#### **Approval Package for:**

#### **APPLICATION NUMBER:**

#### 20-786 /S005

Trade Name: Allegra-D

Generic Name: fexofenadine HCl/pseudoephedrine

**Sponsor:** Aventis Pharmaceuticals

Approval Date: December 1, 1999

### APPLICATION NUMBER: 20-786 /S005

#### **CONTENTS**

### Reviews / Information Included in this NDA Review.

Approval Letter	X
Approvable Letter	X
Labeling	
Summary Review	
Officer/Employee List	
Office Director Memo	
Cross Discipline Team Leader Review	
Medical Review(s)	
Chemistry Review(s)	X
<b>Environmental Assessment</b>	
Pharmacology Review(s)	
Statistical Review(s)	
Microbiology Review(s)	
Clinical Pharmacology/Biopharmaceutics Review(s)	
Risk Assessment and Risk Mitigation Review(s)	
Proprietary Name Review(s)	
Administrative/Correspondence Document(s)	X

APPLICATION NUMBER: 20-786 /S005

### **APPROVAL LETTER**

Hoechst Marion Roussel, Inc. Marion Park Drive P. O. Box 9627 Kansas City, MO 64134-0627

Attention: J. Michael Nicholas, Ph.D.

Director, US Drug Regulatory Affairs

Dear Dr. Nicholas:

Please refer to your supplemental new drug application dated October 29, 1998, received October 30, 1998, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Allegra-D (fexofenadine HCl/pseudoephedrine HCl) Extended-release Tablets.

Reference is also made to your submissions dated November 10, 1998, and May 7, November 12 and 22, 1999. Your submission of November 22, 1999, constituted a complete response to our November 9, 1999, action letter.

This supplemental new drug application provides for a change in fexofenadine HCl dissolution specifications in the drug product.

We have completed the review of this supplemental application, as amended, and it is approved.

We remind you that you must comply with the requirements for an approved NDA set forth under 21 CFR 314.80 and 314.81.

If you have any questions, contact Mrs. Gretchen Trout, Project Manager, at (301) 827-1058.

Sincerely yours,

Guirag Poochikian, Ph.D. Chemistry Team Leader Division of Pulmonary and Allergy Drug Products, HFD-570

#### DNDC II, Office of New Drug Chemistry Center for Drug Evaluation and Research

cc:

Archival NDA 20-786

HFD-570/Div. Files

HFD-570/G.Trout

HFD-570/Rogers

HFD-570/Choi

HFD-570/Poochikian

HFD-570/Uppoor

HFD-095/DDMS-IMT

HFD-820/DNDC Division Director

DISTRICT OFFICE

Drafted by: GST/November 29, 1999

Initialed by: Barnes/11-30-99

Rogers/11-30-99 Poochikian/11-30-99

Chiu/11-30-99

final: Trout/12-1-99

filename: n:\staff\troutg\20786ap

APPROVAL (AP)

APPLICATION NUMBER: 20-786 /S005

### **APPROVABLE LETTER**

Hoechst Marion Roussel 10236 Marion Park Drive P.O. Box 9627 Kansas City, MO 64134

Attention: J. Michael Nicholas, Ph.D.
Director, US Drug Regulatory Affairs

Dear Dr. Nicholas:

Please refer to your supplemental new drug application dated October 29, 1998, received October 30, 1998, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Allegra-D (fexofenadine HCl/pseudoephedrine HCl) Extended Release Tablets.

We acknowledge receipt of your submissions dated November 10, 1998 and May 7, 1999. Your submission of May 7, 1999, constituted a complete response to our December 11, 1998, action letter.

This supplement proposes	
	for fexofenadine HCl dissolution, and a change in
fexofenadine HCl dissolution specificat	ions for the drug product.

We have completed the review of this application, as amended, and it is approvable. Before this application may be approved, however, it will be necessary for you to adopt the following dissolution specification and conditions for fexofenadine HCl dissolution: Q = 100% at 100 minutes and Q = 100% at 100 minutes with USP II Apparatus,  $37^{\circ}$ C, 900 mL of 0.001 N HCl.

Within 10 days after the date of this letter, you are required to amend the supplemental application, notify us of your intent to file an amendment, or follow one of your other options under 21 CFR 314.120. In the absence of any such action FDA may proceed to withdraw the application. Any amendment should respond to all the deficiencies listed. We will not process a partial reply as a major amendment nor will the review clock be reactivated until all deficiencies have been addressed.

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

If you have any questions, contact Gretchen Trout, Project Manager, at (301) 827-1058.

Sincerely yours,

Robert J. Meyer, M.D.
Director
Division of Pulmonary and Allergy Drug Products
Office of Drug Evaluation II
Center for Drug Evaluation and Research

cc:

Archival NDA 20-786

HFD-570/Div. Files

HFD-570/G.Trout

HFD-570/Rogers

HFD-570/Poochikian

HFD-570/Choi

HFD-570/Uppoor

HFD-820/DNDC Division Director

DISTRICT OFFICE

Drafted by: GST/November 9, 1999

Initialed by:

Barnes/11-9-99

Choi/11-9-99

Uppoor/11-9-99

Rogers/11-9-99

final: GTrout/11-9-99

filename: n:\staff\troutg\20786s005

APPROVABLE (AE)

DEC 1 1 1998

Hoechst Marion Roussel, Inc. 10236 Marion Park Drive P.O. Box 9627 Kansas City, MO 64134-5000

Attention:

Dhiren N. Shah, Ph.D.

Director-CMC, US Drug Regulatory Affairs

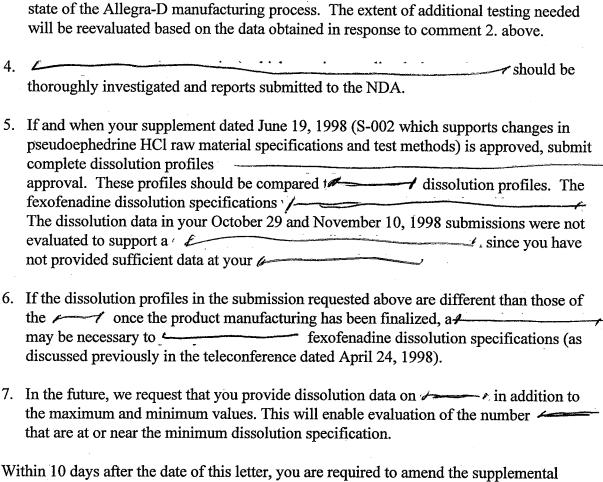
Dear Dr. Shah:

Please refer to your supplemental new drug application dated October 29, 1998, received October 30, 1998, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Allegra-D Tablets (fexofenadine HCl/pseudoephedrine HCl) Extended-release Tablets.

This supplement proposes a change in the fexofenadine HCl dissolution specifications for

We acknowledge receipt of your submission dated November 10, 1998.

pro	oduct of drug of drug of drug of for fexofenadine HCl solution.
sup	e have completed our review and find the information presented is inadequate, and the opplemental application is not approvable under section 505(d) of the Act and CFR 314.125(b). We have the following comments and requests for information.
1.	
	Duplicates of all letters sent in response to this comment should be sent to both the FDA Kansas City District Office and this Division.
2.	
3.	Since there is an, additional batches of, additional based upon the existence of both the proposed and implemented changes in your manufacturing process.



Within 10 days after the date of this letter, you are required to amend the supplemental application, notify us of your intent to file an amendment, or follow one of your other options under 21 CFR 314.120. In the absence of any such action FDA may proceed to withdraw the application. Any amendment should respond to all the deficiencies listed. We will not process a partial reply as a major amendment nor will the review clock be reactivated until all deficiencies have been addressed.

If you have any questions, contact Mrs. Gretchen Trout, Project Manager, at (301) 827-1058.

Sincerely yours,

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

cc:

Archival NDA 20-786

HFD-570/Div. Files

HFD-570/G.Trout

HFD-570/Rogers

n W12/11/98 HFD-570/Poochikian

HFD-870/Uppoor

HFD-95/DDMS

HFD-820/DNDC Division Director

DISTRICT OFFICE

HFR-SW300/Kansas District Office/AMehl

Drafted by: GST/December 8, 1998

Initialed by: Schumaker/12-8-98

Rogers/12-9-98

Poochikian (with revisions)/12-9-98

Final: LGrimshaw/12-10-98

filename: n:\staff\troutg\20786let

NOT APPROVABLE (NA)

APPLICATION NUMBER: 20-786 /S005

**CHEMISTRY REVIEW(S)** 

CHEMIST'S REVIEW	1. ORGANIZATION HFD-570 DPDP	2. NDA NUMBER 20-786	
OF TENTION OF THE VIEW	111 0-370 0F0F	20-766	
3. NAME AND ADDRESS OF APPLICANT (City and State) Hoechst Marion Roussel, Inc.	4. AF NUMBER	5. SUPPLEMENT(S) NUMBER DATE	
PO Box 9627		SCS-005 10/29/98	
Kansas City, MO 64134-0627			
6. NAME OF DRUG	7. NONPROPRIETARY NAME		
Allegra-D™ Extended-release Tablets	fexofenadine hydrochloride and pseudoephedrine hyd	Irochloride extended-release tablets	
8. SUPPLEMENT PROVIDES FOR: Support a change in fext product.	ofenadine HCI dissolution specifications in the drug	9. AMENDMENT(S), REPORT(S), ETC. SCS-005 BC 11/10/98	
product.		SCS-005 BC 5/7/99	
		SCS-005 BC* 11/12/99	
		SCS-005 AC* 11/22/99	
		*Subject of this review	
10. PHARMACOLOGICAL CATEGORY	11. HOW DISPENSED	12. RELATED IND/NDA/DMF	
Histamine H₁-receptor antagonist/decongestant for treatment of symptoms associated with seasonal	RX X OTC_		
allergic rhinitis			
13. DOSAGE FORM(S)	14. POTENCY		
Extended-release Tablet	60 mg immediate-release fexofenadine HCl and 120	mg extended-release	
	pseudoephedrine HCI		
15. CHEMICAL NAME AND STRUCTURE		16. RECORDS AND REPORTS	
(±)-4-[1-Hydroxy-4-[4-(hydroxydiphenylmethyl)-1-piperi	dinvil-butvil-dimethylbenzeneacetic acid HCl and IS-	CURRENT YES_ NO_	
(R*,R*)]-α-[1-(Methylamino)ethyl]-benzenemethanol H	CI (for structures see USAN)	REVIEWED YES_ NO_	
17. COMMENTS: See attached			
cc:		·	
Orig. NDA #20-786			
HFD-570/div. File			
HFD-570/BRogers/11/26/99			
HFD-570/GPoochikian			
HFD-570/GTrout HFD-870/RUppoor			
R/D Init. by:	•		
F/T by: B. Rogers11/26/99			
doc # 20786.B05.DOC			
		·	
18. CONCLUSIONS AND RECOMMENDATIONS: The supplement is APPROVED			
19. REVIEWER NAME	20. SIGNATURE	21. DATE COMPLETED	
Brian D. Rogers, Ph.D.	·	11/26/99	
Ditail D. Rogers, I H.D.		1 11 -0100	

### \_\_\_\_ Page(s) Withheld

- \_\_\_\_\_ § 552(b)(4) Trade Secret / Confidential
- \_\_\_\_\_ § 552(b)(4) Draft Labeling
- \_\_\_\_\_ § 552(b)(5) Deliberative Process

	T.4. ODGANIZATION	
CHEMIST'S REVIEW	1. ORGANIZATION	2. NDA NUMBER
OLICIOIO I OLICEVILIVI	HFD-570 DPDP	20-786
		!
NAME AND ADDRESS OF APPLICANT (City and State)	4. AF NUMBER	
Hoechst Marion Roussel, Inc.	4. AF NUMBER	5. SUPPLEMENT(S)
PO Box 9627		NUMBER DATE
	ļ	SCS-005 10/29/98
Kansas City, MO 64134-0627	1	
6. NAME OF DRUG	7. NONPROPRIETARY NAME	
Allegra-D™ Extended-release Tablets	fexofenadine hydrochloride and pseudoephedrine h	hydrochlorida aytended_release
	tablets	lydrocinoride exterided-reioado
	dolois	•
8. SUPPLEMENT PROVIDES FOR:	<u> </u>	9. AMENDMENT(S), REPORT(S), ETC.
1. Allow	The first of the second	SCS-005 BC 11/10/98
fexofenadine HCl dissolution.	· <del>-</del>	
2. Support a change in fexofenadine HCl dissolution	on enecifications in the drug product	
	on openinoanono in me drug product.	
10. PHARMACOLOGICAL CATEGORY	11. HOW DISPENSED	
H		12. RELATED IND/NDA/DMF
Histamine H <sub>1</sub> -receptor antagonist/decongestant for	RX X OTC_	
treatment of symptoms associated with seasonal		<b>i</b> .
allergic rhinitis		
<b> </b>		1
13. DOSAGE FORM(S)	14. POTENCY	
Extended-release Tablet		
Extended-release raplet	60 mg immediate-release fexofenadine HCl and 12	0 mg extended-release
	pseudoephedrine HCl	
15. CHEMICAL NAME AND STRUCTURE		T
(±)-4-[1-Hydroxy-4-[4-(hydroxydiphenylmethyl)-1-pipe	widinal butal dimothalbonzonocotic soid NOI and	16. RECORDS AND REPORTS
[ (±/[1-1]yaroxy[1-(iiyaroxyaipiioliyiiioaiyi/i pipe	andinyij-butyij-dimetriyiberizeneacetic adid norang	CURRENT YES_ NO_ REVIEWED YES_ NO_
[S-(R*,R*)][1-(Methylamino)ethyl]-benzenemethand	of HCI (for structures see USAN)	KENIEMED LEO 140
		1
17. COMMENTS: See attached		<u>L</u>
17. COMMENTS. COO ALLOGICO		
1		
cc:		
Orig. NDA #20-786		
HFD-570/div. File	•	
HFD-570/BRogers/11/27/98		
LED EAVOR Fili / O-F4- AV C.C. GO	•	•
HFD-570/GPoochikian/ASchroeder acsfor		
HFD-570/GTrout 12 10 198	supplement ughly discussed children,)	•
HFR-SW300/KAN-DO/AMehl		
HFD-870/RUppoor (Note that this	Manual mental	
R/D Init. by:	Different	
F/T by: B. Rogers/11/27/98 has been Thorn	while ascusses	
F/1 by: B. Rogers/11/2/198	1.1.	
doc#20786.S05.DOC with Dr. Foot	yuraam,)	
	,	
18. CONCLUSIONS AND RECOMMENDATIONS: The supplemental sup	ent is NOT APPROVED. The PM should include the	comments in the Draft Letter to
the Applicant portion of this review in the NA letter.		
40 STUDENCE MALE		
19. REVIEWER NAME	20. SIGNATURE	21. DATE COMPLETED
	20. SIGNATURE	21. DATE COMPLETED
19. REVIEWER NAME  Brian D. Rogers, Ph.D.	20. SIGNATURE DR	21. DATE COMPLETED 11/27/98

CHEMIST'S REVIEW  1. ORGANIZATION HFD-570 PDPD 2. 20-786  1. SUPPLEMENT(S) MUMBER SCS-005 10/29/98  1. SUPPLEMENT(S)  1. ARKNOMENT(S) SCS-005 10/29/98  1. ARK		1. ORGANIZATION	
S. NAME AND ADDRESS OF APPLICANT (City and State) Hoechist Mariton Roussel, Inc. PO Box 9627 Kansas City, MD 64134-0627  5. NAME OF DRUG Allegra-D <sup>M</sup> Extended-release Tablets  6. SUPPLEMENT PROVIDES FOR: 1. Allow for fexofenadine HCl dissolution. 2. Support a change in fexofenadine HCl dissolution specifications in the drug product.  10. PHARMACOLOGICAL CATEGORY HIstamine H-receptor anlagonist/decongestant for treatment of symptoms associated with seasonal allergic rhinitis  13. DOSAGE FORM(S) Extended-release Tablet  14. POTENCY So mg immediate-release fexofenadine HCl and 120 mg extended-release pseudoephedrine HCl and 120 mg extended-release P	CHEMIST'S REVIEW		T .
Hochst Marion Roussel, Inc. PO Box 9827 Kansas City, MO 64134-0627  E NAME OF DRUG  Allegra-D™ Extended-release Tablets  8. SUPPLEMENT PROVIDES FOR: 1. Allow for fexofenadine HCI dissolution. 2. Support a change in fexofenadine HCI dissolution specifications in the drug product.  10. PHARIMACOLOGICAL CATEGORY Histamine H-receptor antagonist/decongestant for treatment of symptoms associated with seasonal allergic rhinitis  18. DOSAGE FORMIS) 19. DOSAGE FORMIS  19. DOSAGE FORMIS  10. POTENCY  10. PHARIMACOLOGICAL CATEGORY Histamine H-receptor antagonist/decongestant for treatment of symptoms associated with seasonal allergic rhinitis  19. DOSAGE FORMIS)  10. PHARIMACOLOGICAL CATEGORY HISTAMINE HISTA	OF ILLINIO	ULD-910 DEDE	20-786
Hochst Marion Roussel, Inc. PO Box 9827 Kansas City, MO 64134-0627  E NAME OF DRUG  Allegra-D™ Extended-release Tablets  8. SUPPLEMENT PROVIDES FOR: 1. Allow for fexofenadine HCI dissolution. 2. Support a change in fexofenadine HCI dissolution specifications in the drug product.  10. PHARIMACOLOGICAL CATEGORY Histamine H-receptor antagonist/decongestant for treatment of symptoms associated with seasonal allergic rhinitis  18. DOSAGE FORMIS) 19. DOSAGE FORMIS  19. DOSAGE FORMIS  10. POTENCY  10. PHARIMACOLOGICAL CATEGORY Histamine H-receptor antagonist/decongestant for treatment of symptoms associated with seasonal allergic rhinitis  19. DOSAGE FORMIS)  10. PHARIMACOLOGICAL CATEGORY HISTAMINE HISTA			1
HOCOST Marion Roussel, Inc. PO Box 9627  Kansas City, MO 64134-0627  8. NAME OF DRUG Allegra-D™ Extended-release Tablets  8. SUPPIEMENT PROVIDES FOR: 1. Allow for fexofenadine HCl dissolution. 2. Support a change in fexofenadine HCl dissolution specifications in the drug product.  10. PHARMACOLOGICAL CATEGORY Histamine H₁-receptor antagonist/decongestant for teatment of symptoms associated with seasonal allergic rhinitis  13. DOSAGE FORMIS Extended-release Tablet  14. POTENCY 90 mg immediate-release fexofenadine HCl and 120 mg extended-release pseudoephedrine HCl and 120 mg extended-release pseudoe	NAME AND ADDRESS OF APPLICANT (City and State)	4. AF NUMBER	5 SLIPPLEMENT(S)
PO Box 9627 Kansas City, MO 64134-0627 6. NAME OF DRUG Allegra-D™ Extended-release Tablets 7. NONPROPRIETARY NAME feoremain hydrochloride and pseudoephedrine hydrochloride extended-release tablets 8. SUPPLEMENT PROVIDES FOR: 1. Allow for fexofenadine HCl dissolution. 2. Support a change in fexofenadine HCl dissolution specifications in the drug product. 10. PHARMACOLOGICAL CATEGORY RISSIAND FORMAS) 11. HOW DISPENSED RX & OTC	Hoechst Marion Roussel, Inc.		
Kansas City, MO 64134-0627  6. NAME OF DRIG  8. SUPPLEMENT PROVIDES FOR:  1. Allow  for fexofenadine HCI dissolution.  2. Support a change in fexofenadine HCI dissolution specifications in the drug product.  10. PHARMACOLOGICAL CATEGORY Histamine H, receptor antagonist/decongestant for treatment of symptoms associated with seasonal allergic rhinitis  13. DOSAGE FORM(S)  14. FOTENCY  60 mg immediate-release fexofenadine HCI and 120 mg extended-release pseudoephedrine HCI  15. CHEMICAL NAME AND STRUCTURE (1)-4[-1]-tydroxy-4[-4[-(hydroxydiphenylmethyl)]-1-piperidinyl]-butyl]-dimethylbenzeneacetic acid HCl and pseudoephedrine hCI and 120 mg extended-release pseudoephedrine HCI  16. CHEMICAL NAME AND STRUCTURE (1)-4[-1]-tydroxy-4[-4[-(hydroxydiphenylmethyl)]-1-piperidinyl]-butyl]-dimethylbenzeneacetic acid HCl and pseudoephedrine hCI (for structures see USAN)  17. COMMENTS: See attached  18. RECORDS AND REPORTS CURRENT SEE, NO. REVIEWED  17. ROWARDS AND RECORDS AND REPORTS CURRENT SEE, NO. REVIEWED  18. ROBERT STOOR SEED SEED SEED SEED SEED SEED SEED SEE	II • • • • • • • • • • • • • • • • • •		
8. SUPPLEMENT PROVIDES FOR: 1. Allow for fexofenadine HCI dissolution. 2. Support a change in fexofenadine HCI dissolution specifications in the drug product. 10. PHARMACOLOGICAL CATEGORY HIStamine H,-receptor antagonist/decongestant for treatment of symptoms associated with seasonal allergic minitis 13. DOSAGE FORM(S) Extended-release Tablet 14. POTENCY 60 mg immediate-release fexofenadine HCI and 120 mg extended-release pseudoephedrine hydrochloride extended-release pseudoephedrine hydrochloride extended-release release fexofenadine HCI and 120 mg extended-release pseudoephedrine hydrochloride extended-release fexofenadine HCI and 120 mg extended-release pseudoephedrine hydrochloride extended-release fexofenadine hydrochloride extended hydrochloride extended			10/29/96
Allegra-D*** Extended-release Tablets  8. SUPPLEMENT PROVIDES FOR: 1. Allow for fexofenadine HCI dissolution. 2. Support a change in fexofenadine HCI dissolution specifications in the drug product.  10. PHARMACLOGICAL CATEGORY Histamine H, receptor antagonist/decongestant for treatment of symptoms associated with seasonal allergic minimit.  13. DOSAGE FORM(S) Extended-release Tablet  14. POTENCY 60 mg immediate-release fexofenadine HCI and 120 mg extended-release pseudoephedrine HCI  15. CHEMICAL NAME AND STRUCTURE (2)-4[1-Hydroxy-4-[4-(hydroxydiphenylmethyl)-1-piperidinyl]-butyl]-dimethylbenzeneacetic acid HCI and [CRRENT YES, NO_ REVIEWED YES, NO_ RE			
8. SUPPLEMENT PROVIDES FOR: 1. Allow for fexofenadine HCI dissolution. 2. Support a change in fexofenadine HCI dissolution specifications in the drug product. 10. PHARMACOLOGICAL CATEGORY Histamine H,-receptor antagonist/decongestant for teatment of symptoms associated with seasonal allergic rhinitis 13. DOSAGE FORM(S) Extended-release Tablet  14. POTENCY 80 mg immediate-release fexofenadine HCI and 120 mg extended-release pseudoephedrine HCI 15. CHEMICAL NAME AND STRUCTURE (#)-4[1-Hydroxy-4-[4-(hydroxydiphenylmethyl)-1-piperidinyl]-butyl]-dimethylbenzeneacetic acid HCl and (S-(R*,R*)][1-(Methylamino)ethyl]-benzenemethanol HCl (for structures see USAN)  17. COMMENTS: See attached  18. PECORDS AND REPORTS CURVENT YES, NO. 17. COMMENTS: See attached  18. PECORDS AND REPORTS CURVENT YES, NO. 17. COMMENTS: See attached  19. Allow of the Piperson of the	· · · · · · · · · · · · · · · · · · ·		<del></del>
8. SUPPLEMENT PROVIDES FOR: 1. Allow	Allegra-D™ Extended-release Tablets	fexofenadine hydrochloride and pseudoephedrine I	hydrochloride extended-release
1. Allow for fexofenadine HCl dissolution. 2. Support a change in fexofenadine HCl dissolution specifications in the drug product.  10. PHARMACOLOGICAL CATEGORY Histamine H,-receptor antagonist/decongestant for treatment of symptoms associated with seasonal allergic rhinitis  11. HOW DISPENSED RX X OTC.  12. RELATED INDINDA/DMF  13. DOSAGE FORM(S) Extended-release Tablet  14. POTENCY 60 mg immediate-release fexofenadine HCl and 120 mg extended-release pseudoephedrine HCl  15. CHEMICAL NAME AND STRUCTURE (±)-4-(1)-Hydroxy-4-(4)-(hydroxydiphenylmethyl)-1-piperidinyl]-butyl]-dimethylbenzeneacetic acid HCl and [S-RECORDS AND REPORTS (2)-4-(1)-Hydroxy-4-(4)-(hydroxydiphenylmethyl)-1-piperidinyl]-butyl]-dimethylbenzeneacetic acid HCl and [S-RECORDS AND REPORTS (2)-4-(1)-Hydroxy-4-(1)-(hydroxydiphenylmethyl)-1-piperidinyl]-butyl]-dimethylbenzeneacetic acid HCl and [S-RECORDS AND REPORTS (2)-4-(1)-Hydroxy-4-(1)-(hydroxydiphenylmethyl)-1-piperidinyl]-butyl]-		tablets	,
1. Allow for fexofenadine HCl dissolution. 2. Support a change in fexofenadine HCl dissolution specifications in the drug product.  10. PHARMACOLOGICAL CATEGORY Histamine H,-receptor antagonist/decongestant for treatment of symptoms associated with seasonal allergic rhinitis  11. HOW DISPENSED RX X OTC.  12. RELATED INDINDA/DMF  13. DOSAGE FORM(S) Extended-release Tablet  14. POTENCY 60 mg immediate-release fexofenadine HCl and 120 mg extended-release pseudoephedrine HCl  15. CHEMICAL NAME AND STRUCTURE (±)-4-(1)-Hydroxy-4-(4)-(hydroxydiphenylmethyl)-1-piperidinyl]-butyl]-dimethylbenzeneacetic acid HCl and [S-RECORDS AND REPORTS (2)-4-(1)-Hydroxy-4-(4)-(hydroxydiphenylmethyl)-1-piperidinyl]-butyl]-dimethylbenzeneacetic acid HCl and [S-RECORDS AND REPORTS (2)-4-(1)-Hydroxy-4-(1)-(hydroxydiphenylmethyl)-1-piperidinyl]-butyl]-dimethylbenzeneacetic acid HCl and [S-RECORDS AND REPORTS (2)-4-(1)-Hydroxy-4-(1)-(hydroxydiphenylmethyl)-1-piperidinyl]-butyl]-			
1. Allow for fexofenadine HCl dissolution. 2. Support a change in fexofenadine HCl dissolution specifications in the drug product.  10. PHARMACOLOGICAL CATEGORY Histamine H,-receptor antagonist/decongestant for treatment of symptoms associated with seasonal allergic rhinitis  11. HOW DISPENSED RX X OTC.  12. RELATED INDINDA/DMF  13. DOSAGE FORM(S) Extended-release Tablet  14. POTENCY 60 mg immediate-release fexofenadine HCl and 120 mg extended-release pseudoephedrine HCl  15. CHEMICAL NAME AND STRUCTURE (±)-4-(1)-Hydroxy-4-(4)-(hydroxydiphenylmethyl)-1-piperidinyl]-butyl]-dimethylbenzeneacetic acid HCl and [S-RECORDS AND REPORTS (2)-4-(1)-Hydroxy-4-(4)-(hydroxydiphenylmethyl)-1-piperidinyl]-butyl]-dimethylbenzeneacetic acid HCl and [S-RECORDS AND REPORTS (2)-4-(1)-Hydroxy-4-(1)-(hydroxydiphenylmethyl)-1-piperidinyl]-butyl]-dimethylbenzeneacetic acid HCl and [S-RECORDS AND REPORTS (2)-4-(1)-Hydroxy-4-(1)-(hydroxydiphenylmethyl)-1-piperidinyl]-butyl]-			
			9. AMENDMENT(S), REPORT(S), ETC.
2. Support a change in fexofenadine HCl dissolution specifications in the drug product.  10. PHARMACOLOGICAL CATEGORY Histamine H,-receptor antagonist/decongestant for treatment of symptoms associated with seasonal allergic rhinitis  13. DOSAGE FORM(S) Extended-release Tablet  14. POTENCY 60 mg immediate-release fexofenadine HCl and 120 mg extended-release pseudoephedrine HCl  15. CHEMICAL NAME AND STRUCTURE (4)-4-(1)-Hydroxy-4-(4-(1)ydroxydiphenylmethyl)-1-piperidinyl]-butyl]-dimethylbenzeneacetic acid HCl and [Serviewed] YES_NO_[S-(R*,R*)][1-(Methylamino)ethyl]-benzenemethanol HCl (for structures see USAN)  17. COMMENTS: See attached  18. RECORDS AND REPORTS CURRENT YES_NO_REVIEWED YES_NO_			SCS-005 BC 11/10/98
11. HOW DISPENSED  RX X OTC  12. RELATED IND/NDA/DMF  13. DOSAGE FORM(S)  Extended-release Tablet  14. POTENCY  60 mg immediate-release fexofenadine HCl and 120 mg extended-release pseudoephedrine HCl  15. CHEMICAL NAME AND STRUCTURE  (2)-4-[1-Hydroxy-4-[4-(hydroxydiphenylmethyl)-1-piperidinyl]-butyl]-dimethylbenzeneacetic acid HCl and [Gr. RECORDS AND REPORTS CURRENT YES, NO. REVIEWED YES, NO. REVIEWED YES, NO. REVIEWED YES, NO. REVIEWED YES, NO. REPORTS CURRENT YES, NO. REVIEWED YES, NO. REV	for fexofenadine HCl dissolution.		
11. HOW DISPENSED  RX X OTC  12. RELATED IND/NDA/DMF  13. DOSAGE FORM(S)  Extended-release Tablet  14. POTENCY  60 mg immediate-release fexofenadine HCl and 120 mg extended-release pseudoephedrine HCl  15. CHEMICAL NAME AND STRUCTURE  (2)-4-[1-Hydroxy-4-[4-(hydroxydiphenylmethyl)-1-piperidinyl]-butyl]-dimethylbenzeneacetic acid HCl and [Gr. RECORDS AND REPORTS CURRENT YES, NO. REVIEWED YES, NO. REVIEWED YES, NO. REVIEWED YES, NO. REVIEWED YES, NO. REPORTS CURRENT YES, NO. REVIEWED YES, NO. REV	<ol><li>Support a change in fexofenadine HCl dissoluti</li></ol>	on specifications in the drug product	
Histamine H,-receptor antagonist/decongestant for treatment of symptoms associated with seasonal allergic rhinitis  13. DOSAGE FORM(S) Extended-release Tablet  14. POTENCY 60 mg immediate-release fexofenadine HCl and 120 mg extended-release pseudoephedrine HCl 15. CHEMICAL NAME AND STRUCTURE (±)-4-[1-Hydroxy-4-[4-(hydroxydiphenylmethyl)-1-piperidinyl]-butyl]-dimethylbenzeneacetic acid HCl and CURRENT (E*,R*,R*)][1-(Methylamino)ethyl]-benzenemethanol HCl (for structures see USAN)  17. COMMENTS: See attached  18. RECORDS AND REPORTS CURRENT YES. NO. REVIEWED YES. NO. TO STRUCTURE (Note The Structures See USAN)  19. Init. by: To Structures To Report Structures To Structure To Structur	11	on apasimations in the drug product.	
Histamine H,-receptor antagonist/decongestant for treatment of symptoms associated with seasonal allergic rhinitis  13. DOSAGE FORM(S) Extended-release Tablet  14. POTENCY 60 mg immediate-release fexofenadine HCl and 120 mg extended-release pseudoephedrine HCl 15. CHEMICAL NAME AND STRUCTURE (±)-4-[1-Hydroxy-4-[4-(hydroxydiphenylmethyl)-1-piperidinyl]-butyl]-dimethylbenzeneacetic acid HCl and CURRENT (E*,R*,R*)][1-(Methylamino)ethyl]-benzenemethanol HCl (for structures see USAN)  17. COMMENTS: See attached  18. RECORDS AND REPORTS CURRENT YES. NO. REVIEWED YES. NO. TO STRUCTURE (Note The Structures See USAN)  19. Init. by: To Structures To Report Structures To Structure To Structur	10 PHARMACOLOGICAL CATEGORY	144 HOW DICPENSED	
treatment of symptoms associated with seasonal allergic rhinitis  13. DOSAGE FORM(S) Extended-release Tablet  14. POTENCY 60 mg immediate-release fexofenadine HCl and 120 mg extended-release pseudoephedrine HCl 15. CHEMICAL NAME AND STRUCTURE (±)-4-[1-Hydroxy-4-[4-(hydroxydiphenylmethyl)-1-piperidinyl]-butyl]-dimethylbenzeneacetic acid HCl and [S-(R*,R*)][1-(Methylamino)ethyl]-benzenemethanol HCl (for structures see USAN)  17. COMMENTS: See attached  18. RECORDS AND REPORTS CURRENT YES, NO. REVIEWED YES_NO. REVIEWED YES_NO_REVIEWED YE			12. RELATED IND/NDA/DMF
14. POTENCY 60 mg immediate-release fexofenadine HCl and 120 mg extended-release pseudoephedrine HCl 15. CHEMICAL NAME AND STRUCTURE (±)-4-[1-Hydroxy-4-[4-(hydroxydiphenylmethyl)-1-piperidinyl]-butyl]-dimethylbenzeneacetic acid HCl and [S-(R*,R*)]-[1-(Methylamino)ethyl]-benzenemethanol HCl (for structures see USAN)  17. COMMENTS: See attached  18. RECORDS AND REPORTS CURRENT YES, NO. REVIEWED REVIEWED YES, NO. REVIEWED YES		10	
13. DOSAGE FORM(S) Extended-release Tablet  14. POTENCY 60 mg immediate-release fexofenadine HCl and 120 mg extended-release pseudoephedrine HCl  15. CHEMICAL NAME AND STRUCTURE (±)-4-[1-Hydroxy-4-[4-(hydroxydiphenylmethyl)-1-piperidinyl]-butyl]-dimethylbenzeneacetic acid HCl and [S-(R*,R*)][1-(Methylamino)ethyl]-benzenemethanol HCl (for structures see USAN)  17. COMMENTS: See attached  18. PO 8 70/R Uppoor HFD-570/BRogers/11/27/98 HFR - Sw3co/KAN-DO/A/Meh/ HFD-570/GPoochikian HFD-570/GPoochikian HFD-570/GTrout  CCS (Note that this review if the Dr. R/D Init. by: F/T by: B. Rogers/11/27/98 R/D Init. by: F/T by: B. Rogers/11/27/98 HFR - Sw3co/KAN-DO/A/Meh/ HS-570/GROSES/DOC  R/D Init. by: F/T by: B. Rogers/11/27/98 doc # 20786.505.DOC  R/D Init. by: F/T by: B. Rogers/11/27/98 HFR - Sw3co/KAN-DO/A/Meh/ HS-570/GROSES/DOC  R/D Init. by: F/T by: B. Rogers/11/27/98 HS-Swissel with Dr. HS-CONCLUSIONS AND RECOMMENDATIONS: The supplement is NOT APPROVED. The PM should include the comments in the Draft Letter to the Applicant portion of this review in the NA letter.			
Extended-release Tablet  60 mg immediate-release fexofenadine HCl and 120 mg extended-release pseudoephedrine HCl  15. CHEMICAL NAME AND STRUCTURE  (±)-4-[1-Hydroxy-4-[4-(hydroxydiphenylmethyl)-1-piperidinyl]-butyl]-dimethylbenzeneacetic acid HCl and [S-(R*,R*)]-1-(Methylamino)ethyl]-benzenemethanol HCl (for structures see USAN)  17. COMMENTS: See attached  18. RECORDS AND REPORTS CURRENT YES_NO_ REVIEWED YES_NO_ 19. COMMENTS: See attached  19. CONGREGATION AND AMBRIT	allergic rhinitis	·	·
Extended-release Tablet  60 mg immediate-release fexofenadine HCl and 120 mg extended-release pseudoephedrine HCl  15. CHEMICAL NAME AND STRUCTURE  (±)-4-[1-Hydroxy-4-[4-(hydroxydiphenylmethyl)-1-piperidinyl]-butyl]-dimethylbenzeneacetic acid HCl and [S-(R*,R*)]-1-(Methylamino)ethyl]-benzenemethanol HCl (for structures see USAN)  17. COMMENTS: See attached  18. RECORDS AND REPORTS CURRENT YES_NO_ REVIEWED YES_NO_ 19. COMMENTS: See attached  19. CONGREGATION AND AMBRIT		•	·
Extended-release Tablet  60 mg immediate-release fexofenadine HCl and 120 mg extended-release pseudoephedrine HCl  15. CHEMICAL NAME AND STRUCTURE  (±)-4-[1-Hydroxy-4-[4-(hydroxydiphenylmethyl)-1-piperidinyl]-butyl]-dimethylbenzeneacetic acid HCl and [S-(R*,R*)]-1-(Methylamino)ethyl]-benzenemethanol HCl (for structures see USAN)  17. COMMENTS: See attached  18. RECORDS AND REPORTS CURRENT YES_NO_ REVIEWED YES_NO_ 19. COMMENTS: See attached  19. CONGREGATION AND AMBRIT	42. DO0405 FORMO		
pseudoephedrine HCI  15. CHEMICAL NAME AND STRUCTURE (±)-4-[1-Hydroxy-4-[4-(hydroxydiphenylmethyl)-1-piperidinyl]-butyl]-dimethylbenzeneacetic acid HCl and [S-(R*,R*)][1-(Methylamino)ethyl]-benzenemethanol HCl (for structures see USAN)  17. COMMENTS: See attached  18. RECORDS AND REPORTS CURRENT YES NO REVIEWED YES			
pseudoephedrine HCl  15. CHEMICAL NAME AND STRUCTURE (±)-4-[1-Hydroxy-4-[4-(hydroxydiphenylmethyl)-1-piperidinyl]-butyl]-dimethylbenzeneacetic acid HCl and [S-(R*,R*)]-[1-(Methylamino)ethyl]-benzenemethanol HCl (for structures see USAN)  17. COMMENTS: See attached  18. RECORDS AND REPORTS CURRENT YES_NO_REVIEWED YES_NO_REVIEWED YES_NO_NO_NO_NO_NO_NO_NO_NO_NO_NO_NO_NO_NO_	Extended-release lablet	60 mg immediate-release fexofenadine HCl and 12	0 mg extended-release
(±)-4-[1-Hydroxy-4-[4-(hydroxydiphenylmethyl)-1-piperidinyl]-butyl]-dimethylbenzeneacetic acid HCl and [S-(R*,R*)][1-(Methylamino)ethyl]-benzenemethanol HCl (for structures see USAN)  17. COMMENTS: See attached  18. CONCLUSIONS AND RECOMMENDATIONS: The supplement is NOT APPROVED. The PM should include the comments in the Draft Letter to the Applicant portion of this review in the NA letter.		pseudoephedrine HCI	_
(±)-4-[1-Hydroxy-4-[4-(hydroxydiphenylmethyl)-1-piperidinyl]-butyl]-dimethylbenzeneacetic acid HCl and [S-(R*,R*)][1-(Methylamino)ethyl]-benzenemethanol HCl (for structures see USAN)  17. COMMENTS: See attached  18. CONCLUSIONS AND RECOMMENDATIONS: The supplement is NOT APPROVED. The PM should include the comments in the Draft Letter to the Applicant portion of this review in the NA letter.			
(±)-4-[1-Hydroxy-4-[4-(hydroxydiphenylmethyl)-1-piperidinyl]-butyl]-dimethylbenzeneacetic acid HCl and [S-(R*,R*)][1-(Methylamino)ethyl]-benzenemethanol HCl (for structures see USAN)  17. COMMENTS: See attached  18. CONCLUSIONS AND RECOMMENDATIONS: The supplement is NOT APPROVED. The PM should include the comments in the Draft Letter to the Applicant portion of this review in the NA letter.	45 CHEMICAL MANE AND OTRUCTURE		
(CC: Orig. NDA #20-786 HFD-570/div. File HFD-570/BRogers/11/27/98 HFD-570/GPoochikian HFD-570/GPoochikian HFD-570/Grout  (Note that previous of the Applicant portion of this review in the NA letter.  19. REVIEWER NAME  PYES_NO_ REVIEWED  YES_NO_	(4) A [1 Undrove 4 [4 (budrovedish on desethed) 4		
CC: Orig. NDA #20-786 HFD-570/div. File HFD-570/BRogers/11/27/98 HFD-570/BRogers/11/27/98 HFD-570/GPoochikian HFD-570/GTrout QCS for Gp 12/798 + This reviewsh R/D Init. by: F/T by: B. Rogers/11/27/98 Yeview Was Jan Dr. doc # 20786.S05.DOC  ### Applicant portion of this review in the NA letter.  19. REVIEWER NAME  20. SIGNATURE  21. DATE COMPLETED	(±)-4-[1-riyuloxy-4-[4-(hyuroxyulphenyimethyi)-1-pip(	eridinyij-butyij-dimethylbenzeneacetic acid HCl and	
CC: Orig. NDA #20-786 HFD-570/div. File HFD-570/Rogers/11/27/98 HFD-570/GPoochikian HFD-570/GPoochikian HFD-570/GTrout QCS-67-69 (Note that his previous hydrocommunity) R/D Init. by: B. Rogers/11/27/98 ROGERS/11/27/98 Teview was previous hydrocommunity doc # 20786.S05.DOC  GISCUSSED WITH  18. CONCLUSIONS AND RECOMMENDATIONS: The supplement is NOT APPROVED. The PM should include the comments in the Draft Letter to the Applicant portion of this review in the NA letter.  19. REVIEWER NAME  20. SIGNATURE 21. DATE COMPLETED	[S-(R^,R^)][1-(Methylamino)ethyl]-benzenemethan	ol HCl (for structures see USAN)	REVIEWED YES_ NO_
CC: Orig. NDA #20-786 HFD-570/div. File HFD-570/Rogers/11/27/98 HFD-570/GPoochikian HFD-570/GPoochikian HFD-570/GTrout QCS-67-69 (Note that his previous hydrocommunity) R/D Init. by: B. Rogers/11/27/98 ROGERS/11/27/98 Teview was previous hydrocommunity doc # 20786.S05.DOC  GISCUSSED WITH  18. CONCLUSIONS AND RECOMMENDATIONS: The supplement is NOT APPROVED. The PM should include the comments in the Draft Letter to the Applicant portion of this review in the NA letter.  19. REVIEWER NAME  20. SIGNATURE 21. DATE COMPLETED			
CC: Orig. NDA #20-786 HFD-570/div. File HFD-570/Rogers/11/27/98 HFD-570/GPoochikian HFD-570/GPoochikian HFD-570/GTrout QCS-67-69 (Note that his previous hydrocommunity) R/D Init. by: B. Rogers/11/27/98 ROGERS/11/27/98 Teview was previous hydrocommunity doc # 20786.S05.DOC  GISCUSSED WITH  18. CONCLUSIONS AND RECOMMENDATIONS: The supplement is NOT APPROVED. The PM should include the comments in the Draft Letter to the Applicant portion of this review in the NA letter.  19. REVIEWER NAME  20. SIGNATURE 21. DATE COMPLETED	17 COMMENTS, Soo offeebod		<u> </u>
Orig. NDA #20-786 HFD-570/div. File HFD-570/BRogers/11/27/98 HFD-570/BRogers/11/27/98 HFD-570/GPoochikian HFD-570/GPoochikian HFD-570/GTrout  QCS for Gp (Note that forewinds) R/D Init. by: R/D Init. by: F/T by: B. Rogers/11/27/98 Yevicus with Dr doc # 20786.S05.DOC  GISCUSSEE With  18. CONCLUSIONS AND RECOMMENDATIONS: The supplement is NOT APPROVED. The PM should include the comments in the Draft Letter to the Applicant portion of this review in the NA letter.  19. REVIEWER NAME  20. SIGNATURE  21. DATE COMPLETED	17. COMMENTS. See attached	· ·	
Orig. NDA #20-786 HFD-570/div. File HFD-570/BRogers/11/27/98 HFD-570/BRogers/11/27/98 HFD-570/GPoochikian HFD-570/GPoochikian HFD-570/GTrout  QCS for Gp (Note that forewinds) R/D Init. by: R/D Init. by: F/T by: B. Rogers/11/27/98 Yevicus with Dr doc # 20786.S05.DOC  GISCUSSEE With  18. CONCLUSIONS AND RECOMMENDATIONS: The supplement is NOT APPROVED. The PM should include the comments in the Draft Letter to the Applicant portion of this review in the NA letter.  19. REVIEWER NAME  20. SIGNATURE  21. DATE COMPLETED			
Orig. NDA #20-786 HFD-570/div. File HFD-570/BRogers/11/27/98 HFD-570/BRogers/11/27/98 HFD-570/GPoochikian HFD-570/GPoochikian HFD-570/GTrout  QCS for Gp (Note that forewinds) R/D Init. by: R/D Init. by: F/T by: B. Rogers/11/27/98 Yevicus with Dr doc # 20786.S05.DOC  GISCUSSEE With  18. CONCLUSIONS AND RECOMMENDATIONS: The supplement is NOT APPROVED. The PM should include the comments in the Draft Letter to the Applicant portion of this review in the NA letter.  19. REVIEWER NAME  20. SIGNATURE  21. DATE COMPLETED			
Orig. NDA #20-786 HFD-570/div. File HFD-570/BRogers/11/27/98 HFD-570/BRogers/11/27/98 HFD-570/GPoochikian HFD-570/GPoochikian HFD-570/GTrout  QCS for Gp (Note that forewinds) R/D Init. by: R/D Init. by: F/T by: B. Rogers/11/27/98 Yevicus with Dr doc # 20786.S05.DOC  GISCUSSEE With  18. CONCLUSIONS AND RECOMMENDATIONS: The supplement is NOT APPROVED. The PM should include the comments in the Draft Letter to the Applicant portion of this review in the NA letter.  19. REVIEWER NAME  20. SIGNATURE  21. DATE COMPLETED		· ·	
HFD-570/div. File HFD-570/BRogers/11/27/98 HFD-570/BRogers/11/27/98 HFD-570/GPoochikian HFD-570/GPoochikian HFD-570/GTrout  QCS for GP (Note that this revious) R/D Init. by:  F/T by: B. Rogers/11/27/98  GESCHIEF  (Note that this revious)  (Note that this review)  (Note that this revious)  (Note that this revious)  (Note that this review)	cc:		
HFD-570/div. File HFD-570/BRogers/11/27/98 HFD-570/BRogers/11/27/98 HFD-570/GPoochikian HFD-570/GPoochikian HFD-570/GTrout  QCS for GP (Note that this revious) R/D Init. by:  F/T by: B. Rogers/11/27/98  GESCHIEF  (Note that this revious)  (Note that this review)  (Note that this revious)  (Note that this revious)  (Note that this review)	Oria, NDA #20-786		
HFD-570/GTrout  (CS for GP (Note that this previous)  R/D Init. by:  F/T by: B. Rogers/11/27/98  (Note that this previous)  FOR this previous of this review in the Dr.  (Note that this previous)  (Note that thi	HED-570/div File 1100 - 970 /04100		
HFD-570/GTrout  (CS for GP (Note that this previous)  R/D Init. by:  F/T by: B. Rogers/11/27/98  (Note that this previous)  FOR this previous of this review in the Dr.  (Note that this previous)  (Note that thi	HED 570/DB are 144/07/09	10 F	
HFD-570/GTrout  (CS for GP (Note that this previous)  R/D Init. by:  F/T by: B. Rogers/11/27/98  (Note that this previous)  FOR this previous of this review in the Dr.  (Note that this previous)  (Note that thi	HFD-570/BROGERS/11/27/98 HFR -SW300//	CAN-NO/AMali	
HFD-570/GTrout  (CS for GP (Note that this previous)  R/D Init. by:  F/T by: B. Rogers/11/27/98  (Note that this previous)  FOR this previous of this review in the Dr.  (Note that this previous)  (Note that thi	HFD-570/GPoochikian	(in by in tent	
19. REVIEWER NAME  20. SIGNATURE  21. DATE COMPLETED	HFD-570/GTrout	1.	
19. REVIEWER NAME  20. SIGNATURE  21. DATE COMPLETED	arction of 197 (20 4-this wiv	sM	,
19. REVIEWER NAME  20. SIGNATURE  21. DATE COMPLETED	R/D Init by: Was Dreve	<i>1</i> .	
19. REVIEWER NAME  20. SIGNATURE  21. DATE COMPLETED	ET by P Pagara (14/07/09 YOU'SEN WAS ATTA DY		
19. REVIEWER NAME  20. SIGNATURE  21. DATE COMPLETED	THE WOODS COS DOO		*
19. REVIEWER NAME  20. SIGNATURE  21. DATE COMPLETED	400 # 20780.505.DUC Q130710.mm		
19. REVIEWER NAME  20. SIGNATURE  21. DATE COMPLETED	HOCK) FILLY	•	
19. REVIEWER NAME  20. SIGNATURE  21. DATE COMPLETED	19 CONCLUSIONS AND DECOMMENDATIONS. The	ALIA NOT ADDDOVED	
19. REVIEWER NAME  20. SIGNATURE  21. DATE COMPLETED	10. CONCLUSIONS AND RECOMMENDATIONS: The supplement	ent is NOT APPROVED. The PM should include the	comments in the Draft Letter to
21. DATE COMPLETED	the Applicant portion of this review in the NA letter.		
21. DATE COMPLETED			
21. DATE COMPLETED	10 DEVIEWED NAME		
Brian D. Rogers, Ph.D.	13. REVIEWER NAME	20. SIGNATURE	21. DATE COMPLETED
Brian D. Rogers, Ph.D.		/12 - 10 W	
11/2/130	Brian D. Rogers, Ph.D.	(John H)Com	11/27/98
	<u> </u>	A	11/21/30
11/2/1/90	•	20. SIGNATURE	

### 

S 552(b)(4) Trade Secret / Confidential

\_\_\_\_\_ § 552(b)(4) Draft Labeling

\_\_\_\_\_ § 552(b)(5) Deliberative Process

# APPLICATION NUMBER: 20-786 /S005

# ADMINISTRATIVE and CORRESPONDENCE DOCUMENTS



Food and Drug Administration KANSAS CITY DISTRICT

#### Memorandum

Date	10/19/98	.99	-0/6 HPO-570 MPO-320
• .	$\alpha c a$	cc:	HPO-570
From	Alan E. Mehl Sells Acting NDA Field Alert Monitor.		[4140-320
Subject			
To	NDA 20-786 Fexofenadine HCL/Pseudoephedrine Extended Re 60 mg/120mg.	lease,	
••			
	On 10/19/98, I received a telephone call from William (Rick) Lohrey, Mana Quality Management of Hoechst Marion Roussel (HMR). In addition, Ernie Director Q.C., and Al Kintrup, were also representatives attending the phone call. Mr. Lohrey wanted to inform failed dissolution test result for the	Parente so HMR	•
	the An investigation performed by HMR has confirmed the C Specification result. failed the Q value of 6 dissolved in minu	Out-of-	
	Mr. Lohrey stated this failure was Me He products are normally approved at the normal Q value of —% dissolved in minutes, but CDER had imposed the more		
	Those studies are cu ongoing. HMR has requested a meeting with to discuss the stability	rrently ty failur	e. 2
	stated they would notify the proper CDER personnel or reviewing chemist.  To would contact the FDA review chemist after HMR has completed proper notifications.	I stated	J.
			••••
	time unless otherwise directed. HMR seels a  this Time.  Shile & Berrya		Military Communication Communi
	Shirley J. Berryman, Investigator,  0: Roger Gregorio HFD-336 KAN-DO Drug Team  cc: MHW KAN-DO Drug Team		

ORIGINAL NDASUPPAMEND

Scs -ಯಕ (Be) Hoechst Marion Roussel

November 10, 1998

Food and Drug Administration Center for Drug Evaluation and Research Division of Pulmonary Drug Products (HFD-570) 5600 Fishers Lane Rockville, MD 20857

Attention: Mr. L Cobbs, CSO

Re: NDA 20-786/S-005
Allegra-D Tablets
(fexofenadine HCl/pseudoephedrine HCl)

Hoechst Marion Roussel, Inc.

10236 Marion Park Drive Mail: P.O. Box 9627 Kansas City, MO 64134-0627 Telephone (816) 966-5000 U.S. Web site: www.hmri.com

CENTER FOR DRIEGE
REC'D
NOV 1 2 1998
HFD-570
HFD-570

Sent via Telefax: (301) 827-1271

Amendment to Supplement S-005: Chemistry, Manufacturing, and Controls Response to FDA's Request and Report on OOS

Dear Mr. Cobbs:

Please refer to our telephone conversation on November 6, 1998 regarding the above-referenced supplement to the New Drug Application which was submitted on October 29, 1998. In that phone conversation you requested the following information on the Out of Specification (OOS)

Allegra-D tablets:

- History of stability
- dissolution data
- All stability time points
- A statement from HMR as how the investigation is going and what is the company doing to address this issue and a proposal to address the issue

The purpose of this submission, in duplicate, is to (a) respond (attachment 1) to the above four requests and (b) to provide information (attachment 2) out of specification Allegra-D tablets. Please note that out of specification is also due to the failure to meet the fexofenadine dissolution specification of Q= 1 % at minutes.

In conclusion, HMRI requests the agency (a) to allow us to keep

and (b) the fexofenadine dissolution specification from Q= 1/8 at / minutes to Q-1/8 at / minutes and Q= 1/8 at / minutes in order to avoid similar occurrences in the future.

Please note that HMRI is available to meet with the agency at any time to discuss this issue, if necessary.



Pursuant to 21 CFR 314.71(b), an exact copy of this submission has been sent to the Kansas City District Office.

A paper copy of this Amendment will be sent to the NDA in the near future.

Should you have any comments or questions, please contact the undersigned at (816) 966-7104.

Sincerely,

Hoechst Marion Roussel, Inc.

Mail Station H3-M2112

Dhiren N. Shah, Ph.D.

Director - CMC, US Drug Regulatory Affairs

FOR DIS.