

**CENTER FOR DRUG EVALUATION AND RESEARCH**

**Approval Package for:**

***APPLICATION NUMBER:***

**83-723/S018**

***Trade Name:***       PREMARIN Vaginal Cream, 0.625 mg/g

***Generic Name:***   (conjugated estrogens)

***Sponsor:***         Wyeth-Ayerst Laboratories.

***Approval Date:***   December 17, 1985

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*APPLICATION NUMBER:*

**83-723/S018**

## CONTENTS

### **Reviews / Information Included in this NDA Review.**

<b>Approval Letter</b>	<b>X</b>
<b>Other Action Letters</b>	
<b>Labeling</b>	<b>X</b>
<b>REMS</b>	
<b>Summary Review</b>	
<b>Officer/Employee List</b>	
<b>Office Director Memo</b>	
<b>Cross Discipline Team Leader Review</b>	
<b>Medical Review(s)</b>	
<b>Chemistry Review(s)</b>	<b>X</b>
<b>Environmental Assessment</b>	
<b>Pharmacology Review(s)</b>	
<b>Statistical Review(s)</b>	
<b>Microbiology Review(s)</b>	
<b>Clinical Pharmacology/Biopharmaceutics Review(s)</b>	
<b>Other Reviews</b>	
<b>Risk Assessment and Risk Mitigation Review(s)</b>	
<b>Proprietary Name Review(s)</b>	
<b>Administrative/Correspondence Document(s)</b>	<b>X</b>

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**APPROVAL LETTER**

**83-723/S018**

6.1

ANDA 83-273/5-018

DEC 17 1985

Ayerst Laboratories  
Division of American Home Products Corporation  
Attention: John Rapoza, M.S., R.Ph.  
685 Third Avenue  
New York, NY 10017

Dear Mr. Rapoza:

Reference is made to your supplemental new drug application submitted pursuant to Section 314.70 of the Regulations, dated October 15, 1985, regarding your abbreviated new drug application for Premarin (conjugated estrogens) Vaginal Cream, 0.625 mg/g.

We refer also to our letter of November 18, 1985.

b(4) The supplemental application provides for a reduction of the amount of ~~in Pregnant Mares Urine (PMU)~~ in Pregnant Mares Urine (PMU) used to manufacture conjugated estrogens, U.S.P.

We have completed the review of this supplemental application and it is approved. Our letter of October 16, 1978, detailed the conditions relating to the approval of this abbreviated application.

The material submitted is being retained as part of your application.

Sincerely yours,

*Kent Johnson* For

12-17-85

Marvin Seife, M.D.  
Director  
Division of Generic Drugs  
Office of Drug Standards  
Center for Drugs and Biologics

cc: BKL-DO  
HFN-230  
HFN-234  
HCZell/LDavidson  
r/d init HCZell/MSeife  
v dore 12/13/85 (0079)  
APPROVAL

*Davidson*  
12/16/85

*HCZell* 12/16/85

**CENTER FOR DRUG EVALUATION AND  
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*APPLICATION NUMBER:*

**83-723/S018**

**CHEMISTRY REVIEW(S)**

NAME AND ADDRESS OF APPLICANT:

Ayerst Laboratories  
New York, NY 10017

PURPOSE OF SUPPLEMENT S-018

To provide for a reduction in the amount of ~~\_\_\_\_\_~~ in Pregnant Mares Urine (PMU) used to manufacture conjugated estrogens, USP. b(4)

DATE OF SUBMISSION

10/15/85

PHARMACOLOGICAL CATEGORY

Estrogen

NAME OF DRUG

Premarin

HOW DISPENSED

Rx

DOSAGE FORM

Vaginal Cream

POTENCY

0.625 mg/g

STERILIZATION

NC

SAMPLES

N/A

RELATED IND/NDA/DMF

85-515

87-824

4-782 (Premarin Tablets)

LABELING

NC

BIOLOGIC AVAILABILITY

N/A

ESTABLISHMENT INSPECTION

N/A

COMPONENTS, COMPOSITION, MANUFACTURING, CONTROLS: Satisfactory.

(See 11/15/85 Review) As per attached review from M. Bennett (HFN-810) based on the attached microbiological review from Richard Norton (HFN-815), the reduction in ~~\_\_\_\_\_~~ is adequately justified and is satisfactory. b(4)

PACKAGING

NC

STABILITY

Protocol: NC

Exp. Date: NC (24 month)

REMARKS AND CONCLUSION

Approval letter should issue.

IDavidson 12/10/85

HCzell 12/11/85 (0079v)

*Davidson 12/10/85**HCzell 12/11/85*

2 Page(s) Withheld

  /   § 552(b)(4) Trade Secret / Confidential

       § 552(b)(4) Draft Labeling

       § 552(b)(5) Deliberative Process

NDA 83-273 CHEMIST'S REVIEW FOR ANDA OR SUPPLEMENT

NAME AND ADDRESS OF APPLICANT:

Ayerst Laboratories  
New York, New York 10017

PURPOSE OF AMENDMENT/SUPPLEMENT

To provide for a reduction the amount of \_\_\_\_\_ in Pregnant Mares Urine (PMU) used ~~by~~ manufacture conjugated estrogens, USP. b(4)

DATE(S) OF SUBMISSION(S)

10/15/85

PHARMACOLOGICAL CATEGORY                      NAME OF DRUG                      HOW DISPENSED

Estrogen    Premarin (Conjugated Estrogen)      Rx

DOSAGE FORM                                      POTENCY                                      STERILIZATION

Vaginal Cream                                      0.625 mg/g                                      NC

SAMPLES    RELATED IND/NDA/DMF

N/A    85-515, 87-824, 4-782 (Pre<sup>marin</sup>)

LABELING

NC

BIOLOGIC AVAILABILITY

N/A

ESTABLISHMENT INSPECTION

N/A

COMPONENTS, COMPOSITION, MANUFACTURING, CONTROLS

Unsatisfactory

HFN-810 has a similar supplement to their application, 4-782/S-060, Premarin.- Martin Bennett has referred the supplement to Dr. Norton in HFN-815 for a microbiology consult. Parallel amendments will be required to make a uniform Agency decision. Firm is requesting a reduction \_\_\_\_\_

\_\_\_\_\_ in the amount of \_\_\_\_\_ in Pregnant Mares Urine (PMU) used to manufacture conjugated estrogens, USP. Data was provided on the microbiological preservative effectiveness of the reduced levels. Waiting results of consult and HFN-810 decision.

b(4)

b(4)

Page 2

PACKAGING

NC

STABILITY

Protocol: NC  
Exp. Date: NC (24 months)

REMARKS AND CONCLUSION

Rev. W/F letter should issue requesting parallel amendments to that requested by HFN-810 and advising firm on consult with microbiologist.

LDavidson/11/14/85 HCZe11/11/14/85

*LDavidson*  
*11/15/85*  
*HCZe11/15/85*

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*APPLICATION NUMBER:*

**83-273/S018**

**ADMINISTRATIVE and CORRESPONDENCE**  
**DOCUMENTS**







DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION <b>APPLICATION TO MARKET A NEW DRUG FOR HUMAN USE  OR AN ANTIBIOTIC DRUG FOR HUMAN USE</b> <i>(Title 21, Code of Federal Regulations, 314)</i>	Form Approved: OMB No. 0910-0001 Expiration Date; May 31, 1986.	
	<b>FOR FDA USE ONLY</b>	
	DATE RECEIVED	DATE FILED
DIVISION ASSIGNED		NDA/ANDA NO. ASS.

**NOTE:** No application may be filed unless a completed application form has been received *(21 C.F.R. Part 314)*.

NAME OF APPLICANT Ayerst Laboratories	DATE OF SUBMISSION October 15, 1985
ADDRESS <i>(Number, Street, City, State and Zip Code)</i> 685 Third Avenue New York, NY 10017	TELEPHONE NO. <i>(Include Area Code)</i> 212-878-5000

NEW DRUG OR ANTIBIOTIC APPLICATION NUMBER *(If previously issued)*  
ANDA 83-273

**DRUG PRODUCT**

ESTABLISHED NAME <i>(e.g., USP/USAN)</i> Conjugated estrogens, U.S.P.	PROPRIETARY NAME <i>(If any)</i> Premarin Vaginal Cream
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CODE NAME <i>(If any)</i>	CHEMICAL NAME
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DOSAGE FORM Cream	ROUTE OF ADMINISTRATION Intervaginally or topically	STRENGTH(S) 0.625 mg/g
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PROPOSED INDICATIONS FOR USE

LIST NUMBERS OF ALL INVESTIGATIONAL NEW DRUG APPLICATIONS *(21 CFR Part 312)*, NEW DRUG OR ANTIBIOTIC APPLICATIONS *(21 CFR Part 314)*, AND DRUG MASTER FILES *(21 CFR 314.420)* REFERRED TO IN THIS APPLICATION:

**INFORMATION ON APPLICATION**

TYPE OF APPLICATION *(Check one)*

<input type="checkbox"/> THIS SUBMISSION IS A FULL APPLICATION <i>(21 CFR 314.50)</i>	<input type="checkbox"/> THIS SUBMISSION IS AN ABBREVIATED APPLICATION <i>(ANDA) (21 CFR 314.55)</i>
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IF AN ANDA, IDENTIFY THE APPROVED DRUG PRODUCT THAT IS THE BASIS FOR THE SUBMISSION

NAME OF DRUG	HOLDER OF APPROVED APPLICATION
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STATUS OF APPLICATION *(Check one)*

<input type="checkbox"/> ORIGINAL APPLICATION	<input type="checkbox"/> RESUBMISSION
<input type="checkbox"/> AN AMENDMENT TO A PENDING APPLICATION	<input checked="" type="checkbox"/> SUPPLEMENTAL APPLICATION

PROPOSED MARKETING STATUS *(Check one)*

<input checked="" type="checkbox"/> APPLICATION FOR A PRESCRIPTION DRUG PRODUCT <i>(Rx)</i>	<input type="checkbox"/> APPLICATION FOR AN OVER - THE - COUNTER PRODUCT <i>(OTC)</i>
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