

**CENTER FOR DRUG EVALUATION AND
RESEARCH**

APPLICATION NUMBER:

21-891

**ADMINISTRATIVE and CORRESPONDENCE
DOCUMENTS**

**PATENT INFORMATION SUBMITTED WITH THE
FILING OF AN NDA, AMENDMENT, OR SUPPLEMENT**

*For Each Patent That Claims a Drug Substance
(Active Ingredient), Drug Product (Formulation and
Composition) and/or Method of Use*

NDA NUMBER

21-891

NAME OF APPLICANT / NDA HOLDER

Schering-Plough HealthCare Products

The following is provided in accordance with Section 505(b) and (c) of the Federal Food, Drug, and Cosmetic Act.

TRADE NAME (OR PROPOSED TRADE NAME)

Claritin ® Chewable Tablets

ACTIVE INGREDIENT(S)

Iloratadine

STRENGTH(S)

5 mg

DOSAGE FORM

chewable tablet

This patent declaration form is required to be submitted to the Food and Drug Administration (FDA) with an NDA application, amendment, or supplement as required by 21 CFR 314.53 at the address provided in 21 CFR 314.53(d)(4). Within thirty (30) days after approval of an NDA or supplement, or within thirty (30) days of issuance of a new patent, a new patent declaration must be submitted pursuant to 21 CFR 314.53(c)(2)(ii) with all of the required information based on the approved NDA or supplement. The information submitted in the declaration form submitted upon or after approval will be the only information relied upon by FDA for listing a patent in the Orange Book.

For hand-written or typewriter versions (only) of this report: If additional space is required for any narrative answer (i.e., one that does not require a "Yes" or "No" response), please attach an additional page referencing the question number.

FDA will not list patent information if you file an incomplete patent declaration or the patent declaration indicates the patent is not eligible for listing.

For each patent submitted for the pending NDA, amendment, or supplement referenced above, you must submit all the information described below. If you are not submitting any patents for this pending NDA, amendment, or supplement, complete above section and sections 5 and 6.

1. GENERAL

a. United States Patent Number	b. Issue Date of Patent	c. Expiration Date of Patent
d. Name of Patent Owner	Address (of Patent Owner)	
	City/State	
	ZIP Code	FAX Number (if available)
	Telephone Number	E-Mail Address (if available)
e. Name of agent or representative who resides or maintains a place of business within the United States authorized to receive notice of patent certification under section 505(b)(3) and (j)(2)(B) of the Federal Food, Drug, and Cosmetic Act and 21 CFR 314.52 and 314.95 (if patent owner or NDA applicant/holder does not reside or have a place of business within the United States).	Address (of agent or representative named in 1.e.)	
	City/State	
	ZIP Code	FAX Number (if available)
	Telephone Number	E-Mail Address (if available)

f. Is the patent referenced above a patent that has been submitted previously for the approved NDA or supplement referenced above? Yes No

g. If the patent referenced above has been submitted previously for listing, is the expiration date a new expiration date? Yes No

For the patent referenced above, provide the following information on the drug substance, drug product and/or method of use that is the subject of the pending NDA, amendment, or supplement.

Drug Substance (Active Ingredient)

- 2.1 Does the patent claim the drug substance that is the active ingredient in the drug product described in the pending NDA, amendment, or supplement? Yes No
- 2.2 Does the patent claim a drug substance that is a different polymorph of the active ingredient described in the pending NDA, amendment, or supplement? Yes No
- 2.3 If the answer to question 2.2 is "Yes," do you certify that, as of the date of this declaration, you have test data demonstrating that a drug product containing the polymorph will perform the same as the drug product described in the NDA? The type of test data required is described at 21 CFR 314.53(b). Yes No
- 2.4 Specify the polymorphic form(s) claimed by the patent for which you have the test results described in 2.3.
- 2.5 Does the patent claim only a metabolite of the active ingredient pending in the NDA or supplement? (Complete the information in section 4 below if the patent claims a pending method of using the pending drug product to administer the metabolite.) Yes No
- 2.6 Does the patent claim only an intermediate? Yes No
- 2.7 If the patent referenced in 2.1 is a product-by-process patent, is the product claimed in the patent novel? (An answer is required only if the patent is a product-by-process patent.) Yes No

Drug Product (Composition/Formulation)

- 3.1 Does the patent claim the drug product, as defined in 21 CFR 314.3, in the pending NDA, amendment, or supplement? Yes No
- 3.2 Does the patent claim only an intermediate? Yes No
- 3.3 If the patent referenced in 3.1 is a product-by-process patent, is the product claimed in the patent novel? (An answer is required only if the patent is a product-by-process patent.) Yes No

4. Method of Use

Sponsors must submit the information in section 4 separately for each patent claim claiming a method of using the pending drug product for which approval is being sought. For each method of use claim referenced, provide the following information:

- 4.1 Does the patent claim one or more methods of use for which approval is being sought in the pending NDA, amendment, or supplement? Yes No
- 4.2 Patent Claim Number (as listed in the patent) Does the patent claim referenced in 4.2 claim a pending method of use for which approval is being sought in the pending NDA, amendment, or supplement? Yes No

4.2a If the answer to 4.2 is "Yes," identify with specificity the use with reference to the proposed labeling for the drug product. Use: (Submit indication or method of use information as identified specifically in the approved labeling.)

5. No Relevant Patents

If this pending NDA, amendment, or supplement, there are no relevant patents that claim the drug substance (active ingredient), drug product (formulation or composition) or method(s) of use, for which the applicant is seeking approval and with respect to which a claim of patent infringement could reasonably be asserted if a person not licensed by the owner of the patent engaged in the manufacture, use, or sale of the drug product. Yes

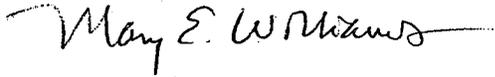
6. Declaration Certification

The undersigned declares that this is an accurate and complete submission of patent information for the NDA, amendment, or supplement pending under section 505 of the Federal Food, Drug, and Cosmetic Act. This time-sensitive patent information is submitted pursuant to 21 CFR 314.53. I attest that I am familiar with 21 CFR 314.53 and this submission complies with the requirements of the regulation. I verify under penalty of perjury that the foregoing is true and correct.

Warning: A willfully and knowingly false statement is a criminal offense under 18 U.S.C. 1001.

6.2 Authorized Signature of NDA Applicant/Holder or Patent Owner (Attorney, Agent, Representative or other Authorized Official) (Provide Information below)

Date Signed
8/2/2005



NOTE: Only an NDA applicant/holder may submit this declaration directly to the FDA. A patent owner who is not the NDA applicant/holder is authorized to sign the declaration but may not submit it directly to FDA. 21 CFR 314.53(c)(4) and (d)(4).

Check applicable box and provide information below.

NDA Applicant/Holder

NDA Applicant's/Holder's Attorney, Agent (Representative) or other Authorized Official

Patent Owner

Patent Owner's Attorney, Agent (Representative) or Other Authorized Official

Name

Mary Williams
Associate Director, Regulatory Affairs

Address

3 Connell Drive

City/State

Berkeley Heights, NJ

ZIP Code

07922

Telephone Number

908-679-1952

FAX Number (if available)

528-679-1741

E-Mail Address (if available)

The public reporting burden for this collection of information has been estimated to average 9 hours 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:

Food and Drug Administration
CDER (HFD-007)
5600 Fishers Lane
Rockville, MD 20857

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.

INFORMATION AND INSTRUCTIONS FOR FORM 3542a

PATENT INFORMATION SUBMITTED WITH THE FILING OF AN NDA, AMENDMENT OR SUPPLEMENT

General Information

- To submit patent information to the agency the appropriate patent declaration form must be used. Two forms are available for patent submissions. The approval status of your New Drug Application will determine which form you should use.
- Form 3542a should be used when submitting patent information with original NDA submissions, NDA amendments and NDA supplements prior to approval.
- Form 3542 should be used after NDA or supplemental approval. This form is to be submitted within 30 days after approval of an application. This form should also be used to submit patent information relating to an approved supplement under 21 CFR 314.53(d) to change the formulation, add a new indication or other condition of use, change the strength, or to make any other patented change regarding the drug, drug product, or any method of use.
- Form 3542 is also to be used for patents issued after drug approval. Patents issued after drug approval are required to be submitted within 30 days of patent issuance for the patent to be considered "timely filed."
- Only information from form 3542 will be used for Orange Book Publication purposes.
- Forms should be submitted as described in 21 CFR 314.53. An additional copy of form 3542 to the Orange Book Staff will expedite patent publication in the Orange Book. The Orange Book Staff address (as of July 2003) is: Orange Book Staff, Office of Generic Drugs OGD/HFD-610, 7500 Standish Place, Rockville, MD 20855.
- The receipt date is the date that the patent information is date stamped in the central document room. Patents are considered listed on the date received.
- Additional copies of these forms may be downloaded from the Internet at: <http://forms.psc.gov/forms/fdahtm/fdahtm.html>.

First Section

Complete all items in this section.

1. General Section

Complete all items in this section with reference to the patent itself.

- 1c) Include patent expiration date, including any Hatch-Waxman patent extension already granted. Do not include any applicable pediatric exclusivity. The agency will include pediatric exclusivities where applicable upon publication.
- 1d) Include full address of patent owner. If patent owner resides outside the U.S. indicate the country in the zip code block.

- 1e) Answer this question if applicable. If patent owner and NDA applicant/holder reside in the United States, leave space blank.

2. Drug Substance (Active Ingredient)

Complete all items in this section if the patent claims the drug substance that is the subject of the pending NDA, amendment, or supplement.

- 2.4) Name the polymorphic form of the drug identified by the patent.
- 2.5) A patent for a metabolite of the approved active ingredient may not be submitted. If the patent claims an approved method of using the approved drug product to administer the metabolite, the patent may be submitted as a method of use patent depending on the responses to section 4 of this form.
- 2.7) Answer this question only if the patent is a product-by-process patent.

3. Drug Product (Composition/Formulation)

Complete all items in this section if the patent claims the drug product that is the subject of the pending NDA, amendment, or supplement.

- 3.3) An answer to this question is required only if the referenced patent is a product-by-process patent.

4. Method of Use

Complete all items in this section if the patent claims a method of use of the drug product that is the subject of the pending NDA, amendment, or supplement.

- 4.2) Identify by number each claim in the patent that claims the use(s) of the drug for which approval is being sought. Indicate whether or not each individual claim is a claim for a method(s) of use of the drug for which approval is being sought.
- 4.2a) Specify the part of the proposed drug labeling that is claimed by the patent.

5. No Relevant Patents

Complete this section only if applicable.

6. Declaration Certification

Complete all items in this section.

- 6.2) Authorized signature. Check one of the four boxes that best describes the authorized signature.

EXCLUSIVITY SUMMARY

NDA # 21-891

SUPPL #

HFD # 560

Trade Name Children's Claritin chewable tablets 5 mg

Generic Name loratadine

Applicant Name Schering-Plough HealthCare Products

Approval Date, If Known August 25, 2006

PART I IS AN EXCLUSIVITY DETERMINATION NEEDED?

1. An exclusivity determination will be made for all original applications, and all efficacy supplements. Complete PARTS II and III of this Exclusivity Summary only if you answer "yes" to one or more of the following questions about the submission.

a) Is it a 505(b)(1), 505(b)(2) or efficacy supplement?

YES NO

If yes, what type? Specify 505(b)(1), 505(b)(2), SE1, SE2, SE3, SE4, SE5, SE6, SE7, SE8

505(b)(1)

c) Did it require the review of clinical data other than to support a safety claim or change in labeling related to safety? (If it required review only of bioavailability or bioequivalence data, answer "no.")

YES NO

If your answer is "no" because you believe the study is a bioavailability study and, therefore, not eligible for exclusivity, EXPLAIN why it is a bioavailability study, including your reasons for disagreeing with any arguments made by the applicant that the study was not simply a bioavailability study.

Applicant stated that it submitted a single dose, comparative, randomized crossover BE study of two 5 mg Claritin chewable tablets to one 10 mg Claritin tablet

If it is a supplement requiring the review of clinical data but it is not an effectiveness supplement, describe the change or claim that is supported by the clinical data:

d) Did the applicant request exclusivity?

YES NO

If the answer to (d) is "yes," how many years of exclusivity did the applicant request?

e) Has pediatric exclusivity been granted for this Active Moiety?

YES NO

If the answer to the above question in YES, is this approval a result of the studies submitted in response to the Pediatric Written Request?

No

IF YOU HAVE ANSWERED "NO" TO ALL OF THE ABOVE QUESTIONS, GO DIRECTLY TO THE SIGNATURE BLOCKS AT THE END OF THIS DOCUMENT.

2. Is this drug product or indication a DESI upgrade?

YES NO

IF THE ANSWER TO QUESTION 2 IS "YES," GO DIRECTLY TO THE SIGNATURE BLOCKS ON PAGE 8 (even if a study was required for the upgrade).

PART II FIVE-YEAR EXCLUSIVITY FOR NEW CHEMICAL ENTITIES

(Answer either #1 or #2 as appropriate)

1. Single active ingredient product.

Has FDA previously approved under section 505 of the Act any drug product containing the same active moiety as the drug under consideration? Answer "yes" if the active moiety (including other esterified forms, salts, complexes, chelates or clathrates) has been previously approved, but this particular form of the active moiety, e.g., this particular ester or salt (including salts with hydrogen or coordination bonding) or other non-covalent derivative (such as a complex, chelate, or clathrate) has not been approved. Answer "no" if the compound requires metabolic conversion (other than deesterification of an esterified form of the drug) to produce an already approved active moiety.

YES NO

If "yes," identify the approved drug product(s) containing the active moiety, and, if known, the NDA #(s).

NDA# 19-658 Claritin Tablets
NDA# 20-641 Claritin Syrup
NDA# 20-704 Claritin Redi-tabs

2. Combination product.

If the product contains more than one active moiety(as defined in Part II, #1), has FDA previously approved an application under section 505 containing any one of the active moieties in the drug product? If, for example, the combination contains one never-before-approved active moiety and one previously approved active moiety, answer "yes." (An active moiety that is marketed under an OTC monograph, but that was never approved under an NDA, is considered not previously approved.)

YES NO

If "yes," identify the approved drug product(s) containing the active moiety, and, if known, the NDA #(s).

NDA#

NDA#

NDA#

IF THE ANSWER TO QUESTION 1 OR 2 UNDER PART II IS "NO," GO DIRECTLY TO THE SIGNATURE BLOCKS ON PAGE 8. (Caution: The questions in part II of the summary should only be answered "NO" for original approvals of new molecular entities.)
IF "YES," GO TO PART III.

PART III THREE-YEAR EXCLUSIVITY FOR NDAs AND SUPPLEMENTS

To qualify for three years of exclusivity, an application or supplement must contain "reports of new clinical investigations (other than bioavailability studies) essential to the approval of the application and conducted or sponsored by the applicant." This section should be completed only if the answer to PART II, Question 1 or 2 was "yes."

1. Does the application contain reports of clinical investigations? (The Agency interprets "clinical investigations" to mean investigations conducted on humans other than bioavailability studies.) If the application contains clinical investigations only by virtue of a right of reference to clinical investigations in another application, answer "yes," then skip to question 3(a). If the answer to 3(a)

is "yes" for any investigation referred to in another application, do not complete remainder of summary for that investigation.

YES NO

IF "NO," GO DIRECTLY TO THE SIGNATURE BLOCKS ON PAGE 8.

2. A clinical investigation is "essential to the approval" if the Agency could not have approved the application or supplement without relying on that investigation. Thus, the investigation is not essential to the approval if 1) no clinical investigation is necessary to support the supplement or application in light of previously approved applications (i.e., information other than clinical trials, such as bioavailability data, would be sufficient to provide a basis for approval as an ANDA or 505(b)(2) application because of what is already known about a previously approved product), or 2) there are published reports of studies (other than those conducted or sponsored by the applicant) or other publicly available data that independently would have been sufficient to support approval of the application, without reference to the clinical investigation submitted in the application.

(a) In light of previously approved applications, is a clinical investigation (either conducted by the applicant or available from some other source, including the published literature) necessary to support approval of the application or supplement?

YES NO

If "no," state the basis for your conclusion that a clinical trial is not necessary for approval AND GO DIRECTLY TO SIGNATURE BLOCK ON PAGE 8:

(b) Did the applicant submit a list of published studies relevant to the safety and effectiveness of this drug product and a statement that the publicly available data would not independently support approval of the application?

YES NO

(1) If the answer to 2(b) is "yes," do you personally know of any reason to disagree with the applicant's conclusion? If not applicable, answer NO.

YES NO

If yes, explain:

(2) If the answer to 2(b) is "no," are you aware of published studies not conducted or sponsored by the applicant or other publicly available data that could independently demonstrate the safety and effectiveness of this drug product?

YES NO

If yes, explain:

- (c) If the answers to (b)(1) and (b)(2) were both "no," identify the clinical investigations submitted in the application that are essential to the approval:

Studies comparing two products with the same ingredient(s) are considered to be bioavailability studies for the purpose of this section.

3. In addition to being essential, investigations must be "new" to support exclusivity. The agency interprets "new clinical investigation" to mean an investigation that 1) has not been relied on by the agency to demonstrate the effectiveness of a previously approved drug for any indication and 2) does not duplicate the results of another investigation that was relied on by the agency to demonstrate the effectiveness of a previously approved drug product, i.e., does not redemonstrate something the agency considers to have been demonstrated in an already approved application.

a) For each investigation identified as "essential to the approval," has the investigation been relied on by the agency to demonstrate the effectiveness of a previously approved drug product? (If the investigation was relied on only to support the safety of a previously approved drug, answer "no.")

Investigation #1 YES NO

Investigation #2 YES NO

If you have answered "yes" for one or more investigations, identify each such investigation and the NDA in which each was relied upon:

b) For each investigation identified as "essential to the approval", does the investigation duplicate the results of another investigation that was relied on by the agency to support the effectiveness of a previously approved drug product?

Investigation #1 YES NO

Investigation #2 YES NO

If you have answered "yes" for one or more investigation, identify the NDA in which a similar investigation was relied on:

c) If the answers to 3(a) and 3(b) are no, identify each "new" investigation in the application or supplement that is essential to the approval (i.e., the investigations listed in #2(c), less any that are not "new"):

4. To be eligible for exclusivity, a new investigation that is essential to approval must also have been conducted or sponsored by the applicant. An investigation was "conducted or sponsored by" the applicant if, before or during the conduct of the investigation, 1) the applicant was the sponsor of the IND named in the form FDA 1571 filed with the Agency, or 2) the applicant (or its predecessor in interest) provided substantial support for the study. Ordinarily, substantial support will mean providing 50 percent or more of the cost of the study.

a) For each investigation identified in response to question 3(c): if the investigation was carried out under an IND, was the applicant identified on the FDA 1571 as the sponsor?

Investigation #1
IND # YES ! NO
! Explain:

Investigation #2
IND # YES ! NO
! Explain:

(b) For each investigation not carried out under an IND or for which the applicant was not identified as the sponsor, did the applicant certify that it or the applicant's predecessor in interest provided substantial support for the study?

Investigation #1

YES

Explain:

!

!

! NO

! Explain:

Investigation #2

YES

Explain:

!

!

! NO

! Explain:

(c) Notwithstanding an answer of "yes" to (a) or (b), are there other reasons to believe that the applicant should not be credited with having "conducted or sponsored" the study? (Purchased studies may not be used as the basis for exclusivity. However, if all rights to the drug are purchased (not just studies on the drug), the applicant may be considered to have sponsored or conducted the studies sponsored or conducted by its predecessor in interest.)

YES

NO

If yes, explain:

Name of person completing form: Elaine Abraham

Title: RPM

Date: 5/23/06

Name of Office/Division Director signing form: Andrea Leonard -Segal

Title: Director, DNCE

Form OGD-011347; Revised 05/10/2004; formatted 2/15/05

PEDIATRIC PAGE

(Complete for all filed original applications and efficacy supplements)

ANDA # : 21-891 Supplement Type (e.g. SE5): _____ Supplement Number: _____

Stamp Date: June 3, 2005 Action Date: August 23, 2006

ONP/DNCE _____ Trade and generic names/dosage form: Children's Claritin (loratadine 5 mg) chewable tablets

Applicant: Schering-Plough HealthCare Products Therapeutic Class: Antihistamine

Indication(s) previously approved:

Each approved indication must have pediatric studies: Completed, Deferred, and/or Waived.

Number of indications for this application(s): 1

Indication #1: temporary relief of symptoms of hay fever (allergic rhinitis)

Is there a full waiver for this indication (check one)?

Yes: Please proceed to Section A.

No: Please check all that apply: Partial Waiver Deferred Completed

NOTE: More than one may apply

Please proceed to Section B, Section C, and/or Section D and complete as necessary.

Section A: Fully Waived Studies

Reason(s) for full waiver:

- Products in this class for this indication have been studied/labeled for pediatric population
- Disease/condition does not exist in children
- Too few children with disease to study
- There are safety concerns
- Other: _____

If studies are fully waived, then pediatric information is complete for this indication. If there is another indication, please see Attachment A. Otherwise, this Pediatric Page is complete and should be entered into DFS.

Section B: Partially Waived Studies

Age/weight range being partially waived:

Min _____ kg _____ mo. < 6 mo _____ yr. _____ Tanner Stage _____
Max _____ kg _____ mo. _____ yr. _____ Tanner Stage _____

Reason(s) for partial waiver:

- Products in this class for this indication have been studied/labeled for pediatric population
- Disease/condition does not exist in children of this age (*perennial allergic rhinitis is rare in children < 6 mos.*)
- Too few children with disease to study
- There are safety concerns
- Adult studies ready for approval
- Formulation needed
- Other: _____

udies are deferred, proceed to Section C. If studies are completed, proceed to Section D. Otherwise, this Pediatric Page is complete and should be entered into DFS.

Section C: Deferred Studies

Age/weight range being deferred:

Min _____ kg _____ mo. _____ yr. _____ Tanner Stage _____
Max _____ kg _____ mo. _____ yr. _____ Tanner Stage _____

Reason(s) for deferral:

- Products in this class for this indication have been studied/labeled for pediatric population
- Disease/condition does not exist in children
- Too few children with disease to study
- There are safety concerns
- Adult studies ready for approval
- Formulation needed

Other: _____

Date studies are due (mm/dd/yy): _____

If studies are completed, proceed to Section D. Otherwise, this Pediatric Page is complete and should be entered into DFS.

Section D: Completed Studies

Age/weight range of completed studies:

Min _____ kg _____ mo. _____ yr. > 6 mos. Tanner Stage _____
Max _____ kg _____ mo. _____ yr. _____ Tanner Stage _____

Comments: Pediatric studies conducted under N 20-641, Children's Claritin Syrup.

If there are additional indications, please proceed to Attachment A. Otherwise, this Pediatric Page is complete and should be entered into DFS.

This page was completed by:

{See appended electronic signature page}

Regulatory Project Manager

cc: NDA 21-581
HFD-960/ Grace Carmouze

FOR QUESTIONS ON COMPLETING THIS FORM CONTACT THE DIVISION OF PEDIATRIC DRUG DEVELOPMENT, HFD-960, 301-594-7337.

(revised 12-22-03)

Attachment A

(This attachment is to be completed for those applications with multiple indications only.)

Indication #2: _____

Is there a full waiver for this indication (check one)?

Yes: Please proceed to Section A.

No: Please check all that apply: ___ Partial Waiver ___ Deferred ___ Completed

NOTE: More than one may apply

Please proceed to Section B, Section C, and/or Section D and complete as necessary.

Section A: Fully Waived Studies

Reason(s) for full waiver:

Products in this class for this indication have been studied/labeled for pediatric population

Disease/condition does not exist in children

Too few children with disease to study

There are safety concerns

Other: _____

If studies are fully waived, then pediatric information is complete for this indication. If there is another indication, please see Attachment A. Otherwise, this Pediatric Page is complete and should be entered into DFS.

Section B: Partially Waived Studies

Age/weight range being partially waived:

Min _____ kg _____ mo. _____ yr. _____ Tanner Stage _____

Max _____ kg _____ mo. _____ yr. _____ Tanner Stage _____

Reason(s) for partial waiver:

Products in this class for this indication have been studied/labeled for pediatric population

Disease/condition does not exist in children

Too few children with disease to study

There are safety concerns

Adult studies ready for approval

Formulation needed

Other: _____

If studies are deferred, proceed to Section C. If studies are completed, proceed to Section D. Otherwise, this Pediatric Page is complete and should be entered into DFS.

Section C: Deferred Studies

Age/weight range being deferred:

Min _____	kg _____	mo. _____	yr. _____	Tanner Stage _____
Max _____	kg _____	mo. _____	yr. _____	Tanner Stage _____

Reason(s) for deferral:

- Products in this class for this indication have been studied/labeled for pediatric population
- Disease/condition does not exist in children
- Too few children with disease to study
- There are safety concerns
- Adult studies ready for approval
- Formulation needed
- Other: _____

Date studies are due (mm/dd/yy): _____

If studies are completed, proceed to Section D. Otherwise, this Pediatric Page is complete and should be entered into DFS.

Section D: Completed Studies

Age/weight range of completed studies:

Min _____	kg _____	mo. _____	yr. _____	Tanner Stage _____
Max _____	kg _____	mo. _____	yr. _____	Tanner Stage _____

Comments:

If there are additional indications, please copy the fields above and complete pediatric information as directed. If there are no other indications, this Pediatric Page is complete and should be entered into DFS.

This page was completed by:

{See appended electronic signature page}

Regulatory Project Manager

cc: NDA 21-581
HFD-960/ Grace Carmouze

FOR QUESTIONS ON COMPLETING THIS FORM CONTACT THE DIVISION OF PEDIATRIC DRUG DEVELOPMENT, HFD-960, 301-594-7337.

(revised 10-14-03)

**This is a representation of an electronic record that was signed electronically and
this page is the manifestation of the electronic signature.**

/s/

Elaine Abraham
8/24/2006 10:29:27 AM

Schering-Plough HealthCare Products hereby certifies that it did not and will not use in any capacity the services of any person debarred under section 306 of the Federal Food, Drug, and Cosmetic Act in connection with this application.

APPEARS THIS WAY
ON ORIGINAL



CERTIFICATION: FINANCIAL INTERESTS AND ARRANGEMENTS OF CLINICAL INVESTIGATORS

TO BE COMPLETED BY APPLICANT

With respect to all covered clinical studies (or specific clinical studies listed below (if appropriate)) submitted in support of this application, I certify to one of the statements below as appropriate. I understand that this certification is made in compliance with 21 CFR part 54 and that for the purposes of this statement, a clinical investigator includes the spouse and each dependent child of the investigator as defined in 21 CFR 54.2(d).

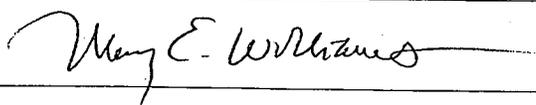
Please mark the applicable checkbox.

- (1) As the sponsor of the submitted studies, I certify that I have not entered into any financial arrangement with the listed clinical investigators (enter names of clinical investigators below or attach list of names to this form) whereby the value of compensation to the investigator could be affected by the outcome of the study as defined in 21 CFR 54.2(a). I also certify that each listed clinical investigator required to disclose to the sponsor whether the investigator had a proprietary interest in this product or a significant equity in the sponsor as defined in 21 CFR 54.2(b) did not disclose any such interests. I further certify that no listed investigator was the recipient of significant payments of other sorts as defined in 21 CFR 54.2(f).

Clinical Investigators	Study #CL2003-02	
	Lawrence A. Galitz, M.D., Principal Investigator	SFBC International
	_____, Sub-investigator	11190 Biscayne Boulevard
	_____, Sub-investigator	Miami, Florida 33181-3405

- (2) As the applicant who is submitting a study or studies sponsored by a firm or party other than the applicant, I certify that based on information obtained from the sponsor or from participating clinical investigators, the listed clinical investigators (attach list of names to this form) did not participate in any financial arrangement with the sponsor of a covered study whereby the value of compensation to the investigator for conducting the study could be affected by the outcome of the study (as defined in 21 CFR 54.2(a)); had no proprietary interest in this product or significant equity interest in the sponsor of the covered study (as defined in 21 CFR 54.2(b)); and was not the recipient of significant payments of other sorts (as defined in 21 CFR 54.2(f)).

- (3) As the applicant who is submitting a study or studies sponsored by a firm or party other than the applicant, I certify that I have acted with due diligence to obtain from the listed clinical investigators (attach list of names) or from the sponsor the information required under 54.4 and it was not possible to do so. The reason why this information could not be obtained is attached.

NAME Mary Williams	TITLE Associate Director, Regulatory Affairs
FIRM / ORGANIZATION Schering Plough HealthCare, Inc.	
SIGNATURE 	DATE 8/2/05

Paperwork Reduction Act Statement

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Department of Health and Human Services
Food and Drug Administration
5600 Fishers Lane, Room 14C-03
Rockville, MD 20857

MEMORANDUM OF MEETING (TELECONFERENCE) MINUTES

Date: April 7 and 17, 2006
Project Manager: Elaine Abraham
Subject: Discuss dissolution specifications
NDA: 21-891
Sponsor: Schering-Plough HealthCare Products (SPHCP)
Product Name: Claritin Chewable Tablets 5 mg
Phone No: (888) 560-9748

FDA participants:

Moo Jhong Rhee, Ph.D., Chemistry Branch Chief (4/7/06 only)
Tarun Mehta, M.S., Chemistry Reviewer
Elaine Abraham, RPM
Shinja Kim, Ph.D., Clinical Pharmacology Reviewer (4/17/06 only)
Tayo Fadiran, Ph.D., Clinical Pharmacology Reviewer (4/17/06 only)

SPHCP participants:

Ed Brunson, Senior Principal Scientist, Chemical Research
Doreen Frank, Director, Regulatory Affairs
Randal McCarthy, Senior Director, NJ Technical Services
Robert Nowak, Ph.D., Director, Clinical Research (4/17/06 only)
Mike Rankin, Associate Director, Method Development & Validation
Ed Warner, Director, Statistical Services (4/17/06 only)
David Wiggins, Associate Director, Stability Research & Development
Joyce Yates, Director, Regulatory Affairs

Background: SPHCP submitted an NDA for Claritin Chewable Tablets 5 mg on August 2, 2005. In reviewing this application, questions arose related to the dissolution specifications of the proposed product. FDA sent their concerns via email on April 6, 2006 as follows:

After a detailed review of your Feasibility drug product batches dissolution data, it is clear that drug product achieves the maximum % release within the first 15 minutes. We believe that this should be true for your clinical batches as they are manufactured with the same process and moreover the NDA does not have profile data for the clinical batches. Your current proposed dissolution specification is "Q of -% at - minutes". This specification seems too wide for a chewable tablet. We suggest that it should be "Q of 80% at 20 minutes." This specification will serve as a better quality control measure.

FDA requested this teleconference with SPHCP to discuss this issue.

Discussion on April 7, 2006: FDA stated that the dissolution profile suggests the drug product achieved — % release within 15 minutes, but the specification is Q of — % at — minutes. FDA recommends a Q of 80% at 20 minutes as a release and shelf life specification to have more control over product quality. SPHCP responded that the chewable tablets will be covered by the USP monograph specification for loratadine tablets, and the SPHCP proposed specification is in line with other chewable tablets. Also, SPHCP stated that the stability data available at this time is not sufficient to support changing the specification to Q of 80% at 20 minutes. FDA noted that the USP monograph is the minimum requirement and that dissolution will vary depending on formulation, which is why the specification has to be determined based on actual data from the formulation. SPHCP reiterated a reluctance to tighten a specification based on limited data.

FDA proposed the following:

- A release specification of Q of 80% at 20 minutes
- An interim shelf life specification of Q of 80% at 45 minutes
- Conduct multipoint dissolution profiles on commercial stability batches until enough data are generated to allow a re-evaluation of the shelf life dissolution specification.

SPHCP requested time to review this issue and asked that another teleconference be set up to allow internal review. Another teleconference was scheduled for April 17, 2006.

SPHCP Counter-proposal: On April 11, 2006, SPHCP submitted a counter-proposal and asked FDA to review it for discussion at the April 17, 2006 teleconference. SPHCP proposed a release specification of Q of — % at 30 minutes, based on the fact that they had not collected data at the 20 minute point in their development or validation work when performing dissolution profiles. SPHCP also proposed an interim shelf-life specification of Q of — % at 45 minutes while multipoint dissolution testing is being conducted. This proposal is based on stability data generated on the registration batches. SPHCP would apprise FDA of the progress of this testing in the NDA annual reports. After testing is completed, SPHCP would submit any proposed changes to the specification through a prior approval supplement. SPHCP would submit an amendment to the NDA outlining the proposed specification change.

Discussion on April 17, 2006: FDA accepted the proposal from SPHCP but asked that the sponsor make a commitment to FDA to change the shelf life specification to meet the listed specification once more data are available from multipoint dissolution testing. FDA asked how much data SPHCP expects to collect and how long they would study the dissolution. SPHCP responded that although it is hard to predict, they would see how the data look at real time 24 months and provide the status in the NDA annual report. SPHCP agreed to three commercial batches under accelerated conditions plus shelf life data for two years. FDA had no issues regarding validation and accepted the validation submitted in the application.

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/s/

Elaine Abraham
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CSO

NDA/EFFICACY SUPPLEMENT ACTION PACKAGE CHECKLIST

NDA 21-891	Efficacy Supplement Type SE-	Supplement Number
Drug: Children's Claritin (loratadine 5 mg) chewable tablets		Applicant: Schering-Plough HealthCare Products
RPM: Elaine Abraham		HFD-560 Phone # (301) 796-0843
Application Type: <input checked="" type="checkbox"/> 505(b)(1) <input type="checkbox"/> 505(b)(2) (This can be determined by consulting page 1 of the NDA Regulatory Filing Review for this application or Appendix A to this Action Package Checklist.) If this is a 505(b)(2) application, please review and confirm the information previously provided in Appendix B to the NDA Regulatory Filing Review. Please update any information (including patent certification information) that is no longer correct. <input type="checkbox"/> Confirmed and/or corrected		Listed drug(s) referred to in 505(b)(2) application (NDA #(s), Drug name(s)):
❖ Application Classifications:		
• Review priority		<input checked="" type="checkbox"/> Standard <input type="checkbox"/> Priority
• Chem class (NDAs only)		3
• Other (e.g., orphan, OTC)		OTC
❖ User Fee Goal Dates		August 27, 2006
❖ Special programs (indicate all that apply)		<input checked="" type="checkbox"/> None <input type="checkbox"/> Subpart H <input type="checkbox"/> 21 CFR 314.510 (accelerated approval) <input type="checkbox"/> 21 CFR 314.520 (restricted distribution) <input type="checkbox"/> Fast Track <input type="checkbox"/> Rolling Review <input type="checkbox"/> CMA Pilot 1 <input type="checkbox"/> CMA Pilot 2
❖ User Fee Information		
• User Fee		<input checked="" type="checkbox"/> Paid UF ID number 4922
• User Fee waiver		<input type="checkbox"/> Small business <input type="checkbox"/> Public health <input type="checkbox"/> Barrier-to-Innovation <input type="checkbox"/> Other (specify)
• User Fee exception		<input type="checkbox"/> Orphan designation <input type="checkbox"/> No-fee 505(b)(2) (see NDA Regulatory Filing Review for instructions) <input type="checkbox"/> Other (specify)
❖ Application Integrity Policy (AIP)		
• Applicant is on the AIP		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

(Note: This can be determined by confirming whether the Division has received a written notice from the applicant (or the patent owner or its representative) stating that a legal action was filed within 45 days of receipt of its notice of certification. The applicant is required to notify the Division in writing whenever an action has been filed within this 45-day period (see 21 CFR 314.107(f)(2)).

If "No," the patent owner (or NDA holder, if it is an exclusive patent licensee) has until the expiration of the 45-day period described in question (1) to waive its right to bring a patent infringement action or to bring such an action. After the 45-day period expires, continue with question (4) below.

- (4) Did the patent owner (or NDA holder, if it is an exclusive patent licensee) submit a written waiver of its right to file a legal action for patent infringement within the 45-day period described in question (1), as provided for by 21 CFR 314.107(f)(3)?

Yes No

If "Yes," there is no stay of approval based on this certification. Analyze the next paragraph IV certification in the application, if any. If there are no other paragraph IV certifications, skip to the next box below (Exclusivity).

If "No," continue with question (5).

- (5) Did the patent owner, its representative, or the exclusive patent licensee bring suit against the applicant for patent infringement within 45 days of the patent owner's receipt of the applicant's notice of certification?

Yes No

(Note: This can be determined by confirming whether the Division has received a written notice from the applicant (or the patent owner or its representative) stating that a legal action was filed within 45 days of receipt of its notice of certification. The applicant is required to notify the Division in writing whenever an action has been filed within this 45-day period (see 21 CFR 314.107(f)(2)). If no written notice appears in the NDA file, confirm with the applicant whether a lawsuit was commenced within the 45-day period).

If "No," there is no stay of approval based on this certification. Analyze the next paragraph IV certification in the application, if any. If there are no other paragraph IV certifications, skip to the next box below (Exclusivity).

If "Yes," a stay of approval may be in effect. To determine if a 30-month stay is in effect, consult with the Director, Division of Regulatory Policy II, Office of Regulatory Policy (HFD-007) and attach a summary of the response.

❖ Exclusivity (approvals only)	
<ul style="list-style-type: none"> • Exclusivity summary • Is there remaining 3-year exclusivity that would bar effective approval of a 505(b)(2) application? (Note that, even if exclusivity remains, the application may be tentatively approved if it is otherwise ready for approval.) 	
<ul style="list-style-type: none"> • Is there existing orphan drug exclusivity protection for the "same drug" for the proposed indication(s)? Refer to 21 CFR 316.3(b)(13) for the definition of "same drug" for an orphan drug (i.e., active moiety). This definition is NOT the same as that used for NDA chemical classification. 	<input type="checkbox"/> Yes, Application # _____ <input checked="" type="checkbox"/> No
❖ Administrative Reviews (Project Manager, ADRA) (indicate date of each review)	9/23/05

❖ Actions	
• Proposed action	<input checked="" type="checkbox"/> AP <input type="checkbox"/> TA <input type="checkbox"/> AE <input type="checkbox"/> NA
• Previous actions (specify type and date for each action taken)	AE June 1, 2006
• Status of advertising (approvals only)	<input type="checkbox"/> Materials requested in AP letter <input type="checkbox"/> Reviewed for Subpart H
❖ Public communications	
• Press Office notified of action (approval only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not applicable
• Indicate what types (if any) of information dissemination are anticipated	<input checked="" type="checkbox"/> None <input type="checkbox"/> Press Release <input type="checkbox"/> Talk Paper <input type="checkbox"/> Dear Health Care Professional Letter
❖ Labeling (package insert, patient package insert (if applicable), MedGuide (if applicable))	
• Division's proposed labeling (only if generated after latest applicant submission of labeling)	
• Most recent applicant-proposed labeling	
• Original applicant-proposed labeling	
• Labeling reviews (including DDMAC, DMETS, DSRCS) and minutes of labeling meetings (<i>indicate dates of reviews and meetings</i>)	
• Other relevant labeling (e.g., most recent 3 in class, class labeling)	
❖ Labels (immediate container & carton labels)	
• Division proposed (only if generated after latest applicant submission)	
• Applicant proposed	3/30/06, 2/3/06, 8/2/05
• Reviews	3/16/06, 4/7/06, 5/23/06 (DMETS), 8/14/06 (memo)
❖ Post-marketing commitments	
• Agency request for post-marketing commitments	
• Documentation of discussions and/or agreements relating to post-marketing commitments	
❖ Outgoing correspondence (i.e., letters, E-mails, faxes)	10/13/05, 10/14/05, 12/8/05, 3/20/06
❖ Memoranda and Telecons	11/4/05, 11/30/05, 2/16/06
❖ Minutes of Meetings	
• EOP2 meeting (indicate date)	
• Pre-NDA meeting (indicate date)	
• Pre-Approval Safety Conference (indicate date; approvals only)	
• Other	6/12/06 (labeling)
❖ Advisory Committee Meeting	
• Date of Meeting	N/A
• 48-hour alert	
❖ Federal Register Notices, DESI documents, NAS/NRC reports (if applicable)	

Summary Reviews	
❖ Summary Reviews (e.g., Office Director, Division Director, Medical Team Leader) <i>(indicate date for each review)</i>	5/31/06
Clinical Information	
❖ Clinical review(s) <i>(indicate date for each review)</i>	3/30/06
❖ Microbiology (efficacy) review(s) <i>(indicate date for each review)</i>	
❖ Safety Update review(s) <i>(indicate date or location if incorporated in another review)</i>	7/14/06
❖ Risk Management Plan review(s) <i>(indicate date/location if incorporated in another rev)</i>	
❖ Pediatric Page (separate page for each indication addressing status of all age groups)	
❖ Demographic Worksheet <i>(NME approvals only)</i>	
❖ Statistical review(s) <i>(indicate date for each review)</i>	
❖ Biopharmaceutical review(s) <i>(indicate date for each review)</i>	4/4/06, 7/27/06
❖ Controlled Substance Staff review(s) and recommendation for scheduling <i>(indicate date for each review)</i>	
❖ Clinical Inspection Review Summary (DSI)	
• Clinical studies	
• Bioequivalence studies	
CMC Information	
❖ CMC review(s) <i>(indicate date for each review)</i>	5/30/06
❖ Environmental Assessment	
• Categorical Exclusion <i>(indicate review date)</i>	
• Review & FONSI <i>(indicate date of review)</i>	
• Review & Environmental Impact Statement <i>(indicate date of each review)</i>	
❖ Microbiology (validation of sterilization & product sterility) review(s) <i>(indicate date for each review)</i>	
❖ Facilities inspection (provide EER report)	Date completed: <input type="checkbox"/> Acceptable <input type="checkbox"/> Withhold recommendation
❖ Methods validation	<input type="checkbox"/> Completed <input type="checkbox"/> Requested <input type="checkbox"/> Not yet requested
Other Information	
❖ Pharm/tox review(s), including referenced IND reviews <i>(indicate date for each review)</i>	5/23/06, 7/25/06
❖ Nonclinical inspection review summary	
❖ Statistical review(s) of carcinogenicity studies <i>(indicate date for each review)</i>	
❖ CAC/ECAC report	

Appendix A to NDA/Efficacy Supplement Action Package Checklist

An application is likely to be a 505(b)(2) application if:

- (1) it relies on literature to meet any of the approval requirements (unless the applicant has a written right of reference to the underlying data)
- (2) it relies on the Agency's previous approval of another sponsor's drug product (which may be evidenced by reference to publicly available FDA reviews, or labeling of another drug sponsor's drug product) to meet any of the approval requirements (unless the application includes a written right of reference to data in the other sponsor's NDA)
- (3) it relies on what is "generally known" or "scientifically accepted" about a class of products to support the safety or effectiveness of the particular drug for which the applicant is seeking approval. (Note, however, that this does not mean *any* reference to general information or knowledge (e.g., about disease etiology, support for particular endpoints, methods of analysis) causes the application to be a 505(b)(2) application.)
- (4) it seeks approval for a change from a product described in an OTC monograph and relies on the monograph to establish the safety or effectiveness of one or more aspects of the drug product for which approval is sought (see 21 CFR 330.11).

Products that may be likely to be described in a 505(b)(2) application include combination drug products (e.g., heart drug and diuretic (hydrochlorothiazide) combinations), OTC monograph deviations, new dosage forms, new indications, and new salts.

If you have questions about whether an application is a 505(b)(1) or 505(b)(2) application, please consult with the Director, Division of Regulatory Policy II, Office of Regulatory Policy (HFD-007).

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/s/

Elaine Abraham

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MEMORANDUM

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION
CENTER FOR DRUG EVALUATION AND RESEARCH

DATE: August 14, 2006

TO: FILE

FROM: Elaine Abraham
Division of Nonprescription Clinical Evaluation

SUBJECT: Labeling
NDA 21-891, Children's Claritin (loratadine 5 mg) chewable tablets

On June 1, 2006, FDA issued an approvable letter to Schering-Plough HealthCare Products for NDA 21-891 Children's Claritin (loratadine 5 mg) chewable tablets citing biopharmaceutical along with the following labeling issues:

1. Because the red flag "Allergy" is not considered part of the proprietary name for this drug product, relocate the term "Allergy" to appear immediately below the established name on the principal display panel.
2. For accurate and complete labeling, revise the established name of this drug product to read as follows: "Loratadine Tablets (Chewable) 5 mg/Antihistamine"

Following a teleconference between FDA labeling reviewers, chemists and Schering-Plough on June 12, 2006, and an internal meeting that included DMETS staff, the FDA labeling review team determined that the labeling previously submitted could be approved.

The draft labeling that can be approved includes sachet and carton labeling, bi-fold card and sample tray labeling submitted March 30, 2006, and blister packages submitted August 2, 2005.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

NDA 21-891

Schering-Plough HealthCare Products
Attention: Doreen Frank
Director, Regulatory Affairs
556 Morris Avenue
Summit, NJ 07901-1330

Dear Ms. Frank:

We acknowledge receipt on June 27, 2006 of your June 26, 2006 resubmission to your new drug application (NDA) for Children's Claritin (loratadine) Chewable Tablets 5 mg.

We consider this resubmission as a complete, class 1 response to our June 1, 2006 action letter. Therefore, the user fee goal date is August 27, 2006.

All applications for new active ingredients, new dosage forms, new indications, new routes of administration, and new dosing regimens are required to contain an assessment of the safety and effectiveness of the product in pediatric patients unless this requirement is waived or deferred. This requirement is fulfilled for pediatric patients 6 months of age and older. We are waiving the requirement for pediatric studies for patients less than 6 months of age for this application.

If you have any questions, call Elaine Abraham, Regulatory Project Manager, at 301-796-0843.

Sincerely,

{See appended electronic signature page}

Leah Christl, Ph.D.
Chief, Project Management Staff
Division of Nonprescription Clinical Evaluation
Office of Nonprescription Products
Center for Drug Evaluation and Research

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/s/

Leah Christl
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DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

NDA 21-891

Schering-Plough HealthCare Products
Attention: Doreen Frank
Director, Regulatory Affairs
556 Morris Avenue
Summit, NJ 07901-1330

Dear Ms. Frank:

Please refer to your New Drug Application (NDA) file for Children's Claritin (loratadine) chewable tablets 5 mg.

We also refer to the meeting (teleconference) between representatives of your firm and the FDA on June 12, 2006. The purpose of the meeting was to discuss issues in the June 1, 2006 approvable letter related to the labeling of your product.

The official minutes of that meeting are enclosed. You are responsible for notifying us of any significant differences in understanding regarding the meeting outcomes.

If you have any questions, please call Elaine Abraham at (301) 796-0843.

Sincerely,

{See appended electronic signature page}

Marina Chang
Division of Nonprescription Regulations Development
Office of Nonprescription Products
Center for Drug Evaluation and Research

Enclosure

BACKGROUND:

SPHCP submitted a new drug application on August 2, 2005 for Children's Claritin (loratadine) chewable tablets 5 mg. FDA sent an approvable letter to SPHCP on June 1, 2006, citing biopharmaceutical and labeling deficiencies. This teleconference was requested by SPHCP on June 6, 2006 as a formal meeting request to discuss the labeling issues in the approvable letter.

MEETING OBJECTIVE:

To understand and come to agreement on the labeling issues contained in FDA's June 1, 2006 approvable letter.

DISCUSSION:

Following introductions and a brief discussion of the purpose of the meeting, discussion focused on the labeling issues in the approvable letter. The first issue discussed was the following:

For accurate and complete labeling, revise the established name of this drug product to read as follows: "Loratadine Tablets (Chewable) 5 mg/Antihistamine"

FDA stated that in further internal discussion on this issue (after the approvable letter was sent), it was concluded that the established name should be "Loratadine Chewable Tablets 5 mg/Antihistamine". SPHCP stated that they prefer to use "Loratadine Tablets" as was in the originally submitted labeling. SPHCP pointed out that this is the established name in the USP, and at the present time, there is no subsection for Loratadine Chewable Tablets in the USP. The USP has advised SPHCP to propose a subsection for the chewable tablets rather than a separate section. SPHCP pointed out that the word "chewable" is on the label in several places and is shown in a type size much larger than that of the established name.

FDA noted that the established name for loratadine products is becoming an issue in order to distinguish between products because of the many marketed and new Claritin formulations. FDA's interest is in avoiding consumer confusion about the many dosage forms.

SPHCP stated that the principal display panel (PDP) clearly describes the dosage form. Also, the regulations under 21 CFR 201.61 support SPHCP's position. FDA noted that it is a "busy" PDP and could present a problem for the consumer in locating the dosage form.

SPHCP reiterated that the PDP shows a picture of the product and a descriptor of the dosage form to clearly communicate that it is chewable. SPHCP proposed that the word "chewable" be left out of the established name. SPHCP will

Because of regulation 21 CFR 201.61 and the lack of an individual "chewable tablet" USP monograph, FDA agreed that the established name can remain "Loratadine Tablets" at this time.

The second issue as stated in the approvable letter is as follows:

Because the red flag "Allergy" is not considered part of the proprietary name for this drug product, relocate the term "Allergy" to appear immediately below the established name on the principal display panel.

SPHCP briefly reviewed the labeling history for this NDA which included two amendments on December 20, 2005 and February 3, 2006, faxed comments from FDA on March 3, 2006 and SPHCP's response as a minor labeling amendment on March 30, 2006. SPHCP was under the impression that the labeling was acceptable to FDA and was surprised at the labeling deficiencies in the approvable letter. On this second issue, SPHCP proposed to leave the "Allergy" bar as it is in the current labeling, which is below the words, Children's Claritin, and above the established name.

FDA noted that certain reviews that precipitated these comments were received late in the review process and did not allow time to act on the issues prior to the action date. Also, the "Allergy" flag is after the established name on the other Claritin Products, so it is not considered part of the trade name. If located between the proprietary name and the established name, "Allergy" becomes part of the proprietary name. FDA noted that Division of Medication Errors and Technical Support (DMETS) determined that "Allergy" should not be part of the trade name but their reasoning on this issue was not clear from their review. FDA will have an internal discussion with DMETS about their reasoning and get back to SPHCP on this issue. SPHCP stated that they have already printed a large quantity of labels for launch and asked that, if they have to make this change, would it be possible to make the change at the next printing (after 180 days of marketing). FDA agreed that this is acceptable.

AGREEMENTS AND ACTION ITEMS:

1. FDA and SPHCP agree that on the labeling, the established name can remain "Loratadine Tablets" for the present time.
2. The Office of Nonprescription Products will meet with DMETS to discuss the location of the "Allergy" flag and notify SPHCP of the conclusions of this discussion.
3. Any labeling changes required by FDA for NDA 21-891 can be made at the time of the next printing or after 180 days of marketing, whichever comes first.

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/s/

Marina Chang

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OTC Drug Labeling Review

Division of Over-The-Counter Drug Products (HFD-560)

Center for Drug Evaluation and Research • Food and Drug Administration

NDA Addendum Labeling Review

NDA # 21-891, S-000 (Amendment 7)

Submission Date: 3/30/06

Review Date: 4/07/06

Applicant: Schering-Plough HealthCare Products
556 Morris Avenue
Summit, NJ 07901-1330
(908) 473-1784

Applicant's Representative: Mary Pierro
Regulatory Affairs Manager

Drug: Claritin Chewable Tablets; Grape Flavor
Loratadine Tablet, 5 mg

Pharmacologic Category: Antihistamine

Submitted: Revised draft labeling and annotated specifications provided for:

- 2-count Sachet
- 5- and 10-count carton
- Bi-fold card and bi-fold card tray

Background:

In response to the Agency's labeling comments (facsimile dated March 20, 2006), the sponsor has submitted revised labeling for the 5- and 10-count cartons, 2-count sachet, bi-fold cards (with and without coupons), and the bi-fold card tray. Annotated Drug Facts specifications for all SKUs are also submitted.

The sponsor has made the following revisions to the draft labeling:

- The phrase ~~has been revised~~ has been revised to read "ages 2 years and older" on each SKU
- The statements ~~has been deleted~~ has been deleted from the 5- and 10-count cartons
- The phrase "Sample – Not for Sale" is added to the PDP of the sachet
- In the *Directions* section of the Drug Facts of each SKU, the text "children under 2 years of age" "ask a doctor" is added to the dosing table
- The copyright and distributor information is relocated to appear after the completion of the full Drug Facts on the sachet.
- The text ~~that preceded the Drug Facts box~~ that preceded the Drug Facts box on the 5- and 10-count cartons was removed

The sponsor also noted that it intends to delete the PDP flag "New!" on the cartons six months after introduction into the market place.

The labeling of blister package *version #1* and *version #2* included in the sponsor's original submission, dated August 2, 2005, has been found acceptable.

Reviewer comment:

The revised draft labeling and the annotated Drug Facts specifications are acceptable.

Recommendations:

An approval letter can be issued to the sponsor requesting final printed labeling for the following:

- a. 2-count sachet
- b. 5- and 10-count carton
- c. bi-fold card (with and without coupon)
- d. bi-fold card sample tray
- e. blister package – *version #1* and *version #2*

The final printed labeling for a thru d, as noted above, must be identical to the draft labeling and annotated Drug Facts specifications in the sponsor's March 30, 2006 submission. Final printed labeling for the blister packages (versions #1 and version #2) must be identical to the labeling submitted in the sponsor's submission of August 2, 2005.

Cazemiro R. Martin
Reg. Review Chemist/IDS

Concur: Marina Chang, R.Ph.
Team Leader

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/s/

Cazemiro Martin
4/7/2006 01:08:58 PM
INTERDISCIPLINARY

Marina Chang
4/7/2006 01:13:39 PM
INTERDISCIPLINARY

RECORD OF TELECONFERENCE

Date: February 16, 2006
Project Manager: Elaine Abraham
Subject: Discuss hardness issue
NDA: 21-891
Sponsor: Schering-Plough Healthcare Products (SPHCP)
Product Name: Claritin Chewable Tablets 5 mg
Phone No: (888) 560-9748

FDA participants: Shulin Ding, Ph.D., Chemistry Team Leader
Tarun Mehta, Ph.D., Chemistry Reviewer
Steve Osborne, M.D., Medical Officer
Marina Chang, R.Ph., IDS Team Leader
Cazemiro Martin, Interdisciplinary Scientist
Elaine Abraham, RPM

SPHCP participants: Mark Admirand, Director, Pharmaceutical Technology
Ed Brunson, Senior Principal Scientist, Chemical Research
Doreen Frank, Director, Regulatory Affairs
Ajmal Khan, Research Fellow, Process Department
Robert McCarthy, Senior Director, NJ Technical Services
Robert Nowak, Ph.D., Director, Clinical Research
Nancy Pierro, Manager, Regulatory Affairs
Mike Rankin, Associate Director, Method Development & Validation
Ed Warner, Director, Global Quality Statistical Services
David Wiggins, Associate Director, Stability R & D
Joyce Yates, Director, Regulatory Affairs

Background: SPHCP submitted an NDA for Claritin Chewable Tablets 5 mg on August 2, 2005. In reviewing this application, a potential issue related to the hardness of the chewable tablet was recognized. FDA initiated this teleconference with SPHCP to discuss this issue. Samples of Claritin Chewable Tablets were previously requested by FDA and provided by SPHCP.

Discussion: FDA asked SPHCP to justify the wide range of ~~_____~~ Strong Cobb Units (SCU) given as the shelf life specification for their product. This range is not supported by the submitted stability data (range of ~~_____~~ SCU). A further question was if the product had a ~~— %~~ (specification for ~~_____~~ and a hardness of ~~—~~ SCU, what effect will this have on the feel of the tablet and the ability of a child to chew the tablet as compared to a freshly released tablet.

There was discussion of how the _____ SCU range was obtained, and whether this was from individual data points in the stability data. The range was obtained from the review of stability data, which showed the hardness during the first month at _____ and after two or three months, the hardness is down to _____ or _____ SCU. If the tablet is hard to begin with and loses moisture over time, FDA questioned if the tablet will still be chewable months after purchase.

SPHCP determined their upper limit hardness specification by using the sum of the release upper limit of _____ SCU plus the average increase in hardness seen on stability and the variability of hardness increase of all tested lots. The chewable tablet hardness is related to mannitol hardness. The percent of mannitol in the formulation is _____%. The phenomenon of mannitol hardening about _____ kiloponds (kp) is well established in the literature. The conversion factor is _____ SCU equals _____ kp. Using that ratio results in a _____ kilopond hardness range. SPHCP noted that a range of _____ to _____ kp is a very acceptable hardness for a child to chew, and that _____ SCU is within _____ kp. SPHCP stated that they can provide FDA with web links on hardness, which FDA said would be helpful.

FDA asked for a sample tablet that has a hardness of 18 SCU. SPHCP said they could not provide this.

FDA asked if there are any similar products that are 18 SCU. The concern was whether a 2 year old could chew the product after it has been in the home for a long period of time. SPHCP stated that, according to industry standards, a child could chew an 18 SCU tablet. The hardness ranges for the excipients in Claritin chewable tablet are acceptable for a chewable tablet. FDA asked if SPHCP can identify the hardness of typical things a 2 year old would chew. SPHCP mentioned Benadryl children's chewable is dextrose based with a maximum of _____ SCU. FDA asked if SPHCP is aware of the hardness of a mannitol-based product. SPHCP responded that Walgreen's chewable ASA has a hardness in the range of _____ SCU.

FDA asked if SPHCP could provide information on the dissolution characteristics when the product is in contact with saliva or moisture. SPHCP responded that mannitol allows fast penetration of water and fast dissolution. FDA asked what kind of mannitol is used in Claritin chewable. SPHCP responded that it is _____
_____ FDA stated that they had no further questions for now, and would review the referenced information provided by SPHCP.

SPHCP will provide website links and references for further clarification of hardness.

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/s/

Elaine Abraham
4/5/2006 12:15:28 PM
CSO



Food and Drug Administration
Center for Drug Evaluation and Research
Office of Nonprescription Products
Division of Nonprescription Clinical Evaluation

FACSIMILE TRANSMITTAL SHEET

DATE: March 20, 2006

To: Nancy Pierro	From: Elaine Abraham Project Manager
Company: Schering-Plough HealthCare Products	Division of Nonprescription Clinical Evaluation Office of Nonprescription Products
Fax number: (908) 473-1741	Fax number: (301) 796-9899
Phone number: (908) 473-1784	Phone number: (301) 796-0843
Subject: NDA 21-891 labeling comments	

Total no. of pages including cover: 3

Comments:

Document to be mailed: YES X NO

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Please refer to your new drug application NDA 21-891 dated August 2, 2005 for Claritin chewable tablets 5 mg and your amendments dated December 20, 2005, and February 3, 2006.

- b. *Format: Sample sachet - Copyright and distributor information:* Relocate the copyright and distributor information (line of text across the 1st and 2nd Drug Facts column) to appear after the completion of the full Drug Facts labeling (e.g., after the second Drug Facts column). Such information should not appear below the 1st Drug Facts column. As stated in 21 CFR 201.66(d)(7), information not described in 201.66(c)(1) through (c)(9) shall not appear in or in any way interrupt the required information in these sections.
3. We remind you that you will be required to delete the PDP flag "New!" that appears on the carton labels six months after introduction into the market place.

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/s/

Elaine Abraham
3/20/2006 08:42:27 AM
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OTC Drug Labeling Review

Division of Over-The-Counter Drug Products (HFD-560)

Center for Drug Evaluation and Research • Food and Drug Administration

NDA Labeling Review

NDA # 21-891

Submission Date: 8/2/05, 12/20/05, 2/3/06

Review Date: 3/16/06

Applicant: Schering-Plough HealthCare Products
Three Connell Drive
P.O. Box 603
Berkeley Heights, N. J. 07922-0603
(908) 679-1840

Applicant's
Representative: Mary E. Williams
Associate Director, Regulatory Affairs

Drug: Claritin Chewable Tablets; Grape Flavor
Loratadine Tablet, 5 mg

Pharmacologic Category: Antihistamine

Submitted: Draft labeling provided for:

- 2-count Sachet
- 5- and 10-count carton
- Annotated specifications

Background:

In this submission, Schering Corporation is seeking approval to market Claritin Chewable Tablets, an immediate release chewable solid oral dosage form containing 5 mg of loratadine for allergic rhinitis. According to the sponsor, the chewable tablet will be package in a blister package. A two count blister package will be placed in a fully labeled sachet. A five and ten count blister package will be placed into a fully labeled carton. The proposed labeling for the subject product is based on currently approved labeling for the OTC antihistamine loratadine. Draft labeling is provided for Version 1 and Version 2 blister package (two different size packages; each containing one tablet), 2-count sachet, and the 5- and 10-count carton.

To further understand the difference between version 1 and version 2 of the blister package configuration and how the 2-count sachet will be distributed, the agency sent a facsimile to the sponsor on December 8, 2005, requesting this additional information. In a letter dated December 20, 2005 to the Agency, the sponsor indicated that blister Version 1 and blister Version 2 are two different sizes. However, the blister cavity that the tablet sits in is identical size in both versions and each blister unit contains one tablet.

The sponsor has indicated that it intends to place the 2-count sample sachet in a bi-fold card and the cards will be placed in a carton for sample distribution in a physician's office. In a letter dated February 3, 2006, the sponsor submitted draft labeling for the bi-fold card with coupon and without coupon and draft labeling for the bi-fold card tray.

Reviewer Comment:

1. Sachet (2-count):

A. PDP:

- (i) - ages two years and older

[Reviewer comment: It is noted that the Directions section of the Drug Facts information provides dosing for adults and children 2 years of age and older. The proposed phrase ' — ' is ambiguous and may be confusing to consumers who may mistakenly believe that this product is intended only for children's use. The sponsor must either delete this statement or revise this statement to identify the entire age range. The agency will accept the statement "Ages two years and older" as originally approved for Children's Claritin Syrup.]

- (ii) Sample – Not for Sale

[Reviewer comment: The sponsor indicates that this SKU is intended as physician's sample. To differentiate this package from a retail package, the Agency strongly recommends that the phrase "Sample – Not for Sale" appear on the PDP of the sachet.

B. Drug Facts:

- (i) "Directions" section:

- children under 2 years of age: ask a doctor

[Reviewer comment: This addition population group needs to be added to the Directions table for complete dosing information.]

- (ii) Copyright and distributor information:

[Reviewer comment: The copyright and distributor information concerning should not appear below the 1st Drug Facts column. As stated in 21 CFR 201.66(d)(7), information not described in 201.66(c)(1) through (c)(9) shall not appear in or in any way interrupt the required information in these sections. This information should appear after the completion of the full Drug Facts labeling (e.g., after the second Drug Facts column).]

2. Bi-fold card (with and without coupon) and bi-fold card tray:

- A. PDP:** - ages two years and older

[Reviewer comment: See comment 1.A(i) above.]

- B. Drug Facts:** - children under 2 years of age: ask a doctor

[Reviewer comment: See comment 1.B(i) above.]

3. Carton (5- and 10-count):

A. PDP:

- (i) ages two years and older

[Reviewer comment: It is noted that the Directions section of the Drug Facts information provides dosing for adults and children 2 years of age and older. The proposed phrase ' — ' is ambiguous and may be confusing to consumers who may mistakenly believe that this product is intended only for children's use. The sponsor must either delete this statement or revise this statement to identify the entire age range. The agency will accept the statement "Ages two years and older" as originally approved for Children's Claritin Syrup.]

- (ii) 5- and 10-count PDP and side-panel, respectively

[Reviewer comment: The proposed statements “_____” on the 5- and 10-count carton PDP and side panels must be deleted or revised. These statements may be confusing to the consumer and may leave the impression that the product is no longer effective beyond 5 or 10 days or that one dose provides up to 5 or 10 days of relief. A similar comment had been made to the sponsor concerning this promotional statement on another of its loratadine products (e.g., NDA # 20-704). In that case, the sponsor revised the statement to read “X Dosage Form for X days of Relief”: The statement appearing on this product’s PDP could be revised accordingly (e.g., “5 [10] Chewable Tablets For 5 [10] Days Of Relief”).]

B. Drug Facts: “Directions” section:

- children under 2 years of age: ask a doctor

[Reviewer comment: For complete dosing information, this addition population group needs to be added to the Directions table for both the 5- and 10-count SKU.]

5. The annotated specifications for the **Drug Facts** format are acceptable for the 5- and 10-count carton SKUs, 2-count Sachet, bi-fold card (with and without coupon), and bi-fold tray.

RECOMMENDATIONS:

Inform the sponsor to revise the 2-count sachet, 5- and 10-count carton, bi-fold card (with and without coupon), and bi-fold card sample tray draft labeling as follows:

1. PDP

- a. **2-count sample sachet, bi-fold card (with and without coupon), bi-fold card sample tray, and 5- and 10-count cartons:**

Revise the phrase “_____” to read “ages two years and older” as originally approved for Children’s Claritin Syrup. It is noted that the *Directions* section of the Drug Facts information provides dosing for adults and children 2 years of age and older. The proposed phrase “_____” is ambiguous and may be confusing to consumers who may mistakenly believe that this product is intended only for children’s use. The sponsor must either delete this statement or revise this statement to identify the entire age range. The agency will accept the statement “Ages two years and older” as originally approved for Children’s Claritin Syrup.

- b. **5- and 10-count cartons:**

Delete the statements “_____” on the 5- and 10-count carton PDPs, and wherever such statements appear in the labeling of these SKUs. These statements may be confusing to the consumer and may leave the impression that the product is no longer effective beyond _____ or that _____ dose provides up to _____ of relief. The agency will accept the phrase “_____”

- c. **2-count sample sachet:**

The Agency strongly recommends that the sponsor add the phrase “*Sample – Not for Sale*” to the PDP of the sachet. This statement will differentiate the physician’s sample package from a retail package.

2. **Drug Facts** : all SKUs (retail and sample), bi-fold card (with and without coupon), and bi-fold card sample tray:

- a. **Directions** section
Add to the dosing table in the **Directions** section for all SKUs (retail and sample) the following age group: "children under 2 years of age" and corresponding text "ask a doctor". This additional population group needs to be included in the **Directions** table for dosing completeness.
 - b. **Format: Sample sachet - Copyright and distributor information:** Relocate the copyright and distributor information (line of text across the 1st and 2nd Drug Facts column) to appear after the completion of the full Drug Facts labeling (e.g., after the second Drug Facts column). Such information should not appear below the 1st Drug Facts column. As stated in 21 CFR 201.66(d)(7), information not described in 201.66(c)(1) through (c)(9) shall not appear in or in any way interrupt the required information in these sections.
3. Delete the PDP flag "New!" that appears on the carton labels six months after introduction into the market place.
 4. **CMC Reviewer:** Upon completion of the CMC review portion of this application, further labeling comments may be provided concerning storage (i.e., moisture) and directions (i.e., chewability – hardness) issues.

Cazemiro R. Martin
Reg. Review Chemist/IDS

Concur: Marina Chang, R.Ph.
Team Leader

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Cazemiro Martin
3/16/2006 08:20:06 AM
INTERDISCIPLINARY

Marina Chang
3/16/2006 08:27:57 AM
INTERDISCIPLINARY

REQUEST FOR CONSULTATION

TO (Division/Office): Division of Medication Errors and Technical Support (DMETS)

FROM: Elaine Abraham, RPM
Div. of Nonprescription Clinical Evaluation, WO22, Room 5410

DATE January 6, 2005	IND NO.	NDA NO. 21-891	TYPE OF DOCUMENT	DATE OF DOCUMENT August 2, 2005
NAME OF DRUG Claritin Chewable Tablets (loratadine 5 mg)		PRIORITY CONSIDERATION High	CLASSIFICATION OF DRUG 3	DESIRED COMPLETION DATE March 31, 2006

NAME OF FIRM: Schering Plough Consumer Healthcare

REASON FOR REQUEST

I. GENERAL

- | | | |
|--|--|--|
| <input type="checkbox"/> NEW PROTOCOL
<input type="checkbox"/> PROGRESS REPORT
<input type="checkbox"/> NEW CORRESPONDENCE
<input type="checkbox"/> DRUG ADVERTISING
<input type="checkbox"/> ADVERSE REACTION REPORT
<input type="checkbox"/> MANUFACTURING CHANGE/ADDITION
<input type="checkbox"/> MEETING PLANNED BY | <input type="checkbox"/> PRE-NDA MEETING
<input type="checkbox"/> END OF PHASE II MEETING
<input type="checkbox"/> RESUBMISSION
<input type="checkbox"/> SAFETY/EFFICACY
<input type="checkbox"/> PAPER NDA
<input type="checkbox"/> CONTROL SUPPLEMENT | <input type="checkbox"/> RESPONSE TO DEFICIENCY LETTER
<input type="checkbox"/> FINAL PRINTED LABELING
<input type="checkbox"/> LABELING REVISION
<input type="checkbox"/> ORIGINAL NEW CORRESPONDENCE
<input type="checkbox"/> FORMULATIVE REVIEW
<input checked="" type="checkbox"/> OTHER (SPECIFY BELOW): Trade name review |
|--|--|--|

II. BIOMETRICS

STATISTICAL EVALUATION BRANCH	STATISTICAL APPLICATION BRANCH
<input type="checkbox"/> TYPE A OR B NDA REVIEW <input type="checkbox"/> END OF PHASE II MEETING <input type="checkbox"/> CONTROLLED STUDIES <input type="checkbox"/> PROTOCOL REVIEW <input type="checkbox"/> OTHER (SPECIFY BELOW):	<input type="checkbox"/> CHEMISTRY REVIEW <input type="checkbox"/> PHARMACOLOGY <input type="checkbox"/> BIOPHARMACEUTICS <input type="checkbox"/> OTHER (SPECIFY BELOW):

III. BIOPHARMACEUTICS

- | | |
|---|--|
| <input type="checkbox"/> DISSOLUTION
<input type="checkbox"/> BIOAVAILABILITY STUDIES
<input type="checkbox"/> PHASE IV STUDIES | <input type="checkbox"/> DEFICIENCY LETTER RESPONSE
<input type="checkbox"/> PROTOCOL-BIOPHARMACEUTICS
<input type="checkbox"/> IN-VIVO WAIVER REQUEST |
|---|--|

IV. DRUG EXPERIENCE

- | | |
|--|---|
| <input type="checkbox"/> PHASE IV SURVEILLANCE/EPIDEMIOLOGY PROTOCOL
<input type="checkbox"/> DRUG USE e.g. POPULATION EXPOSURE, ASSOCIATED DIAGNOSES
<input type="checkbox"/> CASE REPORTS OF SPECIFIC REACTIONS (List below)
<input type="checkbox"/> COMPARATIVE RISK ASSESSMENT ON GENERIC DRUG GROUP | <input type="checkbox"/> REVIEW OF MARKETING EXPERIENCE, DRUG USE AND SAFETY
<input type="checkbox"/> SUMMARY OF ADVERSE EXPERIENCE
<input type="checkbox"/> POISON RISK ANALYSIS |
|--|---|

V. SCIENTIFIC INVESTIGATIONS

- | | |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> CLINICAL | <input type="checkbox"/> PRECLINICAL |
|-----------------------------------|--------------------------------------|

COMMENTS/SPECIAL INSTRUCTIONS:

We are requesting a trade name review for NDA 21-891. The PDUFA date for this NDA is June 3, 2006. The paper copy of consult and labeling to follow in inter-office mail. Please contact me at 796-0843 if you have any questions.

Attachment:
Claritin label

SIGNATURE OF REQUESTER {See appended electronic signature page}	METHOD OF DELIVERY (Check one) <input type="checkbox"/> MAIL <input type="checkbox"/> HAND
SIGNATURE OF RECEIVER	SIGNATURE OF DELIVERER

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Elaine Abraham
1/6/2006 08:32:27 AM

RECORD OF TELEPHONE CONVERSATION

Date: November 30, 2005
Project Manager: Elaine Abraham
Subject: Discuss chemistry issue in the filing issues letter
NDA: 21-891
Sponsor: Schering-Plough (S-P)
Product Name: Claritin Chewable Tablets 5 mg
Phone No: (888) 560-9748

FDA participants: Shulin Ding, Ph.D., Chemistry team leader
Tarun Mehta, Ph.D., Chemistry reviewer
Elaine Abraham, RPM

S-P participant: David Wiggins, Associate Director, Stability R & D
Mary Williams, Associate Director, Regulatory Affairs
Ed Warner, Director, Statistical Services
Joyce Yates, Associate Director, Regulatory Affairs

Background: S-P submitted an NDA for Claritin Chewable Tablets 5 mg on August 2, 2005. In FDA's filing issues letter sent October 14, 2005, a potential review issue noted was that the amount of stability data provided generally justified an 18-month expiration period rather than a 24-month expiration. There was also a statement in the letter that based on the joint Industry and Agency "Good Review Management Principles and Practices for PDUFA Products" Guidance; all CMC approval related decisions and any approved expiry period will be based on the data provided in the original submission. Additional stability data and other CMC amendments may not be reviewed. S-P requested this Tcon to gain a better understanding of the 18-month expiration and to determine if additional information can be provided.

Discussion: S-P asked why the stability data submitted justify only an 18-month expiration. FDA pointed out that in Lot 4-DEM001-6, there was a 6-month failure in the dissolution testing. S-P responded that that particular batch was in a less protective nature of packaging which was not the package proposed for marketing. S-P can provide the investigational report on the failed lot, and FDA said this would be helpful. S-P also promised additional stability data in the original submission which will be ready in 3 weeks. FDA asked what type of data would be submitted. S-P replied that they are

... FDA responded that if these data are submitted by mid to late January, we would be able to review it.

S-P asked pointed out that while the GRM guidance document does not allow for flexibility in amending stability, it does not preclude an agreement between the sponsor

and FDA. FDA stated that it is preferable to discuss any potential agreement ahead of the original NDA submission.

S-P asked if additional supporting data would allow them to submit data with less time points. For instance, would data for the 10 mg Reditab, which has a _____ expiration date, provide additional support for the 5 mg dosage form, which is similar in all aspects? FDA noted that the supporting data could be useful if the proposed product has the same excipients and a dose proportional formulation. S-P stated that the products are probably not dose proportional. S-P also asked if a proposal such as this should be made at the pre-NDA or IND meeting, and FDA agreed that would be an appropriate time.

S-P will submit the additional stability data as soon as it is available as well as the report on the failed lot. FDA will review this information as long as it is received soon enough in the review process (January 2006).

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Elaine Abraham
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RECORD OF TELEPHONE CONVERSATION

Date: November 4, 2005
Project Manager: Elaine Abraham
Subject: Discuss biopharmaceutical issue in the filing issues letter
NDA: 21-891
Sponsor: Schering-Plough (S-P)
Product Name: Claritin Chewable Tablets 5 mg
Phone No: (888) 560-9748

FDA participants: Tayo Fadiran, Ph.D., Clinical Pharmacology & Biopharm team leader
Shinja Kim, Ph.D., Clinical Pharmacology & Biopharm reviewer
Elaine Abraham, RPM

S-P participants: Dr. Samir Gupta, Senior Research Fellow
Christine Krause, Manager, Clinical Research
Michael Rankin, Associate Director, Analytical R & D
Mary Williams, Associate Director, Regulatory Affairs

Background: S-P submitted an NDA for Claritin Chewable Tablets 5 mg on August 2, 2005. In FDA's filing issues letter sent October 14, 2005, the lack of a study determining food effect was noted as a potential review issue. As the food effect of Claritin is well defined based on previous NDA approvals, an option was given for S-P to provide comparative *in vitro* dissolution data of the proposed formulation to the approved tablet formulation. S-P requested this Tcon to gain a better understanding of FDA's request.

Discussion: FDA stated that the development of new formulations requires bioequivalence and food effect studies. However, since Claritin is an approved product, *in vitro* comparative data against Claritin tablet may be acceptable to show that the food effect is similar for this formulation. FDA would waive the food effect study if comparability is shown in two or three different dissolution media.

S-P stated that 0.1 N HCl is the medium that would be used for both formulations. The USP monograph specifies 0.1 N HCl. FDA stated that we would look at the pH effect on the dissolution. S-P agreed to also submit any dissolution data that they have available. FDA asked how quickly Claritin dissolves. S-P responded that it is ~ % dissolved in five minutes.

FDA asked if 900 mL is used. S-P responded that because of the chewable formulation, they use an alternate procedure of 500 mL for the 5 mg Claritin and 900 mL for the 10 mg. S-P intends to amend the USP monograph after approval.

FDA suggested that S-P use two 5-mg tablets versus one 10-mg tablet in 900 mL to get around this problem. S-P noted that they do not usually do dissolution on multiple tablets. FDA replied that this was only a suggestion. S-P will evaluate this suggestion.

S-P asked that since the chewable formulation is released quickly, would it be helpful do a comparison with other quick release Claritins? FDA responded that this would be acceptable.

S-P asked if the time points should be carried out beyond six minutes for full release, and FDA said this would be acceptable.

S-P will submit available data in addition to running a comparison of Claritin Chewable with Claritin tablets, and, if they choose, other quick release dosage forms.

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Elaine Abraham
12/15/2005 01:45:27 PM
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Food and Drug Administration
Center for Drug Evaluation and Research
Office of Nonprescription Products
Division of Nonprescription Clinical Evaluation

FACSIMILE TRANSMITTAL SHEET

DATE: December 8, 2005

To: Mary Williams	From: Elaine Abraham Project Manager
Company: Schering-Plough HealthCare Products	Division of Nonprescription Clinical Evaluation Office of Nonprescription Products
Fax number: (908) 473-1741	Fax number: (301) 796-9899
Phone number: (908) 473-1952	Phone number: (301) 796-0843
Subject: NDA 21-891 information request	

Total no. of pages including cover: 2

Comments:

Document to be mailed: YES NO

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We reference your original NDA 21-891 for Claritin Chewable Tablets and have the following request for information:

1. Blister Version 1 and Blister Version 2 have identical labeling but appear to be two different sizes. Clarify how many tablets are in each blister pack. The labeling of the blister pack should state the number of tablets contained in the pack, if there is more than one tablet. Since this product is labeled for both adult and children, we strongly encourage that you will consider using the one tablet per blister configuration to avoid overdosing of children. An adult might mistakenly give the two tablets as one dose to a child.
2. Clarify how the 2-count sachet will be distributed. Is this a sample or a retail unit? Will there be an outer carton to contain XX number of sachets?

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/s/

Elaine Abraham
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DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

FILING COMMUNICATION

NDA 21-891

Schering-Plough HealthCare Products
Attention: Mary Williams
Associate Director, Regulatory Affairs
3 Connell Drive
Berkeley Heights, NJ 07922

Dear Ms. Williams:

Please refer to your August 2, 2005 new drug application (NDA) submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Claritin (5 mg loratadine) Chewable tablets.

We have completed our filing review and have determined that your application is sufficiently complete to permit a substantive review. Therefore, this application has been filed under section 505(b) of the Act on October 2, 2005 in accordance with 21 CFR 314.101(a).

In our filing review, we have identified the following potential review issues:

1. Your NDA submission did not include a food effect study on Claritin Chewable tablets.
2. Although you have proposed a 24-month expiration dating period, the amount of stability data provided generally justifies the proposal of an _____ expiration dating period.

Based on the joint Industry and Agency "Good Review Management Principles and Practices for PDUFA Products" Guidance; all CMC approval related decisions and any approved expiry period will be based on the data provided in the original submission. Additional stability data and other CMC amendments may not be reviewed.

We are providing the above comments to give you preliminary notice of potential review issues. Our filing review is only a preliminary evaluation of the application and is not indicative of deficiencies that may be identified during our review. Issues may be added, deleted, expanded upon, or modified as we review the application.

We request that you submit the following information:

Provide additional data to support that the food effect for this formulation is expected to be the same as that seen for Claritin tablet, such as a comparative *in vitro* dissolution profile of the proposed formulation to the approved tablet formulation.

Please respond only to the above requests for additional information. While we anticipate that any response submitted in a timely manner will be reviewed during this review cycle, such review decisions will be made on a case-by-case basis at the time of receipt of the submission.

If you have any questions, call Elaine Abraham, Regulatory Project Manager, at (301) 796-0843.

Sincerely,

{See appended electronic signature page}

Leah Christl, Ph.D.
Acting Chief, Project Management Staff
Division of Nonprescription Clinical Evaluation
Office of Nonprescription Products
Center for Drug Evaluation and Research

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/s/

Leah Christl

10/14/2005 02:53:38 PM



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

NDA 21-891

NDA ACKNOWLEDGMENT

Schering-Plough HealthCare Products
Attention: Mary Williams
Associate Director, Regulatory Affairs
3 Connell Drive
Berkeley Heights, NJ 07922

Dear Ms. Williams:

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

Name of Drug Product: Claritin (loratadine) Chewable Tablets 5 mg

Review Priority Classification: Standard (S)

Date of Application: August 2, 2005

Date of Receipt: August 3, 2005

Our Reference Number: NDA 21-891

Unless we notify you within 60 days of the receipt date that the application is not sufficiently complete to permit a substantive review, we will file the application on October 2, 2005, in accordance with 21 CFR 314.101(a). If the application is filed, the user fee goal date will be June 3, 2006.

All applications for new active ingredients, new dosage forms, new indications, new routes of administration, and new dosing regimens are required to contain an assessment of the safety and effectiveness of the product in pediatric patients unless this requirement is waived or deferred. We note that you have submitted pediatric studies with this application. Once the review of this application is complete we will notify you whether you have fulfilled the pediatric study requirement for this application.

Please cite the NDA number listed above at the top of the first page of all submissions to this application. Send all submissions, electronic or paper, including those sent by overnight mail or courier, to the following address:

NDA 21-891

Page 2

Food and Drug Administration
Center for Drug Evaluation and Research
Office of Nonprescription Products
5901-B Ammendale Road
Beltsville, MD 20705-1266

If you have any questions, call Elaine Abraham, Regulatory Project Manager, at (301) 796-0843.

Sincerely,

{See appended electronic signature page}

Leah Christl, Ph.D.
Acting Chief, Project Management Staff
Division of Nonprescription Clinical Evaluation
Office of Nonprescription Products
Center for Drug Evaluation and Research

**This is a representation of an electronic record that was signed electronically and
this page is the manifestation of the electronic signature.**

/s/

Leah Christl
10/13/2005 11:40:48 AM

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

PRESCRIPTION DRUG USER FEE COVER SHEET

Form Approved: OMB No. 0910-0297
Expiration Date: December 31, 2006.

See Instructions on Reverse Side Before Completing This Form

A completed form must be signed and accompany each new drug or biologic product application and each new supplement. See exceptions on the reverse side. If payment is sent by U.S. mail or courier, please include a copy of this completed form with payment. Payment instructions and fee rates can be found on CDER's website: <http://www.fda.gov/cder/pdufa/default.htm>

1. APPLICANT'S NAME AND ADDRESS

Schering-Plough HealthCare Products
3 Connell Drive
Berkeley Heights, NJ 07922

4. BLA SUBMISSION TRACKING NUMBER (STN) / NDA NUMBER
21-891

5. DOES THIS APPLICATION REQUIRE CLINICAL DATA FOR APPROVAL?

YES NO

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:

THE REQUIRED CLINICAL DATA ARE CONTAINED IN THE APPLICATION.

THE REQUIRED CLINICAL DATA ARE SUBMITTED BY REFERENCE TO:

Claritin Tablets NDA 19-658; Claritin Syrup NDA 20-641
(APPLICATION NO. CONTAINING THE DATA.)

2. TELEPHONE NUMBER (Include Area Code)

(908) 679-1952

3. PRODUCT NAME

Claritin Chewable Tablets

6. USER FEE I.D. NUMBER
4922

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

A LARGE VOLUME PARENTERAL DRUG PRODUCT APPROVED UNDER SECTION 505 OF THE FEDERAL FOOD, DRUG, AND COSMETIC ACT BEFORE 9/1/92 (Self Explanatory)

A 505(b)(2) APPLICATION THAT DOES NOT REQUIRE A FEE (See Item 7, reverse side before checking box.)

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.)

THE APPLICATION IS SUBMITTED BY A STATE OR FEDERAL GOVERNMENT ENTITY FOR A DRUG THAT IS NOT DISTRIBUTED COMMERCIALY (Self Explanatory)

8. HAS A WAIVER OF AN APPLICATION FEE BEEN GRANTED FOR THIS APPLICATION?

YES NO

(See Item 8, reverse side if answered YES)

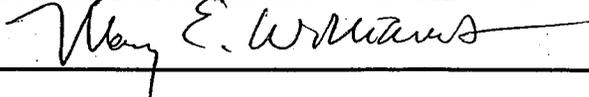
Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

Department of Health and Human Services
Food and Drug Administration
CDER, HFM-99
1 Rockville Pike
Rockville, MD 20852-1448

Food and Drug Administration
CDER, HFD-94
and 12420 Parklawn Drive, Room 3046
Rockville, MD 20852

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.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE



TITLE

Associate Director, Regulatory Affairs

DATE

8/2/2005