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APPROVAL PACKAGE FOR:

APPLICATION NUMBER

NDA 19-787/S30

Approvable Letter (s)



NDA 19-787/S-030

Pfizer, Inc.
Attention: Ms. Rita A. Wittich
235 East 42nd Street
New York, NY 10017

Dear Ms. Wittich:

Please refer to your September 14, 2001 supplemental new drug application submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Norvasc (amlodipine besylate) 2.5, 5, and 10 mg tablets.

We acknowledge receipt of your submissions dated November 2, 2001, January 25, February 11, 26, and 27, March 26, and July 10, 2002.

This supplemental new drug application proposes changes in the **CLINICAL PHARMACOLOGY, INDICATIONS AND USAGE, PRECAUTIONS, and DOSAGE AND ADMINISTRATION** sections of the labeling.

We have completed the review of this application and it is approvable. Before this application may be approved, however, it will be necessary for you to submit final printed labeling revised as follows:

1. The **CLINICAL PHARMACOLOGY, Pharmacokinetics and Metabolism, Pediatric Patients** subsection should read as follows:

Pediatric Patients: _____

2. Under **CLINICAL PHARMACOLOGY, Effects in Hypertension,**

a) The first paragraph should be placed under the heading "*Adult Patients*".

3. The following statement proposed under **INDICATIONS AND USAGE, Hypertension** should be deleted:

4. The **PRECAUTIONS, Pediatric Use** subsection should read as follows:

5. The **DOSAGE AND ADMINISTRATION, Children** subsection should read as follows:

The effective antihypertensive oral dose in pediatric patients ages 6-17 years is 2.5 mg to 5 mg once daily. Doses in excess of 5 mg daily have not been studied in pediatric patients. See **CLINICAL PHARMACOLOGY**.

In addition, all previous revisions as reflected in the most recently approved labeling must be included. To facilitate review of your submission, please provide a highlighted or marked-up copy that shows the changes that are being made.

Please submit the copies of final printed labeling (FPL) electronically according to the guidance for industry titled *Providing Regulatory Submissions in Electronic Format - NDA* (January 1999). Alternatively, you may submit 20 paper copies of the FPL, ten of which individually mounted on heavy weight paper or similar material.

If additional information relating to the safety or effectiveness of this drug becomes available, revision of the labeling may be required.

Within 10 days after the date of this letter, you are required to amend the supplemental application, notify us of your intent to file an amendment, or follow one of your other options under 21 CFR 314.110. In the absence of any such action FDA may proceed to withdraw the application. Any amendment should respond to all the deficiencies listed. We will not process a partial reply as a major amendment nor will the review clock be reactivated until all deficiencies have been addressed.

This product may be considered to be misbranded under the Federal Food, Drug, and Cosmetic Act if it is marketed with these changes prior to approval of this supplemental application.

If you have any questions, please call:

Ms. Denise M. Hinton
Regulatory Health Project Manager
(301) 594-5312

Sincerely,

{See appended electronic signature page}

Douglas C. Throckmorton, M.D.
Director
Division of Cardio-Renal Drug Products
Office of Drug Evaluation I

Center for Drug Evaluation and Research

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/s/

Doug Throckmorton
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**DIVISION OF CARDIO-RENAL DRUG PRODUCTS
FOOD AND DRUG ADMINISTRATION**



US Mail address:
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Transmitted to FAX Number: (212) 857-3558

Attention: Alexandra Pearce

Company Name: Pfizer Pharmaceuticals Group

Phone: (212) 733-6079

Subject: NDA 19-787/S-030
Approval Letter

Date: January 8, 2004

Pages including this sheet: 4

From: Denise M. Hinton
Phone: 301-594-5333
Fax: 301-594-5494



NDA 19-787/SE5-030

Pfizer Inc.
Attention: Ms. Rita A. Wittich
235 East 42nd St.
New York, NY 10017

Dear Ms. Wittich:

Please refer to your supplemental new drug application submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Norvasc (amlodipine besylate) 2.5, 5 and 10 mg Tablets.

We also refer to your supplemental new drug application, dated March 21, 2003, which provides for changes in the **CLINICAL PHARMACOLOGY, INDICATIONS AND USAGE, PRECAUTIONS,** and **DOSAGE AND ADMINISTRATION** sections of the labeling as recommended in the July 17, 2002 Approvable Letter.

We have completed our review of this application, as amended. The proposed language and changes are acceptable for use as follows:

1. The **CLINICAL PHARMACOLOGY, Pharmacokinetics and Metabolism, Pediatric Patients** subsection reads as follows:

2. Under **CLINICAL PHARMACOLOGY, Effects in Hypertension,**

- a) The first paragraph was placed under the heading "*Adult Patients*".

**Appears This Way
On Original**

3. The following statement proposed under **INDICATIONS AND USAGE**, **Hypertension** was deleted:
-

4. The **PRECAUTIONS, Pediatric Use** reads as follows:
-

5. The **DOSAGE AND ADMINISTRATION, Children** reads as follows:

The effective antihypertensive oral dose in pediatric patients ages 6-17 years is 2.5 mg to 5 mg once daily. Doses in excess of 5 mg daily have not been studied in pediatric patients. See **CLINICAL PHARMACOLOGY**.

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If you have any questions, please call:

Ms. Denise M. Hinton
Regulatory Health Project Manager
(301) 594-5333

Sincerely,

{See appended electronic signature page}

Douglas C. Throckmorton, M.D.
Director
Division of Cardio-Renal Drug Products
Office of Drug Evaluation I
Center for Drug Evaluation and Research

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/s/

Doug Throckmorton
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