US Postmarketing Requirements

Status as of 12-Apr-2019

Registered Trade Name	Generic Name	NDA/BLA #	Original Due Date	Status	Explanation of Status	PMR #	PMR Description
ASMANEX HFA	mometasone furoate	NDA 205641 US	28-Feb-2019	Submitted		PMR 2149-4	Conduct a study to evaluate the efficacy and long-term safety of mometasone furoate/formoterol fumarate combination MDI (Dulera) and mometasone furoate MDI (Asmanex HFA) in children 5 to 11 years of age. Final Report Submission
BRIDION	sugammadex sodium	NDA 022225 US	30-Sep-2021	Released	FDA acknowledged release on 19-APR-2018	PMR 3003-1	A randomized, controlled trial evaluating the efficacy, safety, and pharmacokinetics of sugammadex injection when used to reverse neuromuscular blockade induced by either rocuronium or vecuronium must be conducted in pediatric patients ages birth to 17 years old. Final Report Submission
BRIDION	sugammadex sodium	NDA 022225 US	31-May-2017	Fulfilled	FDA acknowledged fulfillment on 05-JUL-2018	PMR 3003-2	Conduct a postmarketing study to analyze the demographic characteristics, concomitant medication use, and comorbid conditions in patients who did not respond to sugammadex reversal in the development program, in postmarket studies that have been conducted, or as described in cases of non-response/lack of efficacy reported as postmarketing adverse events. The goal of the study is to determine the characteristics and profile of patients who would be expected to be non-responders. The study should also assess the occurrence of hypersensitivity or anaphylaxis, prolonged ventilator support and sedation, and anoxia in these patients. Final Report Submission
BRIDION	sugammadex sodium	NDA 022225 US	31-Aug-2020	Ongoing		PMR 3003-3	Conduct a postmarketing clinical trial comparing sugammadex to placebo and/or drugs approved for the management of the reversal of the effects of neuromuscular blockade induced by rocuronium or vecuronium in a population of American Society of Anesthesiologists Class 3 and 4 patients. The goal of the trial is characterization of the risks of bradycardia and other cardiac arrhythmias after sugammadex administration in this population that may have more severe outcomes related to cardiac arrhythmias experienced during reversal of neuromuscular blockade. Prespecify the case definition of bradycardia, tachycardia, and the other cardiac arrhythmias of interest. Final Report Submission
BRIDION	sugammadex sodium	NDA 022225 US	31-Mar-2019	Delayed	A Due Date extension request was sent to the FDA on 12-Dec-2018.	PMR 3003-4	Conduct a postmarketing clinical trial comparing sugammadex to placebo and/or drugs approved for the management of the reversal of the effects of neuromuscular blockade induced by rocuronium or vecuronium in patients with morbid obesity. The goal of the trial is to evaluate the safety of sugammadex (including the serious adverse outcomes of anaphylaxis or hypersensitivity) and to generate data to support dosing recommendations in morbidly obese patients, specifically whether to dose by actual vs. ideal body weight. Prespecify the case definition of morbid obesity that will establish who will be included in the trial. Final Report Submission

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Registered Trade Name	Generic Name	NDA/BLA #	Original Due Date	Status	Explanation of Status	PMR #	PMR Description
BRIDION	sugammadex sodium	NDA 022225 US	31-Jan-2021	Released	FDA acknowledged release on 11-Jul-2018	PMR 3003-5	A randomized, controlled trial evaluating the efficacy, safety, and pharmacokinetics of BRIDION injection when used to reverse neuromuscular blockade induced by either rocuronium or vecuronium must be conducted in pediatric patients ages 2 to less than 17 years old. Final Report Submission
BRIDION	sugammadex sodium	NDA 022225 US	31-Aug-2021	Released	FDA acknowledged release on 11-Jul-2018	PMR 3003-6	A randomized, controlled trial evaluating the efficacy, safety, and pharmacokinetics of BRIDION injection when used to reverse neuromuscular blockade induced by either rocuronium or vecuronium must be conducted in pediatric patients ages birth to less than 2 years old. Final Report Submission
BRIDION	sugammadex sodium	NDA 022225 US	31-Aug-2021	Released	FDA acknowledged release on 11-Jul-2018	PMR 3003-7	A multicenter, single-arm, open-label trial evaluating the efficacy, safety, and pharmacokinetics of BRIDION 16 mg/kg injection to simulate reversal of neuromuscular blockade induced by rapid-sequence dose of rocuronium in pediatric patients ages birth to less than 17 years old. Final Report Submission
BRIDION	sugammadex sodium	NDA 022225 US	31-Jan-2021	Ongoing		PMR 3003-8	A randomized, controlled trial evaluating the efficacy, safety, and pharmacokinetics of BRIDION injection when used to reverse neuromuscular blockade induced by either rocuronium or vecuronium must be conducted in pediatric patients ages 2 to less than 17 years old. Final Report Submission
BRIDION	sugammadex sodium	NDA 022225 US	31-Aug-2023	Pending		PMR 3003-9	A randomized, controlled trial evaluating the efficacy, safety, and pharmacokinetics of BRIDION injection when used to reverse neuromuscular blockade induced by either rocuronium or vecuronium must be conducted in pediatric patients ages birth to less than 2 years old. Final Report Submission
CANCIDAS	caspofungin acetate	NDA 021227 US	31-Jul-2020	Submitted		PMR 1	Deferred pediatric study under PREA for the treatment of candidemia and Candida infections in pediatric patients ages 0 to 3 months. Final Report Submission
DELSTRIGO	doravirine (+) lamivudine (+) tenofovir disoproxil fumarate	NDA 210807 US	31-Jan-2022	Ongoing		PMR 3416-1	Conduct a study to evaluate the pharmacokinetics, safety, and antiviral activity (efficacy) of doravirine/lamivudine/tenofovir disoproxil fumarate fixed dose combination (FDC) product in HIV-1 infected pediatric subjects less than 18 years of age and weighing at least 35 kg. Subjects must be followed for a minimum of 24 weeks to assess the safety and antiviral activity of doravirine/lamivudine/tenofovir disoproxil fumarate FDC product. A clinical trial in pediatric subjects weighing at least 35 kg may not be required if dosing recommendation for the FDC tablets can be supported by pediatric trials already conducted with the individual drug products. Final Report Submission

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Registered Trade Name	Generic Name	NDA/BLA #	Original Due Date	Status	Explanation of Status	PMR #	PMR Description
DELSTRIGO	doravirine (+) lamivudine (+) tenofovir disoproxil fumarate	NDA 210807 US	31-May-2024	Ongoing		PMR 3416-2	Conduct a study to evaluate the pharmacokinetics, safety, and antiviral activity (efficacy) of doravirine/lamivudine/tenofovir disoproxil fumarate fixed dose combination (FDC) product in HIV-1 infected pediatric subjects age 2 years and older, and weighing less than 35 kg. The study participants must be followed for a minimum of 24 weeks to assess the safety and antiviral activity of the FDC product, doravirine/lamivudine/tenofovir disoproxil fumarate. A clinical trial in pediatric subjects 2 years and older and weighing less than 35 kg may not be required if dosing recommendation for the FDC tablets can be supported by pediatric trials conducted with the individual drug products. Final Report Submission
DIFICID®	fidaxomicin	NDA 201699 US	31-Jul-2017	Ongoing	FDA deferral extension approved on 04-May-2017; Final Report Submission is due on 31-Jul-2019	PMR 1757-002	Conduct a prospective, randomized clinical trial to demonstrate safety and effectiveness of Dificid (fidaxomicin) compared to vancomycin in pediatric patients (6 months to less than 18 years of age) with C. difficile-associated diarrhea. Final Report Submission
DULERA	mometasone furoate (+) formoterol fumarate	NDA 022518 US	28-Feb-2019	Submitted		PMR 1658-7	Conduct a study to evaluate the efficacy and long-term safety of mometasone furoate/formoterol fumarate combination MDI (Dulera) and mometasone furoate MDI (Asmanex HFA) in children 5 to 11 years of age. Final Report Submission
EMEND	aprepitant	NDA 021549 US	31-Dec-2009	Ongoing	FDA deferral extension approved on 12-Apr-2013; Final Report Submission is due on 31-Jan-2020	PMR 574-1	Deferred pediatric study under PREA for the treatment of post-operative nausea and vomiting pediatric patients ages 0 to less than 17 years of age. Final Report Submission
EMEND for Injection	fosaprepitant dimeglumine	NDA 022023 US	31-Dec-2017	Fulfilled	FDA acknowledged fulfillment on 03-Apr-2018.	PMR 1663-3	A PK/PD study to characterize aprepitant PK parameters following administration of a single dose of intravenous fosaprepitant, in combination with a 5HT3 antagonist and dexamethasone, in pediatric cancer patients ages 0 to 17 years undergoing treatment with highly emetogenic chemotherapy. You must conduct this study with an age appropriate formulation. Use modeling and simulation including the results of the above study to identify 1-Day and 3-Day intravenous fosaprepitant doses in pediatric patients 0 to 17 years of age that provide similar aprepitant PK exposures to pediatric aprepitant doses and exposures which have demonstrated acceptable safety and efficacy profiles in patients receiving single and multi-day chemotherapy regimens, respectively. Final Report Submission

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Registered Trade Name	Generic Name	NDA/BLA #	Original Due Date	Status	Explanation of Status	PMR #	PMR Description
EMEND for Injection	fosaprepitant dimeglumine	NDA 022023 US	30-Sep-2021	Pending		PMR 3361-1	Conduct a trial to evaluate the safety of multiple cycles of intravenous administration of fosaprepitant daily for three consecutive days for the prevention of chemotherapy-induced nausea and vomiting in pediatric patients 6 months to 17 years of age. Final Report Submission
ILUMYA	tildrakizumab	BLA 761067 US	31-Oct-2025	Transferred	FDA approved the product/license transfer from the company to Sun Pharma, to include all PMR responsibility, on 06-AUG-2018.	PMR 3357-1	Conduct a pharmacokinetics (PK), safety and efficacy study in pediatric subjects 6 years to 17 years of age with moderate-to-severe plaque psoriasis (with a duration of exposure to tildrakizumab-asmn of at least one year).
ILUMYA	tildrakizumab	BLA 761067 US	31-Jan-2020	Transferred	FDA approved the product/license transfer from the company to Sun Pharma, to include all PMR responsibility, on 06-AUG-2018.	PMR 3357-2	A prospective, registry-based observational exposure cohort study that compares the maternal, fetal, and infant outcomes of women exposed to tildrakizumab-asmn during pregnancy to an unexposed control population. The registry will detect and record major and minor congenital malformations, spontaneous abortions, stillbirths, elective terminations, small for gestational age, and any other adverse pregnancy outcomes. These outcomes will be assessed throughout pregnancy. Infant outcomes, including neonatal deaths, infections in the first 6 months of life, and effects on postnatal growth and development, will be assessed through at least the first year of life.
ILUMYA	tildrakizumab	BLA 761067 US	31-Jan-2021	Transferred	FDA approved the product/license transfer from the company to Sun Pharma, to include all PMR responsibility, on 06-AUG-2018.	PMR 3357-3	Conduct a retrospective cohort study using claims or electronic medical record data or a case control study to assess major congenital malformations, spontaneous abortions, stillbirths, small for gestational age, neonatal deaths, and infant infections in women exposed to tildrakizumab-asmn during pregnancy compared to an unexposed control population.

Registered Trade Name	Generic Name	NDA/BLA #	Original Due Date	Status	Explanation of Status	PMR #	PMR Description
ILUMYA	tildrakizumab	BLA 761067 US	28-Feb-2024	Transferred	FDA approved the product/license transfer from the company to Sun Pharma, to include all PMR responsibility, on 06-AUG-2018.	PMR 3357-4	Conduct an observational study to assess the long-term safety of tildrakizumabasmn compared to other therapies used in the treatment of adults with moderateto-severe plaque psoriasis who are candidates for systemic therapy or phototherapy in the course of actual clinical care. The study's primary outcome is the long-term risk of malignancy. Secondary outcomes include, but are not limited to, serious infections, tuberculosis, opportunistic infections, hypersensitivity reactions, autoimmune disease, neurologic or demyelinating disease, cardiovascular, gastrointestinal and hematologic adverse events. Describe and justify the choice of appropriate comparator populations(s) and estimated background rate(s) relative to tildrakizumab-exposed patients; clearly define the primary comparator population for the primary objective. Design the study around a testable hypothesis to assess, with sufficient sample size and power, a clinically meaningful increase in malignancy risk above the comparator background rate(s), with a pre-specified statistical analysis method. Specify concise case definitions and validation algorithms for both primary and secondary outcomes. For the tildrakizumab-exposed and comparator(s) cohorts, clearly define the study drug initiation period and any exclusion and inclusion criteria. Enroll patients over an initial 4-year period and follow for a minimum of 8 years from the time of enrollment.
JANUMET	sitagliptin phosphate (+) metformin hydrochloride	NDA 022044 US	30-Sep-2011	Ongoing	FDA deferral extension approved on 25-Jan-2016; Final Report Submission is due on 31-Jul-2019.	PMR 856-1	Deferred pediatric study under PREA for the treatment of type 2 diabetes in pediatric patients ages 11 to 16, inclusive. Final Report Submission
JANUMET XR	sitagliptin phosphate (+) metformin hydrochloride	NDA 202270 US	1-Mar-2017	Ongoing	FDA deferral extension approved on 25-Jan-2016; Final Report Submission is due on 31-Jul-2019	PMR 1802-4	A 54-week, randomized, double-blind, placebo-controlled trial to evaluate the efficacy and safety of JANUMET XR versus metformin extended-release in pediatric patients who are inadequately controlled on metformin immediate release. Final Report Submission
JANUVIA	sitagliptin phosphate	NDA 021995 US	31-Dec-2010	Ongoing	FDA deferral extension approved on 25-Jan-2016; Final Report Submission is due on 31-Jul-2019.	PMR 224-1	Deferred pediatric study under PREA for the treatment of type 2 diabetes in pediatric patients ages 11 to 16, inclusive. Final Report Submission

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Registered Trade Name	Generic Name	NDA/BLA #	Original Due Date	Status	Explanation of Status	PMR #	PMR Description
KEYTRUDA	pembrolizumab	BLA 125514 US	30-Apr-2018	Submitted	FDA acknowledged an updated Final Submission Report due date of 31-Dec-2018	PMR 3100-1	Conduct and submit the results of at least one multicenter, randomized clinical trial establishing the superiority of pembrolizumab over available therapy as determined by an improvement in overall survival in patients with metastatic squamous cell carcinoma of the head and neck. Final Report Submission
KEYTRUDA	pembrolizumab	BLA 125514 US	30-Apr-2021	Ongoing		PMR 3188-1	Complete the trial and submit the final report and data to verify and describe the clinical benefit of pembrolizumab, including efficacy and safety, from Trial KN204, a Phase 3 randomized, open-label, active-controlled trial comparing pembrolizumab to brentuximab vedotin for the treatment of patients with relapsed or refractory classical Hodgkin lymphoma. Enroll approximately 300 patients. The primary endpoint should include progression-free survival. Final Report Submission
KEYTRUDA	pembrolizumab	BLA 125514 US	31-Dec-2024	Ongoing		PMR 3188-2	Characterize complications after allogeneic hematopoietic stem cell transplantation (HSCT) following pembrolizumab in at least 90 patients with hematologic malignancies, of which at least 30% had received pembrolizumab alone or in combination as the regimen immediately prior to the allogeneic HSCT conditioning regimen. Evaluate toxicities at least through transplant Day 180. Include details of prior pembrolizumab treatment and the transplant regimen. Characterize toxicities including hyperacute graft-versus-host disease (GVHD), severe (grade 3-4) acute GVHD, febrile syndromes treated with steroids, immune mediated adverse events, pulmonary complications, hepatic veno-occlusive disease and/or sinusoidal obstruction syndrome, critical illness, and transplantrelated mortality. Toxicities may be characterized prospectively, or through a combination of prospective and retrospective data analysis. Final Report Submission
KEYTRUDA	pembrolizumab	BLA 125514 US	31-Aug-2021	Ongoing		PMR 3188-3	Characterize the safety of long-term use in patients with classical Hodgkin lymphoma treated with pembrolizumab 200 mg every 3 weeks. Submit a final report and datasets with safety and efficacy outcomes of trial KN087 with at least 3 years of follow-up data. Final Report Submission

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KEYTRUDA	pembrolizumab	BLA 125514 US	30-Apr-2027	Ongoing		PMR 3188-4	Characterize the long-term safety of pembrolizumab 2 mg/kg every 3 weeks, in pre-pubertal pediatric patients and those who have not completed pubertal development. Submit a report and datasets that include long-term follow-up of patients enrolled on KN051, a Phase I/II Study of Pembrolizumab (MK-3475) in children with advanced melanoma or a PD-L1 positive advanced, relapsed or refractory solid tumor or lymphoma. Enroll at least 20 patients, including at least 5 patients who are pre-pubertal and 10 who have not yet completed pubertal development. For any pre-pubertal patients and those who have not completed pubertal development, perform the following actions: include in the safety evaluation, immune-mediated, endocrine, and reproductive toxicities for subjects with at least 5 years of follow-up or until pubertal development is complete, whichever is longer. Final Report Submission
KEYTRUDA	pembrolizumab	BLA 125514 US	30-Jun-2020	Fulfilled	FDA acknowledged fulfillment on 20-Aug-2018	PMR 3197-1	Conduct and submit the results of a multicenter, randomized trial or trials to verify and describe the clinical benefit of pembrolizumab, in combination with pemetrexed-platinum therapy, over pemetrexed-platinum therapy in patients with non-squamous non-small cell lung cancer as determined by an improvement in overall survival or a large improvement in progression-free survival that is clinically meaningful. Final Report Submission
KEYTRUDA	pembrolizumab	BLA 125514 US	30-Nov-2021	Ongoing		PMR 3211-1	Conduct clinical trial KEYNOTE-361 entitled “A Phase III Randomized, Controlled Clinical Trial of Pembrolizumab With or Without Platinum-Based Combination Chemotherapy Versus Chemotherapy in Subjects With Advanced or Metastatic Urothelial Carcinoma”. Submit the datasets with the final report. Final Report Submission
KEYTRUDA	pembrolizumab	BLA 125514 US	31-Mar-2023	Ongoing		PMR 3213-1	Submit the final report, including datasets, from trials conducted to verify and describe the clinical benefit of pembrolizumab 200 mg intravenously every three weeks in patients with microsatellite instability high or mismatch repair deficient tumors including at least 124 patients with colorectal cancer enrolled in the company-initiated trials; at least 300 patients with non colorectal cancer, including a sufficient number of patients with prostate cancer, thyroid cancer, small cell lung cancer; and ovarian cancer; and 25 children. In order to characterize response rate and duration, patients will be followed for at least 12 months from the onset of response. Final Report Submission

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KEYTRUDA	pembrolizumab	BLA 125514 US	31-Mar-2023	Ongoing		PMR 3213-2	Conduct a trial that will characterize the safety of pembrolizumab administered intravenously at 2 mg/kg up to a maximum of 200 mg intravenously every three weeks or to determine a reasonably safe dosage regimen in an adequate number of children with primary central nervous system malignancies that are mismatch repair deficient or microsatellite instability high. Submit a final report and datasets for pediatric patients with primary CNS malignancies. Final Report Submission
KEYTRUDA	pembrolizumab	BLA 125514 US	31-Jul-2019	Ongoing		PMR 3258-1	Conduct and submit the results of one or more randomized trials to verify and describe the clinical benefit of pembrolizumab over standard therapy based on a clinically meaningful improvement in overall survival in patients with PD-L1 positive, microsatellite stable/mismatch repair (MMR) proficient metastatic gastric or gastroesophageal junction adenocarcinoma. Final Report Submission
KEYTRUDA	pembrolizumab	BLA 125514 US	30-Apr-2021	Ongoing		PMR 3389-1	Complete the trial and submit the final report and data to verify and describe the clinical benefit of pembrolizumab, including efficacy and safety, from Trial KN204, a Phase 3 randomized, open-label, active-controlled trial comparing pembrolizumab to brentuximab vedotin for the treatment of patients with relapsed or refractory classical Hodgkin lymphoma. Enroll approximately 300 patients. The primary endpoint should include progression-free survival. Final Report Submission
KEYTRUDA	pembrolizumab	BLA 125514 US	30-Nov-2020	Ongoing		PMR 3389-2	Characterize the safety of long-term use in patients with primary mediastinal large B-cell lymphoma. Submit a final report and data sets with safety and efficacy outcomes of trial KEYNOTE-170 with at least 3 years of follow-up data. Final Report Submission
KEYTRUDA	pembrolizumab	BLA 125514 US	31-May-2023	Ongoing		PMR 3427-1	Conduct clinical trial KEYNOTE-826 (KN-826) in cervical cancer for Progression Free Survival (PFS)-Overall Survival (OS), entitled “A Phase 3 Randomized, Double-Blind, Placebo-Controlled Trial of Pembrolizumab Plus Chemotherapy vs. Chemotherapy Plus Placebo for the First-line Treatment of Persistent, Recurrent, or Metastatic Cervical Cancer”. Submit analyses and datasets with final report for PFS and OS. Final Report Submission
KEYTRUDA	pembrolizumab	BLA 125514 US	31-Oct-2019	Ongoing		PMR 3492-1	Conduct and submit the results of one or more randomized trials to verify and describe the clinical benefit of pembrolizumab as compared to available therapy in patients with locally advanced, unresectable or metastatic hepatocellular carcinoma as demonstrated by an improvement in overall survival or a large improvement in progression-free survival that is clinically meaningful. Final Report Submission

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KEYTRUDA	pembrolizumab	BLA 125514 US	31-Dec-2032	Ongoing		PMR 3546-1	Conduct and submit the results of a multicenter clinical trial to confirm the clinical benefit of pembrolizumab in patients with locally advanced or metastatic Merkel cell carcinoma (MCC) who have not received prior systemic therapies for metastatic MCC. The trial will enroll at least 50 patients to be followed for a minimum of 12 months to establish the objective response rate and characterize the durability of response. Overall survival, which is a secondary endpoint, will be followed to maturity until at least 70% of patients have died, or for an additional two years beyond the primary data analysis cut-off, to characterize effects on survival. Final Report Submission
NOXAFIL	posaconazole	NDA 205053 US	30-Sep-2017	Ongoing	FDA deferral extension approved on 25-Jul-2017; Final Report Submission is due on 30-Sep-2019	PMR 2090-1	Conduct a trial in patients, ages 2 to < 18 years, to evaluate the pharmacokinetic (PK), safety, and tolerability of two new formulations ofposaconazole (IV solution and/or new age- appropriate oral formulation) in immunocompromised pediatric patients with known or expected neutropenia. Final Report Submission. This study is being conducted for NDA 205053 and NDA 205596.
NOXAFIL	posaconazole	NDA 205053 US	31-Mar-2021	Pending	FDA deferral extension approved on 25-Jul-2017; Final Report Submission is due on 31-Mar-2023	PMR 2090-2	Conduct a comparative, double-blind, randomized, multi-center trial, in patients ages 2 to< 18 years, to evaluate the safety, efficacy, and tolerability of posaconazole for the prophylaxis of invasive fungal infections (IFI) in pediatric patients with known or expected neutropenia. Final Report Submission. This study is being conducted for NDA 205053 and NDA 205596.
NOXAFIL	posaconazole	NDA 205596 US	30-Sep-2017	Ongoing	FDA deferral extension approval on 25-Jul-2017; Final Report Submission is due on 30-Sep-2019	PMR 2132-1	Conduct a trial in patients, ages 2 to < 18 years, to evaluate the pharmacokinetic (PK), safety, and tolerability of two new formulations of posaconazole (IV solution and/or new age-appropriate oral formulation) in immunocompromised pediatric patients with known or expected neutropenia. Final Report Submission. This study is being conducted for NDA 205053 and NDA 205596.
NOXAFIL	posaconazole	NDA 205596 US	31-Mar-2021	Pending	FDA deferral extension approved on 25-Jul-2017; Final Report Submission is due on 31-Mar-2023	PMR 2132-2	Conduct a comparative, double-blind, randomized, multi-center trial, in patients ages 2 to < 18 years, to evaluate the safety, efficacy, and tolerability of posaconazole for the prophylaxis of invasive fungal infections (IFI) in pediatric patients with known or expected neutropenia. Final Report Submission. This study is being conducted for NDA 205053 and NDA 205596.
PIFELTRO	doravirine	NDA 210806 US	31-Jan-2022	Ongoing		PMR 3415-1	Conduct a study to evaluate the pharmacokinetics, safety and antiviral activity (efficacy) of doravirine in HIV-1 infected pediatric subjects less than 18 years of age and weighing at least 35 kg. The safety and ntiviral activity of doravirine in pediatric subjects must be evaluated for a minimum of 24 weeks. Final Report Submission

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PIFELTRO	doravirine	NDA 210806 US	31-May-2024	Ongoing		PMR 3415-2	Conduct a study to evaluate the pharmacokinetics, safety and antiviral activity (efficacy) of doravirine in HIV-1 infected pediatric subjects at least 2 years of age and weighing less than 35 kg. The study participants must be followed for a minimum of 24 weeks to assess the safety and antiviral activity of doravirine. Final Report Submission
PIFELTRO	doravirine	NDA 210806 US	28-Feb-2029	Ongoing		PMR 3415-3	Conduct a study to evaluate the pharmacokinetics, safety and antiviral activity (efficacy) of doravirine in HIV-1 infected pediatric subjects 4 weeks of age to 23 months of age. The study participants must be followed for a minimum of 24 weeks to assess the safety and antiviral activity of doravirine. Final Report Submission
PREVYMIS	letermovir	NDA 209939 tablet US	29-Feb-2020	Ongoing		PMR 3295-1	Conduct phenotypic analysis of letermovir against human CMV (HCMV) mutants carrying the following pUL56 and pUL89 substitutions using bacterial artificial chromosome technology: -pUL56: M3V, E237G, C325W, E485G, E485G + SNS445-447 deletion, S255L, Y575C, and R816W. -pUL89: I531T Include previously identified substitutions with a range of susceptibilities from low fold change (e.g. pUL56 L257I) to high fold change (e.g. pUL56 C325Y) as references. Final Report Submission. This study is being conducted for NDA 209939 and NDA 209940.
PREVYMIS	letermovir	NDA 209940 injection US	29-Feb-2020	Ongoing		PMR 3295-1	Conduct phenotypic analysis of letermovir against human CMV (HCMV) mutants carrying the following pUL56 and pUL89 substitutions using bacterial artificial chromosome technology: -pUL56: M3V, E237G, C325W, E485G, E485G + SNS445-447 deletion, S255L, Y575C, and R816W. -pUL89: I531T Include previously identified substitutions with a range of susceptibilities from low fold change (e.g. pUL56 L257I) to high fold change (e.g. pUL56 C325Y) as references. Final Report Submission. This study is being conducted for NDA 209939 and NDA 209940.
SIVEXTRO®	tedizolid phosphate	NDA 205435 US	30-Jun-2017	Ongoing	FDA deferral extension approved on 29-Jan-2018; Final Report Submission is due on 31-Oct-2019	PMR 2159-1	Conduct a randomized Single-Blind, Multicenter Safety and Efficacy Study of Intravenous to Oral SIVEXTRO (tedizolid phosphate) and Intravenous to Oral Comparator for the Treatment of Acute Bacterial Skin and Skin Structure Infections in Pediatric Patients Aged 12 to <18 Years. Final Report Submission. This study is being conducted for NDA 205435 and NDA 205436.
SIVEXTRO®	tedizolid phosphate	NDA 205436 US	30-Jun-2017	Ongoing	FDA deferral extension approved on 29-Jan-2018; Final Report Submission is due on 31-Oct-2019	PMR 2159-1	Conduct a randomized Single-Blind, Multicenter Safety and Efficacy Study of Intravenous to Oral SIVEXTRO (tedizolid phosphate) and Intravenous to Oral Comparator for the Treatment of Acute Bacterial Skin and Skin Structure Infections in Pediatric Patients Aged 12 to <18 Years. Final Report Submission. This study is being conducted for NDA 205435 and NDA 205436.

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SIVEXTRO®	tedizolid phosphate	NDA 205435 US	30-Apr-2017	Ongoing	FDA deferral extension approved on 29-Jan-2018; Final Report Submission is due on 31-Oct-2019	PMR 2159-4	Conduct a Phase 1, Single-Dose Safety and Pharmacokinetic Study of Oral and IV SIVEXTRO in Inpatients 2 to <12 Years of Age. Final Report Submission. This study is being conducted for NDA 205435 and NDA 205436.
SIVEXTRO®	tedizolid phosphate	NDA 205436 US	30-Apr-2017	Ongoing	FDA deferral extension approved on 29-Jan-2018; Final Report Submission is due on 31-Oct-2019	PMR 2159-4	Conduct a Phase 1, Single-Dose Safety and Pharmacokinetic Study of Oral and IV SIVEXTRO in Inpatients 2 to <12 Years of Age. Final Report Submission. This study is being conducted for NDA 205435 and NDA 205436.
SIVEXTRO®	tedizolid phosphate	NDA 205435 US	31-Jul-2019	Pending	FDA deferral extension approved on 29-Jan-2018; Final Report Submission is due on 31-May-2021.	PMR 2159-5	Conduct a Phase 1 Single-Dose Safety and Pharmacokinetic Study of Oral and Intravenous SIVEXTRO in Inpatients Under 2 Years Old. Final Report Submission. This study is being conducted for NDA 205435 and NDA 205436.
SIVEXTRO®	tedizolid phosphate	NDA 205436 US	31-Jul-2019	Pending	FDA deferral extension approved on 29-Jan-2018; Final Report Submission is due on 31-May-2021	PMR 2159-5	Conduct a Phase 1 Single-Dose Safety and Pharmacokinetic Study of Oral and Intravenous SIVEXTRO in Inpatients Under 2 Years Old. Final Report Submission. This study is being conducted for NDA 205435 and NDA 205436.
SIVEXTRO®	tedizolid phosphate	NDA 205435 US	31-Aug-2020	Ongoing		PMR 2159-6	Conduct US surveillance studies for five years from the date of marketing SIVEXTRO to determine if resistance to tedizolid has developed in those organisms specific to the indication in the label for ABSSSI. Final Report Submission. This study is being conducted for NDA 205435 and NDA 205436.
SIVEXTRO®	tedizolid phosphate	NDA 205436 US	31-Aug-2020	Ongoing		PMR 2159-6	Conduct US surveillance studies for five years from the date of marketing SIVEXTRO to determine if resistance to tedizolid has developed in those organisms specific to the indication in the label for ABSSSI. Final Report Submission. This study is being conducted for NDA 205435 and NDA 205436.
SIVEXTRO®	tedizolid phosphate	NDA 205435 US	31-Aug-2021	Ongoing		PMR 2159-7	Conduct a Randomized, Single Blind, Multicenter Safety and Efficacy Study of Intravenous to Oral Sivextro (tedizolid phosphate) and Intravenous to Oral Comparator for the Treatment of Acute Bacterial Skin and Skin Structure Infections in Pediatric Patients Aged Birth to <12 Years. Final Report Submission. This study is being conducted for NDA 205435 and NDA 205436.
SIVEXTRO®	tedizolid phosphate	NDA 205436 US	31-Aug-2021	Ongoing		PMR 2159-7	Conduct a Randomized, Single Blind, Multicenter Safety and Efficacy Study of Intravenous to Oral Sivextro (tedizolid phosphate) and Intravenous to Oral Comparator for the Treatment of Acute Bacterial Skin and Skin Structure Infections in Pediatric Patients Aged Birth to <12 Years. Final Report Submission. This study is being conducted for NDA 205435 and NDA 205436.

US Postmarketing Requirements

Status as of 12-Apr-2019

Registered Trade Name	Generic Name	NDA/BLA #	Original Due Date	Status	Explanation of Status	PMR #	PMR Description
STEGLATRO	ertugliflozin	NDA 209803 US	30-Sep-2026	Pending		PMR 3311-1	Conduct a 24-week, randomized, double-blind, placebo-controlled, parallel group study of the safety, efficacy, and pharmacokinetics (PK) of ertugliflozin as add-on to metformin background therapy for the treatment of type 2 diabetes mellitus in pediatric patients ages 10 to 17 years (inclusive), followed by a 30-week doubleblind, controlled extension. Patients will be randomized to receive one of two doses of ertugliflozin or placebo once daily. The ertugliflozin doses will be determined using a population PK model derived from the Phase 3 program (in adult subjects) for ertugliflozin. As part of the pediatric study, sparse blood samples for population PK and exposures-response analysis will be collected. An interim analysis of the PK data will be performed during this study to confirm acceptable exposure to ertugliflozin with the selected doses. Final Report Submission
STEGLATRO	ertugliflozin	NDA 209803 US	31-Dec-2020	Pending		PMR 3311-2	Conduct a randomized, double blind, placebo-controlled trial evaluating the effect of ertugliflozin on the incidence of major adverse cardiovascular events (MACE) in subjects with type 2 diabetes mellitus. The primary objective of the trial should be to demonstrate that the upper bound of the 2-sided 95% confidence interval for the estimated risk ratio comparing the incidence of MACE (non-fatal myocardial infarction, non-fatal stroke, cardiovascular death) observed with ertugliflozin to that observed in the placebo group is less than 1.3. This trial must also assess pregnancy outcomes and the following adverse events: amputations, ketoacidosis, complicated genital infections, complicated urinary tract infections, fractures, pancreatitis, serious hypersensitivity events, and malignancies. The estimated glomerular filtration rate (eGFR) should also be monitored over time to assess effects on renal function. Final Report Submission
ZEPATIER	grazoprevir (+) elbasvir	NDA 208261 US	31-Jan-2021	Ongoing		PMR 3008-1	Conduct a study to evaluate the pharmacokinetics, safety and treatment response (using sustained virologic response) of elbasvir and grazoprevir in pediatric subjects 3 to 17 years of age with chronic hepatitis C infection. Final Report Submission
ZEPATIER	grazoprevir (+) elbasvir	NDA 208261 US	31-Dec-2018	Submitted		PMR 3008-5	Conduct a trial in hepatitis C virus genotype 1a infected subjects with at least one baseline NS5A polymorphism at amino acid position 28, 30, 31, or 93 to evaluate if treatment with elbasvir/grazoprevir and ribavirin for at least 16 weeks reduces the rate of virologic failure and the rate of treatment-emergent drug resistant viral populations. The trial should have adequate representation of subjects with baseline NS5A polymorphisms that have been demonstrated to have the greatest impact on elbasvir/grazoprevir efficacy in clinical trials evaluating recommended regimens. Final Report Submission

US Postmarketing Requirements

Status as of 12-Apr-2019

Registered Trade Name	Generic Name	NDA/BLA #	Original Due Date	Status	Explanation of Status	PMR #	PMR Description
ZERBAXA™	ceftolozane sulfate (+) tazobactam sodium	NDA 206829 US	31-Dec-2020	Pending		PMR 2809-1	Conduct a randomized, double-blind, multicenter, comparative study to establish the safety and tolerability profile of ceftolozane/tazobactam compared to that of meropenem in hospitalized children from birth to <18 years with cUTI. The dose for this study will be determined upon review of the data to be submitted by December 2016 from a single-dose, multicenter, non-comparative study assessing the pharmacokinetics (PK) of ceftolozane/tazobactam in pediatric patients ages 0 to <18 years that was initiated in June 2014. Final Report Submission
ZERBAXA™	ceftolozane sulfate (+) tazobactam sodium	NDA 206829 US	31-Dec-2020	Pending		PMR 2809-2	A randomized, double-blind, multicenter, comparative study to establish the safety and tolerability profile of ceftolozane/tazobactam compared to that of meropenem in hospitalized children from birth to <18 years with cIAI. The dose from this study will be determined upon review of the data to be submitted by December 2016 from the a single-dose, multicenter, non-comparative study to assessing the PK pharmacokinetics (PK) of ceftolozane/tazobactam in pediatric patients ages 0 to <18 years that was initiated in June 2014. Final Report Submission
ZERBAXA™	ceftolozane sulfate (+) tazobactam sodium	NDA 206829 US	31-May-2020	Ongoing		PMR 2809-3	Conduct a prospective study over a five-year period after the introduction of ZERBAXA (ceftolozane/tazobactam) to the market to determine if decreased susceptibility of ZERBAXA (ceftolozane/tazobactam) is occurring in the target population of bacteria that are in the approved ZERBAXA (ceftolozane/tazobactam) label. Final Report Submission
ZINPLAVA	bezlotoxumab	BLA 761046 US	30-Nov-2022	Ongoing		PMR 3118-1	Conduct a randomized, double-blind, placebo-controlled trial of safety, efficacy, and pharmacokinetics of Zinplava (bezlotoxumab) in pediatric patients from 1 to less than 18 years of age receiving antibacterial therapy for C. difficile infection. Final Report Submission