



NDA 20-657/S-010

Johnson & Johnson Pharmaceutical Research & Development, L.L.C.
Attention: Purve Patel
Senior Associate, Regulatory Affairs
1125 Trenton-Harbourton Road
P.O. Box 200
Titusville, NJ 08560

Dear Ms. Patel:

Please refer to your supplemental new drug application (sNDA) dated November 19, 2002, received November 21, 2002, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for SPORANOX[®] (itraconazole) Oral Solution.

We acknowledge the receipt of your submissions dated June 11, August 1, and September 17, 2003.

This supplemental new drug application provides for the following revisions to the package insert (additions are double underlined and deletions are ~~strikethrough~~).

1. The following paragraph was revised in the **CLINICAL PHARMACOLOGY Special Populations: Cystic Fibrosis**: subsection of the package insert:

Cystic Fibrosis: Seventeen cystic fibrosis patients, ages 7 to 28 years old, were administered itraconazole oral solution 2.5 mg/kg bid for 14 days in a pharmacokinetic study. Sixteen patients completed the study. Steady state trough concentrations >250ng/mL were achieved in 6 out of ~~(b)11~~ patients greater than 16 >16 years of age but in none of the 5 patients ~~less than 16 <16~~ years of age. Large variability was observed in the pharmacokinetic data (%CV for trough concentrations = 98% and 70% for >16 and <16 years, respectively; %CV for AUC = 75% and 58% for >16 and <16 years, respectively). If a ~~(b)(4)~~ (b)(4) patient with cystic fibrosis does not respond to ~~SPORANOX oral solution~~ SPORANOX[®] Oral Solution, consideration should be given to switching to alternative therapy.

2. The following **Cystic Fibrosis**: subsection was added at the end of the **WARNINGS**, section:

Cystic Fibrosis: If a patient with cystic fibrosis does not respond to SPORANOX[®] Oral Solution, consideration should be given to switching to alternative therapy (see CLINICAL PHARMACOLOGY/Special Populations).

We have completed the review of this application, as amended, and have concluded that adequate information has been presented to demonstrate that the drug product is safe and effective for use as recommended in the agreed upon labeling text (enclosed). Accordingly, this application is approved effective on the date of this letter.

The final printed labeling (FPL) must be identical to the enclosed draft labeling (text for package insert dated September 17, 2003).

Please submit the copies of the final printed labeling (FPL) electronically according to the guidance for industry titled *Providing Regulatory Submissions in Electronic Format – NDA* (January 1999). Please provide a Microsoft Word version of the FPL in the same submission with the PDF version. Alternatively, you may submit 20 paper copies of the FPL as soon as it is available, in no case more than 30 days after it is printed. Please individually mount ten of the copies on heavy-weight paper or similar material. For administrative purposes, these submissions should be designated “FPL for approved supplement NDA 20-657/S-010.” Approval of this submission by FDA is not required before the labeling is used.

If a letter communicating important information about this drug product (i.e., a “Dear Health Care Professional” letter) is issued to physicians and others responsible for patient care, we request that you submit a copy of the letter to this NDA and a copy to the following address:

MEDWATCH, HF-2
FDA
5600 Fishers Lane
Rockville, MD 20857

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

If you have any questions, call Christine Lincoln, RN, MS, MBA, Labeling Reviewer, at (301) 827-2127.

Sincerely,

{See appended electronic signature page}

Renata Albrecht, M.D.
Director
Division of Special Pathogen and Immunologic
Drug Products
Office of Drug Evaluation IV
Center for Drug Evaluation and Research

**This is a representation of an electronic record that was signed electronically and
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/s/

Renata Albrecht
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