

**CENTER FOR DRUG EVALUATION AND
RESEARCH**

APPLICATION NUMBER:
022578Orig1s000

ADMINISTRATIVE and CORRESPONDENCE
DOCUMENTS

EXCLUSIVITY SUMMARY

NDA # 22578

SUPPL #

HFD # 560

Trade Name Zyrtec Orally Disintegrating Tablets

Generic Name cetirizine HCl 10 mg

Applicant Name McNeil Consumer Healthcare

Approval Date, If Known

PART I IS AN EXCLUSIVITY DETERMINATION NEEDED?

1. An exclusivity determination will be made for all original applications, and all efficacy supplements. Complete PARTS II and III of this Exclusivity Summary only if you answer "yes" to one or more of the following questions about the submission.

a) Is it a 505(b)(1), 505(b)(2) or efficacy supplement?

YES NO

If yes, what type? Specify 505(b)(1), 505(b)(2), SE1, SE2, SE3, SE4, SE5, SE6, SE7, SE8

505(b)(1)

c) Did it require the review of clinical data other than to support a safety claim or change in labeling related to safety? (If it required review only of bioavailability or bioequivalence data, answer "no.")

YES NO

If your answer is "no" because you believe the study is a bioavailability study and, therefore, not eligible for exclusivity, **EXPLAIN** why it is a bioavailability study, including your reasons for disagreeing with any arguments made by the applicant that the study was not simply a bioavailability study.

A bioequivalence and food effect study (CETALY1003) was reviewed to support this application. Additionally, an Integrated Summary of Safety data, McNeil's commercial marketing safety data, the FDA's Adverse Event Reporting System data, the World Health Organization Collaborating Centre for International Drug Monitoring data and safety data from published literature of clinical trials were provided to support the safety of the active ingredient in the proposed product. Hence, clinical data other than to support safety and bioequivalence/bioavailability of the product was not reviewed for this application.

If it is a supplement requiring the review of clinical data but it is not an effectiveness

supplement, describe the change or claim that is supported by the clinical data:

d) Did the applicant request exclusivity?

YES NO

If the answer to (d) is "yes," how many years of exclusivity did the applicant request?

e) Has pediatric exclusivity been granted for this Active Moiety?

YES NO

If the answer to the above question in YES, is this approval a result of the studies submitted in response to the Pediatric Written Request?

IF YOU HAVE ANSWERED "NO" TO ALL OF THE ABOVE QUESTIONS, GO DIRECTLY TO THE SIGNATURE BLOCKS AT THE END OF THIS DOCUMENT.

2. Is this drug product or indication a DESI upgrade?

YES NO

IF THE ANSWER TO QUESTION 2 IS "YES," GO DIRECTLY TO THE SIGNATURE BLOCKS ON PAGE 8 (even if a study was required for the upgrade).

PART II FIVE-YEAR EXCLUSIVITY FOR NEW CHEMICAL ENTITIES

(Answer either #1 or #2 as appropriate)

1. Single active ingredient product.

Has FDA previously approved under section 505 of the Act any drug product containing the same active moiety as the drug under consideration? Answer "yes" if the active moiety (including other esterified forms, salts, complexes, chelates or clathrates) has been previously approved, but this particular form of the active moiety, e.g., this particular ester or salt (including salts with hydrogen or coordination bonding) or other non-covalent derivative (such as a complex, chelate, or clathrate) has not been approved. Answer "no" if the compound requires metabolic conversion (other than deesterification of an esterified form of the drug) to produce an already approved active moiety.

YES NO

If "yes," identify the approved drug product(s) containing the active moiety, and, if known, the NDA #(s).

NDA# 19835

NDA# 20346

NDA# 21621

2. Combination product.

If the product contains more than one active moiety(as defined in Part II, #1), has FDA previously approved an application under section 505 containing any one of the active moieties in the drug product? If, for example, the combination contains one never-before-approved active moiety and one previously approved active moiety, answer "yes." (An active moiety that is marketed under an OTC monograph, but that was never approved under an NDA, is considered not previously approved.)

YES NO

If "yes," identify the approved drug product(s) containing the active moiety, and, if known, the NDA #(s).

NDA#

NDA#

NDA#

IF THE ANSWER TO QUESTION 1 OR 2 UNDER PART II IS "NO," GO DIRECTLY TO THE SIGNATURE BLOCKS ON PAGE 8. (Caution: The questions in part II of the summary should only be answered "NO" for original approvals of new molecular entities.)

IF "YES," GO TO PART III.

PART III THREE-YEAR EXCLUSIVITY FOR NDAs AND SUPPLEMENTS

To qualify for three years of exclusivity, an application or supplement must contain "reports of new clinical investigations (other than bioavailability studies) essential to the approval of the application and conducted or sponsored by the applicant." This section should be completed only if the answer to PART II, Question 1 or 2 was "yes."

1. Does the application contain reports of clinical investigations? (The Agency interprets "clinical investigations" to mean investigations conducted on humans other than bioavailability studies.) If the application contains clinical investigations only by virtue of a right of reference to clinical investigations in another application, answer "yes," then skip to question 3(a). If the answer to 3(a) is "yes" for any investigation referred to in another application, do not complete remainder of summary for that investigation.

YES NO

IF "NO," GO DIRECTLY TO THE SIGNATURE BLOCKS ON PAGE 8.

2. A clinical investigation is "essential to the approval" if the Agency could not have approved the application or supplement without relying on that investigation. Thus, the investigation is not essential to the approval if 1) no clinical investigation is necessary to support the supplement or application in light of previously approved applications (i.e., information other than clinical trials, such as bioavailability data, would be sufficient to provide a basis for approval as an ANDA or 505(b)(2) application because of what is already known about a previously approved product), or 2) there are published reports of studies (other than those conducted or sponsored by the applicant) or other publicly available data that independently would have been sufficient to support approval of the application, without reference to the clinical investigation submitted in the application.

(a) In light of previously approved applications, is a clinical investigation (either conducted by the applicant or available from some other source, including the published literature) necessary to support approval of the application or supplement?

YES NO

If "no," state the basis for your conclusion that a clinical trial is not necessary for approval AND GO DIRECTLY TO SIGNATURE BLOCK ON PAGE 8:

(b) Did the applicant submit a list of published studies relevant to the safety and effectiveness of this drug product and a statement that the publicly available data would not independently support approval of the application?

YES NO

(1) If the answer to 2(b) is "yes," do you personally know of any reason to disagree with the applicant's conclusion? If not applicable, answer NO.

YES NO

If yes, explain:

(2) If the answer to 2(b) is "no," are you aware of published studies not conducted or sponsored by the applicant or other publicly available data that could independently demonstrate the safety and effectiveness of this drug product?

YES NO

If yes, explain:

(c) If the answers to (b)(1) and (b)(2) were both "no," identify the clinical investigations submitted in the application that are essential to the approval:

Studies comparing two products with the same ingredient(s) are considered to be bioavailability studies for the purpose of this section.

3. In addition to being essential, investigations must be "new" to support exclusivity. The agency interprets "new clinical investigation" to mean an investigation that 1) has not been relied on by the agency to demonstrate the effectiveness of a previously approved drug for any indication and 2) does not duplicate the results of another investigation that was relied on by the agency to demonstrate the effectiveness of a previously approved drug product, i.e., does not redemonstrate something the agency considers to have been demonstrated in an already approved application.

a) For each investigation identified as "essential to the approval," has the investigation been relied on by the agency to demonstrate the effectiveness of a previously approved drug product? (If the investigation was relied on only to support the safety of a previously approved drug, answer "no.")

Investigation #1 YES NO

Investigation #2 YES NO

If you have answered "yes" for one or more investigations, identify each such investigation and the NDA in which each was relied upon:

b) For each investigation identified as "essential to the approval", does the investigation duplicate the results of another investigation that was relied on by the agency to support the effectiveness of a previously approved drug product?

Investigation #1 YES NO

Investigation #2 YES NO

If you have answered "yes" for one or more investigation, identify the NDA in which a similar investigation was relied on:

c) If the answers to 3(a) and 3(b) are no, identify each "new" investigation in the application or supplement that is essential to the approval (i.e., the investigations listed in #2(c), less any that are not "new"):

4. To be eligible for exclusivity, a new investigation that is essential to approval must also have been conducted or sponsored by the applicant. An investigation was "conducted or sponsored by" the applicant if, before or during the conduct of the investigation, 1) the applicant was the sponsor of the IND named in the form FDA 1571 filed with the Agency, or 2) the applicant (or its predecessor in interest) provided substantial support for the study. Ordinarily, substantial support will mean providing 50 percent or more of the cost of the study.

a) For each investigation identified in response to question 3(c): if the investigation was carried out under an IND, was the applicant identified on the FDA 1571 as the sponsor?

Investigation #1 !
!
IND # YES ! NO
! Explain:

Investigation #2 !
!
IND # YES ! NO
! Explain:

(b) For each investigation not carried out under an IND or for which the applicant was not identified as the sponsor, did the applicant certify that it or the applicant's predecessor in

interest provided substantial support for the study?

Investigation #1
!
! YES NO
! Explain: ! Explain:

Investigation #2
!
! YES NO
! Explain: ! Explain:

(c) Notwithstanding an answer of "yes" to (a) or (b), are there other reasons to believe that the applicant should not be credited with having "conducted or sponsored" the study? (Purchased studies may not be used as the basis for exclusivity. However, if all rights to the drug are purchased (not just studies on the drug), the applicant may be considered to have sponsored or conducted the studies sponsored or conducted by its predecessor in interest.)

YES NO

If yes, explain:

=====

Name of person completing form: Janice Adams-King
Title: Regulatory Health Project Manager
Date: June 29, 2010

Name of Office/Division Director signing form: Andrea Leonard-Segal, M.D.
Title: Director, Division of Nonprescription Clinical Evaluation

Form OGD-011347; Revised 05/10/2004; formatted 2/15/05

Application Type/Number	Submission Type/Number	Submitter Name	Product Name
NDA-22578	ORIG-1	MCNEIL CONSUMER HEALTHCARE DIV MCNEIL PPC INC	CETIRIZINE HCL ORALLY 10MG TABS

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

/s/

JANICE ADAMS
09/03/2010

ANDREA LEONARD SEGAL
09/03/2010

ACTION PACKAGE CHECKLIST

APPLICATION INFORMATION ¹		
NDA # 22578 BLA #	NDA Supplement # BLA STN #	If NDA, Efficacy Supplement Type:
Proprietary Name: Zyrtec Allergy Established/Proper Name: Cetirizine Dosage Form: Tablet		Applicant: McNeil Consumer Healthcare Agent for Applicant (if applicable):
RPM: Janice Adams-King		Division: Nonprescription Clinical Evaluation
<p>NDA: NDA Application Type: <input checked="" type="checkbox"/> 505(b)(1) <input type="checkbox"/> 505(b)(2) Efficacy Supplement: <input type="checkbox"/> 505(b)(1) <input type="checkbox"/> 505(b)(2)</p> <p>(A supplement can be either a (b)(1) or a (b)(2) regardless of whether the original NDA was a (b)(1) or a (b)(2). Consult page 1 of the 505(b)(2) Assessment or the Appendix to this Action Package Checklist.)</p>		<p>505(b)(2) Original NDAs and 505(b)(2) NDA supplements: Listed drug(s) referred to in 505(b)(2) application (include NDA/ANDA #(s) and drug name(s)):</p> <p>Provide a brief explanation of how this product is different from the listed drug.</p> <p><input type="checkbox"/> If no listed drug, check box and explain:</p> <p><u>Two months prior to each action, review the information in the 505(b)(2) Assessment and submit the draft to CDER OND IO for clearance. Finalize the 505(b)(2) Assessment at the time of the approval action.</u></p> <p><u>On the day of approval, check the Orange Book again for any new patents or pediatric exclusivity.</u></p> <p><input type="checkbox"/> No changes <input type="checkbox"/> Updated Date of check:</p> <p>If pediatric exclusivity has been granted or the pediatric information in the labeling of the listed drug changed, determine whether pediatric information needs to be added to or deleted from the labeling of this drug.</p>
❖ Actions		
<ul style="list-style-type: none"> • Proposed action • User Fee Goal Date is <u>September 9, 2010</u> 		<input checked="" type="checkbox"/> AP <input type="checkbox"/> TA <input type="checkbox"/> CR
<ul style="list-style-type: none"> • Previous actions (<i>specify type and date for each action taken</i>) 		<input type="checkbox"/> None
❖ If accelerated approval, were promotional materials received? Note: For accelerated approval (21 CFR 314.510/601.41), promotional materials to be used within 120 days after approval must have been submitted (for exceptions, see http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/ucm069965.pdf). If not submitted, explain _____		<input type="checkbox"/> Received

¹ The **Application Information** section is (only) a checklist. The **Contents of Action Package** section (beginning on page 5) lists the documents to be included in the Action Package.

❖ Application Characteristics ²		
<p>Review priority: <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Priority Chemical classification (new NDAs only): 4</p> <p> <input type="checkbox"/> Fast Track <input type="checkbox"/> Rx-to-OTC full switch <input type="checkbox"/> Rolling Review <input type="checkbox"/> Rx-to-OTC partial switch <input type="checkbox"/> Orphan drug designation <input checked="" type="checkbox"/> Direct-to-OTC </p> <p> NDAs: Subpart H <input type="checkbox"/> Accelerated approval (21 CFR 314.510) <input type="checkbox"/> Restricted distribution (21 CFR 314.520) Subpart I <input type="checkbox"/> Approval based on animal studies </p> <p> BLAs: Subpart E <input type="checkbox"/> Accelerated approval (21 CFR 601.41) <input type="checkbox"/> Restricted distribution (21 CFR 601.42) Subpart H <input type="checkbox"/> Approval based on animal studies </p> <p> <input type="checkbox"/> Submitted in response to a PMR <input type="checkbox"/> Submitted in response to a PMC <input type="checkbox"/> Submitted in response to a Pediatric Written Request </p> <p>Comments:</p>		
❖ BLAs only: <i>RMS-BLA Product Information Sheet for TBP</i> has been completed and forwarded to OBPS/DRM (<i>approvals only</i>)	<input type="checkbox"/> Yes, date	
❖ BLAs only: Is the product subject to official FDA lot release per 21 CFR 610.2 (<i>approvals only</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
❖ Public communications (<i>approvals only</i>)		
• Office of Executive Programs (OEP) liaison has been notified of action	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
• Press Office notified of action (by OEP)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
• Indicate what types (if any) of information dissemination are anticipated	<input checked="" type="checkbox"/> None <input type="checkbox"/> HHS Press Release <input type="checkbox"/> FDA Talk Paper <input type="checkbox"/> CDER Q&As <input type="checkbox"/> Other	

² Answer all questions in all sections in relation to the pending application, i.e., if the pending application is an NDA or BLA supplement, then the questions should be answered in relation to that supplement, not in relation to the original NDA or BLA. For example, if the application is a pending BLA supplement, then a new *RMS-BLA Product Information Sheet for TBP* must be completed.

❖ Exclusivity	
<ul style="list-style-type: none"> Is approval of this application blocked by any type of exclusivity? 	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<ul style="list-style-type: none"> NDA and BLAs: Is there existing orphan drug exclusivity for the “same” drug or biologic for the proposed indication(s)? <i>Refer to 21 CFR 316.3(b)(13) for the definition of “same drug” for an orphan drug (i.e., active moiety). This definition is NOT the same as that used for NDA chemical classification.</i> 	<input type="checkbox"/> No <input type="checkbox"/> Yes If, yes, NDA/BLA # and date exclusivity expires:
<ul style="list-style-type: none"> (b)(2) NDAs only: Is there remaining 5-year exclusivity that would bar effective approval of a 505(b)(2) application? <i>(Note that, even if exclusivity remains, the application may be tentatively approved if it is otherwise ready for approval.)</i> 	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, NDA # and date exclusivity expires:
<ul style="list-style-type: none"> (b)(2) NDAs only: Is there remaining 3-year exclusivity that would bar effective approval of a 505(b)(2) application? <i>(Note that, even if exclusivity remains, the application may be tentatively approved if it is otherwise ready for approval.)</i> 	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, NDA # and date exclusivity expires:
<ul style="list-style-type: none"> (b)(2) NDAs only: Is there remaining 6-month pediatric exclusivity that would bar effective approval of a 505(b)(2) application? <i>(Note that, even if exclusivity remains, the application may be tentatively approved if it is otherwise ready for approval.)</i> 	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, NDA # and date exclusivity expires:
<ul style="list-style-type: none"> NDAs only: Is this a single enantiomer that falls under the 10-year approval limitation of 505(u)? <i>(Note that, even if the 10-year approval limitation period has not expired, the application may be tentatively approved if it is otherwise ready for approval.)</i> 	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, NDA # and date 10-year limitation expires:
❖ Patent Information (NDAs only)	
<ul style="list-style-type: none"> Patent Information: Verify that form FDA-3542a was submitted for patents that claim the drug for which approval is sought. If the drug is an old antibiotic, skip the Patent Certification questions. 	<input checked="" type="checkbox"/> Verified <input type="checkbox"/> Not applicable because drug is an old antibiotic.
<ul style="list-style-type: none"> Patent Certification [505(b)(2) applications]: Verify that a certification was submitted for each patent for the listed drug(s) in the Orange Book and identify the type of certification submitted for each patent. 	21 CFR 314.50(i)(1)(i)(A) <input type="checkbox"/> Verified 21 CFR 314.50(i)(1) <input type="checkbox"/> (ii) <input type="checkbox"/> (iii)
<ul style="list-style-type: none"> [505(b)(2) applications] If the application includes a paragraph III certification, it cannot be approved until the date that the patent to which the certification pertains expires (but may be tentatively approved if it is otherwise ready for approval). 	<input type="checkbox"/> No paragraph III certification Date patent will expire
<ul style="list-style-type: none"> [505(b)(2) applications] For each paragraph IV certification, verify that the applicant notified the NDA holder and patent owner(s) of its certification that the patent(s) is invalid, unenforceable, or will not be infringed (review documentation of notification by applicant and documentation of receipt of notice by patent owner and NDA holder). <i>(If the application does not include any paragraph IV certifications, mark “N/A” and skip to the next section below (Summary Reviews)).</i> 	<input type="checkbox"/> N/A (no paragraph IV certification) <input type="checkbox"/> Verified

- [505(b)(2) applications] For **each paragraph IV** certification, based on the questions below, determine whether a 30-month stay of approval is in effect due to patent infringement litigation.

Answer the following questions for **each** paragraph IV certification:

- (1) Have 45 days passed since the patent owner's receipt of the applicant's notice of certification?

Yes No

(Note: The date that the patent owner received the applicant's notice of certification can be determined by checking the application. The applicant is required to amend its 505(b)(2) application to include documentation of this date (e.g., copy of return receipt or letter from recipient acknowledging its receipt of the notice) (see 21 CFR 314.52(e)).

If "Yes," skip to question (4) below. If "No," continue with question (2).

- (2) Has the patent owner (or NDA holder, if it is an exclusive patent licensee) submitted a written waiver of its right to file a legal action for patent infringement after receiving the applicant's notice of certification, as provided for by 21 CFR 314.107(f)(3)?

Yes No

If "Yes," there is no stay of approval based on this certification. Analyze the next paragraph IV certification in the application, if any. If there are no other paragraph IV certifications, skip the rest of the patent questions.

If "No," continue with question (3).

- (3) Has the patent owner, its representative, or the exclusive patent licensee filed a lawsuit for patent infringement against the applicant?

Yes No

(Note: This can be determined by confirming whether the Division has received a written notice from the (b)(2) applicant (or the patent owner or its representative) stating that a legal action was filed within 45 days of receipt of its notice of certification. The applicant is required to notify the Division in writing whenever an action has been filed within this 45-day period (see 21 CFR 314.107(f)(2)).

If "No," the patent owner (or NDA holder, if it is an exclusive patent licensee) has until the expiration of the 45-day period described in question (1) to waive its right to bring a patent infringement action or to bring such an action. After the 45-day period expires, continue with question (4) below.

- (4) Did the patent owner (or NDA holder, if it is an exclusive patent licensee) submit a written waiver of its right to file a legal action for patent infringement within the 45-day period described in question (1), as provided for by 21 CFR 314.107(f)(3)?

Yes No

If "Yes," there is no stay of approval based on this certification. Analyze the next paragraph IV certification in the application, if any. If there are no other paragraph IV certifications, skip to the next section below (Summary Reviews).

If "No," continue with question (5).

<p>(5) Did the patent owner, its representative, or the exclusive patent licensee bring suit against the (b)(2) applicant for patent infringement within 45 days of the patent owner's receipt of the applicant's notice of certification?</p> <p>(Note: This can be determined by confirming whether the Division has received a written notice from the (b)(2) applicant (or the patent owner or its representative) stating that a legal action was filed within 45 days of receipt of its notice of certification. The applicant is required to notify the Division in writing whenever an action has been filed within this 45-day period (see 21 CFR 314.107(f)(2)). If no written notice appears in the NDA file, confirm with the applicant whether a lawsuit was commenced within the 45-day period).</p> <p><i>If "No," there is no stay of approval based on this certification. Analyze the next paragraph IV certification in the application, if any. If there are no other paragraph IV certifications, skip to the next section below (Summary Reviews).</i></p> <p><i>If "Yes," a stay of approval may be in effect. To determine if a 30-month stay is in effect, consult with the OND ADRA and attach a summary of the response.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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CONTENTS OF ACTION PACKAGE

❖ Copy of this Action Package Checklist ³	Yes
Officer/Employee List	
❖ List of officers/employees who participated in the decision to approve this application and consented to be identified on this list (<i>approvals only</i>)	<input checked="" type="checkbox"/> Included
Documentation of consent/non-consent by officers/employees	<input checked="" type="checkbox"/> Included
Action Letters	
❖ Copies of all action letters (<i>including approval letter with final labeling</i>)	Action(s) and date(s) 9/3/2010; 1/21/2010
Labeling	
❖ Package Insert (<i>write submission/communication date at upper right of first page of PI</i>)	
<ul style="list-style-type: none"> • Most recent draft labeling. If it is division-proposed labeling, it should be in track-changes format. 	
<ul style="list-style-type: none"> • Original applicant-proposed labeling 	
<ul style="list-style-type: none"> • Example of class labeling, if applicable 	

³ Fill in blanks with dates of reviews, letters, etc.
Version: 5/14/10

<ul style="list-style-type: none"> ❖ Medication Guide/Patient Package Insert/Instructions for Use (<i>write submission/communication date at upper right of first page of each piece</i>) 	<input type="checkbox"/> Medication Guide <input type="checkbox"/> Patient Package Insert <input type="checkbox"/> Instructions for Use <input checked="" type="checkbox"/> None
<ul style="list-style-type: none"> • Most-recent draft labeling. If it is division-proposed labeling, it should be in ttrack-changes format. 	
<ul style="list-style-type: none"> • Original applicant-proposed labeling 	
<ul style="list-style-type: none"> • Example of class labeling, if applicable 	
<ul style="list-style-type: none"> ❖ Labels (full color carton and immediate-container labels) (<i>write submission/communication date on upper right of first page of each submission</i>) 	
<ul style="list-style-type: none"> • Most-recent draft labeling 	
<ul style="list-style-type: none"> ❖ Proprietary Name <ul style="list-style-type: none"> • Acceptability/non-acceptability letter(s) (<i>indicate date(s)</i>) • Review(s) (<i>indicate date(s)</i>) 	June 30, 2010; May 14, 2010
<ul style="list-style-type: none"> ❖ Labeling reviews (<i>indicate dates of reviews and meetings</i>) 	<input type="checkbox"/> RPM <input checked="" type="checkbox"/> DMEPA <input type="checkbox"/> DRISK <input type="checkbox"/> DDMAC <input type="checkbox"/> CSS <input checked="" type="checkbox"/> Other reviews DNRD
Administrative / Regulatory Documents	
<ul style="list-style-type: none"> ❖ Administrative Reviews (<i>e.g., RPM Filing Review⁴/Memo of Filing Meeting</i>) (<i>indicate date of each review</i>) 	
<ul style="list-style-type: none"> ❖ 505(b)(2) Assessment (<i>indicate date</i>) 	<input checked="" type="checkbox"/> Not a (b)(2)
<ul style="list-style-type: none"> ❖ NDAs only: Exclusivity Summary (<i>signed by Division Director</i>) 	<input checked="" type="checkbox"/> Included
<ul style="list-style-type: none"> ❖ Application Integrity Policy (AIP) Status and Related Documents http://www.fda.gov/ICECI/EnforcementActions/ApplicationIntegrityPolicy/default.htm 	
<ul style="list-style-type: none"> • Applicant is on the AIP 	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<ul style="list-style-type: none"> • This application is on the AIP <ul style="list-style-type: none"> ○ If yes, Center Director’s Exception for Review memo (<i>indicate date</i>) ○ If yes, OC clearance for approval (<i>indicate date of clearance communication</i>) 	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not an AP action
<ul style="list-style-type: none"> ❖ Pediatrics (<i>approvals only</i>) <ul style="list-style-type: none"> • Date reviewed by PeRC <u>May 5, 2010</u> If PeRC review not necessary, explain: _____ • Pediatric Page (<i>approvals only, must be reviewed by PERC before finalized</i>) 	<input checked="" type="checkbox"/> Included
<ul style="list-style-type: none"> ❖ Debarment certification (original applications only): verified that qualifying language was not used in certification and that certifications from foreign applicants are cosigned by U.S. agent (<i>include certification</i>) 	<input checked="" type="checkbox"/> Verified, statement is acceptable
<ul style="list-style-type: none"> ❖ Outgoing communications (<i>letters (except action letters), emails, faxes, telecons</i>) 	
<ul style="list-style-type: none"> ❖ Internal memoranda, telecons, etc. 	

⁴ Filing reviews for scientific disciplines should be filed behind the respective discipline tab.
Version: 5/14/10

❖ Minutes of Meetings		
• Regulatory Briefing (<i>indicate date of mtg</i>)		<input checked="" type="checkbox"/> No mtg
• If not the first review cycle, any end-of-review meeting (<i>indicate date of mtg</i>)		<input type="checkbox"/> N/A or no mtg
• Pre-NDA/BLA meeting (<i>indicate date of mtg</i>)		<input type="checkbox"/> No mtg
• EOP2 meeting (<i>indicate date of mtg</i>)		<input type="checkbox"/> No mtg
• Other milestone meetings (e.g., EOP2a, CMC pilots) (<i>indicate dates of mtgs</i>)		
❖ Advisory Committee Meeting(s)		<input checked="" type="checkbox"/> No AC meeting
• Date(s) of Meeting(s)		
• 48-hour alert or minutes, if available (<i>do not include transcript</i>)		
Decisional and Summary Memos		
❖ Office Director Decisional Memo (<i>indicate date for each review</i>)		<input checked="" type="checkbox"/> None
Division Director Summary Review (<i>indicate date for each review</i>)		<input type="checkbox"/> None 9/1/2010
Cross-Discipline Team Leader Review (<i>indicate date for each review</i>)		<input type="checkbox"/> None 7/13/2010
PMR/PMC Development Templates (<i>indicate total number</i>)		<input checked="" type="checkbox"/> None
Clinical Information⁵		
❖ Clinical Reviews		
• Clinical Team Leader Review(s) (<i>indicate date for each review</i>)		7/13/2010
• Clinical review(s) (<i>indicate date for each review</i>)		7/7/2010
• Social scientist review(s) (if OTC drug) (<i>indicate date for each review</i>)		<input checked="" type="checkbox"/> None
❖ Financial Disclosure reviews(s) or location/date if addressed in another review OR If no financial disclosure information was required, check here <input type="checkbox"/> and include a review/memo explaining why not (<i>indicate date of review/memo</i>)		7/13/2010
❖ Clinical reviews from immunology and other clinical areas/divisions/Centers (<i>indicate date of each review</i>)		<input type="checkbox"/> None
❖ Controlled Substance Staff review(s) and Scheduling Recommendation (<i>indicate date of each review</i>)		<input checked="" type="checkbox"/> Not applicable
❖ Risk Management		
• REMS Documents and Supporting Statement (<i>indicate date(s) of submission(s)</i>)		
• REMS Memo(s) and letter(s) (<i>indicate date(s)</i>)		
• Risk management review(s) and recommendations (including those by OSE and CSS) (<i>indicate date of each review and indicate location/date if incorporated into another review</i>)		<input checked="" type="checkbox"/> None
❖ DSI Clinical Inspection Review Summary(ies) (<i>include copies of DSI letters to investigators</i>)		<input checked="" type="checkbox"/> None requested

⁵ Filing reviews should be filed with the discipline reviews.
Version: 5/14/10

Clinical Microbiology		<input checked="" type="checkbox"/> None
❖ Clinical Microbiology Team Leader Review(s) (<i>indicate date for each review</i>)		<input type="checkbox"/> None
Clinical Microbiology Review(s) (<i>indicate date for each review</i>)		<input type="checkbox"/> None
Biostatistics		<input checked="" type="checkbox"/> None
❖ Statistical Division Director Review(s) (<i>indicate date for each review</i>)		<input type="checkbox"/> None
Statistical Team Leader Review(s) (<i>indicate date for each review</i>)		<input type="checkbox"/> None
Statistical Review(s) (<i>indicate date for each review</i>)		<input type="checkbox"/> None
Clinical Pharmacology		<input type="checkbox"/> None
❖ Clinical Pharmacology Division Director Review(s) (<i>indicate date for each review</i>)		<input type="checkbox"/> None
Clinical Pharmacology Team Leader Review(s) (<i>indicate date for each review</i>)		<input type="checkbox"/> None 7/1/2010
Clinical Pharmacology review(s) (<i>indicate date for each review</i>)		<input type="checkbox"/> None 6/29/2010
❖ DSI Clinical Pharmacology Inspection Review Summary (<i>include copies of DSI letters</i>)		<input type="checkbox"/> None 8/27/2010
Nonclinical		<input type="checkbox"/> None
❖ Pharmacology/Toxicology Discipline Reviews		
• ADP/T Review(s) (<i>indicate date for each review</i>)		<input type="checkbox"/> None
• Supervisory Review(s) (<i>indicate date for each review</i>)		<input type="checkbox"/> None 7/7/2010
• Pharm/tox review(s), including referenced IND reviews (<i>indicate date for each review</i>)		<input type="checkbox"/> None 7/7/2010
❖ Review(s) by other disciplines/divisions/Centers requested by P/T reviewer (<i>indicate date for each review</i>)		<input type="checkbox"/> None
❖ Statistical review(s) of carcinogenicity studies (<i>indicate date for each review</i>)		<input checked="" type="checkbox"/> No carc
❖ ECAC/CAC report/memo of meeting		<input checked="" type="checkbox"/> None Included in P/T review, page
❖ DSI Nonclinical Inspection Review Summary (<i>include copies of DSI letters</i>)		<input checked="" type="checkbox"/> None requested
Product Quality		<input type="checkbox"/> None
❖ Product Quality Discipline Reviews		
• ONDQA/OBP Division Director Review(s) (<i>indicate date for each review</i>)		<input type="checkbox"/> None
• Branch Chief/Team Leader Review(s) (<i>indicate date for each review</i>)		<input type="checkbox"/> None 8/27/2010
• Product quality review(s) including ONDQA biopharmaceutics reviews (<i>indicate date for each review</i>)		<input type="checkbox"/> None 8/27/2010
❖ Microbiology Reviews		<input checked="" type="checkbox"/> Not needed
<input type="checkbox"/> NDAs: Microbiology reviews (sterility & pyrogenicity) (OPS/NDMS) (<i>indicate date of each review</i>)		
<input type="checkbox"/> BLAs: Sterility assurance, microbiology, facilities reviews (DMPQ/MAPCB/BMT) (<i>indicate date of each review</i>)		
❖ Reviews by other disciplines/divisions/Centers requested by CMC/quality reviewer (<i>indicate date of each review</i>)		<input checked="" type="checkbox"/> None

❖ Environmental Assessment (check one) (original and supplemental applications)	
<input checked="" type="checkbox"/> Categorical Exclusion (<i>indicate review date</i>)(<i>all original applications and all efficacy supplements that could increase the patient population</i>)	8/27/2010
<input type="checkbox"/> Review & FONSI (<i>indicate date of review</i>)	
<input type="checkbox"/> Review & Environmental Impact Statement (<i>indicate date of each review</i>)	
❖ Facilities Review/Inspection	
<input checked="" type="checkbox"/> NDAs: Facilities inspections (include EER printout) (<i>date completed must be within 2 years of action date</i>)	Date completed: 3/16/2010 <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Withhold recommendation
<input type="checkbox"/> BLAs: TB-EER (<i>date of most recent TB-EER must be within 30 days of action date</i>)	Date completed: <input type="checkbox"/> Acceptable <input type="checkbox"/> Withhold recommendation
❖ NDAs: Methods Validation (<i>check box only, do not include documents</i>)	<input checked="" type="checkbox"/> Completed <input type="checkbox"/> Requested <input type="checkbox"/> Not yet requested <input type="checkbox"/> Not needed

Appendix to Action Package Checklist

An NDA or NDA supplemental application is likely to be a 505(b)(2) application if:

- (1) It relies on published literature to meet any of the approval requirements, and the applicant does not have a written right of reference to the underlying data. If published literature is cited in the NDA but is not necessary for approval, the inclusion of such literature will not, in itself, make the application a 505(b)(2) application.
- (2) **Or** it relies for approval on the Agency's previous findings of safety and efficacy for a listed drug product and the applicant does not own or have right to reference the data supporting that approval.
- (3) **Or** it relies on what is "generally known" or "scientifically accepted" about a class of products to support the safety or effectiveness of the particular drug for which the applicant is seeking approval. (Note, however, that this does not mean *any* reference to general information or knowledge (e.g., about disease etiology, support for particular endpoints, methods of analysis) causes the application to be a 505(b)(2) application.)

Types of products for which 505(b)(2) applications are likely to be submitted include: fixed-dose combination drug products (e.g., heart drug and diuretic (hydrochlorothiazide) combinations); OTC monograph deviations (see 21 CFR 330.11); new dosage forms; new indications; and, new salts.

An efficacy supplement can be either a (b)(1) or a (b)(2) regardless of whether the original NDA was a (b)(1) or a (b)(2).

An efficacy supplement is a 505(b)(1) supplement if the supplement contains all of the information needed to support the approval of the change proposed in the supplement. For example, if the supplemental application is for a new indication, the supplement is a 505(b)(1) if:

- (1) The applicant has conducted its own studies to support the new indication (or otherwise owns or has right of reference to the data/studies).
- (2) **And** no additional information beyond what is included in the supplement or was embodied in the finding of safety and effectiveness for the original application or previously approved supplements is needed to support the change. For example, this would likely be the case with respect to safety considerations if the dose(s) was/were the same as (or lower than) the original application.
- (3) **And** all other "criteria" are met (e.g., the applicant owns or has right of reference to the data relied upon for approval of the supplement, the application does not rely for approval on published literature based on data to which the applicant does not have a right of reference).

An efficacy supplement is a 505(b)(2) supplement if:

- (1) Approval of the change proposed in the supplemental application would require data beyond that needed to support our previous finding of safety and efficacy in the approval of the original application (or earlier supplement), and the applicant has not conducted all of its own studies for approval of the change, or obtained a right to reference studies it does not own. For example, if the change were for a new indication AND a higher dose, we would likely require clinical efficacy data and preclinical safety data to approve the higher dose. If the applicant provided the effectiveness data, but had to rely on a different listed drug, or a new aspect of a previously cited listed drug, to support the safety of the new dose, the supplement would be a 505(b)(2).
- (2) **Or** the applicant relies for approval of the supplement on published literature that is based on data that the applicant does not own or have a right to reference. If published literature is cited in the supplement but is not necessary for approval, the inclusion of such literature will not, in itself, make the supplement a 505(b)(2) supplement.
- (3) **Or** the applicant is relying upon any data they do not own or to which they do not have right of reference.

If you have questions about whether an application is a 505(b)(1) or 505(b)(2) application, consult with your ODE's ADRA.

Application Type/Number	Submission Type/Number	Submitter Name	Product Name
NDA-22578	ORIG-1	MCNEIL CONSUMER HEALTHCARE DIV MCNEIL PPC INC	CETIRIZINE HCL ORALLY 10MG TABS

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

/s/

JANICE ADAMS
09/13/2010

From: Greeley, George
Sent: Thursday, September 02, 2010 11:30 AM
To: Adams-King, Janice
Cc: Vienna, Mary R
Subject: RE: Please review 'Approval NDA 22578 for Review')'
Importance: High

Hi Janice,

I have reviewed the attached draft approval letter and PREA language and found that it is appropriate and consistent with the findings and recommendations of the PeRC on May 5, 2010. Feel free to disseminate to the sponsor at your leisure.

Enjoy your holiday weekend.

Best!
George

From: Adams-King, Janice
Sent: Thursday, September 02, 2010 10:18 AM
To: Greeley, George
Cc: Vienna, Mary R
Subject: Please review 'Approval NDA 22578 for Review')'
Importance: High

George, Please review the PREA language in the attached draft approval letter and let me know if this language is acceptable. The language is taken from the PeRC package we sent for the PeRC Meeting and the Pediatric Page that was entered in DARRTS. Both documents are attached. We would be most appreciative if you could respond today, as the Action Date will be Tuesday, September 7. Thank you, Janice

<< File: Approval NDA 22578 for Review).doc >>

<< File: Proposed PREA language for the approval letter.doc >>

<< File: NDA 22578 Pediatric Record.mht >>

Application Type/Number	Submission Type/Number	Submitter Name	Product Name
NDA-22578	ORIG-1	MCNEIL CONSUMER HEALTHCARE DIV MCNEIL PPC INC	CETIRIZINE HCL ORALLY 10MG TABS

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

/s/

JANICE ADAMS
09/03/2010

From: Adams-King, Janice [mailto:Janice.Adams-King@fda.hhs.gov]
Sent: Tuesday, July 27, 2010 11:44 AM
To: Finn, Elizabeth [MCCUS]
Subject: RE: Labeling Comments: NDA 22578/Zyrtec ODT

Good Morning Liz,

In response to your inquiry below, your revised proposal to the statement of identity as provided below is not acceptable because the Agency is aligning the naming of the established name for all OTC NDA products to be the same as the USP (i.e., monograph name followed by the dosage form) and the prescription drug products (i.e., established name followed by the dosage form and dosage strength).

Please let me know when we may expect to receive the revised labeling and if you have additional questions.

Thank you, Janice

CDR Janice Adams-King, RN, BSN, MS (US PHS)
Regulatory Health Project Manager
Division of Nonprescription Clinical Evaluation
Office of Drug Evaluation IV, CDER/FDA
10903 New Hampshire Avenue, Bldg. 22, **Room 5408**
Silver Spring, MD 20993
Phone: 301-796-3713 Fax: 301-796-9899
Janice.Adams-King@fda.hhs.gov

From: Adams-King, Janice [mailto:Janice.Adams-King@fda.hhs.gov]
Sent: Thursday, July 22, 2010 11:14 AM
To: Finn, Elizabeth [MCCUS]
Subject: Labeling Comments: NDA 22578/Zyrtec ODT

Good Morning Liz,

Provided below are our labeling comments. Please let me know when we may expect to receive the revised labeling.

The use of the promotional term "Dissolve Tabs" is acceptable. Therefore, the proposed draft labeling with this promotional statement will be the bases of our labeling review for this application. Please further revise the carton label as recommended below and resubmit draft labeling for our review and comment.

1. In an effort to differentiate between the propriety name and the promotional statement for this new dosage form ("Dissolve Tabs"), we have the following recommendations.

a. The graphic presentation of “Dissolve Tabs” should be revised so that the font style, size and color presentation be distinctly different that the proprietary name, where they appear, on the principal display and side panels.

b. Additional spacing should be provided on the side panels between the promotional statement “Dissolve Tabs” and the proprietary name.

2. Revise the dosage form descriptor (orally disintegrating tablets) to follow the active ingredient within as a part of the established name as follows:

either as ZYRTEC
cetirizine HCL orally disintegrating tablets, 10 mg
antihistamine

or

as ZYRTEC
cetirizine HCL orally disintegrating tablets
10 mg/antihistamine

Thank you, Janice

CDR Janice Adams-King, RN, BSN, MS (US PHS)
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Phone: 301-796-3713 Fax: 301-796-9899
Janice.Adams-King@fda.hhs.gov

From: Adams-King, Janice [mailto:Janice.Adams-King@fda.hhs.gov]
Sent: Wednesday, July 07, 2010 9:25 AM
To: Finn, Elizabeth [MCCUS]
Subject: FW: Interim Labeling Comments: NDA 22578/Zyrtec

Good Morning Liz,

Based on the Agency's review of the labeling you provided via E-mail on July 2, we offer the following:

The following comments MUST be addressed by labeling revisions

1. Delete (b) (4) wherever it appears on the label unless a label comprehension study is conducted to determine the consumer's interpretation of the promotional statement (b) (4). This study must be completed and submitted to the agency for prior review and approval.
2. The agency finds only the promotional statement "Melts in your Mouth" acceptable. If the sponsor wishes to keep the phrase (b) (4) the agency request that clinical (not in vitro) be submitted to show supportive data for (b) (4). Then, based on the results of the clinical study, (b) (4). This data must be completed and submitted to the agency for prior review and approval.

The following comments are labeling recommendations

1. On the principal display panel the agency recommends:
 - A) Increasing the prominence and size of the product strength because "24 Hour" appears more prominent on the carton labeling than the product strength.
 - B) That the established name should be increased in size as it is small in comparison to the proprietary name
 - C) Relocating the dosage form descriptor (orally disintegrating tablets) so that it follows the statement of identity. *The net quantity of contents can remain as XX tablets.*

For example:

Cetirizine HCl 10 mg/antihistamine
Orally disintegrating tablets

2. On the immediate container (Blister Label), increase the prominence of the product strength in order to improve readability and identification on the label.

As discussed July 7, the Agency awaits the official labeling, dated July 2, 2010.
Thank you, Janice

CDR Janice Adams-King, RN, BSN, MS (US PHS)
Regulatory Health Project Manager
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Silver Spring, MD 20993
Phone: 301-796-3713 Fax: 301-796-9899
Janice.Adams-King@fda.hhs.gov

From: Adams-King, Janice [mailto:Janice.Adams-King@fda.hhs.gov]
Sent: Wednesday, June 09, 2010 1:28 PM
To: Finn, Elizabeth [MCCUS]
Subject: RE: Interim Labeling Comments: NDA 22578/Zyrtec

Good Afternoon Liz, We reviewed the revised labeling and offer the following comments:

o The [REDACTED] (b) (4) statement is a comparative claim. The Agency recommends that [REDACTED] (b) (4) be removed and/or revised with a non-comparative claim.

o The Agency has no labeling concerns with the statement "Melts in your Mouth [REDACTED] (b) (4)" as long as McNeil is able to provide clinical data to support that this product will melt [REDACTED] (b) (4). If there is no clinical data to support the phrase [REDACTED] (b) (4) the McNeil must revise the statement to "Melts in Your Mouth."

Please submit the revised labeling and the additional clinical data (if applicable) as soon as possible. Please let me know when we may expect to receive the revised labeling.

As a reminder, in addition to sending the revised labeling to me via E-mail, please submit the labeling to the application and take care.

Thank you, Janice

CDR Janice Adams-King, RN, BSN, MS (US PHS)
Regulatory Health Project Manager

Division of Nonprescription Clinical Evaluation
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10903 New Hampshire Avenue, Bldg. 22, Room 5483
Silver Spring, MD 20993
Phone: 301-796-3713 Fax: 301-796-9899
Janice.Adams-King@fda.hhs.gov

From: Adams-King, Janice [mailto:Janice.Adams-King@fda.hhs.gov]
Sent: Tuesday, May 04, 2010 11:08 AM
To: Harlow, Hina [MCCUS]
Subject: Interim Labeling Comments: NDA 22578/Zyrtec

Good Morning Hina,

In our review of the labeling submitted for the above-referenced application, we offer the following interim comments:

- The sponsor has included the promotional statements/graphics (b) (4) and “Melts in Your Mouth” on the principal display panel and side panels; these are not acceptable and must be revised or removed. The agency is concerned that the promotional statement (b) (4) and “Melts in Your Mouth” can be potentially misleading to consumers because these statements can have various interpretations. The (b) (4) statement implies a comparative claim, which may or may not be accurate depending upon the basis used for comparison. The agency discourages the use of such comparative statements as a part of any promotional statement because the agency is concerned that consumers may think that the drug product works better or faster than other products that are currently on the market. In regards to the statement, “Melts in Your Mouth” the agency, recommends that this statement be revised (or removed) to indicate to the consumer the expected time the drug product will melt in their mouth.

- Additionally, the agency recommends that the Sponsor include the days of the week and times of the day when a person is available to respond to questions under the heading, “Questions or comments?”. This recommendation is in accordance with 21 CFR 201.66(c)(9).

Please let me know when we may expect to receive the amended labeling. Thank you, Janice

CDR Janice Adams-King, RN, BSN, MS (US PHS)
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Division of Nonprescription Clinical Evaluation
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Silver Spring, MD 20993
Phone: 301-796-3713 Fax: 301-796-9899
Janice.Adams-King@fda.hhs.gov

Application Type/Number	Submission Type/Number	Submitter Name	Product Name
NDA-22578	ORIG-1	MCNEIL CONSUMER HEALTHCARE DIV MCNEIL PPC INC	CETIRIZINE HCL ORALLY 10MG TABS

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/s/

JANICE Adams
08/16/2010

David, Jeannie C

From: Finn, Elizabeth [MCCUS] [EFinn@its.jnj.com]
Sent: Friday, July 23, 2010 9:18 AM
To: David, Jeannie C
Cc: Adams-King, Janice; Liu, Youbang
Subject: RE: Information Request: NDA 22578/Zyrtec ODT/McNeil

Dear Jeannie,

I wanted to confirm that I received your email. I do not have an estimated timeline for response yet, but will let you know as soon as I do.

Regards,

Liz

Elizabeth H. Finn, PharmD
Manager, Regulatory Affairs
McNeil Consumer Healthcare
Division of McNeil-PPC, Inc.
7050 Camp Hill Road, Mailbox #111
Fort Washington, PA 19034
215-273-7469 (o)
215-273-4123 (f)
efinn@its.jnj.com

From: David, Jeannie C [mailto:Jeannie.David@fda.hhs.gov]
Sent: Thursday, July 22, 2010 6:22 PM
To: Finn, Elizabeth [MCCUS]
Cc: Adams-King, Janice; Liu, Youbang
Subject: RE: Information Request: NDA 22578/Zyrtec ODT/McNeil

Dear Liz,

Thank you for your call earlier today to confirm that you are the appropriate contact for NDA 22-578.

We have additional requests for information. We would appreciate if you can provide the following information at your earliest convenience:

1. Full development (justifying choice of method parameters, e.g., apparatus, medium pH, speed etc.) and validation report for the *in-vitro* dissolution method (NOT the analytical method).
2. Raw *in-vitro* dissolution data set (preferably in electronic format) used in Table 3.2.P.2-33.
3. Available raw *in-vitro* dissolution data set (preferably in electronic format) for stability batches at time points beside the proposed single time point of 30 minutes.

Please submit the responses provided to these and to the requests sent by Ms. Janice Adams-King to NDA 22-578, email below. In your amendment, please list the information requests provided and reference the dates that the information requests were sent.

We would also appreciate if you can confirm receipt of this email, and provide an estimated timeline for response.

7/23/2010

Best regards,

Jeannie

Jeannie David, MS
Regulatory Health Project Manager
FDA/CDER/OPS/ONDQA
10903 New Hampshire Avenue
Building 22, Room 1475
Silver Spring, MD 20993
Phone: (301) 796-4247; Fax: (301) 796-9877
jeannie.david@fda.hhs.gov

From: Finn, Elizabeth [MCCUS] [<mailto:EFinn@its.jnj.com>]
Sent: Thursday, July 22, 2010 8:52 AM
To: Adams-King, Janice
Subject: RE: Information Request: NDA 22578/Zyrtec ODT/McNeil

Dear Janice,

Regarding the information request below, periodic quality indicator test (PQIT) is a release testing commitment. PQIT may be satisfied with time zero testing on a stability batch, or separately. Our intentions are as follows:

- For the first 10 batches, PQIT release testing will be performed outside of the NDA stability protocol.
- Thereafter, PQIT release testing will be satisfied by time zero testing under the NDA stability protocol.

The annual batch commitment for PQIT was only paired with stability testing as a means to insure the testing would be performed; not as a stability measure or requirement.

Please let me know if you have any additional questions.

Regards,

Liz

Elizabeth H. Finn, PharmD
Manager, Regulatory Affairs
McNeil Consumer Healthcare
Division of McNeil-PPC, Inc.
7050 Camp Hill Road, Mailbox #111
Fort Washington, PA 19034
215-273-7469 (o)
215-273-4123 (f)
efinn@its.jnj.com

From: Adams-King, Janice [<mailto:Janice.Adams-King@fda.hhs.gov>]
Sent: Monday, July 19, 2010 12:12 PM
To: Finn, Elizabeth [MCCUS]
Subject: RE: Information Request: NDA 22578/Zyrtec ODT/McNeil

Thanks Much Liz -- Janice

CDR Janice Adams-King, RN, BSN, MS (US PHS)
Regulatory Health Project Manager
Division of Nonprescription Clinical Evaluation

7/23/2010

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Phone: 301-796-3713 Fax: 301-796-9899
Janice.Adams-King@fda.hhs.gov

From: Finn, Elizabeth [MCCUS] [mailto:EFinn@its.jnj.com]
Sent: Monday, July 19, 2010 12:11 PM
To: Adams-King, Janice
Subject: RE: Information Request: NDA 22578/Zyrtec ODT/McNeil

Hi Janice,
Please list me as the primary contact for this application. The action letter can be sent to my attention.
Regarding the information request below, I hope to have an answer to you mid-week.
Best,

Liz

Elizabeth H. Finn, PharmD
Manager, Regulatory Affairs
McNeil Consumer Healthcare
Division of McNeil-PPC, Inc.
7050 Camp Hill Road, Mailbox #111
Fort Washington, PA 19034
215-273-7469 (o)
215-273-4123 (f)
efinn@its.jnj.com



Before printing this message, make sure that it's necessary. **The environment is in our hands**

From: Adams-King, Janice [mailto:Janice.Adams-King@fda.hhs.gov]
Sent: Friday, July 16, 2010 9:47 AM
To: Finn, Elizabeth [MCCUS]
Cc: Beavis, Susan [CONUS]; Pawelski, Lynn [MCCUS]
Subject: RE: Information Request: NDA 22578/Zyrtec ODT/McNeil

I believe that Liz will manage this information request ... I have been dealing with her with the labeling ...

Liz, Please validate that you are the primary contact for this application and that the action letter issued should be sent to your attention. Additionally, please see the information request below and let me know when we may expect a response.

- Clarify why the test Microbial Limits Test (MLT) was not included in the stability protocol for the annual batches except at release. You have stated, under periodic quality indicator tests (PQITS) (Module 3, Vol.1, Page 257), that the test would be performed at release and at yearly intervals.

Thank you, Janice

CDR Janice Adams-King, RN, BSN, MS (US PHS)
Regulatory Health Project Manager

7/23/2010

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Janice.Adams-King@fda.hhs.gov

From: Harlow, Hina [VISUS] [mailto:HHarlow@its.jnj.com]
Sent: Friday, July 16, 2010 9:18 AM
To: Adams-King, Janice
Cc: Zlogar, Carolyn [MCCUS]; Beavis, Susan [CONUS]; Pawelski, Lynn [MCCUS]
Subject: RE: Information Request: NDA 22578/Zyrtec ODT/McNeil

Hi Janice,

I'm no longer w/ McNeil having transitioned back on June 1. I've copied a few folks there who will be able to respond to your query below.

Hope you're having a good summer!

Regards,
Hina

Hina S. Harlow, Pharm.D.
Director, Regulatory Affairs
VISTAKON, Division of Johnson & Johnson VisionCare, Inc.
7500 Centurion Parkway, Suite 100
Jacksonville, FL 32256
ph: 904-443-1846
cell: 215-264-6032
fax: 904-928-5700

From: Adams-King, Janice [mailto:Janice.Adams-King@fda.hhs.gov]
Sent: Friday, July 16, 2010 9:15 AM
To: Harlow, Hina [VISUS]
Subject: Information Request: NDA 22578/Zyrtec ODT/McNeil

Good Morning Hina, Please see the information request below and let me know when we may expect a response.

- Clarify why the test Microbial Limits Test (MLT) was not included in the stability protocol for the annual batches except at release. You have stated, under periodic quality indicator tests (PQITS) (Module 3, Vol.1, Page 257), that the test would be performed at release and at yearly intervals.

Thank you, Janice

7/23/2010

CDR Janice Adams-King, RN, BSN, MS (US PHS)
Regulatory Health Project Manager
Division of Nonprescription Clinical Evaluation
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10903 New Hampshire Avenue, Bldg. 22, **Room 5408**
Silver Spring, MD 20993
Phone: 301-796-3713 Fax: 301-796-9899
Janice.Adams-King@fda.hhs.gov

Application Type/Number	Submission Type/Number	Submitter Name	Product Name
NDA-22578	ORIG-1	MCNEIL CONSUMER HEALTHCARE DIV MCNEIL PPC INC	CETIRIZINE HCL ORALLY 10MG TABS

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

/s/

JEANNIE C DAVID
07/23/2010



NDA 22578

FILING COMMUNICATION

McNeil Consumer Healthcare
Attention: Hina S. Harlow, Pharm.D.
Director, Global Regulatory Affairs
7050 Camp Hill Road
Fort Washington, PA 19034-2299

Dear Dr. Harlow:

Please refer to your new drug application NDA 22578 dated November 6, 2009, received November 9, 2009, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act, for Zyrtec[®] (cetirizine HCl) orally disintegrating tablets, 10 mg.

We also refer to your submission dated December 22, 2009.

We have completed our filing review and have determined that your application is sufficiently complete to permit a substantive review. Therefore, in accordance with 21 CFR 314.101(a), this application is considered filed 60 days after the date we received your application. The review classification for this application is **Standard**. Therefore, the user fee goal date is September 9, 2010.

We are reviewing your application according to the processes described in the Guidance for Review Staff and Industry: Good Review Management Principles and Practices for PDUFA Products. Therefore, we have established internal review timelines as described in the guidance, which includes the timeframes for FDA internal milestone meetings (e.g., filing, planning, midcycle, team and wrap-up meetings). Please be aware that the timelines described in the guidance are flexible and subject to change based on workload and other potential review issues (e.g., submission of amendments). We will inform you of any necessary information requests or status updates following the milestone meetings or at other times, as needed, during the process. If major deficiencies are not identified during the review, we plan to communicate proposed labeling and, if necessary, any postmarketing commitment requests by July 9, 2010.

During our filing review of your application, we identified the following potential review issues and information requests:

1. The amount of stability data provided is inadequate to support a viable expiration dating period for commercialization. You should update drug product stability as soon as possible and submit at least one year of stability data to the NDA from the registration stability batches.

2. Electronic clinical datasets in order to further analyze the results and safety data of the bioequivalence trial. The datasets may be submitted in a compatible SAS transport file (version 5). Please refer to the appropriate draft guidance for details on the electronic submission.

<http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/ucm072362.pdf>.

We are providing the above comments to give you preliminary notice of potential review issues. Our filing review is only a preliminary evaluation of the application and is not indicative of deficiencies that may be identified during our review. Issues may be added, deleted, expanded upon, or modified as we review the application.

Please respond only to the above requests for additional information. While we anticipate that any response submitted in a timely manner will be reviewed during this review cycle, such review decisions will be made on a case-by-case basis at the time of receipt of the submission.

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

We acknowledge receipt of your request for a full waiver of pediatric studies for this application. Once we have reviewed your request, we will notify you if the full waiver request is denied and a pediatric drug development plan is required.

If you have any questions, call Janice Adams-King, Regulatory Project Manager, at (301) 796-3713.

Sincerely,

{See appended electronic signature page}

Joel Schiffenbauer, M.D.
Deputy Director
Division of Nonprescription Clinical Evaluation
Office of Nonprescription Products
Center for Drug Evaluation and Research

Application Type/Number	Submission Type/Number	Submitter Name	Product Name
NDA-22578	ORIG-1	MCNEIL CONSUMER HEALTHCARE DIV MCNEIL PPC INC	CETIRIZINE HCL ORALLY 10MG TABS

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/s/

JOEL SCHIFFENBAUER
01/21/2010

DSI CONSULT

Request for Biopharmaceutical Inspections

DATE: January 7, 2010

TO: Associate Director for Bioequivalence
Division of Scientific Investigations, HFD-48

THROUGH: Director, Division of Pharmaceutical Evaluation

FROM: Janice Adams-King, Regulatory Project Manager,
Division of Nonprescription Clinical Evaluation, HFD-560

SUBJECT: Request for Biopharmaceutical Inspections
NDA 22578
Zyrtec® Orally Disintegrating (10 mg cetirizine) tablets
McNeil Consumer Healthcare

Study/Site Identification:

As discussed with you, the following studies/sites pivotal to approval (OR, raise question regarding the quality or integrity of the data submitted and) have been identified for inspection:

Study #	Clinical Site (name, address, phone, fax, contact person, if available)	Analytical Site (name, address, phone, fax, contact person, if available)
CETALY100 3	MDS Pharma Services, 1930 Heck Avenue, Building 2, Neptune, NJ 07753; Investigator: Sandra M. Connolly, MD (Clinical Report No. AA79661); Phone: 732-502-8900; Fax: 732-502-9484	(b) (4)

Goal Date for Completion:

We request that the inspections be conducted and the Inspection Summary Results be provided by June 10, 2010. We intend to issue an action letter on this application by September 9, 2010.

Should you require any additional information, please contact Janice Adams-King, Regulatory Project Manager, at 301-796-3713.

Concurrence: (Optional)

Arun Agrawal, Ph.D., Clinical Pharmacology Reviewer

Partha Roy, Ph.D., Clinical Pharmacology Acting Team Leader

Application Type/Number	Submission Type/Number	Submitter Name	Product Name
NDA-22578	ORIG-1	MCNEIL CONSUMER HEALTHCARE DIV MCNEIL PPC INC	CETIRIZINE HCL ORALLY 10MG TABS

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/s/

JANICE Adams
01/11/2010



NDA 22578

NDA ACKNOWLEDGMENT

McNeil Consumer Healthcare
Attention: Hina S. Harlow, Pharm.D.
Director, Global Regulatory Affairs
7050 Camp Hill Road
Fort Washington, PA 19034-2299

Dear Dr. Harlow:

We have received your new drug application (NDA) submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for the following:

Name of Drug Product: 10 mg Zyrtec[®] (cetirizine HCl), orally disintegrating tablets

Date of Application: November 6, 2009

Date of Receipt: November 9, 2009

Our Reference Number: NDA 22578

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 January 8, 2010 in accordance with 21 CFR 314.101(a).

If you have not already done so, promptly submit the content of labeling [21 CFR 314.50(l)(1)(i)] in structured product labeling (SPL) format as described at <http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm>. Failure to submit the content of labeling in SPL format may result in a refusal-to-file action under 21 CFR 314.101(d)(3). The content of labeling must conform to the content and format requirements of revised 21 CFR 201.56-57.

The NDA number provided above should be cited 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 Nonprescription Clinical Evaluation
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, please see <http://www.fda.gov/Drugs/DevelopmentApprovalProcess/FormsSubmissionRequirements/DrugMasterFilesDMFs/ucm073080.htm>

If you have any questions, call Janice Adams-King, Regulatory Project Manager, at (301) 796-3713.

Sincerely,

{See appended electronic signature page}

Janice Adams-King, RN, BSN, MS
Regulatory Project manager
Division of Nonprescription Clinical Evaluation
Office of Nonprescription Products
Center for Drug Evaluation and Research

Application Type/Number	Submission Type/Number	Submitter Name	Product Name
NDA-22578	ORIG-1	MCNEIL CONSUMER HEALTHCARE DIV MCNEIL PPC INC	CETIRIZINE HCL ORALLY 10MG TABS

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/s/

JANICE Adams
12/07/2009