DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville MD 20857

JAN 27 2003

James W. Simmons, Jr.
President
ChymoCorp
12770 Cimarron Path, Suite 132
San Antonio, Texas 78249

Re: Docket No. 02P-0068/CP1

Dear Mr. Simmons:

This letter responds to your citizen petition dated February 8, 2002, requesting that the Food and Drug Administration (FDA) determine whether chymopapain 10,000 units/vial injection (Chymodiactin) was withdrawn from sale for reasons of safety or effectiveness.

FDA has reviewed its records and has determined that chymopapain 10,000 units/vial injection (Chymodiactin), NDA 18-663, was not withdrawn from sale for reasons of safety or effectiveness. FDA will maintain chymopapain 10,000 units/vial injection in the "Discontinued Drug Product List" of *Approved Drug Products With Therapeutic Equivalence Evaluations* (the "Orange Book").

Enclosed is a copy of the *Federal Register* notice announcing FDA's determination. If you require any further information, please call me at (301) 594-2041.

Sincerely yours,

/Mary Catchings/ for

Brian L. Pendleton
Division of Regulatory Policy I
Center for Drug Evaluation and Research

Enclosure

02P-0068 LET 2

Evaluation and Research (CDER), is seeking volunteers to participate in a pilot project involving the evaluation of various analysis tools to facilitate the use of electronic datasets for analysis of animal data submitted to FDA by applicants of new drug applications (NDAs). These analysis tools will allow a reviewer to more efficiently display and evaluate nonclinical datasets submitted in electronic format.

**DATES:** Submit written requests to participate in the pilot project by March 28, 2003. Comments on this pilot project may be submitted at any time.

**ADDRESSES:** Submit written requests to participate and comments regarding the pilot project to the Dockets Management Branch (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. Submit electronic comments to *http://www.fda.gov/dockets/ecomments.*

**FOR FURTHER INFORMATION CONTACT:** Randy Levin, Center for Drug Evaluation and Research (HFD–001), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–594–5411, *levinr@cder.fda.gov.*

**SUPPLEMENTARY INFORMATION:**

## I. Background

Under current FDA regulations (21 CFR 314.50), applicants must provide nonclinical data in NDAs. In January 1999, the agency published guidance describing how applicants could provide nonclinical data in the form of electronic datasets. In the guidance for industry entitled "Providing Regulatory Submissions in Electronic Format—NDAs," FDA provided recommendations on how to organize the datasets and how to provide descriptive information on the datasets and the data variables (metadata). The Center for Biologics Evaluation and Research (CBER) has provided similar recommendations for biologics license applications (BLAs) in their guidance entitled "Providing Regulatory Submissions in Electronic Format—BLAs." A joint CBER and CDER guidance for industry entitled "Providing Regulatory Submissions in Electronic Format—General Considerations," which published in January 1999, provided recommendations for the file formats for nonclinical datasets.

Recently, FDA received recommendations for a standard presentation of certain clinical data from the Clinical Data Interchange Standards Consortium, Inc. (CDISC), a nonprofit organization including members from pharmaceutical companies, biotechnology companies, contract research organizations, and software vendors. CDISC is currently facilitating the work on similar standards for nonclinical datasets. Where possible, the standards developed for clinical datasets and metadata should be used in the development of standardized presentations of the datasets for routine toxicology studies (e.g., chronic toxicology and carcinogenicity studies).

In addition, CDER has entered into a cooperative research and development agreement with PharmQuest Corp. for the development of analysis tools by which to evaluate the nonclinical datasets prepared using defined standards. The use of these standardized datasets will reduce the amount of effort required of the reviewer to evaluate nonclinical data.

The purpose of the pilot project is to help in the development of analysis tools designed to facilitate the review and evaluation of electronic nonclinical datasets and to obtain feedback from reviewers and pharmaceutical companies on the creation and use of standardized nonclinical data and metadata.

## II. Pilot Project Description

This pilot project is part of an effort to improve the process for submitting nonclinical data. Eventually, FDA expects to recommend detailed data standards for the submission of nonclinical data. Participants in this pilot project will have the opportunity not only to assist the agency in testing the use of various analysis tools and standardized nonclinical data and metadata, but would also be able to familiarize themselves with the process at an early stage of development. Only a few participants are needed for this pilot.

### *A. Initial Approach*

Because a limited group of voluntary participants are needed, the agency will use its discretion in choosing volunteers, based on their having previously submitted nonclinical datasets to FDA and having demonstrated familiarity with our recommendations for creating nonclinical datasets as presented in the guidance for industry entitled "Providing Regulatory Submissions in Electronic Format—NDAs." During the pilot project, specific technical instructions for providing the nonclinical data for testing will be made available to pilot participants. Participants in the pilot project will be asked to provide nonclinical datasets as described in the technical instructions and to provide technical feedback.

### *B. Scope*

Existing requirements for the submission of nonclinical data will not be waived, suspended, or modified for purposes of this pilot project. The pilot project will test the preparation and use of the submitted nonclinical electronic datasets.

### *C. How to Participate*

Written requests to volunteer should be submitted to the Dockets Management Branch (see **ADDRESSES**). Requests are to be identified with the docket number found in brackets in the heading of this document.

## III. Comments

Interested persons may submit to the Dockets Management Branch (see **ADDRESSES**) written or electronic comments regarding this pilot project. Submit a single copy of electronic comments to http://www.fda.gov/dockets/ecomments or two hard copies of any written comments, except that individuals may submit one hard copy. Comments are to be identified with the docket number found in brackets in the heading of this document. We will consider all received comments in making a determination on electronic filing and when drafting a guidance document for submitting nonclinical study data as electronic datasets. Received comments may be seen in the Dockets Management Branch between 9 a.m. and 4 p.m., Monday through Friday.

Dated: January 15, 2003.

**Margaret M. Dotzel,**

*Assistant Commissioner for Policy.*

[FR Doc. 03–1743 Filed 1–24–03; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

**[Docket No. 02P–0068]**

### Determination That Chymopapain 10,000 Units/Vial Injection Was Not Withdrawn From Sale for Reasons of Safety or Effectiveness

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Food and Drug Administration (FDA) is announcing its determination that CHYMODIACTIN (chymopapain 10,000 units/vial injection) was not withdrawn from sale for reasons of safety or effectiveness. This determination will allow FDA to

approve abbreviated new drug applications (ANDAs) for chymopapain 10,000 units/vial injection.

**FOR FURTHER INFORMATION CONTACT:** Brian L. Pendleton, Center for Drug Evaluation and Research (HFD–7), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–594–2041.

**SUPPLEMENTARY INFORMATION:** In 1984, Congress enacted the Drug Price Competition and Patent Term Restoration Act of 1984 (Public Law 98–417) (the 1984 amendments), which authorized the approval of duplicate versions of drugs approved under an ANDA procedure. ANDA sponsors must, with certain exceptions, show that the drug for which they are seeking approval contains the same active ingredient in the same strength and dosage form as the "listed drug," which is a version of the drug that was previously approved under a new drug application (NDA). Sponsors of ANDAs do not have to repeat the extensive clinical testing otherwise necessary to gain approval of an NDA. The only clinical data required in an ANDA are data to show that the drug that is the subject of the ANDA is bioequivalent to the listed drug.

The 1984 amendments include what is now section 505(j)(7) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(j)(7)), which requires FDA to publish a list of all approved drugs. FDA publishes this list as part of the "Approved Drug Products With Therapeutic Equivalence Evaluations," which is generally known as the "Orange Book." Under FDA regulations, drugs are withdrawn from the list if the agency withdraws or suspends approval of the drug's NDA or ANDA for reasons of safety or effectiveness, or if FDA determines that the listed drug was withdrawn from sale for reasons of safety or effectiveness (21 CFR 314.162).

Under § 314.161(a)(1) (21 CFR 314.161(a)(1)), the agency must determine whether a listed drug was withdrawn from sale for reasons of safety or effectiveness before an ANDA that refers to that listed drug may be approved. FDA may not approve an ANDA that does not refer to a listed drug.

CHYMODIACTIN (chymopapain 10,000 units/vial injection) is the subject of NDA 18–663. CHYMODIACTIN is indicated for the treatment of patients with documented herniated lumbar intervertebral discs whose symptoms and signs, particularly sciatica, have not responded to an adequate period or periods of conservative therapy. FDA approved the NDA for CHYMODIACTIN on November 10, 1982.

On February 12, 2002, ChymoCorp submitted a citizen petition (Docket No. 02P–0068/CP1) under 21 CFR 10.30 requesting that the agency determine whether chymopapain manufactured by Abbott Laboratories under the brand name CHYMODIACTIN was withdrawn from sale for reasons of safety or effectiveness.

The agency has determined that CHYMODIACTIN (chymopapain 10,000 units/vial injection) was not withdrawn from sale for reasons of safety or effectiveness. Abbott Laboratories informed the agency by telephone that the company no longer markets CHYMODIACTIN. FDA has independently evaluated relevant literature and data for possible postmarketing adverse event reports, but has found no information that would indicate this product was withdrawn for reasons of safety or effectiveness.

After considering the citizen petition and reviewing its records, FDA determines that, for the reasons outlined previously, CHYMODIACTIN (chymopapain 10,000 units/vial injection) was not withdrawn from sale for reasons of safety or effectiveness. Accordingly, the agency will continue to list chymopapain 10,000 units/vial injection in the "Discontinued Drug Product List" section of the Orange Book. The "Discontinued Drug Product List" delineates, among other items, drug products that have been discontinued from marketing for reasons other than safety or effectiveness. ANDAs that refer to CHYMODIACTIN (chymopapain 10,000 units/vial injection) may be approved by the agency.

Dated: January 15, 2003.

**Margaret M. Dotzel,**

*Assistant Commissioner for Policy.*

[FR Doc. 03–1742 Filed 1–24–03; 8:45 am]

BILLING CODE 4160–01–S

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

**[Docket No. 02D–0525]**

### Medical Devices; Chemical Indicators Premarket Notification [510(k)] Submissions; Draft Guidance for Industry and FDA; Availability

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Food and Drug Administration (FDA) is announcing the availability of the draft guidance entitled "Chemical Indicators Premarket Notification [510(k)] Submissions; Draft Guidance for Industry and FDA." The document is intended to provide guidance for industry and other interested parties for the submission of chemical indicators such as process indicators, chemical integrators, and air removal indicators used in test packs such as the Bowie Dick Test. This draft guidance is neither final nor is it in effect at this time.

**DATES:** Submit written or electronic comments on this guidance by April 28, 2003.

**ADDRESSES:** Submit written requests for single copies on a 3.5" diskette of the guidance document entitled "Chemical Indicators Premarket Notification [510(k)] Submissions; Draft Guidance for Industry and FDA" to the Division of Small Manufacturers, International, and Consumer Assistance (HFZ–220), Center for Devices and Radiological Health, Food and Drug Administration, 1350 Piccard Dr., Rockville, MD 20850. Send two self-addressed labels to assist that office in processing your request, or fax your request to 301–443–8818.

Submit written comments concerning this guidance to the Dockets Management Branch (HFA–305), Food and Drug Administration 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. Submit electronic comments to http://www.fda.gov/dockets/ecomments.

See the **SUPPLEMENTARY INFORMATION** section for information on electronic access to the guidance.

**FOR FURTHER INFORMATION CONTACT:** Chiu S. Lin, Center for Devices and Radiological Health (HFZ–480), Food and Drug Administration, 9200 Corporate Blvd., Rockville, MD 20850, 301–443–8913, extension 143.

**SUPPLEMENTARY INFORMATION:**

#### I. Background

This document is intended for applicants who plan to market chemical indicators for health care facilities. It includes guidance on the submission of premarket notification [510(k)] submissions for process indicators, chemical integrators, and air removal indicators used in test packs such as the Bowie Dick Test. Chemical indicators are an integral part of monitoring sterilization processes in health care facilities because they provide the user with information on the effectiveness of a sterilization process. FDA is issuing this draft guidance because the agency recognizes the importance of providing applicants and other interested parties with specific recommendations for the