



NDA 21-144

Aventis Pharmaceuticals, Inc.  
Attention: Steve Caffé, MD  
Senior Vice President and Head  
US Regulatory Affairs  
200 Crossing Boulevard  
P. O. Box 6800  
Bridgewater, NJ 08807-0800

Dear Dr. Caffé:

Please refer to your new drug application (NDA) dated February 28, 2000, received March 1, 2000, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Ketek™ (telithromycin) Tablets, 400 mg.

We acknowledge receipt of your submissions dated:

October 17, 2003	October 27, 2003	October 31, 2003
November 18, 2003	November 26, 2003	December 11, 2003
December 22, 2003	January 8, 2004	January 13, 2004
January 23, 2004	January 26, 2004	January 27, 2004
January 30, 2004	February 2, 2004	February 3, 2004
February 4, 2004	February 5, 2004	February 10, 2004
February 13, 2004	February 16, 2004	February 27, 2004
March 1, 2004	March 4, 2004	March 16, 2004
March 19, 2004	March 23, 2004	March 24, 2004
March 25, 2004	March 26, 2004	March 31, 2004
April 1, 2004		

The October 17, 2003, submission constituted a complete response to our January 24, 2003, action letter.

This new drug application provides for the use of Ketek™ (telithromycin) Tablets for the treatment of infections caused by susceptible strains of the designated microorganisms in the conditions listed below, for patients 18 years old and above.

Acute bacterial exacerbation of chronic bronchitis due to *Streptococcus pneumoniae*,  
*Haemophilus influenzae*, or *Moraxella catarrhalis*.

Acute bacterial sinusitis due to *Streptococcus pneumoniae*, *Haemophilus influenzae*, *Moraxella catarrhalis* or *Staphylococcus aureus*.

Community-acquired pneumonia (of mild to moderate severity) due to *Streptococcus pneumoniae* (including multi-drug resistant *Streptococcus pneumoniae* [MDRSP] strains), *Haemophilus influenzae*, *Moraxella catarrhalis*, *Chlamydomphila pneumoniae*, or *Mycoplasma pneumoniae*.

We completed our review of this application, as amended, and it is approved, effective on the date of this letter, for use as recommended in the agreed-upon labeling text included with this letter.

The final printed labeling (FPL) must be identical to enclosed labeling (text for the package insert, patient package insert, and immediate container and carton labels). Marketing the product with FPL that is not identical to the approved labeling text may render the product misbranded and an unapproved new drug.

Please submit an electronic version of the FPL according to the guidance for industry titled *Providing Regulatory Submissions in Electronic Format - NDA*. Alternatively, you may submit 20 paper copies of the FPL as soon as it is available but no more than 30 days after it is printed. Individually mount 15 of the copies on heavy-weight paper or similar material. For administrative purposes, designate this submission “**FPL for approved NDA 21-144.**” Approval of this submission by FDA is not required before the labeling is used.

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 are waiving the pediatric study requirements for acute exacerbation of chronic bronchitis for all pediatric ages. We are deferring submission of your pediatric studies for ages less than 18 years for acute bacterial sinusitis and community-acquired pneumonia until March 31, 2008.

Your deferred pediatric studies required under section 2 of the Pediatric Research Equity Act (PREA) are considered required post-marketing commitments. The status of post-marketing commitments shall be reported annually according to 21 CFR 314.81. These commitments are listed below:

1. Information to support the pediatric use of telithromycin for the treatment of acute bacterial sinusitis in pediatric patients ages less than 18 years of age.

Final Report Submission: March 31, 2008

2. Information to support the pediatric use of telithromycin for the treatment of community-acquired pneumonia in pediatric patients ages less than 18 years of age.

Final Report Submission: March 31, 2008

Submit final study reports to this NDA. For administrative purposes, all submissions related to these pediatric post-marketing commitment(s) must be clearly designated “**Required Pediatric Study Commitments**”.

In addition, we remind you of your post-marketing commitment in your submission dated April 1, 2004. This commitment is listed below

3. Submit an updated assessment of all post-marketing visual adverse events that are reported globally for the first eighteen months after U.S. launch. This assessment will include detailed information regarding the nature of the visual adverse event, duration, resulting sequelae, if any, and description of any formal diagnostic evaluations to assess this event. Particular attention will be paid to patients whose symptoms did not resolve promptly. Information on the patients in question including but not limited to underlying diseases and concomitant medications will also be submitted.

Final Report Submission: March 31, 2006

Submit clinical protocols to your IND for this product. Submit nonclinical and chemistry, manufacturing, and controls protocols and all study final reports to this NDA. In addition, under 21 CFR 314.81(b)(2)(vii) and 314.81(b)(2)(viii), you should include a status summary of each commitment in your annual report to this NDA. The status summary should include expected summary completion and final report submission dates, any changes in plans since the last annual report, and, for clinical studies, number of patients entered into each study. All submissions, including supplements, relating to these postmarketing study commitments must be prominently labeled **“Postmarketing Study Protocol”**, **“Postmarketing Study Final Report”**, or **“Postmarketing Study Correspondence.”**

In addition, submit three copies of the introductory promotional materials that you propose to use for this product. Submit all proposed materials in draft or mock-up form, not final print. Send one copy to this division and two copies of both the promotional materials and the package insert directly to:

Division of Drug Marketing, Advertising,  
and Communications, HFD-42  
Food and Drug Administration  
5600 Fishers Lane  
Rockville, MD 20857

The Agency emphasizes the importance of describing the visual adverse effects of telithromycin in promotional materials to provide fair balance to promotional claims.

Please submit one market package of the drug product when it is available.

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

The MedWatch-to-Manufacturer Program provides manufacturers with copies of serious adverse event reports that are received directly by the FDA. New molecular entities and important new biologics qualify for inclusion for three years after approval. Your firm is eligible to receive copies of reports for this product. To participate in the program, please see the enrollment instructions and program description details at [www.fda.gov/medwatch/report/mmp.htm](http://www.fda.gov/medwatch/report/mmp.htm).

If you have any questions, call Judit Milstein, Regulatory Project Manager at (301) 827-2207.

Sincerely,

*{See appended electronic signature page}*

Mark Goldberger, MD, MPH  
Director  
Office of Drug Evaluation IV  
Center for Drug Evaluation and Research

Enclosure: Package Insert  
Patient Package Insert  
Carton and Container Labeling

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

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Mark Goldberger  
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