

CENTER FOR DRUG EVALUATION AND RESEARCH

Approval Package for:

APPLICATION NUMBER:
NDA 16-126 / S-028

Name: Primatene Mist Inhalation Aerosol

Sponsor: Wyeth Consumer Healthcare

Approval Date: January 13, 2004

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**APPLICATION NUMBER:
NDA 16-126 / S-028**

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NDA 16-126 / S-028

APPROVAL LETTER



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

NDA 16-126/S-028

Wyeth Consumer Healthcare
Attention: Susan Beavis
Director, Regulatory Affairs CMC
5 Giralda Farms
Madison, NJ 07940

Dear Ms. Beavis:

Please refer to your supplemental new drug application dated July 15, 2003, received July 16, 2003, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Primatene Mist® (epinephrine inhalation aerosol, USP), 5.5 mg/mL.

This supplemental new drug application provides for a _____ for individual CFCs (CFC 12 or CFC 114).

We completed our review of this supplemental new drug application. This supplement is approved.

We remind you that you must comply with the reporting requirements for an approved NDA (21 CFR 314.80 and 314.81).

If you have any questions, call Elaine Abraham, Regulatory Project Manager, at (301) 827-2276.

Sincerely,

{See appended electronic signature page}

John Smith, Ph.D.
Chemistry Team Leader
Division of New Drug Chemistry III
Center for Drug Evaluation and Research

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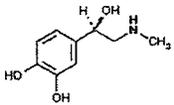
/s/

John Smith
1/13/04 08:49:13 AM

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APPLICATION NUMBER:
NDA 16-126 / S-028

CHEMISTRY REVIEW(S)

Chemistry Review # 1	1. Division HFD-560	2. NDA Number 16-126
3. Name and Address of Applicant Wyeth Consumer Healthcare Attention: Susan Beavis, Director, Regulatory Affairs CMC 5 Giralda Farms Madison, NJ 07940 Phone: 973-660-5068		4. Supplement Number: SCS-028 Letter Date: 7/15/03 Stamp Date: 7/16/03 PDUFA Due Date: 1/16/04
5. Name of Drug Primatene Mist	6. Nonproprietary Name Epinephrine Inhalation Aerosol, USP	
7. Supplement Provides for: A ←———— for individual CFCs (CFC 12 or CFC 114)		8. Amendment(s) N/A
9. Pharmacological Category Bronchodilator	10. How Dispensed OTC	11. Related Documents N/A
12. Dosage Form Aerosol	13. Potency(ies) 5.5 mg/mL	
14. Chemical Name and Structure (-)-3,4-Dihydroxy-a-[(methylamino)methyl]benzyl alcohol, C ₉ H ₁₃ NO ₂ , mol. wt. 183.20		
15. Comment Changes Being Effected		
<p>This supplement provides for _____ individual CFCs (CFC 12 or CFC 114). It was stated that the proposed procedure is the same as the one that was approved for _____ CFC 12/114 blend (NDA 16-126/SCS-023, approved 11/24/99).</p> <p>The same type of _____ and _____ are used for the individual and blended CFCs. It was proposed that the _____ be used if the _____ is _____. The same criterion for the _____ was used for the blended CFCs (S-023).</p> <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 10px;"></div>		
16. Conclusions and Recommendations This supplement is recommended for approval.		
17. Name Rao Puttagunta, Ph.D., Reviewer		Date 1/12/04
18. Concurrence John Smith, Ph.D., Chemistry Team Leader		

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/s/

Rao Puttagunta
1/13/04 07:20:16 AM
CHEMIST

John Smith
1/13/04 08:08:26 AM
CHEMIST

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APPLICATION NUMBER:
NDA 16-126 / S-028

CORRESPONDENCE



NDA 16-126/S-028

CBE-0 SUPPLEMENT

Wyeth Consumer Healthcare
Attention: Susan Beavis
Director, Regulatory Affairs
5 Giralda Farms
Madison, NJ 07940

Dear Ms. Beavis:

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

Name of Drug Product: Primatene® Mist (5.5 mg/mL epinephrine) Inhalation Aerosol

NDA Number: 16-126

Supplement Number: S-028

Date of Supplement: July 15, 2003

Date of Receipt: July 16, 2003

This supplemental application, submitted as a "Supplement - Changes Being Effected" supplement, provides a procedure for the _____ of individual CFCs.

Unless we notify you within 60 days of our receipt date that the application is not sufficiently complete to permit a substantive review, this application will be filed under section 505(b) of the Act on September 14, 2003, in accordance with 21 CFR 314.101(a). If the application is filed, the user fee goal date will be January 16, 2004.

Please cite the application number listed above at the top of the first page of any communications concerning this application. All communications concerning this supplemental application should be addressed as follows:

U.S. Postal Service:

Food and Drug Administration
Center for Drug Evaluation and Research
Division of Over-the-Counter Drug Products,
HFD-560
Attention: Division Document Room
HFD-560
5600 Fishers Lane
Rockville, Maryland 20857

Courier/Overnight Mail:

Food and Drug Administration
Center for Drug Evaluation and Research
Division of Over-the-Counter Drug Products,
HFD-560
Attention: Division Document Room
HFD-560
9201 Corporate Blvd.
Rockville, Maryland 20850-3202

If you have any questions, call Elaine Abraham, Regulatory Project Manager, at (301) 827-2301.

Sincerely,

{See appended electronic signature page}

David Hilfiker
Chief, Project Management Staff
Division of Over-the-Counter Drug Products
Office of Drug Evaluation V
Center for Drug Evaluation and Research

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/s/

David Hilfiker
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