Research Equity Act ("PREA"), enacted in December 2003, amended the FDC Act by requiring certain applications for a drug submitted under FDC Act § 505 to contain an assessment of the safety and effectiveness of the product in pediatric patients unless this requirement is deferred or waived. See FDC Act § 505B(a)(1)(A)(i). Specifically, PREA applies to all applications for a new active ingredient, dosage form, indication, route of administration, or dosing regimen. ANDAs submitted under an approved suitability petition for a change in strength resulting from a difference in fill volume/total drug content are not subject to PREA requirements. See FDA, Pediatric Drug Development: Regulatory Considerations — Complying With the Pediatric Research Equity Act and Qualifying for Pediatric Exclusivity Under the Best Pharmaceuticals for Children Act Guidance for Industry, 8 (May 2023). Petitioner asserts

that PREA is not applicable to the proposed Oxytocin Injection drug product because the proposed change concerns only a difference in fill volume/total drug content. As such, PREA should not serve as an impediment to the Agency granting this Petition.

# **C.** Environmental Impact

A claim for categorical exclusion of the requirements for an environmental assessment is made pursuant to 21 C.F.R. § 25.31.

# **D.** Economic Impact

Pursuant to 21 C.F.R. § 10.30(b), economic impact information is submitted only when requested by the Commissioner. This information will be promptly provided, if so requested.

### E. Certification

The undersigned certifies that, to the best knowledge and belief of the undersigned, this Petition includes all information and views on which the Petition relies, and that it includes representative data and information known to the Petitioner which are unfavorable to the Petition.

Sincerely, Lava W. Went

Sara W. Koblitz

SWK/rh

Attachments