

**CENTER FOR DRUG EVALUATION AND RESEARCH**

**Approval Package for:**

***APPLICATION NUMBER:***

**20-597/S026**

***Trade Name:*** Xalatan

***Generic Name:*** Latanprost

***Sponsor:*** Pharmacia and Upjohn

***Approval Date:*** 11/15/2002

# CENTER FOR DRUG EVALUATION AND RESEARCH

**APPLICATION NUMBER:  
20-597/S026**

## CONTENTS

### Reviews / Information Included in this NDA Review.

<b>Approval Letter</b>	✓
<b>Other Action Letters</b>	
<b>Labeling</b>	
<b>REMS</b>	
<b>Summary Review</b>	
<b>Officer/Employee List</b>	
<b>Office Director Memo</b>	
<b>Cross Discipline Team Leader Review</b>	
<b>Medical Review(s)</b>	
<b>Chemistry Review(s)</b>	✓
<b>Environmental Assessment</b>	
<b>Pharmacology Review(s)</b>	
<b>Statistical Review(s)</b>	
<b>Microbiology Review(s)</b>	✓
<b>Clinical Pharmacology/Biopharmaceutics Review(s)</b>	
<b>Other Reviews</b>	
<b>Risk Assessment and Risk Mitigation Review(s)</b>	
<b>Proprietary Name Review(s)</b>	
<b>Administrative/Correspondence Document(s)</b>	✓

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*APPLICATION NUMBER:*

**20-597/S026**

**APPROVAL LETTER**



NDA 20-597/S-026

Pharmacia & Upjohn Company  
Attention: Diane M. Gremban  
Senior Regulatory Manager  
7000 Portage Road  
Kalamazoo, Michigan 49001

Dear Ms. Gremban:

Please refer to your supplemental new drug application dated July 12, 2002, received July 15, 2002, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Xalatan (latanoprost ophthalmic solution) 0.005%.

This supplemental new drug application provides for an alternate drug product manufacturing process in a new line at Automatic Liquid Packaging, Woodstock, Illinois.

We have completed the review of this supplemental application, and it is approved.

We remind you that you must comply with the requirements for an approved NDA set forth under 21 CFR 314.80 and 314.81.

If you have any questions, call Michael Puglisi, Project Manager, at (301) 827-2090.

Sincerely,

*{See appended electronic signature page}*

Linda L. Ng, Ph.D.  
Chemistry Team Leader for the  
Division of Anti-Inflammatory, Analgesic and  
Ophthalmic Drug Products, HFD-550  
DNDC III, Office of New Drug Chemistry  
Center for Drug Evaluation and Research

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/s/

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Linda Ng  
11/15/02 03:33:58 PM

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*APPLICATION NUMBER:*  
**20-597/S026**

**CHEMISTRY REVIEW(S)**

<b>Chemistry Review</b> #2	<b>1. Division</b> HFD-550	<b>2. NDA Number</b> 20-597								
<b>3. Name and Address of Applicant</b> Pharmacia & Upjohn 7000 portage Rd. Kalamazoo, MI 49001	<b>4. Supplement</b> <table border="1"> <thead> <tr> <th>Number</th> <th>Letter Date</th> <th>Stamp Date</th> <th>Due Date</th> </tr> </thead> <tbody> <tr> <td>SCM-026</td> <td>7/12/02</td> <td>7/15/02</td> <td></td> </tr> </tbody> </table>		Number	Letter Date	Stamp Date	Due Date	SCM-026	7/12/02	7/15/02	
Number	Letter Date	Stamp Date	Due Date							
SCM-026	7/12/02	7/15/02								
<b>5. Name of Drug</b> Xalatan	<b>6. Nonproprietary Name</b> Latanoprost Ophthalmic Solution									
<b>7. Supplement Provides for:</b> An alternate manufacturing process in a new line for the drug product at ALP , Woodstock, IL. This is a PA supplement		<b>8. Amendment(s)</b>								
<b>9. Pharmacological Category</b> Anti-hypertensive	<b>10. How Dispensed</b> Rx	<b>11. Related Documents</b> FDA e-mail dated 8/12/02 and 8/28/02								
<b>12. Dosage Form</b> Solution	<b>13. Potency(ies)</b> 0.005%									
<b>14. Chemical Name and Structure</b> see USAN										
<b>15. Comments</b> The application was approved on 6/5/96.  The supplement proposed an addition of an alternate manufacturing process (b) (4) In addition the approved manufacturing process will be changed when used (b) (4). The primary differences were discussed in chemist's review #1 dated 10/21/02. The supplement was in "approvable" status pending for a satisfactory microbiology review (b) (4) Microbiologist review is complete and the application is recommended for "Approval".										
<b>16. Conclusions and Recommendations</b> application is recommended for approval from a chemistry, manufacturing & control standpoint.										
<b>17. Name</b> Su C. Tso, Ph.D.	<b>Signature</b>	<b>Date</b> 11/13/02								
Concurrence Linda Ng, Ph.D., Team Leader										

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/s/

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Su Tso  
11/13/02 02:09:52 PM  
CHEMIST

Linda Ng  
11/14/02 08:50:47 AM  
CHEMIST  
PM to prepare AP letter

<b>Chemistry Review</b> #1	<b>1. Division</b> HFD-550	<b>2. NDA Number</b> 20-597								
<b>3. Name and Address of Applicant</b> Pharmacia & Upjohn 7000 portage Rd. Kalamazoo, MI 49001	<b>4. Supplement</b> <table border="1"> <thead> <tr> <th>Number</th> <th>Letter Date</th> <th>Stamp Date</th> <th>Due Date</th> </tr> </thead> <tbody> <tr> <td>SCM-026</td> <td>7/12/02</td> <td>7/15/02</td> <td></td> </tr> </tbody> </table>		Number	Letter Date	Stamp Date	Due Date	SCM-026	7/12/02	7/15/02	
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<b>9. Pharmacological Category</b> Anti-hypertensive	<b>10. How Dispensed</b> R	<b>11. Related Documents</b> FDA e-mail dated 8/12/02 and 8/28/02								
<b>12. Dosage Form</b> Solution	<b>13. Potency(ies)</b> 0.005%									
<b>14. Chemical Name and Structure</b> see USAN										
<b>15. Comments</b> The application was approved on 6/5/96.  The supplement proposed an addition of an alternate manufacturing process (b) (4) In addition the approved manufacturing process will be changed when used (b) (4) The primary differences in the two processes are:  (b) (4)  For detail, refer to REVIEWER NOTES.  Process validation is consulted to microbiologist for review  The addition of the (b) (4)  Automatic Liquid Packaging was inspected on 3/5/01, District recommended, on 4/24/01, "withhold" of the application due to validation failure. New EES is requested on 7/20/02. Currently the manufacturing site at ALP (b) (4) in GMP compliance as of 9/25/02.										
<b>16. Conclusions and Recommendations</b> application is recommended for approval from a chemistry, manufacturing & control standpoint However, the final approval is pending for a satisfactory microbiology review.										
<b>17. Name</b> Su C. Tso, Ph.D.	<b>Signature</b>	<b>Date</b> 10/21/02								
Concurrence Linda Ng, Ph.D., Team Leader										

7 Page (s) Withheld

§ 552(b)(4) Trade Secret /  
Confidential

§ 552(b)(4) Draft Labeling

§ 552(b)(5) Deliberative Process

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/s/

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Su Tso  
10/21/02 01:14:47 PM  
CHEMIST

The final approval is pending for a satisfactory microbiology  
review

Linda Ng  
10/21/02 04:41:46 PM  
CHEMIST  
Micro review is pending

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*APPLICATION NUMBER:*

**20-597/S026**

**MICROBIOLOGY REVIEW(S)**

# Product Quality Microbiology Review

## Review for HFD-550

October 22, 2002

**NDA:** 20-597/SCS-026

**Drug Product Name**

**Proprietary:** XALATAN™

**Non-proprietary:** Latanoprost Ophthalmic Solution

**Drug Product Classification:** Topical Ophthalmic

**Review Number:** 1

**Subject of this Review**

**Submission Date:** 7/12/02

**Receipt Date:** 7/15/02

**Consult Date:** 7/18/02

**Date Assigned for Review:** 8/23/02

**Applicant/Sponsor**

**Name:** Pharmacia & Upjohn Co.

**Address:** 7000 Portage Road  
Kalamazoo, MI 49001-4000

**Representative:** Diane Gremban

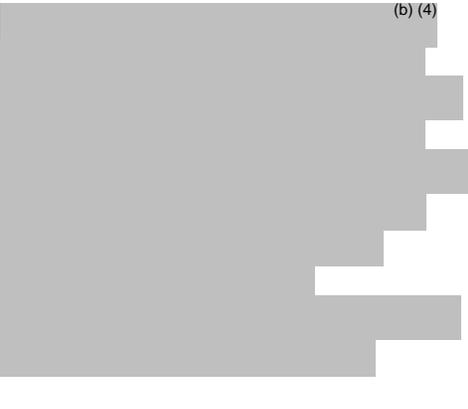
**Telephone:** (616) 833-8237

**Name of Reviewer:** James L. McVey

**Conclusion:** This supplement requesting [REDACTED] (b) (4)  
[REDACTED] the manufacture of latanoprost ophthalmic solution for Pharmacia & Upjohn is recommended for approval from a product quality microbiology perspective.

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## Product Quality Microbiology Data Sheet

- A. 1. **TYPE OF SUPPLEMENT:** Prior Approval
2. **SUPPLEMENT PROVIDES FOR:**  (b) (4)
3. **MANUFACTURING SITE:** Automatic Liquid Packaging  
2200 Lake Shore Drive  
Woodstock, IL. 60098
4. **DOSAGE FORM, ROUTE OF ADMINISTRATION AND STRENGTH/POTENCY:** Eyedrop, 0.005% (50 µg/mL). One drop contains about 1.5 µg latanoprost. The fill volume is 2.5 mL.
5. **METHOD(S) OF STERILIZATION:**  (b) (4)
6. **PHARMACOLOGICAL CATEGORY:** A selective prostanoid FP receptor agonist.
- B. **SUPPORTING/RELATED DOCUMENTS:** n.a.
- C. **REMARKS:**  (b) (4)

filename: 20597s26r1

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## **Executive Summary**

### **I. Recommendations**

- A. Recommendation on Approvability** – The supplement is recommended for approval from a product quality microbiology standpoint.
  
- B. Recommendations on Phase 4 Commitments and/or Agreements, if Approvable** – n.a.

### **II. Summary of Microbiology Assessments**

- A. Brief Description of the Manufacturing Processes that relate to Product Quality Microbiology** – (b) (4)



- B. Brief Description of Microbiology Deficiencies** – n.a.
  
- C. Assessment of Risk Due to Microbiology Deficiencies** – No deficiencies were found so the risk is minimal.

### **III. Administrative**

- A. Reviewer's Signature** \_\_\_\_\_
  
- B. Endorsement Block**  
Microbiologist. James L. McVey  
Microbiology Supervisor. Peter Cooney
  
- C. CC Block**  
HFD- 805/Division File/20597S26r1

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§ 552(b)(4) Draft Labeling

§ 552(b)(5) Deliberative Process

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/s/

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James McVey  
11/13/02 07:01:27 AM  
MICROBIOLOGIST

Peter Cooney  
11/13/02 09:43:36 AM  
MICROBIOLOGIST

**CENTER FOR DRUG EVALUATION AND  
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*APPLICATION NUMBER:*

**20-597/S026**

**ADMINISTRATIVE and CORRESPONDENCE  
DOCUMENTS**

# REQUEST FOR CONSULTATION

TO (Division/Office):

**Peter Cooney / HFD-805**

FROM:

**Mike Puglisi, Project Manager HFD-550**

DATE  
July 18, 2002

IND NO.

NDA NO.  
20-597/S-026

TYPE OF DOCUMENT  
CMC Supplement

DATE OF DOCUMENT  
July 12, 2002

NAME OF DRUG  
Xalatan Ophthalmic Solution

PRIORITY CONSIDERATION

CLASSIFICATION OF DRUG

DESIRED COMPLETION DATE  
October 15, 2002

NAME OF FIRM: Pharmacia & Upjohn

## REASON FOR REQUEST

### I. GENERAL

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> NEW PROTOCOL                  | <input type="checkbox"/> PRE--NDA MEETING        | <input type="checkbox"/> RESPONSE TO DEFICIENCY LETTER |
| <input type="checkbox"/> PROGRESS REPORT               | <input type="checkbox"/> END OF PHASE II MEETING | <input type="checkbox"/> FINAL PRINTED LABELING        |
| <input type="checkbox"/> NEW CORRESPONDENCE            | <input type="checkbox"/> RESUBMISSION            | <input type="checkbox"/> LABELING REVISION             |
| <input type="checkbox"/> DRUG ADVERTISING              | <input type="checkbox"/> SAFETY/EFFICACY         | <input type="checkbox"/> ORIGINAL NEW CORRESPONDENCE   |
| <input type="checkbox"/> ADVERSE REACTION REPORT       | <input type="checkbox"/> PAPER NDA               | <input type="checkbox"/> FORMULATIVE REVIEW            |
| <input type="checkbox"/> MANUFACTURING CHANGE/ADDITION | <input type="checkbox"/> CONTROL SUPPLEMENT      | <input type="checkbox"/> OTHER (SPECIFY BELOW):        |
| <input type="checkbox"/> MEETING PLANNED BY            |  |  |

STATISTICAL EVALUATION BRANCH

STATISTICAL APPLICATION BRANCH

- TYPE A OR B NDA REVIEW  
 END OF PHASE II MEETING  
 CONTROLLED STUDIES  
 PROTOCOL REVIEW  
 OTHER (SPECIFY BELOW):

- CHEMISTRY REVIEW  
 PHARMACOLOGY  
 BIOPHARMACEUTICS  
 OTHER (SPECIFY BELOW):

### III. BIOPHARMACEUTICS

- |  |   |
|--|---|
| <input type="checkbox"/> DISSOLUTION             | <input type="checkbox"/> DEFICIENCY LETTER RESPONSE |
| <input type="checkbox"/> BIOAVAILABILITY STUDIES | <input type="checkbox"/> PROTOCOL-BIOPHARMACEUTICS  |
| <input type="checkbox"/> PHASE IV STUDIES        | <input type="checkbox"/> IN-VIVO WAIVER REQUEST     |

### IV. DRUG EXPERIENCE

- |  |  |
|--|--|
| <input type="checkbox"/> PHASE IV SURVEILLANCE/EPIDEMIOLOGY PROTOCOL             | <input type="checkbox"/> REVIEW OF MARKETING EXPERIENCE, DRUG USE AND SAFETY |
| <input type="checkbox"/> DRUG USE e.g. POPULATION EXPOSURE, ASSOCIATED DIAGNOSES | <input type="checkbox"/> SUMMARY OF ADVERSE EXPERIENCE                       |
| <input type="checkbox"/> CASE REPORTS OF SPECIFIC REACTIONS (List below)         | <input type="checkbox"/> POISON RISK ANALYSIS                                |
| <input type="checkbox"/> COMPARATIVE RISK ASSESSMENT ON GENERIC DRUG GROUP       |  |

### V. SCIENTIFIC INVESTIGATIONS

CLINICAL

PRECLINICAL

#### COMMENTS/SPECIAL INSTRUCTIONS:

Peter-

Please provide a micro review for this cmc supplement. It provides for a new manufacturing process in (b) (4) (b) (4) This is a paper submission. I'll send the jackets (2 volumes) to you through the document room. Please let me know if I can assist your staff's review in any way. Thanks.

-Mike

SIGNATURE OF REQUESTER

METHOD OF DELIVERY (Check one)

MAIL

HAND

SIGNATURE OF RECEIVER

SIGNATURE OF DELIVERER

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Michael Puglisi  
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