

CENTER FOR DRUG EVALUATION AND RESEARCH

Approval Package for:

APPLICATION NUMBER:

50-587 / S-059

***Trade Name:* Primaxin**

***Generic Name:* Cilastatin sodium; imipenem**

***Sponsor:* Merck and Co.**

***Approval Date:* May 28, 2002**

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APPLICATION NUMBER:

50-587 / S-059

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APPROVAL LETTER



NDA 50-587/S-059

Merck Research Laboratories
Attention: Virginia G. Snyder
Manager, Regulatory Affairs
P. O. Box 4
Sumneytown Pike, BLA-20
West Point, PA 19486

Dear Ms. Snyder:

Please refer to your supplemental new drug application dated March 27, 2002, received March 28, 2002, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for PRIMAXIN™ IV for Injection (Imipenem and Cilastatin). We note that this application is subject to the exemption provisions contained in section 125(d)(2) of Title I of the FDA Modernization Act of 1997.

This supplemental new drug application provides for a change from : _____

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 Maureen Dillon-Parker, Project Manager, at (301) 827-2125.

Sincerely,

{See appended electronic signature page}

David B. Katague, Ph.D.
Chemistry Team Leader for the
Division of Anti-Infective Drug Products, (HFD-520)
DNDC III, Office of New Drug Chemistry
Center for Drug Evaluation and Research

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/s/

David Katague
7/9/02 12:13:26 PM

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APPLICATION NUMBER:

50-587 / S-059

CHEMISTRY REVIEW(S)

NDA SUPPLEMENT REVIEW

CHEMIST'S REVIEW	1. ORGANIZATION.	2. NDA NUMBER
1 DAIDP (HFD-520)		50-587
3. NAME & ADDRESS OF APPLICANT	4. AF NUMBER	
Merck and Co P. O. Box 4 Sumneytown Pike, BLA-20 West Point, PA. 19486		
	5. SUPPLEMENT(s) NUMBER(s) DATE(s).	
	SCP-059 3/27/02	
6. NAME OF DRUG	7. NONPROPRIETARY NAME	
PRIMAXIN for Injection	Imipenem-Cilastatin for Injection	
8. SUPPLEMENT(s) PROVIDES FOR:	A change from a _____	
9. AMENDMENTS AND OTHER (REPORTS, etc.) DATES	None	
10. PHARMACOLOGICAL CATEGORY	11. HOW DISPENSED	12. RELATED IND/NDA/DMF(s)
Antibiotic	Rx XX OTC	
13. DOSAGE FORM(s)	14. POTENCY(ies)	
Powder	250mg, 500mg	
15. CHEMICAL NAME AND STRUCTURE	16. RECORDS AND REPORTS	
m.w.	CURRENT	
CAS Registry No. - -	x Yes X No	
_REVIEWED	REVIEWED	
	Yes X No	
17. COMMENTS		
This drug is the subject of a compendial monograph, USP XXIV, p.864 See items 26, 29 and 35 for detailed comments.		
18. CONCLUSIONS AND RECOMMENDATIONS:		
Recommend approval letter to issue for this supplement.		
cc: Orig: NDA 50-587 HFD-520		
HFD-520/Div File HFD-520/MO/Smith		
HFD-520/Pharm/Ellis HFD-520/CSO/Dillon Parker		
HFD-520/Shetty HFD-520/D. Katague:R/D initialed		
19	REVIEWER	
NAME: B. Vithal Shetty, Ph.D.		6/25/02
SIGNATURE		DATE COMPLETED
DISTRIBUTION ORIGINAL JACKET REVIEWER DIVISION FILE		

33. Establishment : NA

34. Recalls: NA

35 Environmental Assessment: Adequate

The firm requests a categorical exclusion from the requirements to prepare an Environmental Assessment under 21 CFR 25.31 (a)

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/s/

B.V. Shetty
6/26/02 11:43:07 AM
CHEMIST

David Katague
6/26/02 12:12:17 PM
CHEMIST

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APPLICATION NUMBER:

50-587 / S-059

ADMINISTRATIVE and CORRESPONDENCE
DOCUMENTS



NDA 50-587/S-059

PRIOR APPROVAL SUPPLEMENT

Merck Research Laboratories
Attention: Virginia G. Snyder
Manager, Regulatory Affairs
P.O. Box 4, BLA 20
West Point, PA 19486

Dear Ms. Snyder:

We have received your supplemental drug application submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for the following:

Name of Drug Product: PRIMAXIN™ IV for Injection (imipenem and cilastatin)

NDA Number: 50-587

Supplement Number: S-059

Date of Supplement: March 27, 2002

Date of Receipt: March 28, 2002

This supplement proposes the following change(s): a change from a _____
the _____

Unless we notify you within 60 days of our receipt date that the application is not sufficiently complete to permit a substantive review, this application will be filed under section 505(b) of the Act on May 28, 2002 in accordance with 21 CFR 314.101(a). If the application is filed, the primary user fee goal date will be July 28, 2002 and the secondary user fee goal date will be September 28, 2002.

Please cite the application number listed above at the top of the first page of any communications concerning this application. All communications concerning this supplemental application should be addressed as follows:

U.S. Postal Service:

Food and Drug Administration
Center for Drug Evaluation and Research
Division of Anti-Infective Drug Products
HFD-520
Attention: Division Document Room
5600 Fishers Lane
Rockville, Maryland 20857

Courier/Overnight Mail:

Food and Drug Administration
Center for Drug Evaluation and Research
Division of Anti-Infective Drug Products
HFD-520
Attention: Division Document Room
9201 Corporate Blvd.
Rockville, Maryland 20850-3202

If you have any questions, call Maureen Dillon-Parker, Project Manager, at (301) 827-2125.

Sincerely,

{See appended electronic signature page}

Frances V. LeSane
Chief, Project Management Staff
Division of Anti-Infective Drug Products
Office of Drug Evaluation IV
Center for Drug Evaluation and Research

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/s/

Frances LeSane
6/17/02 11:31:46 AM