

NDA 20-958

Page 3

cc: Original NDA 20-958

HFD-180/Div. File

HFD-180/P.Levine

Drafted: 2/2/00

Initialed by: K.Johnson 02/28/00

S.Doddapaneni 03/14/00

Final: 03/17/00

Filename: Pepcid 20958- Telecon020200.doc

TELECON

C50/Folkendt

MEMORANDUM OF TELECON

DATE: December 4, 1998

APPLICATION NUMBER: NDA 20-958; famotidine/antacid combination chewable tablet

BETWEEN:

Name: George Latyszzonek; Director, Regulatory Affairs
Phone: 215-233-7152
Representing: Johnson & Johnson • Merck

AND

Name: Michael Folkendt
Division of Gastrointestinal and Coagulation Drug Products, HFD-180

SUBJECTS: Request for additional statistical information and analyses.

At the request of the statistical reviewer (see attached e-mail message), Dr. M. Rashid, and approval of the statistical team leader, Dr. A.J. Sankoh, I transmitted verbatim to Mr. Latyszzonek the following request for additional statistical information and analyses:

1. The method used to determine the sample size in protocol 106;
2. Subgroup analyses (efficacy) tables by male, female, age >65, age <65, white, non-white for each primary endpoint for the three pivotal studies 106, 109 and 110.

In addition, at Dr. Sankoh's request, I reminded Mr. Latyszzonek that the requested subgroup analyses are required components of an NDA.

After consulting the statistician, Mr. Latyszzonek, in a subsequent phone conversation, stated that he expect to be able to submit the requested information by December 11, 1998.

In response to Mr. Latyszzonek inquiry whether there were any statistical issues concerning the pivotal studies and whether or not an additional study may be need for this application, I stated that I am not able to comment the approvability of the application until all reviews are complete.

/S/

12/4/98

Michael Folkendt
Regulatory Project Manager

MEMORANDUM OF TELECON

DATE: October 22, 1998

APPLICATION NUMBER: NDA 20-958; famotidine/antacid combination chewable tablet

BETWEEN:

Name: George Latyszzonek; Director, Regulatory Affairs
Phone: 215-233-7152
Representing: Johnson & Johnson • Merck

AND

Name: Michael Folkendt
Division of Gastrointestinal and Coagulation Drug Products, HFD-180

SUBJECTS: 1) Proposed trade name "Pepcid — " is unacceptable.
2) NDA is not planned to be discussed at an advisory committee meeting.
3) Request for additional desk copies.

BACKGROUND:

NDA 20-958, submitted on February 20, 1998, provides for a famotidine/antacid combination chewable tablet with a proposed trade name "Pepcid — " for the treatment of heartburn. On October 21, 1998, a team meeting was held to discuss this application and the progress of the reviews.

Concerning the proposed trade name "Pepcid — " on September 3, 1998, the CDER Labeling and Nomenclature Committee found the proposed trade name unacceptable for the following reasons: (1) there is a high potential for look-alike/sound-alike confusion between the proposed trade name and Pepcid — (2) "CFR 210.6(b) states that the labeling may be considered misleading if the designation of such drug includes or suggests one or more, but not all ingredients. In this case, Pepcid — certainly identifies the famotidine component, but not the antacid component." And (3) — as an adjective is overly promotional in that it suggests first in rank, leading, or chief. In the 10/21/98 team meeting, the team rejected reason (1) above because the proposed drug product will be marketed as an OTC tablet while Pepcid Premixed Injection is a 50 mL plastic bag used primarily in hospitals. However the team unanimously agreed with the CDER Labeling and Nomenclature Committee that the proposed trade name is unacceptable because of reasons (2) and (3) above.

Concerning whether or not this application will be scheduled to be discussed at an advisory committee meeting, the team agreed that, at this time, there does not appear a need to take this application to the advisory committee.

THE CALL:

I called Mr. Latyszonek to inform him that the proposed trade name was found unacceptable for the two reasons stated above and that there are no plans, at this time, for this NDA to be discussed at an advisory committee meeting. I also requested, at Dr. Katz's request, a desk copy of the summary volume for the NDA and of the color mock-up labeling, including the diskettes of the PDF file, for the drug product.

Mr. Latyszonek acknowledged that there is currently no advisory committee meeting planned for this application. He also stated that the requested desk copies should arrive in the Division by the middle of next week. Concerning the proposed trade name, although he expressed disagreement with the stated reasons for finding the proposed trade name unacceptable, he stated they would propose a new trade name shortly.

In addition to the above topics, Mr. Latyszonek inquired whether they could submit the updated stability data now. He said that they were told in the pre-NDA meeting that they could not if it were submitted after the first four months after the NDA was submitted. I told him that he could send in the updated stability data now. However, depending upon where in the review cycle the Chemistry review is, it may not be reviewed in this review cycle.

He also inquired on the status of the reply to their chemistry questions submitted on 6/30/98 to their IND for OTC Pepcid. I told him I will have to check on its status and I will get back to him.

Finally, Mr. Latyszonek inquired about a recent request received from the Division of OTC Drug Products concerning another application where they were asked to change the storage statement from "Store up to 30° C (86° F)" to "Store between 20° C-25° C (68° F-78° F)" despite the fact that they have stability data at 30° C and the fact that it was not a condition in the approvable letter (i.e., producing new labeling requirements as a condition of approval for the efficacy supplemental). I stated that I did not know anything about the above request. I stated that I'm no longer the project manager of supplemental applications for approved OTC drug products and that he should discuss this matter with the Division of OTC Drug Products. I also reminded him that if the matter could not be resolved at the Division level, that he should follow the dispute resolution process.

He thanked me and the call was then concluded.

/S/

12/4/98

Michael Folkendt
Regulatory Project Manager

cc:

Archival NDA 20-958
HFD-180/Div. File
HFD-180/Michael Folkendt
HFD-180/E.Duffy
HFD-180/W.M.Adams
HFD-180/H.Gallo-Torres
HFD-180/L.Talaraico
HFD-560/A.Rothschild
HFD-560/L.Katz

Drafted: MF/October 23,1998
Finaled: 12/4/98
filename: 20958-102298-telecon.doc

TELECON

Folkendt

MEMORANDUM OF TELECON

DATE: June 22, 1998

APPLICATION NUMBER: NDA 20-958; Pepcid — (famotidine/antacid combination)
Chewable Tablets

BETWEEN:

Name: George Latyszzonek; Director, Regulatory Affairs
Phone: 215-233-7152
Representing: Johnson & Johnson Merck Consumer Pharmaceuticals Co.

AND

Name: Michael Folkendt
Division of Gastrointestinal and Coagulation Drug Products, HFD-180

SUBJECT: Information requested by DSI

The attached "BIMO REVIEW COPY", listing information an applicant should send (in duplicate) directly to the Division of Scientific Investigation (DSI) either prior to or at the time of submission of an NDA or an efficacy supplement, was recently distributed to the Project Management staff. None of this information has, as yet, been sent to DSI by the firm.

I call Mr. Latyszzonek and requested that he send directly to DSI, as soon as possible, two copies of the "BIMO Review Copy" as described in the attachment and a copy of the cover letter for this "BIMO Review Copy" to this Division. Because of the number of items on the list, it was agreed that I sent the attachment to Mr. Latyszzonek via fax.

/S/

6/22/98

Michael Folkendt
Regulatory Project Manager

cc:
Archival NDA 20-958
HFD-180/Div. File
HFD-180/Michael Folkendt
HFD-180/J.Senior

TELECON

2 page(s) have been removed because it contains trade secret and/or confidential information that is not disclosable.

CSD/Folkendt

MEMORANDUM OF TELECON

DATE: May 8, 1998

APPLICATION NUMBER: 20-958; Non-prescription Pepcid® — [famotidine, 10 mg/antacid (calcium carbonate, 800 mg; magnesium hydroxide, 165 mg) combination] Chewable Tablets

BETWEEN:

Name: George Latyszzonek; Director, Regulatory Affairs
Phone: 215-233-7152
Representing: Johnson & Johnson•Merck

AND

Name: Michael Folkendt
Division of Gastrointestinal and Coagulation Drug Products, HFD-180

SUBJECT: Request for additional Information

BACKGROUND: On March 31, 1998, a 45-day filing meeting was held concerning this application. In that meeting, it was decided that the application would be filed on April 21, 1998. However, there were numerous request of the firm for additional information (see 45-day filing meeting minutes and Memoranda dated April 7 and 16, 1998).

This telephone conversation is a follow up to a April 1, 1998 telephone conversation where Mr. Latyszzonek was informed that the application will be filed on April 21, 1998 but there will be numerous requests.

THE CALL: After consolidating and finalizing all the requests (see attachment) and at the request of the reviewers, I called Mr. Latyszzonek to discuss the requests. It was agreed in that telephone conversation that, because the list is lengthy and time was short, the attached list of requests would be faxed to him.

MS/ 1/29/99

Michael Folkendt
Regulatory Project Manager

cc: Original 20-958
HFD-180/Div. File
HFD-180/Michael Folkendt

drafted: mf/May 8, 1998
finald: 1/29/99

TELECON

Labeling Review

NDA 20-958

Drug Product: Pepcid Complete Chewable tablets
Active Ingredients: Famotidine 10 mg, Calcium hydroxide 800mg,
Magnesium hydroxide 165 mg
Indications: relieves heartburn associated with acid indigestion and
sour stomach
Sponsor: Merck Research Laboratories
Date of Submission: December 17, 1999
Amendment: May 25, 2000
Type of Submission: Original NDA
Reviewer: Linda M. Katz, M.D., M.P.H.
Date of Review: June 16, 2000

Background:

This review evaluates the proposed mock-up labeling for the package insert, 6-count carton label, 30-count bottle label, dispensit carton label, sample and trade pouch label (Attachment 1) provided in the December 17, 1999. The comments provided in this review also reflect discussion from the labeling day on May 31, 2000. On May 25, 2000, the sponsor submitted additional labeling: package insert text, immediate 50-count bottle with fold-out labeling, dispensit carton label, consumer sample pouch, 15-count carton label, and trade pouch label, as well as new graphic design elements (Attachment 2).

The review consists of specific reviewer's comments, see below, which reflect the discussion from the labeling day, as well as prototype Principal Display Panel (PDP) (Attachment 3), Drug Facts labeling (Attachment 4) and package insert (Attachment 5), which contain modifications in the text.

I. Reviewer's General Labeling Comments: Applicable to all labeling

- A. The sponsor should be reminded that all labeling from both submissions need to be in compliance with the OTC labeling format requirements in 21 CFR 201.66. The sponsor did not submit the format specifications (i.e., font, type size, etc) for the labeling submitted on 5/25/00.
- B. The PDP for all of the packages should be modified to include the active ingredients under the Statement of Identify (SOI) to avoid any consumer confusion that may be incurred as a result of the chosen tradename. In addition, the SOI should be increased such that it is prominently displayed. The statement ' _____ ' should be changed to read: "Contains Calcium." The statement ' _____ ' should replace "dual action" as a more consumer friendly statement.
- C. The sponsor is reminded that use of "NEW" on the PDP must be removed after 6 months of marketing.

D. The sponsor needs to revise the following statements which are above the Drug Facts labels in the May 25, 2000 submission:

- (1) Under the antacid roll illustration, revise to read "The neutralizing benefits of antacids"
- (2) Under the Pepcid AC illustration, revise to read "The acid reducing benefits of Pepcid AC"
- (3) Under the Pepcid Complete illustration, revise to read "Combined in a single chewable tablet"

II. **30-count and 50-count tablet bottle label (immediate container) with the attached fold-out labeling**

A. **Drug Facts label** - Under the "Other information" section, the bulleted statements need to be aligned in accordance with 21 CFR 201.66(d)(4).

B. **Package Insert** - The sponsor needs to revise the package insert section as follows:

- (1) The section with the heading "How to use PEPCID COMPLETE" needs to be added.
- (2) The order of the sections in the 50-count package insert is not consistent with the other inserts provided for review for other package sizes in these submissions.
- (3) The section under the heading "PROVEN EFFECTIVE IN CLINICAL STUDIES" will need to be modified pending Agency's validation of statistical methods. (See Attachment 5.)
- (4) The consumer questionnaire survey form and coupon offers may be attached to the package insert, but the act of removing the coupons, etc., should not remove information from the approved package insert labeling. The sponsor should be reminded that the consumer questionnaire survey form, the "Free Pepcid Complete Offer" section, and/or coupons offers are not considered part of the labeling.

III. **6-count and 15-count tablet carton and pouch label**

Principal Display Panel (PDP) for Carton and Pouches -

- (1) For clarity, sponsor should revise _____ on 15-count carton label to read "Individually wrapped pouches." For consistency, the sponsor should consider adding "Individually wrapped pouches" to the 6-count tablet PDP.

IV. **Sample pouches**

- (1) The Drug Facts label is in the modified labeling format and needs to be in accordance with the formatting requirements in 21 CFR 201.66 (d)(10).
- (2) Under the top "**Drug Facts** (continued)" label section, the sponsor needs to add a right justified arrow pointing down to the next labeling box after the "Keep out of reach of children" section of label.

- (3) Under heading "**Drug Facts** (continued)", delete the phrase "Warnings (continued)"
 - (4) The sponsor needs to add the heading "**Drug Facts** (continued)" right before the **Directions** section, separating the headings with a hairline.
 - (5) Under the **Other information** heading, the sponsor needs to add as the first bulleted statement: each tablet contains: calcium xx mg, magnesium xx mg.
 - (6) The statement "Not for Retail Sale" needs to be added to the consumer sample pouches.
3. **Package Insert:** Revise the package insert statement on the side panels of the dispensit carton that reads: _____ to read "What Consumers Should Know About:." The sponsor should be reminded that the section that reads "Proven effective in clinical studies" should be modified pending the Agency's validation of the statistical methods.

Reviewer's Recommendations. The above comments can be conveyed to the sponsor. The sponsor should also be reminded that format for all labeling including the 5/25/00 submitted labeling must be in accordance with 21 CFR 201.66 (d).

ISI date 6/19/00
Linda M. Katz, M.D., M.P.H.
Deputy Director, HFD-560

Attachments

ISI 6/22/00

NDA 20-958
HFD560 Division File
HFD-560/ Keravich/Ganley/Cothran/ChangG/Katz / *Segal*
HFD180/Kacuba

4 page(s) of
revised draft labeling
has been redacted
from this portion of
the review.

CSO/Folkordt

Division of Over-the-Counter Drug Products

Labeling Review

FEB - 8 1999

NDA#: 20-958

TYPE OF SUBMISSION: Original New Drug Application

SPONSOR: Merck Research Laboratories

DRUG PRODUCT: Pepcid — (Chewable Tablet)

INDICATION: For relief of heartburn, acid indigestion, and sour stomach

ACTIVE INGREDIENTS: Famotidine 10 mg, calcium carbonate 800 mg, and magnesium hydroxide 165 mg per tablet

SUBMISSION DATE: February 20, 1998

REVIEWER: Melvin Lessing

REVIEW DATE: January 22, 1999

Project Manager: Al Rothschild

Background:

This original NDA was filed to obtain approval for a new OTC product that is a combination of an acid reducer (H2 blocker) with two antacid ingredients. This review is of black and white copies of the 30-tablet cartons for blisters and pouches, the 30-tablet dispenser, the package inserts for blisters and pouches, the bottle overwrap, the 5-panel bottle label, the child resistant sample pouch, the non-child resistant sample pouch, the single dose foil pouch and the blister matte. The sponsor's proposed labeling is Attachment 1.

Reviewer's Comments and Recommendations on the Pepcid — NDA Labeling

The following recommendations should be conveyed to the sponsor before this application can be approved:

A. CARTONS, DISPENSER, BOTTLE OVERWRAP, 5 PANEL BOTTLE LABEL, PACKAGE INSERTS, BLISTER MATTES, SAMPLE POUCHES, AND SINGLE DOSE FOIL POUCH

1. The sponsor is using the product name "Pepcid — " which CDER's Nomenclature Committee and this Division consider to be unacceptable. The name is misleading because it identifies the acid reducer component, but does not identify the antacid component. Further, the name " — " implies "first in rank, leading, or chief" and, thus, is promotional. Therefore, the sponsor is advised to submit a new name to the Agency.

2. We recommend that the statement of identity be revised. Because there is no established name for this combination of ingredients, we suggest the following:

Acid Reducer and Antacid

3. On the front panel of the carton for the pouches and blisters, front panel of sample pouches, front panel of dispenser, and panel 1 of the 5 panel bottle, to be consistent with the use of this product, the phrase

B. CARTONS, DISPENSER, BOTTLE OVERWRAP, 5 PANEL BOTTLE LABEL, PACKAGE INSERTS, AND SAMPLE POUCHES

1. We suggest that the sponsor consider the label heading and subheadings and use of upper and lower case letters as proposed in the February 27, 1997 Proposed Labeling Requirements for OTC Drug Products (62 FR 9024). Note that in the proposal, the heading "Warnings" precedes the "Directions." We also suggest that the sponsor consider revising the text and format of the labeling to reflect the proposed draft prototype label (Attachment 2). The sponsor, however, should be reminded that the Proposed Labeling Requirements for OTC Drug Products and the prototype label are subject to change pending finalization of the proposed rule.

2. The **Active ingredient** section of the cartons, dispenser, bottle overwrap, sample pouches, and panel 2 of the 5 panel bottle label needs to state the purpose of each of the three ingredients. To conform with the February 27, 1997 Proposed Labeling Requirements for OTC Drugs (62 FR 9024) and with the draft prototype label (Attachment 2), this section should be revised as follows:

Active ingredients (in each tablet)	Purpose
Famotidine 10 mg	Acid reducer
Calcium carbonate 800 mg	Antacid
Magnesium hydroxide 165 mg	Antacid

3. Revise the heading "**Uses**" to "**Use.**" To be consistent with other acid reducer drug products and to conform with the February 27, 1997 Proposed Labeling Requirements for OTC Drugs (62 FR

9024), revise the "Use" section in all labeling to denote heartburn as the primary symptom, with other symptoms as secondary symptoms, to read: "for relief of heartburn associated with acid indigestion and sour stomach."

4. The "Directions" section on all labeling, including the "How to use Pepcid" section of the package insert, dispenser, and panel 2 of the 5 panel bottle label, must be revised to

Also, for consistency in labeling, the heading "How to use Pepcid" should be changed to "Directions."

5. To be consistent with labeling for other acid reducer products, the "Directions" section on all labeling, including the "How to Use Pepcid" section of the package insert, dispenser, and panel 2 of the 5 panel bottle label, should be revised to read: "to relieve symptoms, chew 1 tablet"

6. Revise the sentence in the "Directions" section on all labeling, including the "How to Use Pepcid" section of the package insert, dispenser, and panel 2 of the 5 panel bottle label, revised to read: "Do not more than 2 tablets in 24 hours." (See Attachment 2-prototype label.)

7. In the "Warnings" section on all labeling, including the section of the package insert and the dispenser, add the following as the first warning statement: "Allergy: Do not use if you are allergic to famotidine or other acid reducers."

8. We also recommend that the heading "Warnings" be used to designate the warning information on the package insert and on the right front panel of the dispenser.

9. Consumers should be warned not to use this Pepcid product with other Pepcid products in order to avoid potential overdosing. Therefore, the sponsor needs to add the warning "Do not use with other famotidine products or acid reducers" in the "Warnings" section on all labeling, including the section of the package insert and the dispenser.

10. The label needs to include additional warnings. A warning referring individuals with peptic ulcer disease or other serious gastrointestinal conditions to consult their physicians before

taking OTC heartburn medication would be medically sound to keep these patients under the active care of their physicians. Also,

12. In the "Warnings" section on all labeling, including the "Know when to see your doctor" section of the package inserts and the dispenser, the "pregnancy-nursing warning" must be placed right before the "Keep out of reach..." warning statement.

14. Because it is referred to as the "package insert" in the "Read the Label" section on the carton and dispenser, include the title "Package Insert" on the front panel of the package insert to make it easier for the consumer to identify the package insert.

1 page(s) of
revised draft labeling
has been redacted
from this portion of
the review.

/S/

Melvin Lessing, P.D., M.S.
Interdisciplinary Scientist (HFD-560)

/S/

Helen Cothran, B.S.
Team Leader (HFD-560)

/S/

Andrea Leonard-Segal, M.D.
Medical Officer (HFD-560)

/S/

Linda M. Katz, M.D., M.P.H.
Deputy Director (HFD-560)

2/8/99

Attachments

CC:

NDA 20-958

HFD-180: Folkendt

HFD-105: Bowen

HFD-560: Katz/Cothran/Segal/Chang/Robinson/Rothschild/T4Binder
/Lessing

HFD-560: Division File

Doc. ID: 20-958.wpd

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CONSULTATION RESPONSE
Office of Post-Marketing Drug Risk Assessment
(OPDRA; HFD-400)

DATE RECEIVED: 2/ 25/ 2000

DUE DATE: 4/ 28/ 2000

OPDRA CONSULT #: 00-0075

TO:

Lilia Talarico, M.D.
Director, Division of Gastro-Intestinal and Coagulation Drug Products
(HFD-180)

THROUGH:

Paul Levine
Project Manager
(HFD-180)

PRODUCT NAME:

Pepcid Complete (famotidine, calcium carbonate, and magnesium hydroxide chewable tablets)

MANUFACTURER:

Merck Research Laboratories

NDA #: 20-958

SAFETY EVALUATOR: Lauren Lee, Pharm.D.

OPDRA RECOMMENDATION:

OPDRA does not object to the use of the proprietary name, Pepcid Complete. See the checked box below.

- FOR NDA/ANDA WITH ACTION DATE BEYOND 90 DAYS OF THIS REVIEW**
This name must be re-evaluated approximately 90 days prior to the expected approval of the NDA. A re-review of the name prior to NDA approval will rule out any objections based upon approvals of other proprietary names/NDA's from the signature date of this document. A re-review request of the name should be submitted via e-mail to "OPDRAREQUEST" with the NDA number, the proprietary name, and the goal date. OPDRA will respond back via e-mail with the final recommendation.
- FOR NDA/ANDA WITH ACTION DATE WITHIN 90 DAYS OF THIS REVIEW**
OPDRA considers this a final review. However, if the approval of the NDA is delayed beyond 90 days from the date of this review, the name must be re-evaluated. A re-review of the name prior to NDA approval will rule out any objections based upon approvals of other proprietary names/NDA's from this date forward.
- FOR PRIORITY 6 MONTH REVIEWS**
OPDRA will monitor this name until approximately 30 days before the approval of the NDA. The reviewing division need not submit a second consult for name review. OPDRA will notify the reviewing division of any changes in our recommendation of the name based upon the approvals of other proprietary names/NDA's from this date forward.

/S/

5/1/2000

/S/ - 5/1/00

Jerry Phillips, R.Ph.
Associate Director for Medication Error Prevention
Office of Post-Marketing Drug Risk Assessment
Phone: (301) 827-3242
Fax: (301) 480-8173

Peter Honig, MD
Director
Office of Post-Marketing Drug Risk Assessment
Center for Drug Evaluation and Research
Food and Drug Administration

Office of Post-Marketing Drug Risk Assessment
HFD-400; Rm. 15B-03
Center for Drug Evaluation and Research

PROPRIETARY NAME REVIEW

DATE RECEIVED: February 25, 2000
NDA#: 20-958
NAME OF DRUG: Pepcid Complete (famotidine, calcium carbonate, and magnesium hydroxide chewable tablets)
NDA HOLDER: Merck Research Laboratories

*****NOTE:** This review contains proprietary and confidential information that should not be released to the public.***

I. INTRODUCTION:

This OPDRA consult is in response to a February 25, 2000 request by the Division Gastro-Intestinal and Coagulation Drug Products, to review the proposed proprietary drug name, Pepcid Complete, regarding potential name confusion with other proprietary/generic drug names. Container label and container labeling were not submitted for review of possible interventions in minimizing medication errors.

The proposed name, Pepcid. — was first reviewed by the Labeling and Nomenclature Committee (LNC) on September 3, 1998 and was found to be unacceptable due to the potential for confusion with Pepcid — the lack of representation of the antacid component in the name, and the promotional/fanciful aspect of the name.

In a letter dated January 18, 1999, the sponsor submitted a new proposed proprietary name, Pepcid Complete.

PRODUCT INFORMATION

Pepcid Complete comprises of famotidine (10 mg) and antacid [calcium carbonate (800 mg) and magnesium hydroxide (165 mg)] in a chewable tablet formulation. *Famotidine is a competitive inhibitor of histamine H₂-receptors and inhibits gastric secretion.* Pepcid Complete is indicated for the treatment of heartburn associated with acid ingestion and sour stomach. Pepcid Complete is proposed for over-the-counter (OTC) use. Pepcid is the proprietary name for the famotidine family of prescription drug products (20 mg, 40 mg) which includes tablets, oral suspension, orally disintegrating tablets, injection, and premixed injection dosage forms. Pepcid AC is the proprietary name for the non-prescription famotidine family of products which currently include tablets and chewable tablets. There is no approved drug product containing famotidine/antacid combination in a single tablet.

II. RISK ASSESSMENT

A. EXPERT PANEL DISCUSSION

[The expert panel consists of members of OPDRA's medication error Safety Evaluator Staff and a representative from the Division of Drug Marketing, Advertising and Communications (DDMAC)].

Product Name	Generic name; strength	Usual Dose
Pepcid AC Acid Controller (otc)	Famotidine tablets (10 mg); chewable tablets (10 mg); gelcaps (10 mg)	Oral: Duodenal ulcer: Acute therapy: 40 mg/day at bedtime. 20 mg twice/day is also effective.
Pepcid (Rx)	Famotidine tablets (20 mg & 40 mg); powder for oral suspension (40 mg per 5 mL when reconstituted); injection (10 mg per mL); injection, premixed (20 mg per 50 mL in 0.9% NaCl)	Maintenance therapy: 20 mg once a day at bedtime. Benign gastric ulcer: Acute therapy: 40 mg orally once a day at bedtime. Pathological hypersecretory conditions: Individualize dosage. The adult starting dose is 20 mg every 6 hours; some patients may require a higher starting dose.
Pepcid RPD (Rx)	Famotidine tablets, orally disintegrating (20 mg & 40 mg)	GERD: 20 mg twice daily for up to 6 weeks. For esophagitis including erosions and ulcerations and accompanying symptoms due to GERD, 20 or 40 mg twice daily for up to 12 weeks. Heartburn, acid indigestion and sour stomach (otc only): Relief: 10 mg (1 tablet) with water. Prevention: 10 mg 1 hour before eating a meal that is expected to cause symptoms. Can be used up to twice daily (up to 2 tablets in 24 hrs). Parenteral: In some hospitalized patients with pathological hypersecretory conditions or intractable ulcers, or in patients unable to take oral medication, give famotidine IV 20 mg every 12 hours. Doses and regimen for GERD are not established.

*LA = Look-alike

*SA = Sound-alike

1. According to the expert panel, the proposed proprietary name, Pepcid Complete, does not adequately represent the inclusion of the antacid component in the name, and therefore, is objectionable. The panel also objected to a previously submitted name, _____ due to similar reasons.
2. According to DDMAC, the name would be very confusing to consumers because the word, "complete" implies a broader indication than the product's actual indication.

B. SAFETY EVALUATOR RISK ASSESSMENT

Both the Division and the expert panel make references to our previous review of the proprietary name, _____. Both _____ and Pepcid Complete are combination products that contain H₂-receptor inhibitors and antacids. In the case with _____ there were safety concerns because the _____ component was not included in the name, and serious interactions could occur when _____ is taken in combination with certain other drugs. However, from a safety perspective, the proposed name, Pepcid Complete, does not pose a similar concern. Furthermore, since the term "complete" has been used in other product names, there is insufficient evidence at this time to render the proposed name, Pepcid Complete, objectionable.

IV. RECOMMENDATIONS:

OPDRA does not object to the use of the proprietary name, Pepcid Complete.

OPDRA would appreciate feedback of the final outcome of this consult. We would be willing to meet with the Division for further discussion, if needed. If you have further questions or need clarifications,

please contact Lauren Lee, Pharm.D. at 301-827-3243.

/S/

Lauren Lee, Pharm.D.
Safety Evaluator
Office of Post-Marketing Drug Risk Assessment

Concur:

/S/

5/1/2000

Jerry Phillips, RPh
Associate Director for Medication Error Prevention
Office of Post-Marketing Drug Risk Assessment

CC:

NDA: 21-958

Office Files

HFD-180; DivFiles; Paul Levine, Project Manager

HFD-180; Lilia Talarico, M.D., Division Director

HFD-042, Patricia Staub, Regulatory Review Officer, DDMAC (Electronic Only)

HFD-440; Ann Corken, Safety Evaluator, DDRE II, OPDRA

HFD-400; Jerry Phillips, Associate Director, OPDRA

HFD-400; Peter Honig, Director, OPDRA (Electronic Only)

**HFD-002; Mac Lumpkin, Deputy Center Director for Review Management
(Electronic Only)**

REQUEST FOR TRADEMARK REVIEW

To: Labeling and Nomenclature Committee
Attention: Dan Boring, Chair (HFD-530), 9201 Corporate Blvd, Room N461

From: Division of Gastrointestinal and Coagulation Drug Products		HFD-180
Attention: Michael Folkendt Regulatory Project Manager		Phone: (301) 827-1602
Date: February 23, 1999		
Subject: Request for Assessment of a Trademark for a Proposed New Drug Product		
Proposed Trademark: Pepcid		NDA 20-958
Established name, including dosage form: Non-prescription famotidine (10 mg)/antacid [calcium carbonate (800 mg) & magnesium hydroxide (165 mg)] combination chewable tablet.		
<p>Other trademarks by the same firm for companion products: "Pepcid" is the proprietary name for the Rx famotidine family of drug products (20 mg, 40 mg) which include Tablets, Oral Suspension, Orally Disintegrating Tablets, Injection, and Injection Premixed dosage forms. "Pepcid AC" is the proprietary name for the non-prescription famotidine family of products which currently include Tablets and chewable tablets. There is no approved drug product containing famotidine/antacid combination in a single tablet.</p>		
<p>Indications for Use (may be a summary if proposed statement is lengthy): Marketed OTC for the treatment of heartburn associated with acid indigestion and sour stomach.</p>		
<p>Initial Comments from the submitter (concerns, observations, etc.): This proposed proprietary name was first reviewed by the Labeling and Nomenclature Committee (LNC) on 9/3/98 and was found unacceptable (see attached LNC recommendation) based on the following three reasons:</p> <ol style="list-style-type: none"> 1. There is a high potential for confusion with Pepcid Premixed. 2. May be considered misbranded under 21 CFR 201.6(b) because the name suggests one or more; but not all ingredients (i.e., in this case suggests famotidine but not the antacid component). 3. The adjective _____ in the proprietary name is overly promotional [see 21 CFR 201.10(c)(3)]. <p>The review team (including representatives from OTC) rejected reason 1 because Pepcid Premixed is an injection product in a large (50 mL) bag which is only available in a hospital while the proposed drug product is intended for the OTC market place. Therefore, the potential for confusion was expected to be extremely slight. Reasons 2 & 3 were therefore communicated with the firm. The firm has now responded with a rebuttal (see attached letter) and requests that the proposed proprietary name be reconsidered.</p>		

Note: Meetings of the Committee are scheduled for the 4th Tuesday of the month. Please submit this form at least one week ahead of the meeting. Responses will be as timely as possible.

FDA CDER EES
ESTABLISHMENT EVALUATION REQUEST
DETAIL REPORT

Application: NDA 20958/000
Stamp: 20-FEB-1998
Regulatory Due: 20-JUN-2000
Applicant: MERCK RES
BLA-30
WEST POINT, PA 19486
Priority: 4S
Org Code: 180

Action Goal:
District Goal: 21-OCT-1998
Brand Name: PEPCID COMPLETE ANTACID
/FAMOTIDINE/165
Estab. Name:
Generic Name: ANTACID/FAMOTIDINE
Dosage Form: (TABLET)
Strength: 10MG FAMOTIDINE

Application Comment: THIS NDA PROVIDES FOR A COMBINATION TABLET CONTAINING FAMOTIDINE (10 MG AND AN ANTACID (800 MG CALCIUM CARBONATE & 165 MG MAGNESIUM HYDROXIDE) FOR OTC USE FOR THE TREATMENT OF HEARTBURN. (on 17-JUL-1998 by M. FOLKENDT (HFD-103) 301-827-3959)

FDA Contacts: P. LEVINE JR (HFD-180) 301-827-7310 , Project Manager
W. ADAMS (HFD-180) 301-827-7310 , Review Chemist
L. ZHOU (HFD-150) 301-594-5765 , Team Leader

Overall Recommendation: ACCEPTABLE on 26-AUG-1998 by J. D AMBROGIO (HFD-324) 301-827-0062
ACCEPTABLE on 16-JUN-2000 by S. FERGUSON (HFD-324) 301-827-0062

Establishment:

DMF No: _____ AADA: _____
Responsibilities: _____ R
Profile: _____ OAI Status: NONE
Estab. Comment: _____ (on 15-FEB-2000 by W. ADAMS (HFD-180) 301-827-7310)

Milestone Name	Date	Req. Type	Insp. Date	Decision & Reason	Creator
SUBMITTED TO OC	17-JUL-1998				FOLKENDTM
OC RECOMMENDATION	17-JUL-1998			ACCEPTABLE BASED ON PROFILE	FERGUSONS

Establishment: 2529821

JOHNSON AND JOHNSON MERCK CONSUMER PHARMACEUTICA
1838 COLONIAL VILLAGE LANE
LANCASTER, PA 17601

DMF No: _____ AADA: _____
Responsibilities: _____

Profile: _____ OAI Status: NONE
Estab. Comment: DRUG PRODUCT MANUFACTURE, RELEASE TESTING AND STABILITY TESTING (on 15-FEB-2000 by W. ADAMS (HFD-180) 301-827-7310)
THE FDA PROJECT MANAGER IS M. FOULKENDT, (301) 443-0487. PROFILE CLASS SHOULD BE UPDATED DURING EI; COVER QUALITY RELEASE SYSTEM.
DUE DATE IS 9/10/98.

PLEASE COMPLETE A MEMO OF CONCUR/NONCONCUR AT THE CLOSE OF THE EI AND FORWARD TO THE PRE-APPROVAL OFFICE AND COMPLIANCE BRANCH. (on 24-JUL-1998 by MKING)

Milestone Name	Date	Req. Type	Insp. Date	Decision & Reason	Creator
SUBMITTED TO OC	17-JUL-1998				FOLKENDTM

FDA CDER EES
ESTABLISHMENT EVALUATION REQUEST
DETAIL REPORT

SUBMITTED TO DO 17-JUL-1998 10D FERGUSONS
ASSIGNED INSPECTION 24-JUL-1998 PS MKING
INSPECTION PERFORMED 25-AUG-1998 19-AUG-1998 DPAGANO

FDA-483 OBSERVATIONS DID NOT WARRANT A WITHHOLD RECOMMENDATION. THREE OUT OF THE FOUR 483'S ISSUED WERE CORRECTED TO THE INVESTIGATOR'S SATISFACTION PRIOR TO CLOSE OF THE INSPECTION.

DO RECOMMENDATION 25-AUG-1998 ACCEPTABLE DPAGANO
INSPECTION

FDA-483 ISSUED DID NOT WARRANT A WITHHOLD RECOMMENDATION. THREE OUT OF THE FOUR OBSERVATIONS CITED WERE CORRECTED PRIOR TO THE CLOSE OF THE INSPECTION.

OC RECOMMENDATION 26-AUG-1998 ACCEPTABLE DAMBROGIOJ
DISTRICT RECOMMENDATION

SUBMITTED TO OC 15-FEB-2000 ADAMSM
OC RECOMMENDATION 15-FEB-2000 DAMBROGIOJ

ACCEPTABLE
BASED ON FILE REVIEW
BASED ON PROFILE

Establishment: _____

DMF No: _____ ADA:
Responsibilities: _____

Profile: _____ OAI Status: NONE
Estab. Comment: _____

Milestone Name	Date	Req. Type	Insp. Date	Decision & Reason	Creator
SUBMITTED TO OC	17-FEB-2000				ADAMSM
OC RECOMMENDATION	17-FEB-2000			ACCEPTABLE BASED ON PROFILE	FERGUSONS

Establishment: _____

DMF No: _____ AADA:
Responsibilities: _____

Profile: _____ OAI Status: NONE
Estab. Comment: _____

Milestone Name	Date	Req. Type	Insp. Date	Decision & Reason	Creator
SUBMITTED TO OC	17-JUL-1998				FOLKENDTM
SUBMITTED TO DO	17-JUL-1998 10D				FERGUSONS
DO RECOMMENDATION	21-JUL-1998			ACCEPTABLE BASED ON FILE REVIEW	JMARTIN1

OC RECOMMENDATION 22-JUL-1998 ACCEPTABLE DAMBROGIOJ

SUBMITTED TO OC 15-FEB-2000
OC RECOMMENDATION 15-FEB-2000

DISTRICT RECOMMENDATION
ADAMSM
ACCEPTABLE DAMBROGIOJ
BASED ON FILE REVIEW
BASED ON PROFILE

Establishment: _____

DMF No: _____ AADA: _____

Responsibilities: _____

Profile: _____ OAI Status: NONE

Estab. Comment: PLEASE COMPLETE PAGE TWO OF THIS ASSIGNMENT AND FORWARD TO THE
PRE-APPROVAL OFFICE ALONG WITH A COPY TO COMPLIANCE BRANCH AT THE
COMPLETION OF THE INSPECTION. (on 25-FEB-2000 by D. PAGANO (HFR-
CE100) 215-597-4390)

Milestone Name	Date	Req. Type	Insp. Date	Decision & Reason	Creator
SUBMITTED TO OC	17-FEB-2000				ADAMSM
SUBMITTED TO DO	17-FEB-2000	GMP			FERGUSONS
ASSIGNED INSPECTION	25-FEB-2000	PS			DPAGANO
INSPECTION SCHEDULED	10-MAR-2000		09-MAR-2000		DPAGANO
INSPECTION PERFORMED	10-MAR-2000		09-MAR-2000		DPAGANO
DO RECOMMENDATION	10-MAR-2000			ACCEPTABLE INSPECTION	DPAGANO

AN FDA-483 WAS ISSUED HOWEVER THE PROFILE CLASS CTL IS NOT AFFECTED. THE
INSPECTION TEAM CONSISTED OF DEBRA BENNETT, YVONNE WOOD AND MICHAEL GURBARG.
OC RECOMMENDATION 13-MAR-2000 ACCEPTABLE DAMBROGIOJ
DISTRICT RECOMMENDATION

Establishment: 2510592
MERCK AND CO INC
SUMNEYTOWN PIKE BLA20
WEST POINT, PA 19486

DMF No: _____ AADA: _____

Responsibilities: _____

Profile: _____ OAI Status: NONE

Estab. Comment: _____

Milestone Name	Date	Req. Type	Insp. Date	Decision & Reason	Creator
SUBMITTED TO OC	17-JUL-1998				FOLKENDTM
SUBMITTED TO DO	17-JUL-1998	10D			FERGUSONS
DO RECOMMENDATION	20-JUL-1998			WITHHOLD FIRM NOT READY	DPAGANO

FIRMS SECOND RESPONSE TO WARNING LETTER WAS DEEMED SATISFACTORY HOWEVER,
FIRM IS NOT READY FOR A FOLLOW UP INSPECTION FOR WARNING LETTER ISSUES.
OC RECOMMENDATION 20-JUL-1998 WITHHOLD EGASM
FIRM NOT READY

FDA CDER EES
ESTABLISHMENT EVALUATION REQUEST
DETAIL REPORT

ASSIGNED INSPECTION 20-AUG-1998 PS DPAGANO
INSPECTION PERFORMED 20-AUG-1998 18-AUG-1998 DPAGANO

THIS INSPECTION WAS INITIATED DURING THE FOLLOW-UP TO THE WARNING LETTER.
DO RECOMMENDATION 20-AUG-1998 WITHHOLD DPAGANO

STABILITY PROGRAM
THERE IS NO DATA TO SUPPORT THE HOLD TIME FOR THE COATED THIS
IS A JOINT VENTURE PRODUCT AND THE INSPECTION REVEALED THAT THE PROTOCOL
DIRECTED A STABILITY SAMPLE FOR THE HOLD TIME. THE FIRM ANTICIPATES HAVING
STABILITY DATA WITHIN THE NEXT WEEK OR SO

DO RECOMMENDATION 25-AUG-1998 ACCEPTABLE DPAGANO
ADEQUATE FIRM RESPONSE
PHI-DO DEEMED THE

FIRM PROVIDED STABILITY DATA FOR THE HOLD STUDY.
CORRECTIVE ACTION ACCEPTABLE.
OC RECOMMENDATION 26-AUG-1998 ACCEPTABLE DAMBROGIOJ

SUBMITTED TO OC 15-FEB-2000 DISTRICT RECOMMENDATION ADAMSM

OC RECOMMENDATION 15-FEB-2000 ACCEPTABLE DAMBROGIOJ
BASED ON FILE REVIEW
BASED ON PROFILE

Establishment: _____

DMF No: _____ AADA:
Responsibilities: _____
Profile: _____ OAI Status: NONE
Estab. Comment: DET-DO WATE # 109688 HAS AN "A" PRIORITY AND A JUNE 30, 2000 DUE
DATE. LAST DET-DO GMP EI DATED JULY 11-12, 1995 WAS VAI WITH
ISSUES. (on 15-FEB-2000
by M. ROBINSON (HFR-CE740) \313-226-6260)

Milestone Name	Date	Req. Type	Insp	Date	Decision & Reason	Creator
SUBMITTED TO OC	15-FEB-2000					ADAMSM
SUBMITTED TO DO	15-FEB-2000	GMP				DAMBROGIOJ
ASSIGNED INSPECTION	15-FEB-2000	PS				MROBINSO
INSPECTION SCHEDULED	12-JUN-2000					MROBINSO
INSPECTION PERFORMED	16-JUN-2000			15-JUN-2000		MROBINSO
DET-DO PAI DATED 6/13-15/2000 REPORTED SOME DEVIATIONS ON A FDA-483 NOT LIKELY TO ADVERSELY AFFECT FINISHED PRODUCT QUALITY. EI WILL BE CLASSIFIED VAI.						
DO RECOMMENDATION	16-JUN-2000				ACCEPTABLE INSPECTION	MROBINSO
PAI & GMP EI 6/13-15/2000 WILL BE CLASSIFIED VAI FOR DEVIATIONS NOT LIKELY TO ADVERSELY AFFECT FINISHED PRODUCT QUALITY.						
OC RECOMMENDATION	16-JUN-2000				ACCEPTABLE DISTRICT RECOMMENDATION	FERGUSONS

Establishment: _____

DMF No: _____ AADA:
Responsibilities: _____
Profile: _____ OAI Status: NONE

FDA CDER EES
ESTABLISHMENT EVALUATION REQUEST
DETAIL REPORT

Estab. Comment:

Milestone Name	Date	Req. Type	Insp. Date	Decision & Reason	Creator
SUBMITTED TO OC	17-JUL-1998				FOLKENDTM
OC RECOMMENDATION	17-JUL-1998			ACCEPTABLE BASED ON PROFILE	FERGUSONS

Establishment:

DMF No:

AADA:

Responsibilities:

Profile: CSN

OAI Status: NONE

Estab. Comment:

Milestone Name	Date	Req. Type	Insp. Date	Decision & Reason	Creator
SUBMITTED TO OC	15-FEB-2000				ADAMSM
SUBMITTED TO DO	15-FEB-2000	GMP			DAMEROGIOJ
ASSIGNED INSPECTION	22-FEB-2000	PS			KRODEN
INSPECTION SCHEDULED	22-FEB-2000				KRODEN
INSPECTION PERFORMED	31-MAR-2000		14-MAR-2000		KRODEN
A GMP/PRE-APPROVAL INSPECTION WAS CONDUCTED AT THIS FACILITY REGARDING THIS APPLICATION. NO OBJECTIONABLE CONDITIONS WERE NOTED AND NO FDA-483 WAS ISSUED. BASED ON THE INSPECTIONAL FINIDNGS, KAN-DO RECOMMENDS APPROVAL OF THIS APPLICATION.					
DO RECOMMENDATION	31-MAR-2000			ACCEPTABLE INSPECTION	KRODEN
A GMP/PRE-APPROVAL INSPECTION WAS CONDUCTED AT THIS FACILITY COVERING THIS APPLICATION. NO OBJECTIONABLE CONDITIONS WERE NOTED AND NO FDA-483 WAS ISSUED. BASED ON THE INSPECTIONAL FINDINGS, KAN-DO RECOMMENDS APPROVAL OF THIS APPLICATION.					
OC RECOMMENDATION	31-MAR-2000			ACCEPTABLE DISTRICT RECOMMENDATION	FERGUSONS

Establishment:

DMF No:

AADA:

Responsibilities:

Profile:

OAI Status: NONE

Estab. Comment:

Milestone Name	Date	Req. Type	Insp. Date	Decision & Reason	Creator
SUBMITTED TO OC	17-JUL-1998				FOLKENDTM
OC RECOMMENDATION	17-JUL-1998			ACCEPTABLE BASED ON PROFILE	FERGUSONS

Establishment:

DMF No:

AADA:

FDA CDER EES
ESTABLISHMENT EVALUATION REQUEST
DETAIL REPORT

Responsibilities: _____
Profile: _____ OAI Status: NONE
Estab. Comment: _____
301-827-7310)

Milestone Name	Date	Req. Type	Insp. Date	Decision & Reason	Creator
SUBMITTED TO OC	17-JUL-1998			ACCEPTABLE BASED ON PROFILE	FOLKENDTM
OC RECOMMENDATION	17-JUL-1998				FERGUSONS

Establishment: _____

DMF No: [] AADA: _____
Responsibilities: _____
Profile: _____ OAI Status: NONE
Estab. Comment: _____ (on 15-FEB-2000
by W. ADAMS (HFD-180) 301-827-7310)

Milestone Name	Date	Req. Type	Insp. Date	Decision & Reason	Creator
SUBMITTED TO OC	17-JUL-1998			ACCEPTABLE BASED ON PROFILE	FOLKENDTM
OC RECOMMENDATION	17-JUL-1998				FERGUSONS

Establishment: _____

DMF No: [] AADA: _____
Responsibilities: _____
Profile: _____ OAI Status: NONE
Estab. Comment: _____ (on 15-FEB-
2000 by W. ADAMS (HFD-180) 301-827-7310)

Milestone Name	Date	Req. Type	Insp. Date	Decision & Reason	Creator
SUBMITTED TO OC	15-FEB-2000			ACCEPTABLE BASED ON FILE REVIEW	ADAMSM
OC RECOMMENDATION	15-FEB-2000				EGASM

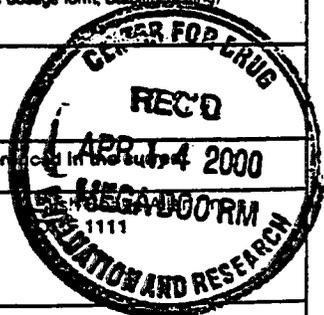
FUR

Establishment: _____

DMF No: [] AADA: _____
Responsibilities: _____
Profile: _____ OAI Status: NONE
Estab. Comment: _____ (on 14-FEB-2000 by W. ADAMS (HFD-180) 301-827-7310)

Milestone Name	Date	Req. Type	Insp. Date	Decision & Reason	Creator
SUBMITTED TO OC	17-JUL-1998			ACCEPTABLE BASED ON PROFILE	FOLKENDTM
OC RECOMMENDATION	17-JUL-1998				FERGUSONS

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION		Form Approved OMB No. 0910-0338. Expiration Date: April 30, 2000 See OMB Statement on last page.	
APPLICATION TO MARKET A NEW DRUG, BIOLOGIC, OR AN ANTIBIOTIC DRUG FOR HUMAN USE <i>(Title 21, Code Of Federal Regulations, 314)</i>		FOR FDA USE ONLY	
		APPLICATION NUMBER	
APPLICANT INFORMATION			
NAME OF APPLICANT Merck & Co., Inc.		DATE OF SUBMISSION 4/13/00	
TELEPHONE NO. (Include Area Code) (215) 273-7152		FACSIMILE (FAX) Number (Include Area Code) (215) 273-8315	
APPLICANT ADDRESS (Number, Street, City, State, Country, Zip Code or Mail Code, and U.S. License number if previously issued): Sumneytown Pike P.O. Box 4, BLA-33 West Point, PA 19486		AUTHORIZED U.S. AGENT NAME & ADDRESS (Number, Street, City, State, ZIP Code, telephone & FAX number) IF APPLICABLE George Latyszzonek, Director Regulatory Affairs, JJCPC	
PRODUCT DESCRIPTION			
NEW DRUG OR ANTIBIOTIC APPLICATION NUMBER, OR BIOLOGICS LICENSE APPLICATION NUMBER (if previously issued)			20-958
ESTABLISHED NAME (e.g., Proper name, USP/USAN name) Famotidine/Antacid Combination		PROPRIETARY NAME (trade name) IF ANY PEPCID® Complete	
CHEMICAL/ BIOCHEMICAL/BLOOD PRODUCT NAME (if any)		CODE NAME (if any)	
DOSAGE FORM Chewable Tablet	STRENGTHS: 10 mg/800 mg/165 mg	ROUTE OF ADMINISTRATION Oral	
(PROPOSED) INDICATION(S) FOR USE: 1. Treatment and prevention of Heartburn, acid indigestion and sour stomach			
APPLICATION INFORMATION			
APPLICATION TYPE (Check one) <input type="checkbox"/> NEW DRUG APPLICATION (21 CFR 314.50) <input type="checkbox"/> ABBREVIATED APPLICATION (ANDA, AADA, 21 CFR 314.94) <input type="checkbox"/> BIOLOGICS LICENSE APPLICATION (21 CFR part 601)			
IF AN NDA, IDENTIFY THE APPROPRIATE TYPE <input type="checkbox"/> 505 (b) (1) <input type="checkbox"/> 505 (b) (2) <input type="checkbox"/> 507			
IF AN ANDA, OR AADA, IDENTIFY THE REFERENCED LISTED DRUG PRODUCT THAT IS THE BASIS FOR THE SUBMISSION Name of Drug: _____ Holder of Approved Application: _____			
TYPE OF SUBMISSION (check one) <input type="checkbox"/> ORIGINAL APPLICATION <input type="checkbox"/> AMENDMENT TO A PENDING APPLICATION <input type="checkbox"/> RESUBMISSION <input type="checkbox"/> PRESUBMISSION <input type="checkbox"/> ANNUAL REPORT <input type="checkbox"/> ESTABLISHMENT DESCRIPTION SUPPLEMENT <input type="checkbox"/> SUPAC SUPPLEMENT <input type="checkbox"/> EFFICACY SUPPLEMENT <input type="checkbox"/> LABELING SUPPLEMENT <input type="checkbox"/> CHEMISTRY MANUFACTURING AND CONTROLS SUPPLEMENT <input checked="" type="checkbox"/> OTHER			
REASON FOR SUBMISSION <i>Response to request - resubmission of response</i>			
PROPOSED MARKETING STATUS (check one) <input type="checkbox"/> PRESCRIPTION PRODUCT (Rx) <input checked="" type="checkbox"/> OVER THE COUNTER PRODUCT (OTC)			
NUMBER OF VOLUMES SUBMITTED <u>1</u>		THIS APPLICATION IS <input checked="" type="checkbox"/> PAPER <input type="checkbox"/> PAPER AND ELECTRONIC <input type="checkbox"/> ELECTRONIC	
ESTABLISHMENT INFORMATION			
Provide locations of all manufacturing, packaging and control sites for the drug substance and drug product (continuation sheets may be used if necessary). Include name, address, contact, telephone number, registration number (CFR), DMF number, and manufacturing steps and/or type of testing (e.g. Final dosage form, Stability testing) conducted at the site. Please indicate whether the site is ready for inspection or, if not, when it will be ready.			
See Attached			
Cross References (list related License Applications, INDs, NDAs, PMAs, 510(k)s, IDEs, BMFs, and DMFs refer to in this application): Merck Research Laboratories NDA 20-801 NDA 19-462 NDA 20-325			



This application contains the following items: (Check all that apply)

1. Index
2. Labeling (check one) <input type="checkbox"/> Draft Labeling, <input type="checkbox"/> Final Printed Labeling
3. Summary (21 CFR 314.50 (c))
4. Chemistry Section
A. Chemistry, manufacturing, and controls information (e.g. 21 CFR 314.50 (d) (1), 21 CFR 601.2)
B. Samples (21 CFR 314.50 (e) (1), 21 CFR 601.2 (a)) (Submit only upon FDA's request)
C. Methods validation package (e.g. 21 CFR 314.50 (e) (2) (1), 21 CFR 601.2)
5. Nonclinical pharmacology and toxicology section (21 CFR 314.50 (d) (2), 21 CFR 601.2)
6. Human pharmacokinetics and bioavailability section (21 CFR 314.50 (d) (3), 21 CFR 601.2)
7. Microbiology section (21 CFR 314.50 (d) (4))
8. Clinical data section (21 CFR 314.50 (d) (5), 21 CFR 601.2)
9. Safety update report (21 CFR 314.50 (d) (5) (v) (b), 21 CFR 601.2)
10. Statistical section (21 CFR 314.50 (d) (8), 21 CFR 601.2)
11. Case report tabulations (21 CFR 314.50 (f) (1), 21 CFR 601.2)
12. Case reports forms (21 CFR 314.50 (f) (1), 21 CFR 601.2)
13. Patent information on any patent which claims the drug (21 U.S.C. 355 (b) or (c))
14. A patent certification with respect to any patent which claims the drug (21 U.S.C. 355 (b) (2) or (j) (2) (A))
15. Establishment description (21 CFR Part 600, if applicable)
16. Debarment certification (FD&C Act 306 (k) (1))
17. Field copy certification (21 CFR 314.5 (k) (3))
18. User Fee Cover Sheet (Form FDA 3397)
X 19. OTHER (Specify) <i>Hard copy of section of Amended NDA</i>

CERTIFICATION

I agree to update this application with new safety information about the product that may reasonably affect the statement of contraindications, warnings, precautions, or adverse reactions in the draft labeling. I agree to submit safety update reports as provided for by regulation or as requested by FDA. If this application is approved, I agree to comply with all laws and regulations that apply to approved applications, including, but not limited to the following:

1. Good manufacturing practice regulations in 21 CFR 210 and 211, 606, and/or 820.
2. Biological establishment standards in 21 CFR Part 600.
3. Labeling regulations in 21 CFR 201, 606, 610, 660 and/or 809.
4. In case of a prescription drug product or biological product, prescription drug advertising regulations in 21 CFR 202.
5. Regulations on making changes in application in 21 CFR 314.70, 314.71, 314.72, 314.97, 314.99, and 601.12.
6. Regulations on reports in 21 CFR 314.80, 314.81, 600.80 and 600.81.
7. Local, State and Federal environmental impact laws.

If this application applies to a drug product that FDA has proposed for scheduling under the Controlled Substances Act, I agree not to market the product until the Drug Enforcement Administration makes a final scheduling decision. The data and information in this submission have been reviewed and, to the best of my knowledge are certified to be true and accurate. Warning: a willfully false statement is a criminal offense, U.S. Code, title 18, section 1001.

SIGNATURE OF RESPONSIBLE OFFICIAL OR AGENT <i>George Latyszczek</i>	TYPED NAME AND TITLE George Latyszczek, Director Regulatory Affairs, JIMCPC	DATE 4/13/00
	ADDRESS (Street, City, State, and ZIP Code) Sumnerstown Pike, P.O. Box 4, BLA-33 West Point, PA 19486	Telephone Number (215) 273-7152

Public reporting burden for this collection of information is estimated to average 40 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

DMHS, Reports Clearance Officer
Paperwork Reduction Project (0910-0338)
Hubert H. Humphrey Building, Room 531-H
200 Independence Avenue, S.W.
Washington, DC 20201

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Please DO NOT RETURN this form to this address.

(130)Folkendt
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION

REQUEST FOR CONSULTATION

TO (Division/Office): HFD-40 (DDMAC) Dr. Karen Lectner,
Room 17B-04, Parklawn Building

FROM: HFD-180 (Division of Gastrointestinal and Coagulation
Drug Products) Michael Folkendt, Room 6B-17 Parklawn, 827-1602

October 26, 1998	IND NO.: -	NDA NO.: 20-958	TYPE OF DOCUMENT : Use Study Results	DATE OF DOCUMENT: 2/20/98
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NAME OF DRUG: Pepcid — (famotidine/antacid combination) Chewable Tablets	PRIORITY CONSIDERATION: S	CLASSIFICATION OF DRUG: 4	DESIRED COMPLETION DATE: 12/4/98
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NAME OF FIRM: Merck Research Laboratories

REASON FOR REQUEST

I. GENERAL

- | | | |
|--|--|--|
| <input type="checkbox"/> NEW PROTOCOL | <input type="checkbox"/> PRE-NDA MEETING | <input type="checkbox"/> RESPONSE TO DEFICIENCY LETTER |
| <input type="checkbox"/> PROGRESS REPORT | <input type="checkbox"/> END OF PHASE II MEETING | <input type="checkbox"/> FINAL PRINTED LABELING |
| <input type="checkbox"/> NEW CORRESPONDENCE | <input type="checkbox"/> RESUBMISSION | <input type="checkbox"/> LABELING REVISION |
| <input type="checkbox"/> DRUG ADVERTISING | <input type="checkbox"/> SAFETY/EFFICACY | <input type="checkbox"/> ORIGINAL NEW CORRESPONDENCE |
| <input type="checkbox"/> ADVERSE REACTION REPORT | <input type="checkbox"/> PAPER NDA | <input type="checkbox"/> FORMULATIVE REVIEW |
| <input type="checkbox"/> MANUFACTURING CHANGE/ADDITION | <input type="checkbox"/> CONTROL SUPPLEMENT | <input checked="" type="checkbox"/> OTHER (SPECIFY BELOW):
USE STUDY REPORT |
| <input type="checkbox"/> MEETING PLANNED BY | | |

II. BIOMETRICS

STATISTICAL EVALUATION BRANCH	STATISTICAL APPLICATION BRANCH
<input type="checkbox"/> TYPE A OR B NDA REVIEW <input type="checkbox"/> END OF PHASE II MEETING <input type="checkbox"/> CONTROLLED STUDIES <input type="checkbox"/> PROTOCOL REVIEW <input type="checkbox"/> OTHER:	<input type="checkbox"/> CHEMISTRY REVIEW <input type="checkbox"/> PHARMACOLOGY <input type="checkbox"/> BIOPHARMACEUTICS <input type="checkbox"/> OTHER:

III. BIOPHARMACEUTICS

<input type="checkbox"/> RESOLUTION <input type="checkbox"/> BIOAVAILABILITY STUDIES <input type="checkbox"/> PHASE IV STUDIES	<input type="checkbox"/> DEFICIENCY LETTER RESPONSE <input type="checkbox"/> PROTOCOL-BIOPHARMACEUTICS <input type="checkbox"/> IN-VIVO WAIVER REQUEST
--	--

IV. DRUG EXPERIENCE

<input type="checkbox"/> PHASE IV SURVEILLANCE/EPIDEMIOLOGY PROTOCOL <input type="checkbox"/> DRUG USE e.g. POPULATION EXPOSURE, ASSOCIATED DIAGNOSES <input type="checkbox"/> CASE REPORTS OF SPECIFIC REACTIONS (List below) <input type="checkbox"/> COMPARATIVE RISK ASSESSMENT ON GENERIC DRUG GROUP	<input type="checkbox"/> REVIEW OF MARKETING EXPERIENCE, DRUG USE AND SAFETY <input type="checkbox"/> SUMMARY OF ADVERSE EXPERIENCE <input type="checkbox"/> POISON RISK ANALYSIS
---	---

V. SCIENTIFIC INVESTIGATIONS

<input type="checkbox"/> CLINICAL	<input type="checkbox"/> PRECLINICAL
-----------------------------------	--------------------------------------

COMMENTS/SPECIAL INSTRUCTIONS: Division of OTC Drug Products has requested your comments regarding the Attached Use Study Report. Please note that the Tradename "Pepcid —" has been found unacceptable by the Tradename and Nomenclature Committee and by the Core Review Team because (1) It doesn't sufficiently distinguish itself from the current OTC Pepcid Product in that this drug product is a combination of two actives (famotidine and antacid) and (2) The word — is too promotional implying the top of a group, first, etc. If you need anything else, please contact the project manager, Michael Folkendt, by e-mail or phone at 827-1602. We are trying to meet the 10-month goal date of December 20, 1998.

cc: Original NDA 20-958
HFD-180/Div. Files
HFD-180/M.Folkendt
HFD-560/A.Rothschild
HFD-560/L.Katz



SIGNATURE OF REQUESTER <i>[Signature]</i> Folkendt, 827-1602 10/26/98	METHOD OF DELIVERY (Check one) <input type="checkbox"/> MAIL <input checked="" type="checkbox"/> HAND
SIGNATURE OF RECEIVER <i>[Signature]</i>	SIGNATURE OF DELIVERER <i>[Signature]</i>

Electronic Mail Message

Sensitivity: COMPANY CONFIDENTIAL

Date: 03-Dec-1998 10:54am

From: Mushfiqur Rashid
RASHIDM

Dept: HFD-715 PKLN 6B17

Tel No: 301-827-3121 FAX 301-443-

9279

TO: Michael Folkendt

(FOLKENDTM)

Subject: Pepcid

Hi Mike,

I have a couple things to know from the sponsor:

- 1) The method used to determine the sample size in protocol 106;
- 2) Subgroup analyses (efficacy) tables by male, female, age >65, age <65, white, non-white for each primary endpoint for the three pivotal studies 106, 109 and 110.

Thanks.

Rashid

To: Michael Folkendt

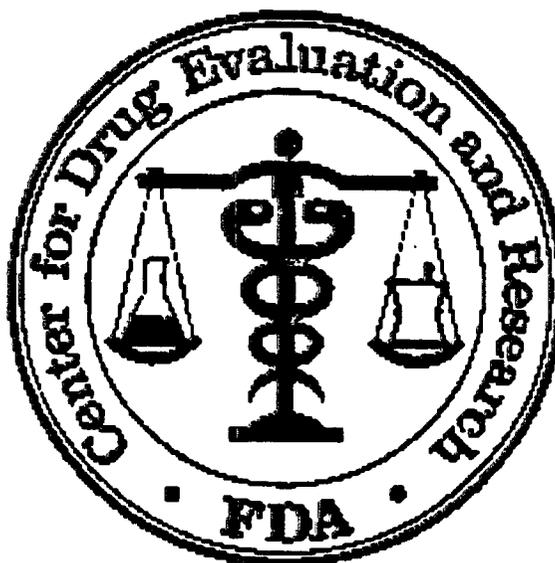
cc: Original NDA 20-958
HFD-180/Div. File -
HFD-180/Michael Folkendt
HFD-180/M.Rashid
HFD-180/A.Sankoh
HFD-560/A.Rothschild
HFD-560/L.Katz

MF/December 4,1998/filename: 20958-120498-telecon.doc

TELECON

FOOD AND DRUG ADMINISTRATION
DIVISION OF GICDP
DOCUMENT CONTROL ROOM 6B-24
5600 FISHERS LANE
ROCKVILLE, MARYLAND 20857

DATE: June 20, 2000



TO:

Name: George Latyszonek

Fax No: 215-273-4123

Phone No: 215-273-7152

Location: Merck Research Laboratories

FROM:

Name: Alice Kacuba

Fax No: 301-443-9285

Phone No: 301-827-7450

Location: FDA/PKLN 6B-45/HFD-180

THIS DOCUMENT IS INTENDED ONLY FOR THE USE OF THE PARTY TO WHOM IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, AND PROTECTED FROM DISCLOSURE UNDER APPLICABLE LAW. If you are not the addressee, or a person authorized to deliver the document to the addressee, you are hereby notified that any review, disclosure, dissemination, copy, or other action based on the content of this communication is not authorized. If you have received this document in error, please immediately notify us by telephone and return it to us at the above address by mail. Thank you.

This fax is 8 pages long, which includes a 1 page cover letter, a 3 page action letter for NDA 20-958 and 4 pages of attachments (labeling).

AK

TO:

FROM:

Name: George Latyszonek

Name: Alice Kacuba

Fax No: 215-273-4123

Fax No: 301-443-9285

Phone No: 215-273-7152

Phone No: 301-827-7450

Location: Merck Research Laboratories

Location: FDA/PKLN 6B-45/HFD-180

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AK

06/20/00 11:44 DGD/P/HFD-180 + 912152734123 NO.027 001

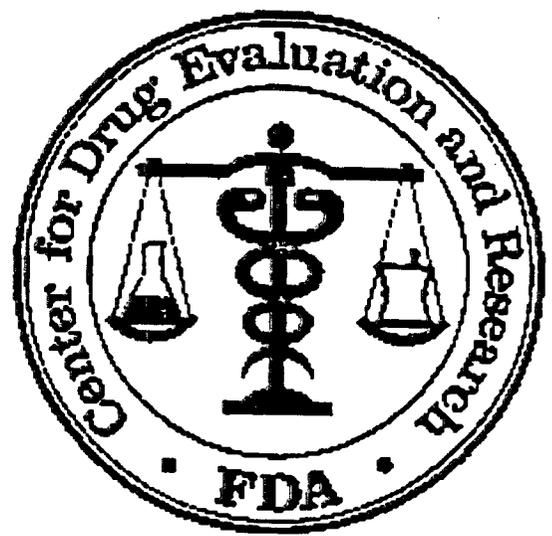
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MESSAGE CONFIRMATION

DATE: Feb. 19, 1999

Food and Drug Administration
Center for Drug Evaluation and Research
Division of Gastrointestinal and
Coagulation Drug Products, HFD-180
5600 Fishers Lane
Rockville, Maryland 20857



TO:

FROM:

NAME: George Latyszczek

NAME: Michael Folkendt

FAX Number: 215-273-4123

FAX Number: (301) 443 - 9285

Phone Number: 215-273-7152

Phone Number: (301) 827 - 1602

Location: Merck

Total Number of Pages
(including this cover page): 8

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COMMENTS:

The original copy of this letter will follow in the mail. Please confirm successful receipt of this fax via telephone at 301-827-1602.

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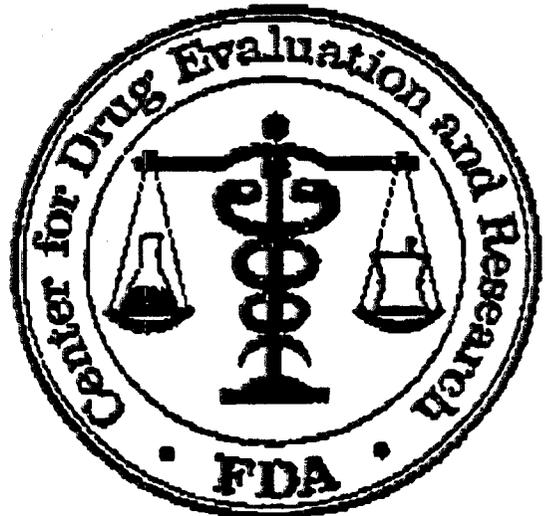
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02/19/99 12:31 DGCDP/HFD-180 → 912152734123

NO. 077 001

DATE: Feb. 19, 1999

Food and Drug Administration
Center for Drug Evaluation and Research
Division of Gastrointestinal and
Coagulation Drug Products, HFD-180
5600 Fishers Lane
Rockville, Maryland 20857



TO:

NAME: George Latyszczek

FROM:

NAME: Michael Folkendt

----- 077 1107

FAX 301-443-0705

MESSAGE CONFIRMATION

07/20/99 10:58
ID=DGCDP/HFD-180

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07/20/99 10:54 DGCDP/HFD-180 → 912152734123

NO. 038 001

DATE: July 20, 1999

**Food and Drug Administration
Center for Drug Evaluation and Research
Division of Gastrointestinal and
Coagulation Drug Products, HFD-180
5600 Fishers Lane
Rockville, Maryland 20857**



TO:

FROM:

NAME: George Latyzonok

NAME: Michael Folkendt

Teleconference with Merck scheduled for July 6, 2000 from 9-9:30 to discuss the statistics issue regarding NDA 20-958, Pepcid Complete.

FDA Attendees for tcon are: for NDA 20-958, Pepcid Complete

Division of GI and Coagulation Drug Products, HFD-180

Steve Aurecchia, M.D., Deputy Director
Alice Kacuba, R.N., MSN, Regulatory Health Project Manager
Paul Levine, R.Ph., Regulatory Health Project Manager

Office of Biometrics II, HFD-715

Mike Elashoff, Ph.D., Statistics Reviewer
Tom Permutt, Ph.D., Statistics Team Leader
Ed Nevus, Ph.D., Director

FOOD AND DRUG ADMINISTRATION
DIVISION OF GICDP
DOCUMENT CONTROL ROOM 6B-24
5600 FISHERS LANE
ROCKVILLE, MARYLAND 20857

DATE: June 26, 2000



TO:

Name: George Latyszonek

Fax No: 215-273-4123

Phone No: 215-273-7152

Location: Merck Research Laboratories

FROM:

Name: Alice Kacuba

Fax No: 301-443-9285

Phone No: 301-827-7450

Location: FDA/PKLN 6B-45/HFD-180

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This fax is 2 pages long, which includes a 1 page cover sheet and a 1 page that contains a list of FDA attendees for the July 6, 2000 tcon to discuss the stats issue for NDA 20-958.

AK

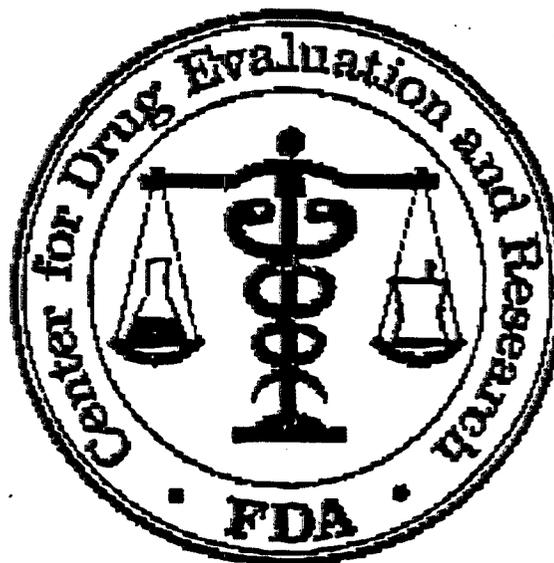
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TRANSMISSION OK

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CONNECTION ID		
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PGS. SENT	2	
RESULT	OK	

FOOD AND DRUG ADMINISTRATION
 DIVISION OF GICDP
 DOCUMENT CONTROL ROOM 6B-24
 5600 FISHERS LANE
 ROCKVILLE, MARYLAND 20857

DATE: June 26, 2000



TO:

Name: George Latyszonek

Fax No: 215-273-4123

Phone No: 215-273-7152

Location: Merck Research Laboratories

FROM:

Name: Alice Kacuba

Fax No: 301-443-9285

Phone No: 301-827-7450

Location: FDA/PKLN 6B-45/HFD-180

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TO:

FROM:

Name: George Latyszonek

Name: Alice Kacuba

Fax No: (215) 273-4123

Fax No: 301-443-9285

Phone No: (215) 273-7152

Phone No: 301-827-7450

Location: Merck Research Laboratories

Location: FDA/PKLN 6B-45/HFD-180

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This fax is 10 pages long, which includes a 1 page cover letter and a 9 page chemistry discipline review letter.

06 01/00 08:34 DGCDP/HFD-180 → 912152734123 NO.066 001

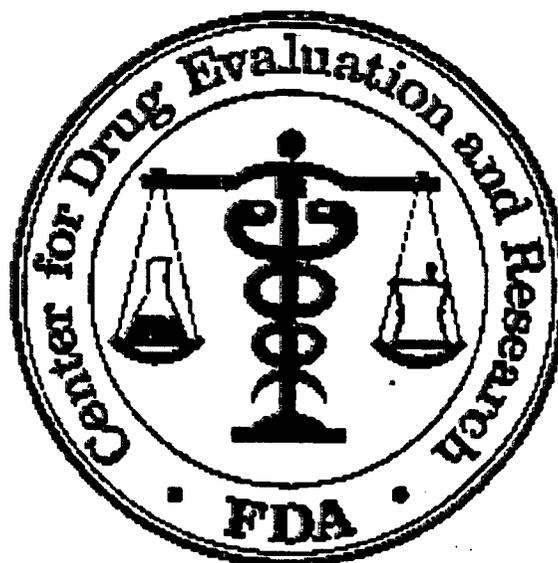
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06/01/00 08:39 ID=DGCDP/HFD-180

MESSAGE CONFIRMATION

FOOD AND DRUG ADMINISTRATION
DIVISION OF GI & COAG. DRUG PRODUCTS
DOCUMENT CONTROL ROOM 6B-24
5600 FISHERS LANE
ROCKVILLE, MARYLAND 20857

DATE: June 1, 2000



TO:

Name: George Latyszonek

Fax No: (215) 273-4123

Phone No: (215) 273-7152

Location: Merck Research Laboratories

FROM:

Name: Alice Kacuba

Fax No: 301-443-9285

Phone No: 301-827-7450

Location: FDA/PKLN 6B-45/HFD-180

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This fax is 10 pages long, which includes a 1 page cover letter and a 9 page chemistry discipline review letter.

Food and Drug Administration
Division of Gastrointestinal and
Coagulation Drug Products
Document Control Room 6B-24
5600 Fisher's Lane
Rockville, MD 20857
Phone: 301-827-7310
Fax: 301-443-9285



Fax

To: George Latyszonek	From: Paul E. Levine, Jr
Fax: 215 - 273 - 4123	Date: February 2, 2000
Phone: 215 - 273 - 7152	Pages: 2 (INCLUDING COVER PAGE)
Re: Dissolution questions	CC:

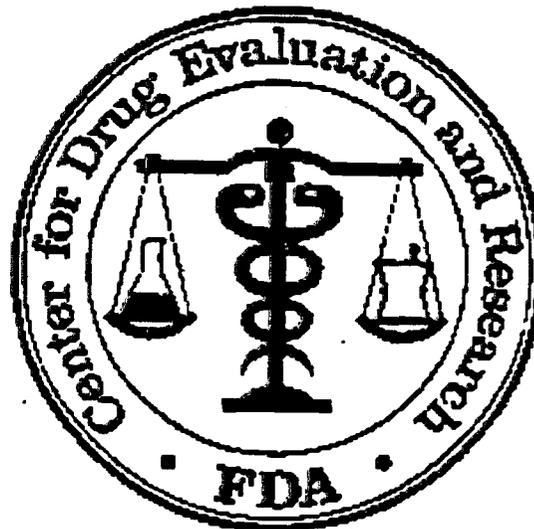
Urgent For Review Please Comment Please Reply Please Recycle

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Comments: Please call to verify receipt of this fax

DATE: JULY 20, 1999

Food and Drug Administration
Center for Drug Evaluation and Research
Division of Gastrointestinal and
Coagulation Drug Products, HFD-180
5600 Fishers Lane
Rockville, Maryland 20857



TO:

FROM:

NAME: George Latyszonek

NAME: Michael Folkendt

FAX Number: 215-273-4123

FAX Number: (301) 443 - 9285

Phone Number: 215-273-7464

Phone Number: (301) 827 - 1602

Location: ~~AT~~ J&J - Merck

Total Number of Pages
(including this cover page): 7

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COMMENTS:

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FOOD AND DRUG ADMINISTRATION
DIVISION OF GASTROINTESTINAL
AND COAGULATION DRUG PRODUCTS
DOCUMENT CONTROL ROOM 6B-24
5600 FISHERS LANE
ROCKVILLE, MARYLAND 20857

DATE May 8, 1998



TO:

Name George Latysznek

Fax No. 215-233-8315

Phone No. 215-233-7152

Location Merck

FROM:

Name Michael Folkendt

Fax No. (301) 443-9285

Phone No. 301-443-0487

Total No. of Pages
Including Cover 4

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Comments:

Mr. Latysznek,

As per our telephone conversation,

I'm faxing you the list of Request. Please

Call me if you have any questions.

Michael Folkendt

MESSAGE CONFIRMATION

05/08/98 11:12
ID=DGCDP/HFD-180

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT
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05/08/98 11:09 DGCDP/HFD-180 → 912152338315

NO. 026

001

FOOD AND DRUG ADMINISTRATION
DIVISION OF GASTROINTESTINAL
AND COAGULATION DRUG PRODUCTS
DOCUMENT CONTROL ROOM 6B-24
5600 FISHERS LANE
ROCKVILLE, MARYLAND 20857

DATE May 8, 1998



TO:

Name George Latysznek

Fax No. 215-233-8315

Phone No. 215-233-7152

Location Merck

FROM:

Name Michael Falkendit

Fax No. (301) 443-9285

Phone No. 301-443-0487

Total No. of Pages
Including Cover 4

ODE III ACTION PACKAGE TABLE OF CONTENTS

Application # 20-958 Drug Name: Pepcid Complete (famotidine, calcium carbonate 800 mg. & magnesium hydroxide 165 mg) Chewable Tablet

Applicant: Merck Research Laboratories Chem./Ther. Type: 4/S

CSO/PM: Paul Levine Phone: 301-827-7310 HFD-180

Original Application Date: 2/20/1998 Original Receipt Date: 2/20/1998

CURRENT USER FEE GOAL DATE: February 03, 2001 Date Table of Contents Completed:

X (completed),
N/A (not
applicable),
or Comment

Section A:

Administrative Information

Tab A-1	Action Letter(s)	Current Action: <u>AP</u>	X
Tab A-2	Phase 4 Commitments:		
	a. Copy of applicants communication committing to Phase 4		N/A
	b. Agency Correspondence requesting Phase 4 Commitments		N/A
Tab A-3	FDA revised Labels & Labeling and Reviews: (Separate each version/cycle with a colored sheet)		
	a. Package Insert		X
	b. Immediate Container and Carton Labels		X
Tab A-4	Original Proposed Labeling (2-20-98, 12-17-99, 5-25-00).....		X
Tab A-5	Foreign Labeling:		
	a. Foreign Marketing History.....		N/A
	b. Foreign Labeling and Review(s)		N/A
Tab A-6	Labeling and Nomenclature Committee's Tradename & OPDRA Reviews.....		X
Tab A-7	Summary Memoranda (e.g., Division Director, Group Leader, Office)		X
Tab A-8	Copy of Patent Statement		X
	Exclusivity Checklist (and any requests for exclusivity)		X
	Debarment Statements		X
Tab A-9	Correspondences, Faxes, & Telecons		X
Tab A-10	Minutes of Meetings:		
	a. End-of-Phase II meeting(6-24-96).....		X
	b. Pre-NDA meeting(s)(10-10-97).....		X
	c. Filing meeting (3-31-98,.....		X
	d. Other meetings(8-27-98 CANDA training).....		X
Tab A-11	Advisory Committee Meeting:		
	a. Questions Considered by the committee		N/A
	b. List of Attendees		N/A

ODE III ACTION PACKAGE TABLE OF CONTENTS (continued)

Application # 20-958

Drug Name: Peptic Complete

X (completed),
N/A (not applicable),
or Comment

Section B:

Clinical Information

Tab B-1	Clinical Reviews and Memoranda
Tab B-2	Safety Update Reviews
Tab B-3	Pediatric Page
Tab B-4	Statistical (Clinical) Review and Memoranda
Tab B-5	Biopharmaceutics Review and Memoranda
Tab B-6	Abuse Liability Review
Tab B-7	DSI Audits
Tab B-8	Summary of Efficacy (from the summary volume of the application)
Tab B-9	Summary of Safety (from the summary volume of the application)

X
X
X
X
X
N/A
N/A
X
X

X (completed),
N/A (not applicable),
or Comment

Section C: Chemistry, Manufacturing, and Controls (CMC) Information

Tab C-1	CMC Reviews and Memoranda
Tab C-2	DMF Reviews
Tab C-3	EA Reviews/FONSI ...(request for categorical exclusion granted in CMC review #1 (2-11-99)).....
Tab C-4	Micro Review (validation of sterilization)
Tab C-5	Statistical Review of drug stability
Tab C-6	Inspection of facilities => Decision: <u>Acceptable</u> Date: <u>6-16-00..</u>
Tab C-7	Methods Validation Information

X
X
X
N/A
N/A
X
Not sent out yet

X (completed),
N/A (not applicable),
or Comment

Section D:

Pharmacology/Toxicology Information

Tab D-1	Pharmacology/Toxicology Reviews and Memoranda
Tab D-2	Carcinogenicity Review (statistical)
Tab D-3	CAC/Executive Committee Report

X
N/A
N/A

ADDITIONAL NOTES: