

CENTER FOR DRUG EVALUATION AND RESEARCH

Approval Package for:

APPLICATION NUMBER:
NDA 20-441/S014

Trade Name: Pulmicort Turbuhaler

Generic Name: budesonide inhalation powder, 200 mcg

Sponsor: Astra Pharmaceuticals

Approval Date: May 18, 2001

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**APPLICATION NUMBER:
NDA 20-441/S014**

CONTENTS

Reviews / Information Included in this NDA Review.

Approval Letter	X
Approvable Letter	
Labeling	
Medical Review(s)	
Chemistry Review(s)	X
Pharmacology Review(s)	
Statistical Review(s)	
Microbiology Review(s)	
Clinical Pharmacology/ Biopharmaceutics Review(s)	
Administrative/Correspondence Document(s)	

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APPROVAL LETTER



NDA 20-441/S-014

AstraZeneca LP
P.O. Box 8355
Wilmington, DE 19803-8355

Attention: Eric Couture, Ph.D.
Director, Regulatory Affairs

Dear Dr. Couture:

Please refer to your supplemental new drug application dated March 22, 2001, received March 23, 2001, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Pulmicort Turbuhaler (budesonide inhalation powder).

This "Changes Being Effected in 30 days" supplemental new drug application provides for tightening the specifications for _____ budesonide for budesonide — and budesonide _____ from LT — to LT —

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, call Gretchen Trout, Project Manager, at (301) 827-1058.

Sincerely yours,

{See appended electronic signature page}

Guirag Poochikian, Ph.D.
Chemistry Team Leader
Division of Pulmonary and Allergy Drug Products, HFD-570
DNDC II, Office of New Drug Chemistry
Center for Drug Evaluation and Research

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/s/

Craig Bertha
5/18/01 11:57:11 AM
for G. Poochikian

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APPLICATION NUMBER:
NDA 20-441/S014

CHEMISTRY REVIEW(S)

CHEMIST'S REVIEW Review #1		1. ORGANIZATION HFD-570 DPADP	2. NDA NUMBER 20-441
3. NAME AND ADDRESS OF APPLICANT (City and State) AstraZeneca LP P.O.Box 8355 Wilmington, DE 19803-8355		4. AF NUMBER	5. SUPPLEMENT(S) NUMBER(S) & DATES(S) SCS-014 (3/22/01)
6. NAME OF DRUG Pulmicort Turbuhaler®	7. NONPROPRIETARY NAME Budesonide Inhalation Powder		
8. SUPPLEMENT PROVIDES FOR: Per agreement at the March 15, 2001 meeting and in the fax dated March 16, 2001. AstraZeneca is tightening the specifications for budesonide from LT to LT			
9. PHARMACOLOGICAL CATEGORY Bronchial Asthma	10. HOW DISPENSED RX <input checked="" type="checkbox"/> OTC <input type="checkbox"/>	11. RELATED IND/NDA/DMF	
12. DOSAGE FORM(S) Dry Powder-filled MDI	13. POTENCY 200 µg/dose,		
14. CHEMICAL NAME AND STRUCTURE See USAN Dictionary.		15. RECORDS AND REPORTS CURRENT YES ___ NO ___ REVIEWED YES ___ NO ___	
16. COMMENTS: see review notes on page 2 cc: Orig. NDA #20-441 HFD-570/Div. File HFD-570/CHKim/ HFD-570/GPoochikian HFD-570/GTrout HFD-570/MPrucker R/D Init. By: _____ F/T by: CHKim/ doc #N20-441SCS.S14.doc			
17. CONCLUSIONS AND RECOMMENDATIONS Chemist recommends approval of the supplement.			
18. REVIEWER NAME Chong-Ho Kim, Ph.D.	SIGNATURE	DATE COMPLETED May 15, 2001	

Review

Per agreement at the March 15, 2001 meeting and in the fax dated March 16, 2001,

9 Page(s) Withheld

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

 § 552(b)(4) Draft Labeling

 § 552(b)(5) Deliberative Process

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/s/

Chong-Ho Kim
5/16/01 07:38:26 AM
CHEMIST

Guiragos Poochikian
5/21/01 11:53:58 AM
CHEMIST