

CENTER FOR DRUG EVALUATION AND RESEARCH

Approval Package for:

APPLICATION NUMBER:

20-560/S019

Trade Name: Fosamax Tablets

Generic Name: alendronate sodium

Sponsor: Merck Research Laboratories

Approval Date: May 28, 1999

CENTER FOR DRUG EVALUATION AND RESEARCH

**APPLICATION NUMBER:
20-560/S019**

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APPLICATION NUMBER:

20-560/S019

APPROVAL LETTER

NDA 20-560/S-019

Merck Research Laboratories
Attention: Michelle Kloss, Ph.D.
Director, Regulatory Affairs
Sumneytown Pike, P.O. Box 4
BLA-20
West Point, PA 19486

MAY 28 1999

Dear Dr. Kloss:

Please refer to your supplemental new drug application dated February 2, 1999, received February 4, 1999, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Fosamax (alendronate sodium) Tablets.

We note that this supplement was submitted as a 'Special Supplement - Changes Being Effected' under 21 CFR 314.70(c).

This supplemental new drug application provides for an additional site ~~_____~~ for the packaging of Fosamax Uniblister (a previously approved blister package), and a categorical exclusion from the requirement to prepare an environmental assessment for the tablets in these blisters. Your submission stated March 1, 1999 as the implementation date for the change.

We have completed the review of this supplemental application and it is approved.

We remind you that you must comply with the requirements for an approved NDA set forth under 21 CFR 314.80 and 314.81.

If you have any questions, contact Randy Hedin, R.Ph., Senior Regulatory Management Officer, at (301) 827-6392.

Sincerely,



Duu-Gong Wu, Ph.D.
Chemistry Team Leader II, DNDC II for the
Division of Metabolic and Endocrine Drug Products,
(HFD-510)
Office of New Drug Chemistry
Center for Drug Evaluation and Research

RH 5/28/99

NDA 20-560/S-019

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cc:

Archival NDA 20-560

HFD-510/Div. Files

HFD-510/R.Hedin

HFD-510/Reviewers and Team Leaders

HFD-95/DDMS (with labeling)

HFD-820/DNDC Division Director

DISTRICT OFFICE

Drafted by: RH/May 25, 1999

Initialed by: SMarkofsky/5.25/DWu/5.26/EGalliers/5.27.99

final: RH/5.28.99

filename: N20560AP.L13

APPROVAL (AP)

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APPLICATION NUMBER:

20-560/S019

CHEMISTRY REVIEW(S)

1 Page(s) Withheld

1 § 552(b)(4) Trade Secret /
Confidential

1 § 552(b)(4) Draft Labeling

1 § 552(b)(5) Deliberative Process

ESTABLISHMENT EVALUATION REQUEST
SUMMARY REPORT

Application: NDA 20560/019
Stamp: 04-FEB-1999 Regulatory Due: 04-AUG-1999
Applicant: MERCK
SUMNEYTOWN PIKE BLA20
WEST POINT, PA 19486

Priority: 1P
Action Goal:
Brand Name: FOSAMAX (ALENDRONATE
SODIUM)10+40MG TABS
Established Name:
Generic Name: ALENDRONATE SODIUM
Dosage Form: TAB (TABLET)
Strength: 10 MG

Org Code: 510
District Goal: 30-JUN-1999

FDA Contacts: D. HEDIN (HFD-510) 301-827-6392 , Project Manager
S. MARKOFSKY (HFD-510) 301-827-6430 , Review Chemist
D. WU (HFD-510) 301-827-6375 , Team Leader

Overall Recommendation:

ACCEPTABLE on 22-FEB-1999 by J. D AMBROGIO (HFD-324)301-827-0062

Establishment: _____

DMF No:
AADA No:

Profile: TCM OAI Status: NONE
Last Milestone: OC RECOMMENDATION
Milestone Date 22-FEB-1999
Decision: ACCEPTABLE
Reason: BASED ON PROFILE

Responsibilities: _____

**CENTER FOR DRUG EVALUATION AND
RESEARCH**

APPLICATION NUMBER:

20-560/S019

**ADMINISTRATIVE and CORRESPONDENCE
DOCUMENTS**



NDA 20-560/S-019

Food and Drug Administration
Rockville MD 20857

FEB 19 1999

Merck Research Laboratories
Sumneytown Pike P.O. Box 4 BLA-20
West Point, PA 19486

Attention: Michelle W. Kloss, Ph.D.
Director, Regulatory Affairs

Dear Dr. Kloss:

We acknowledge receipt of your supplemental application for the following:

Name of Drug: Fosamax[®] (Alendronate Sodium Tablets)
NDA Number: 20-560
Supplement Number: S-019
Date of Supplement: February 2, 1999
Date of Receipt: February 4, 1999

Unless we find the application not acceptable for filing, this application will be filed under Section 505(b)(1) of the Act on April 5, 1999, in accordance with 21 CFR 314.101(a).

All communications concerning this NDA should be addressed as follows:

Center for Drug Evaluation and Research
Division of Metabolic and Endocrine Drug Products, HFD-510
Office of Drug Evaluation II
Attention: Document Control Room 14B-19
5600 Fishers Lane
Rockville, MD 20857

Sincerely,

Ernd Galliers
Chief, Project Management Staff
Division of Metabolic and Endocrine
Drug Products, HFD-510
Office of Drug Evaluation II
Center for Drug Evaluation and Research

NDA 20-560/S-019

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cc:

Original NDA 20-560/S-019

HFD-510/Div. Files

HFD-510/CSO/R. Hedin

filename: C:\DATA\WPFILES\20560ACK.

SUPPLEMENT ACKNOWLEDGEMENT /CBE

Michelle W. Kloss, Ph.D.
Director
Regulatory Affairs

ORIGINAL

Merck & Co., Inc.
P.O. Box 4, BLA-20
West Point PA 19486-0004
Tel 610 397 2905
Fax 610 397 2516

February 2, 1999

**These copies are
OFFICIAL FDA Copies
not desk copies.**

Solomon Sobel, M.D., Director
Division of Metabolism and Endocrine Drug Products
HFD-510, Room 14B-04
Office of Drug Evaluation II (CDER)
Food and Drug Administration
9201 Corporate Blvd.
Rockville, Maryland 20850

NDA NO. 20-560 REF NO. 019
NDA SUPPL FOR SCM



**NDA 20-560: FOSAMAX™
(Alendronate Sodium Tablets)**

SPECIAL SUPPLEMENT – CHANGES BEING EFFECTED

Dear Dr. Sobel:

Pursuant to Section 505(b) of the Food Drug and Cosmetic Act and in accordance with 21 CFR 314.70(c), we submit a supplement to NDA 20-560.

As indicated on the attached Form FDA 356h, this supplemental application provides for changes in the Chemistry Section of the approved New Drug Application for FOSAMAX™.

The purpose of this supplement is to add _____ as a packaging site for the FOSAMAX™ UNIBLISTER™. This filing is being submitted in accordance with the provisions of SUPAC-IR involving Stand Alone Packaging Operations Site Changes as stipulated in correspondence from Roger L. Williams, M.D., (FDA) dated February 18, 1997. The following items are included in this submission:

- Address of the _____ and the dates of the last GMP inspection conducted by FDA at that facility
- Letter of authorization from _____ to refer to their DMF, including certification that the facility is in conformance with cGMPs
- Request for categorical exclusion from the requirements for preparing an environmental assessment
- Commitment to place on stability the _____ of FOSAMAX™ packaged in the UNIBLISTER™ at _____

Packaging operations at _____ are targeted to begin on March 1, 1999.

In accordance with the Food and Drug Administration Modernization Act of 1997, as indicated in the attached Form 3397, no user fee is required for this supplemental application.

Solomon Sobel, M.D., Director
NDA 20-560: FOSAMAX™ (alendronate sodium)
Special Supplement – Changes Being Effected
Page 2

Pursuant to 21 CFR 314.70(a), a complete field copy of this supplement has been submitted to the FDA Philadelphia District Office.

As required by Section 306(k)(1) of the Generic Enforcement Act [21 U.S.C. 335a(k)(1)], we hereby certify that, in connection with this application, Merck & Co., Inc. did not and will not use in any capacity the services of any person debarred under subsections 306(a) or (b) of the Act.

We consider the filing of this Supplemental New Drug Application to be a confidential matter, and request the Food and Drug Administration not to make its content, nor any future communications in regard to it, public without first obtaining the written permission of Merck & Co., Inc.

Questions concerning this supplemental application should be directed to Michelle W. Kloss, Ph.D. (610/397-2905) or, in my absence, to Larry P. Bell, M.D. (610/397-2310).

Sincerely,



Michelle W. Kloss, Ph.D.
Director
Regulatory Affairs

Q/carnal/mk0217/cbe/cbe2_99

Attachments

Federal Express #1

Desk Copy

Mr. Randy Hedin, HFD-510, Room 14B-04 - Federal Express #1

Ms. Debra Pagano
Philadelphia District Office
Food & Drug Administration
U.S. Custom House Room 900
2nd and Chestnut Street
Philadelphia, Pennsylvania 19106-2973 - Federal Express #2

REVIEWS COMPLETED	
CSO ACTION:	
<input type="checkbox"/> LETTER	<input type="checkbox"/> N.A.I. <input type="checkbox"/> MEMO
CSO INITIALS	DATE

USER FEE COVER SHEET

See Instructions on Reverse Side Before Completing This Form

1. APPLICANT'S NAME AND ADDRESS Merck & Co., Inc. Sunnytown Pike, BLA-10 P. O. Box 4 West Point, PA 19486	3. PRODUCT NAME FosamaxTM
2. TELEPHONE NUMBER (Include Area Code) (610) 397-2383	4. DOES THIS APPLICATION REQUIRE CLINICAL DATA FOR APPROVAL? IF YOUR RESPONSE IS "NO" AND THIS IS FOR A SUPPLEMENT, STOP HERE AND SIGN THIS FORM. IF RESPONSE IS "YES", CHECK THE APPROPRIATE RESPONSE BELOW: <input type="checkbox"/> THE REQUIRED CLINICAL DATA ARE CONTAINED IN THE APPLICATION. <input type="checkbox"/> THE REQUIRED CLINICAL DATA ARE SUBMITTED BY REFERENCE TO _____ (APPLICATION NO. CONTAINING THE DATA).
5. USER FEE I.D. NUMBER	6. LICENSE NUMBER / NDA NUMBER

7. IS THIS APPLICATION COVERED BY ANY OF THE FOLLOWING USER FEE EXCLUSIONS? IF SO, CHECK THE APPLICABLE EXCLUSION.

<input type="checkbox"/> A LARGE VOLUME PARENTERAL DRUG PRODUCT APPROVED UNDER SECTION 505 OF THE FEDERAL FOOD, DRUG, AND COSMETIC ACT BEFORE 9/1/92 (Self Explanatory)	<input type="checkbox"/> A 505(b)(2) APPLICATION THAT DOES NOT REQUIRE A FEE (See item 7, reverse side before checking box.)
<input type="checkbox"/> THE APPLICATION QUALIFIES FOR THE ORPHAN EXCEPTION UNDER SECTION 736(a)(1)(E) of the Federal Food, Drug, and Cosmetic Act (See item 7, reverse side before checking box.)	<input type="checkbox"/> THE APPLICATION IS A PEDIATRIC SUPPLEMENT THAT QUALIFIES FOR THE EXCEPTION UNDER SECTION 736(a)(1)(F) of the Federal Food, Drug, and Cosmetic Act (See item 7, reverse side before checking box.)
<input type="checkbox"/> THE APPLICATION IS SUBMITTED BY A STATE OR FEDERAL GOVERNMENT ENTITY FOR A DRUG THAT IS NOT DISTRIBUTED COMMERCIALY (Self Explanatory)	

FOR BIOLOGICAL PRODUCTS ONLY

<input type="checkbox"/> WHOLE BLOOD OR BLOOD COMPONENT FOR TRANSFUSION	<input type="checkbox"/> A CRUDE ALLERGENIC EXTRACT PRODUCT
<input type="checkbox"/> AN APPLICATION FOR A BIOLOGICAL PRODUCT FOR FURTHER MANUFACTURING USE ONLY	<input type="checkbox"/> AN "IN VITRO" DIAGNOSTIC BIOLOGICAL PRODUCT LICENSED UNDER SECTION 351 OF THE PHS ACT
<input type="checkbox"/> BOVINE BLOOD PRODUCT FOR TOPICAL APPLICATION LICENSED BEFORE 9/1/92	

8. HAS A WAIVER OF AN APPLICATION FEE BEEN GRANTED FOR THIS APPLICATION? YES NO
(See reverse side if answered YES)

A completed form must be signed and accompany each new drug or biologic product application and each new supplement. If payment is sent by U.S. mail or courier, please include a copy of this completed form with payment.

Public reporting burden for this collection of information is estimated to average 30 minutes 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:

DHHS, Reports Clearance Officer
Paperwork Reduction Project (0910-0297)
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.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE 	TITLE Bonnie J. Goldmann, M.D. Vice President, Domestic Liaison Regulatory Affairs	DATE 2/2/99
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