

CENTER FOR DRUG EVALUATION AND RESEARCH

Approval Package for:

APPLICATION NUMBER:

NDA 020246/S-048

Trade Name: **DEPO-PROVERA**

Generic Name: **medroxyprogesterone acetate**

Sponsor: **Pharmacia & Upjohn**

Approval Date: 03/25/2013

Indications: Depo-Provera CI is indicated only for the prevention of pregnancy.

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APPLICATION NUMBER:
NDA 020246/S-048

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APPLICATION NUMBER:
NDA 020246/S-048

APPROVAL LETTER



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration
Silver Spring MD 20993

NDA 20-246/S-048

APPROVAL LETTER

Pharmacia & Upjohn Company
c/o Pfizer Inc
ATTN: Michele Burtness
Manager, Worldwide Regulatory Strategy
235 East 42nd Street
New York, NY 10017

Dear Ms. Burtness:

Please refer to your Supplemental New Drug Application (sNDA) dated and received, September 28, 2012, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Depo-Provera® (medroxyprogesterone acetate) Injection.

We acknowledge receipt of your amendment dated February 13, 2013.

This “Changes Being Effected in 30 days” supplemental new drug application provides for the approval to change from (b) (4)

(b) (4) facility This is associated with the filling pumps located in the Pfizer (b) (4) in Kalamazoo, Michigan.

We have completed our review of this supplemental new drug application, as amended. This supplement 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 LT Kerri-Ann Jennings, Regulatory Project Manager, at (301) 796-2919.

Sincerely,

{See appended electronic signature page}

Thomas F. Oliver, Ph.D.
Branch Chief, Branch VI
Division of New Drug Quality Assessment II
Office of New Drug Quality Assessment
Center for Drug Evaluation and Research

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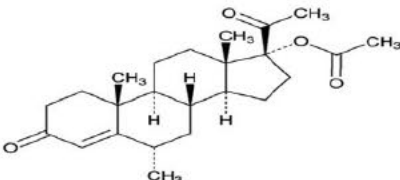
/s/

THOMAS F OLIVER
03/25/2013

**CENTER FOR DRUG EVALUATION AND
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APPLICATION NUMBER:
NDA 020246/S-048

CHEMISTRY REVIEW(S)

Chemistry Review: # 1	1. Division: HFD-580	2. NDA Number: 20-246
3. Name and Address of Applicant: Pharmacia & Upjohn Company 235 East 42nd Street New York, NY 10017-5755		4. Supplement(s): Number: S-048; CBE-30 Date(s): September 28, 2012 Letter Date: September 28, 2012 Date Received: September 28, 2012 Due Date: March 28, 2013
5. Name of Drug: DEPO-PROVERA® contraceptive injection		6. Nonproprietary name: Medroxyprogesterone acetate, USP injection
7. Supplement provides for: approval to change from (b) (4) (b) (4) This is associated with the filling pumps located in the Pfizer (b) (4) facility (b) (4) in Kalamazoo, Michigan.		8. Amendment(s): None
9. Pharmacological Category: Contraceptive	10. How Dispensed: R _x	11. Related Documents: None
12. Dosage Form: Injectable Suspension	13. Potency: 150 mg/mL	
14. Chemical Name and Structure: Medroxyprogesterone acetate, USP $C_{24}H_{34}O_4$, 386.52 g/mol CAS-71-58-9 		
15. Comments: This supplement requests approval for a change from (b) (4). This change is associated with the filling pumps located in the Pfizer (b) (4) facility in Kalamazoo, Michigan. The changes requested in this supplement are all related to microbiological manufacturing processes. For this reason, the information provided was sent to the microbiology review team OPS/NDMS/HFD-805 for evaluation on October 9, 2012. Dr. Jessica G. Cole from the microbiology review team, reviewed the information provided in this application and recommended the application for Approval on March 6, 2013. None of the changes requested has any adverse effect on the final quality of the drug product as reflected in the batch analysis data provided. See Chemistry Review Notes below.		
16. Conclusions and Recommendations: The microbiology review recommends this supplement for approval . The batch analysis data provided demonstrates that the proposed change does not have any adverse effect on the final quality of the drug product. From the point of view of CMC, this supplement is recommended for approval .		
17. Name: Libaniel Rodriguez, Ph.D., Chemist	Signature:	Date:
18. Concurrence: Thomas Oliver, Ph.D., Branch Chief VT\ONDQA\ONDQAII	Signature:	Date:

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/s/

LIBANIEL RODRIGUEZ
03/25/2013

THOMAS F OLIVER
03/25/2013

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APPLICATION NUMBER:
NDA 020246/S-048

MICROBIOLOGY REVIEW(S)

Product Quality Microbiology Review

06 MAR 2013

NDA: 20-246/S-048

Drug Product Name

Proprietary: Depo-Provera Contraceptive Injection

Non-proprietary: Medroxyprogesterone acetate, USP

Review Number: 1

Dates of Submission(s) Covered by this Review

Submit	Received	Review Request	Assigned to Reviewer
28 SEP 2012	28 SEP 2012	09 OCT 2012	11 OCT 2012

Applicant/Sponsor

Name: Pharmacia and Upjohn Company

Address: 235 East 42nd Street
New York, New York 10017

Representative: Michele Burtness

Telephone: 917-655-3759

Name of Reviewer: Jessica G. Cole, PhD

Conclusion: Recommended for Approval

Product Quality Microbiology Data Sheet

- A.
1. **TYPE OF SUBMISSION:** CBE-30 supplement
 2. **SUBMISSION PROVIDES FOR:** (b) (4)
 3. **MANUFACTURING SITE:** Pfizer (b) (4)
Kalamazoo, MI
 4. **DOSAGE FORM, ROUTE OF ADMINISTRATION AND STRENGTH/POTENCY:**
 - Sterile suspension for injection
 - 150 mg/mL
 - 1 mL fill in 2 mL glass vial or 1 mL prefilled syringe
 5. **METHOD(S) OF STERILIZATION:** (b) (4)
 6. **PHARMACOLOGICAL CATEGORY:** Contraceptive
- B. **SUPPORTING/RELATED DOCUMENTS:** Microbiology review of DMF 14782 dated 06 March 2013.
- C. **REMARKS:** This submission is in the eCTD format. The following information request was sent to the ONDQA project manager on 18 January 2013 and a response was received on 13 February 2013. The response was a reference to DMF 14782.

Microbiology Comment:

Please provide the following information or a reference to its location in the relevant submission.

1. The (b) (4) proposed for use in the (b) (4) should be sterilized prior to inclusion in the drug product. Please provide a description of the sterilization method and controls.

filename: N020246S048R1.doc

Executive Summary

I. Recommendations

- A. Recommendation on Approvability** - Recommended for Approval
- B. Recommendations on Phase 4 Commitments and/or Agreements, if Approvable** – Not applicable

II. Summary of Microbiology Assessments

- A. Brief Description of the Manufacturing Processes that relate to Product Quality Microbiology** – Minimal details were provided on the approved manufacturing process. Sterilized components are (b) (4) processed to produce the final sterile dosage form.
- B. Brief Description of Microbiology Deficiencies** – Not applicable.
- C. Assessment of Risk Due to Microbiology Deficiencies** – Not applicable.
- D. Contains Potential Precedent Decision(s)-** ☐ Yes ☒ No

III. Administrative

- A. Reviewer's Signature** _____
Jessica G. Cole, PhD
- B. Endorsement Block** _____
John Metcalfe, PhD
Senior Microbiology Reviewer
- C. CC Block**
In DARRTS

2 Page(s) has been Withheld in Full as b4 (CCI/TS) immediately following this page

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/s/

JESSICA COLE
03/06/2013

JOHN W METCALFE
03/06/2013
I concur.

**CENTER FOR DRUG EVALUATION AND
RESEARCH**

APPLICATION NUMBER:
NDA 020246/S-048

ADMINISTRATIVE and CORRESPONDENCE
DOCUMENTS

From: [Burtness, Michele](#)
To: [Jennings, Kerri-Ann](#)
Subject: RE: NDA 20246/S-048 (Depo-Provera)
Date: Wednesday, February 06, 2013 5:07:56 PM

Hi Kerri-Ann,

I confirm receipt of your email. We will begin preparing the amendment to NDA20246/S048 as soon as possible.

Kind Regards,

Michele Burtness
Worldwide Regulatory Strategy
Pfizer Established Products
Phone: (917) 655-3759 (iPhone)
2nd Phone: (973) 921-5257

Pharmalink Consulting, Inc - Worldwide Regulatory Affairs

From: Jennings, Kerri-Ann [mailto:Kerri-Ann.Jennings@fda.hhs.gov]
Sent: Wednesday, February 06, 2013 4:19 PM
To: Burtness, Michele
Subject: NDA 20246/S-048 (Depo-Provera)

Good afternoon Michele,

Please refer to your submission dated, September 28, 2012. We are reviewing the Quality section of your submission and have the following comments and information requests.

Please provide the following information or a reference to its location in the relevant submission. The (b) (4) proposed for use in the (b) (4) should be sterilized prior to inclusion in the drug product. Please provide a description of the sterilization method and controls.

We request a written response by February 13, 2013, in order to continue our evaluation of your supplemental application. Submit an amendment to NDA 20246/S-048.

Please confirm receipt of this email.

Thank you.

Kind regards,

Kerri-Ann

Kerri-Ann E. Jennings, MS, BSN, RN
LT, United States Public Health Service
Regulatory Health Project Manager
FDA/CDER/OPS/ONDQA
Division of New Drug Quality Assessment II
Phone (301) 796-2919

APPEARS THIS WAY
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/s/

KERRI-ANN JENNINGS
02/06/2013



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration
Silver Spring MD 20993

NDA 20246/S-048

**CBE SUPPLEMENT –
ACKNOWLEDGEMENT**

Pharmacia & Upjohn Company
c/o Pfizer Inc
ATTN: Michele Burtness
Manager, Worldwide Regulatory Strategy
235 East 42nd Street
New York, NY 10017

Dear Ms. Burtness:

We have received your Supplemental New Drug Application (sNDA) submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA or the Act) for the following:

NDA NUMBER: 20246
SUPPLEMENT NUMBER: 048
PRODUCT NAME: Depo-Provera® (medroxyprogesterone acetate) Injection
DATE OF SUBMISSION: September 28, 2012
DATE OF RECEIPT: September 28, 2012

This supplemental application, submitted as a "Changes Being Effected in 30 days" supplement, proposes the following change: Change from [REDACTED] (b) (4)

Unless we notify you within 60 days of the receipt date that the application is not sufficiently complete to permit a substantive review, we will file the application on November 27, 2012, in accordance with 21 CFR 314.101(a).

If the application is filed, the user fee goal date will be March 28, 2013.

Cite the application number listed above at the top of the first page of all submissions to this application. Send all submissions, electronic or paper, including those sent by overnight mail or courier, to the following address:

Food and Drug Administration
Center for Drug Evaluation and Research
Division of Reproductive and Urologic Products
5901-B Ammendale Road
Beltsville, MD 20705-1266

All regulatory documents submitted in paper should be three-hole punched on the left side of the page and bound. The left margin should be at least three-fourths of an inch to assure text is not obscured in the fastened area. Standard paper size (8-1/2 by 11 inches) should be used; however, it may occasionally be necessary to use individual pages larger than standard paper size.

Non-standard, large pages should be folded and mounted to allow the page to be opened for review without disassembling the jacket and refolded without damage when the volume is shelved. Shipping unbound documents may result in the loss of portions of the submission or an unnecessary delay in processing which could have an adverse impact on the review of the submission. For additional information, see

<http://www.fda.gov/Drugs/DevelopmentApprovalProcess/FormsSubmissionRequirements/DrugMasterFilesDMFs/ucm073080.htm>.

If you have questions, please call me at (301) 796- 2919.

Sincerely,

{See appended electronic signature page}

Kerri-Ann Jennings, MS, BSN, RN
LT, USPHS, Regulatory Health Project Manager
Office of New Drug Quality Assessment II
Center for Drug Evaluation and Research

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/s/

KERRI-ANN JENNINGS
10/09/2012

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION		CMC MICRO & STERILITY ASSURANCE REVIEW REQUEST		
TO (Division/Office): New Drug Microbiology Staff <i>E-mail to:</i> CDER OPS IO MICRO <i>Paper mail to:</i> WO Bldg 51, Room 4193		FROM: Kerri-Ann Jennings ONDQA/ PROJECT MANAGER (if other than sender):		
REQUEST DATE 09-OCT-2012	IND NO.	NDA NO. 20246/S-048	TYPE OF DOCUMENT CBE 30 CMC Supplement	DATE OF DOCUMENT 28-SEPT-2012
NAMES OF DRUG Depo-Provera®	PRIORITY CONSIDERATION		PDUFA DATE 28-MARCH-2013	DESIRED COMPLETION DATE 28-FEB-2013
NAME OF APPLICANT OR SPONSOR: Pharmacia & Upjohn Company				
GENERAL PROVISIONS IN APPLICATION				
<div><div><input type="checkbox"/> 30-DAY SAFETY REVIEW NEEDED</div><div><input type="checkbox"/> NDA FILING REVIEW NEEDED BY: _____</div><div>BUNDLED</div><div><input checked="" type="checkbox"/> DOCUMENT IN EDR</div></div> <div><div>CBE-0 SUPPLEMENT</div><div><input checked="" type="checkbox"/> CBE-30 SUPPLEMENT</div><div><input type="checkbox"/> CHANGE IN DOSAGE, STRENGTH / POTENCY</div></div>				
COMMENTS / SPECIAL INSTRUCTIONS: NDA 20246/S-048 provides for a change from (b) (4)				
SIGNATURE OF REQUESTER		REVIEW REQUEST DELIVERED BY (Check one): <input checked="" type="checkbox"/> DARRTS <input type="checkbox"/> EDR <input type="checkbox"/> E-MAIL <input type="checkbox"/> MAIL <input type="checkbox"/> HAND		
		DOCUMENTS FOR REVIEW DELIVERED BY (Check one): <input type="checkbox"/> EDR <input type="checkbox"/> E-MAIL <input type="checkbox"/> MAIL <input type="checkbox"/> HAND		

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/s/

KERRI-ANN JENNINGS
10/09/2012