DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

NDA 18-883/S-028
NDA 20-171/S-010

Fresenius Medical Care North America
Attention: Ms. Dale Kapp
95 Hayden Avenue
Lexington, MA 02420

Dear Ms. Kapp:

Please refer to your supplemental new drug applications dated May 27, 2003, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Delflex Standard and Low Magnesium Peritoneal Solution (NDA 18-883/S-028) and Delflex PD Solution Low Calcium/Low Magnesium Peritoneal Solution (NDA 20-171/S-010).

We also refer to your submissions dated July 7 and November 4, 2003.

These "Changes Being Effected in 30 days" supplemental new drug applications provide for the use of the stay•safe patient connector as an alternate patient connector.

These supplemental new drug applications propose the following revisions to the labeling:

Immediate Container and Case

1. The Product Trade Name has been revised from:

- Delflex® PD Solution Premier™ Plus Container with Povidone Iodine Pre-Filled Safe-Lock® Connector and Attached Exchange Set

to:

- Delflex® PD Solution with Attached stay•safe® Exchange Set

2. The catalog number has been revised from:

- 057-XXXXX product series

to:

- 054-XXXXX product series

3. The NDC Number has been revised from:

- the 49230--XXX--8X package code

to:

- a –49230—XXX--9X package code

4. The Label Tracking Information has been revised to:
- change part number of the container and case labels
- change revision date
- change ml to mL for solution bag quantity and excess information.

Product Insert

5. The Description section has been revised from:
- Delflex® Peritoneal dialysis solutions utilize a Safe-Lock Connection System. The Safe-Lock connectors were designed to prevent touch contamination of the internal connection components.

to:
- The stay•safe® exchange set utilizes an easy to use dial designed to eliminate the use of clamps and to prevent touch contamination of internal connection components.

6. The How Supplied section has been revised from:
- Delflex® Peritoneal dialysis solutions with a Povidone Iodine Pre-filled Safe-Lock Connector are available in containers as shown in the table in the Description section.

to:
- Delflex® Peritoneal dialysis solutions with an attached stay•safe® exchange set are available as shown in the table in the Description section.

7. The following steps under the Exchange Procedure section have been revised as follows:
Step 2. from:
- Warmed Premier™ Plus Container; Del-Clamp™ closure; Two recommended occluding clamps

to:
- Warmed stay•safe® container; stay•safe® Organizer(optional); a Povidone Iodine Pre- filled stay•safe® Cap

Step 3. from:
- Clamp the patient catheter or catheter extension line with an occluding clamp.

to:
- Close stay•safe® extension set clamp.

Step 5. from:
- Open and remove the overwrap immediately before use by tearing the top of the overwrap pouch and removing the container. Wipe off any moisture on the outside of the solution container.

to:
- Open the stay•safe® container by tearing from a notched edge of the package overwrap. Wipe any moisture from the container.

Step 6. from:
- Lay out the solution container and drain bag on the work surface. Unroll coiled tubing and separate the fill and drain bag. Check the bag label for the expiration date and correct dextrose concentration.

to:
- Place the stay•safe® set on the work surface. Separate the fill and drain bag.

Step 7. from:

- Check the solution to assure that it is clear. Hold the bag up to the light source and visually inspect for particulate matter and discoloration. Color may vary from clear to slightly yellow but does not affect the product efficacy and may be used.

to:

- Verify the integrity of the solution bag by squeezing the bag to check that there are no leaks and the solution looks clear. Color variation from clear to slightly yellow will not affect efficacy and may still be used. Check the expiration date. Check for correct dextrose concentration. Do not use if there is any doubt about the integrity of the solution or packaging.

Step 8. from:

- Verify the integrity of the solution bag by squeezing the container firmly to check for leakage. Do not use if there is any doubt about the integrity of the solution or packaging.

to:

- Turn the position indicator on the stay•safe® disc counter-clockwise until it fits into the cut-out portion of the colored plastic cover on the disc as illustrated in Figure 1. Remove the plastic cover while indicator is in this position (position 1; •). Once the cover is removed, do not turn counter-clockwise.

Step 10. from:

- The Pre-Filled Safe-Lock patient connector contains Povidone Iodine. Do not add additional disinfectant.

to:

- Hang the solution bag on an I.V. pole and place the drain bag at floor level. Break the frangible in the solution bag outlet port. (if using the organizer, place the stay•safe® disc in the organizer, as illustrated in Figure 2.)

Step 11. from:

- Carefully remove sealing cap or sealed portion of tubing from the patient's catheter adapter.

to:

- Remove the stay•safe® Cap from its packaging. (If using the organizer, place in right or left notch of the organizer, as illustrated in Figure 2. Place the stay•safe® Extension Set in the other notch of the organizer.)

Step 12. from:

- Aseptically connect the patient connector to the patient catheter adapter. The connection is correctly made when the O-Ring is covered.

to:

- Remove the protective cap from the stay• safe disc and discard. Remove the cap from the extension set by twisting the connection counter-clockwise. (If using the organizer, leave the capped end of the extension set in the organizer and twist the extension set connector counter clock-wise to remove the set from its cap.) Aseptically connect the extension set to the connector on the stay•safe® disc. Twist clock-wise to secure the connection.

Step 13 from:

- Remove your mask. The system will not be opened again during the exchange.

to:

- No Change to the wording

Step 14. from:

- Hang the solution bag from an I.V. Pole.

to:

- Open the extension set clamp. Patient outflow (drain) will start immediately.

Step 15. from:

- Lower the drainage bag to floor level.

to:

- When patient drain is complete, turn the disc position indicator to Position 2 (••). This will start the flush from the solution bag to the drain bag.

Step 16. from:

- Clamp the fill line with the occluding clamp. Break the cone at the outlet port of the fill bag.

to:

- After approximately 5 seconds, turn the disc position indicator to Position 3 (•••). This will start the patient fill.

Step 17. from:

- Remove the occluding clamp on the fill line to prime the fill and drain lines with fresh solution. When the solution reaches the drain bag, clamp the fill line with the occluding clamp.

to:

- When fill is complete, turn the disc position indicator to Position 4 (••••). This will insert the closure pin of the disc into the extension set connector and seal the system.

Step 18. from:

- To drain the patient, open the occluding clamp on the patient catheter or catheter extension.

to:

- Remove the white protective cover from the new stay●safe® Cap and reserve for later use. Do not discard.

Step 19. from:

- After draining completely, clamp the drain line with the occluding clamp.

to:

- Remove the extension set from stay●safe® disc and attach a new stay●safe® Cap. Twist clockwise to secure the connection.

Step 20. from:

- To fill, open the occluding clamp on the fill line.

to:

- Seal the disc by attaching the white protective cover from the stay●safe® Cap to the disc connector. Twist clockwise to secure the connection.

Step 21. from:

- When fill is complete, clamp the fill line with the second occluding clamp. There should be a blue clamp on the fill line and on the drain line.

to:

- Observe the drained dialysate for cloudiness and measure the amount drained. Discard fluid and used set as instructed by the training facility. In case of cloudiness, save the fluid and the exchange set and immediately call the dialysis center.

We have completed the review of these supplemental applications, as amended, and they are approved, effective on the date of this letter, for use as recommended in the final printed labeling (FPL) dated July 7, 2003.

We remind you that you must comply with reporting requirements for an approved NDA (21 CFR 314.80 and 314.81).

If you have any questions, please call:

Ms. Denise M. Hinton
Regulatory Health Project Manager
(301) 594-5333

Sincerely,

{See appended electronic signature page}

Douglas C.Throckmorton, M.D.
Director
Division of Cardio-Renal Drug Products
Office of Drug Evaluation I
Center for Drug Evaluation and Research

This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.

/s/

Norman Stockbridge
11/26/03 06:25:12 AM
For Douglas Throckmorton