Approval Package for:

APPLICATION NUMBER:

022532Orig1s000

Trade Name: Beyaz Tablets

Generic Name: Drospirenone (DRSP) 3 mg., Ethinyl Estradiol (EE) 0.02 mg., and Levomefolate Calcium 0.451 mg. And Levomefolate Calcium 0.451 mg.

Sponsor: Bayer HealthCare Pharmaceuticals, Inc.

Approval Date: September 24, 2010

2. Treatment of symptoms of Premenstrual Dysphoric Disorder (PMDD).
3. Treatment of moderate acne vulgaris.
4. To raise folate levels for the purpose of reducing the risk of a neural tube defect in a pregnancy conceived while taking the product or shortly after discontinuing the product.
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APPROVAL LETTER
NDA 022532

Bayer HealthCare Pharmaceuticals Inc.
Attention: Kavita Johal, Pharm.D.
Assistant Director, Global Regulatory Affairs
P.O. Box 1000
Montville, NJ 07045

Dear Ms. Johal:

Please refer to your New Drug Application (NDA) dated August 21, 2009, received August 24, 2009, submitted pursuant to section 505(b)(2) of the Federal Food, Drug, and Cosmetic Act for Beyaz (drospirenone/ethinyl estradiol/levomefolate calcium and levomefolate calcium) tablets.

We acknowledge receipt of your amendments dated September 25 and 30, October 7, November 17, and December 4 and 16 (2), 2009, January 11 and 21, February 3 and 4, March 1, 11 and 22, April 16, 22 and 23, May 7 and 27, July 2, 9, 14, 15 and 16, August 9 and 24, and September 23, 2010.

This new drug application provides for the use of Beyaz (drospirenone/ethinyl estradiol/levomefolate calcium and levomefolate calcium) tablets for the following indications:

- Prevention of pregnancy;
- Treatment of symptoms of premenstrual dysphoric disorder (PMDD) in women who choose to use an oral contraceptive as their method of contraception;
- Treatment of moderate acne vulgaris in women at least 14 years of age, who have no known contraindications to oral contraceptive therapy and have achieved menarche;
- In women who choose to use an oral contraceptive as their method of contraception, to raise folate levels for the purpose of reducing the risk of a neural tube defect in a pregnancy conceived while taking the product or shortly after discontinuing the product.

We have completed our review of this application, as amended. It is approved, effective on the date of this letter, for use as recommended in the enclosed agreed-upon labeling text.

**CONTENT OF LABELING**

As soon as possible, but no later than 14 days from the date of this letter, submit, via the FDA automated drug registration and listing system (eLIST), the content of labeling [21 CFR 314.50(l)] in structured product labeling (SPL) format, as described at [http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm](http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm), that is
identical to the enclosed labeling text for the package insert. Information on submitting SPL files using eLIST may be found in the guidance for industry titled “SPL Standard for Content of Labeling Technical Qs and As” at http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM072392.pdf.

The SPL will be accessible via publicly available labeling repositories.

**CARTON AND IMMEDIATE CONTAINER LABELS**

Submit final printed carton and container labels that are identical to the carton and immediate container labels submitted on July 9, 2010, as soon as they are available, but no more than 30 days after they are printed. Please submit these labels electronically according to the guidance for industry titled “Providing Regulatory Submissions in Electronic Format – Human Pharmaceutical Product Applications and Related Submissions Using the eCTD Specifications (June 2008).” Alternatively, you may submit 12 paper copies, with 6 of the copies individually mounted on heavy-weight paper or similar material. For administrative purposes, designate this submission “Final Printed Carton and Container Labels for approved NDA 022532.” Approval of this submission by FDA is not required before the labeling is used.

Marketing the product with FPL that is not identical to the approved labeling text may render the product misbranded and an unapproved new drug.

**REQUIRED PEDIATRIC ASSESSMENTS**

Under the Pediatric Research Equity Act (PREA) (21 U.S.C. 355c), all applications for new active ingredients, new indications, new dosage forms, new dosing regimens, or new routes of administration are required to contain an assessment of the safety and effectiveness of the product for the claimed indication(s) in pediatric patients unless this requirement is waived, deferred, or inapplicable.

We are waiving the pediatric study requirement for pre-menarcheal patients because pre-menarcheal patients are not at risk of becoming pregnant and the use of this product before menarche is not indicated. We note that you have fulfilled the pediatric study requirement for post-menarcheal pediatric patients by extrapolation of adult data.

**PROMOTIONAL MATERIALS**

You may request advisory comments on proposed introductory advertising and promotional labeling. To do so, submit, in triplicate, a cover letter requesting advisory comments, the proposed materials in draft or mock-up form with annotated references, and the package insert to:
Food and Drug Administration  
Center for Drug Evaluation and Research  
Division of Drug Marketing, Advertising, and Communications  
5901-B Ammendale Road  
Beltsville, MD 20705-1266

As required under 21 CFR 314.81(b)(3)(i), you must submit final promotional materials, and the package insert, at the time of initial dissemination or publication, accompanied by a Form FDA 2253. For instruction on completing the Form FDA 2253, see page 2 of the Form. For more information about submission of promotional materials to the Division of Drug Marketing, Advertising, and Communications (DDMAC), see [http://www.fda.gov/AboutFDA/CentersOffices/CDER/ucm090142.htm](http://www.fda.gov/AboutFDA/CentersOffices/CDER/ucm090142.htm).

**LETTERS TO HEALTH CARE PROFESSIONALS**

If you decide to issue a letter communicating important safety-related information about this drug product (i.e., a “Dear Health Care Professional” letter), we request that you submit, at least 24 hours prior to issuing the letter, an electronic copy of the letter to this NDA, to CDERMedWatchSafetyAlerts@fda.hhs.gov, and to the following address:

    MedWatch Program  
    Office of Special Health Issues  
    Food and Drug Administration  
    10903 New Hampshire Ave  
    Building 32, Mail Stop 5353  
    Silver Spring, MD 20993

**REPORTING REQUIREMENTS**

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 Pamela Lucarelli, Regulatory Health Project Manager, at (301) 796-3961.

Sincerely,

{See appended electronic signature page}

Julie Beitz, M.D.
Director
Office of Drug Evaluation III
Center for Drug Evaluation and Research

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

/s/

JULIE G BEITZ
09/24/2010

Reference ID: 2840805