CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER:
21-640

MICROBIOLOGY REVIEW
Product Quality Microbiology Review
Review for HFD-550

26 AUGUST 2003

NDA: 21-640

Drug Product Name
   Proprietary: Vitrase
   Non-proprietary: Hyaluronidase, Ovine
Drug Product Priority Classification: P

Review Number: 1

Subject of this Review
   Submission Date: 4 August 2003
   Receipt Date: 5 August 2003
   Consult Date: 11 August 2003
   Date Assigned for Review: 20 August 2003

Submission History (for amendments only)
   Date(s) of Previous Submission(s): N/A
   Date(s) of Previous Micro Review(s): N/A

Applicant/Sponsor
   Name: ISTA Pharmaceuticals, Inc.
   Address: 15279 Alton parkway, Suite 100; Irvine, CA
   Representative: Marvin Garrett
   Telephone: 949-788-5303

Name of Reviewer: Bryan S. Riley, Ph.D.

Conclusion: Recommended for Approval
Product Quality Microbiology Data Sheet

A. 1. TYPE OF SUPPLEMENT: N/A

2. SUPPLEMENT PROVIDES FOR: N/A

3. MANUFACTURING SITE: Cardinal Health Pharmaceutical
   Albuquerque, NM 87109

4. DOSAGE FORM, ROUTE OF ADMINISTRATION AND STRENGTH/POTENCY: Lyophilized Powder in a 5 mL glass vial for Subcutaneous Injection,  USP units/vial

5. METHOD(S) OF STERILIZATION: 

6. PHARMACOLOGICAL CATEGORY: Adjuvant, to increase absorption and dispersion of other drugs

B. SUPPORTING/RELATED DOCUMENTS: NDA 21-414 (Vitrase)

C. REMARKS: This application refers to NDA 21-414 (Vitrase) for the CMC information. This application is for a new indication for the same drug product. NDA 21-414 was recommended for approval from the standpoint of product quality microbiology on 4 March 2003. The recommended dosage has not changed.

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Executive Summary

I. Recommendations

A. **Recommendation on Approvability** - This submission is recommended for approval on the basis of product quality microbiology.

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** - The drug product is

B. **Brief Description of Microbiology Deficiencies** – N/A

C. **Assessment of Risk Due to Microbiology Deficiencies** - The drug product is using a properly validated manufacturing process. Therefore, the drug product presents a minimal risk from the standpoint of product quality microbiology.

III. Administrative

A. **Reviewer's Signature**

B. **Endorsement Block**
   Bryan S. Riley, Ph.D. (Microbiology Reviewer)
   Peter H. Cooney, Ph.D. (Microbiology Supervisor)

C. **CC Block**
   N/A
Product Quality Microbiology Assessment

See Product Quality Microbiology Review of NDA 21-414, (Vitrase, ovine hyaluronidase, recommended for approval).

ADEQUATE
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/s/
Bryan Riley
9/24/03 10:58:20 AM
MICROBIOLOGIST

Peter Cooney
9/24/03 11:00:44 AM
MICROBIOLOGIST
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Product Quality Microbiology Review
Review for HFD-550

4 MARCH 2003

NDA: 21-414

Drug Product Name
Proprietary: Vitrase
Non-proprietary: Ovine Hyaluronidase
Drug Product Potential: Priority, Therapeutic Gain

Review Number: 1

Subject of this Review
Submission Date: 7 October 2002
Receipt Date: 9 October 2002
Consult Date: 11 October 2002
Date Assigned for Review: 21 October 2002

Submission History (for amendments only)
Date(s) of Previous Submission(s): N/A
Date(s) of Previous Micro Review(s): N/A

Applicant/Sponsor
Name: ISTA Pharmaceuticals, Inc.
Address: 15279 Alton Parkway, Suite 100; Irvine, CA 92618
Representative: Marvin Garrett, VP for Reg. Affairs, Quality and Compliance
Telephone: 949-788-5303

Name of Reviewer: Bryan S. Riley, Ph.D.

Conclusion: Recommend for Approval
Product Quality Microbiology Data Sheet

A.  1.  TYPE OF SUPPLEMENT: N/A
    2.  SUPPLEMENT PROVIDES FOR: N/A
    3.  MANUFACTURING SITE:  Cardinal Health Pharmaceutical
        Albuquerque, NM 87109
    4.  DOSAGE FORM, ROUTE OF ADMINISTRATION AND
        STRENGTH/POTENCY: Lyophilized Powder in a 5 mL glass vial for
        Intravitreal Injection, ___ USP units/vial
    5.  METHOD(S) OF STERILIZATION: ______
    6.  PHARMACOLOGICAL CATEGORY: Vitreous Hemorrhage

B.  SUPPORTING/RELATED DOCUMENTS: N/A

C.  REMARKS: N/A

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Executive Summary

I. Recommendations

A. Recommendation on Approvability –

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 – The drug product is

B. Brief Description of Microbiology Deficiencies – N/A

C. Assessment of Risk Due to Microbiology Deficiencies – The drug product is using a properly validated manufacturing process. Therefore, the drug product presents a minimal risk from the standpoint of product quality microbiology.

III. Administrative

A. Reviewer's Signature

B. Endorsement Block
   Bryan S. Riley, Ph.D. (Microbiology Reviewer)
   Peter H. Cooney, Ph.D. (Microbiology Supervisor)

C. CC Block
   N/A
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/s/

Bryan Riley
3/6/03 02:16:54 PM
MICROBIOLOGIST

Peter Cooney
3/6/03 02:29:45 PM
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