

CENTER FOR DRUG EVALUATION AND RESEARCH

Approval Package for:

APPLICATION NUMBER:

20-872 /S008

Trade Name: Allegra Tablets

Generic Name: fexofenadine

Sponsor: Avenits Pharmaceuticals Inc.

Approval Date: February 2, 2002

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APPLICATION NUMBER:

20-872/S008

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APPROVAL LETTER



NDA 20-872/S-008

Aventis Pharmaceuticals, Inc.
10236 Marion Park Drive
P.O. Box 9720
Mail Stop J5-M1540
Kansas City, MO 64134-0720

Attention: Alan Martin
U.S. Drug Regulatory Affairs- CMC

Dear Mr. Martin:

Please refer to your supplemental new drug application dated January 11, 2002, received January 17, 2002, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Allegra (fexofenadine HCl) Tablets.

This "Changes Being Effected in 30 days" supplemental new drug application provides for change in the film-coating for the tablets. The supplemental application was filed as per the SUPAC-IR Guidance: Immediate Release Solid Oral Dosage Forms Scale-Up and Post approval changes CMC documentation.

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 Christine Yu, R.Ph., Regulatory Project Manager, at (301) 827-1051.

Sincerely,

{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/

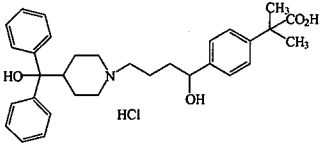
Guiragos Poochikian
2/20/02 11:41:16 AM

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CHEMISTRY REVIEW(S)

CHEMIST'S REVIEW #1		1. ORGANIZATION HFD-570 DPADP	2. NDA NUMBER 20-872
3. NAME AND ADDRESS OF APPLICANT (<i>City and State</i>) Aventis Pharmaceuticals 10236 Marion Park Drive, P.O. Box 9627 Kansas City, MO		4. AF NUMBER	
6. NAME OF DRUG Allegra® Tablets		7. NONPROPRIETARY NAME fexofenadine hydrochloride tablets	
8. SUPPLEMENT (CBE-30) PROVIDES FOR: Change in the film-coating for the tablets. The supplemental application was filed as per the SUPAC-IR guidance.		9. AMENDMENT(S), REPORT(S), ETC.	
10. PHARMACOLOGICAL CATEGORY Histamine H ₁ -receptor antagonist	11. HOW DISPENSED RX <input checked="" type="checkbox"/> OTC	12. RELATED IND/NDA/DMF IND 43,573	
13. DOSAGE FORM(S) tablets	14. Potency 60 mg		
15. CHEMICAL NAME AND STRUCTURE (±)-4-[1-Hydroxy-4-[4-(hydroxydiphenylmethyl)-1-piperidinyl]-butyl]-dimethylbenzeneacetic acid hydrochloride (MDL 16,455A)		16. RECORDS AND REPORTS CURRENT YES__NO__ REVIEWED YES__NO__	
			
17. COMMENTS: See attached review notes.			
cc: Orig. NDA 20-872 HFD-570/div. File HFD-570/CBertha/2/1/02 HFD-570/GPoochikian HFD-570/CYu R/D Init. by: _____ F/T by: CBertha/2/1/02 doc # 02-01-11.rev.doc			
18. CONCLUSIONS AND RECOMMENDATIONS: Based on the CMC information provided, it is recommended that the supplement be approved (AP) .			
19. REVIEWER NAME: Craig M. Bertha, Ph.D.	SIGNATURE		DATE COMPLETED 2/1/02

7 Page(s) Withheld

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

 § 552(b)(4) Draft Labeling

 § 552(b)(5) Deliberative Process

Withheld Track Number: Chemistry 20-572
5008

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/s/

Craig Bertha
2/4/02 06:26:39 AM
CHEMIST

Guiragos Poochikian
2/5/02 05:18:10 PM
CHEMIST