# CENTER FOR DRUG EVALUATION AND RESEARCH

*APPLICATION NUMBER:*

**83-564**

# ADMINISTRATIVE DOCUMENTS

# NOTICE OF APPROVAL
## NEW DRUG APPLICATION OR SUPPLEMENT

NDA NUMBER: 83-563

DATE APPROVAL LETTER ISSUED: 24 OCT 1975

TO: Press Relations Staff *(PA-40)*

FROM:
- [X] Bureau of Drugs
- [ ] Bureau of Veterinary Medicine

ATTENTION

Forward original of this form for publication only after approval letter has been issued and the date of approval has been entered below.

TYPE OF APPLICATION
- [ ] ORIGINAL NDA
- [ ] SUPPLEMENT TO NDA
- [X] ABBREVIATED ORIGINAL NDA
- [ ] SUPPLEMENT TO ANDA

Abbreviated

CATEGORY
- [X] HUMAN
- [ ] VETERINARY

TRADE NAME *(or other designated name)* AND ESTABLISHED OR NONPROPRIETARY NAME *(if any)* OF DRUG

**Delcobese**

DOSAGE FORM

**Tablet**

HOW DISPENSED
- [X] RX
- [ ] OTC

ACTIVE INGREDIENT(S) *(as declared on label. List by established or nonproprietary name(s) and include amount(s), if amount is declared on label.)*

NAME OF APPLICANT *(Include City and State)*

**Delco Chemical Co., Inc.**
**Mt. Vernon, NY 10550**

PRINCIPAL INDICATION OR PHARMACOLOGICAL CATEGORY

**amphetamine**

COMPLETE FOR VETERINARY ONLY

ANIMAL SPECIES FOR WHICH APPROVED

COMPLETE FOR SUPPLEMENT ONLY

CHANGE APPROVED TO PROVIDE FOR:

FORM PREPARED BY

NAME: mc jarski — DATE:

FORM APPROVED BY

NAME: ilmeyer — DATE:

Form FD 1642 (4/73)

PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED.

REVIEW OF ANDA AMENDMENT

Date Completed: 10/23/75

ANDA #: 83-564 (Capsules)
~~83-563~~ (Tablets)

F.R. Date: 2/12/73

Co. Name: Delco Chemical Company, Inc.
7 MacQuesten Parkway North
Mt. Vernon, NY 10550

NAME OF DRUG: Trade & Generic: Delcobese Tablets, Capsules 5 mg., 10 mg., 15 mg., 20 mg.

5 mg. cpasules 10 mg. caps. 15 mg. 20 mg.

DATE OF SUBMISSION: April 14, 1975

TYPE OF SUBMISSION: Amendment

CLINICAL EVALUATION:

1. Review of Studies: Chemistry and manufacturing data will be reviewed by the chemist.

2. Review of Labeling:
   a. Core item - designation clearly printed on all the immediate container labels, as well as on the package insert.
   b. Immediate container labels are satisfactory; different colors are used for different dosage labels.
   c. Package insert: satisfactory.

CONCLUSION: 1. The immediate container labels and package insert are approved.
2. The manufacturing data will be reviewed by the chemist.

RECOMMENDATIONS: Approval, provided manufacturing data is acceptable.

Marvin Seife

Marvin Seife, M.D.

/75

REVIEW OF ANDA

Date Completed: 4/30/73

ANDA #: 83-564
F.R. Date: 2/12/73
Co. Name: Delco Chemical Co., Inc.
7 N. Macquesten Parkway
Mt. Vernon, N.Y. 10550

NAME OF DRUG: Trade: Delcobese Capsules 5, mg., 10 mg., 15 mg., 20 mg.

Generic: Amphetamines

DATE OF SUBMISSION: 4/6/73

TYPE OF SUBMISSION: ANDA

CLINICAL EVALUATION:

1. Review of Studies: None submitted. Bioavailability requirement is currently deferred for conventional dosage form.

2. Review of Labeling:
   a. Container Label: Delete the promotional phrases, "Central Stimulant-Short Term Appetite Depressant."

   b. Package Insert:
   Remove the "Supplied in" data under the name of the drug at the top of the insert and place it as "How Supplied" after over-dosage at the end of the insert. Revise the package insert to conform to current labeling guidelines.

CONCLUSION:

1. Revise the container label as noted above.

2. Revise the package insert as noted above.

RECOMMENDATIONS:
The company is to be notified of the aforementioned conclusion and sent a copy of the labeling guidelines.

J. R. Carr, D.D.S.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION
ROCKVILLE, MARYLAND 20852

*Form Approved*
*Budget Bureau No. 85-R0045*

# NEW DRUG APPLICATION *(DRUGS FOR HUMAN USE)*

*(Title 21, Code of Federal Regulations, § 130.4)*

Name of applicant **DELCO CHEMICAL CO., INC.**

Address **7 N. MACQUESTEN PARKWAY, MT. VERNON, N.Y. 10550**

Date **FEBRUARY 23, 1973**

Name of new drug **DELCOBESE CAPSULES 5 mg. - 10 mg. - 15 mg. - 20 mg.**

[X] Original application (regulation §130.4).
[ ] Amendment to original, unapproved application (regulation §130.7).
[ ] Supplement to an approved application (regulation §130.9).
[ ] Amendment to supplement to an approved application.

The undersigned submits this application for a new drug pursuant to section 505(b) of the Federal Food, Drug, and Cosmetic Act. It is understood that when this application is approved, the labeling and advertising for the drug will prescribe, recommend, or suggest its use only under the conditions stated in the labeling which is part of this application; and if the article is a prescription drug, it is understood that any labeling which furnishes or purports to furnish information for use or which prescribes, recommends, or suggests a dosage for use of the drug will contain the same information for its use, including indications, effects, dosages, routes, methods, and frequency and duration of administration, any relevant warnings, hazards, contraindications, side effects, and precautions, as that contained in the labeling which is part of this application in accord with §1.106(b) (21 CFR 1.106(b)). It is understood that all representations in this application apply to the drug produced until an approved supplement to the application provides for a change or the change is made in conformance with other provisions of §130.9 of the new-drug regulations.

Attached hereto, submitted in the form described in §130.4(e) of the new-drug regulations, and constituting a part of this application are the following:

1. Table of contents. The table of contents should specify the volume number and the page number in which the complete and detailed item is located and the volume number and the page number in which the summary of that item is located (if any).

2. Summary. A summary demonstrating that the application is well-organized, adequately tabulated, statistically analyzed (where appropriate), and coherent and that it presents a sound basis for the approval requested. The summary should include the following information: (In lieu of the outline described below and the evaluation described in Item 3, an expanded summary and evaluation as outlined in §130.4(d) of the new-drug regulations may be submitted to facilitate the review of this application.)

*a.* Chemistry.

*i.* Chemical structural formula or description for any new-drug substance.

*ii.* Relationship to other chemically or pharmacologically related drugs.

*iii.* Description of dosage form and quantitative composition.

*b.* Scientific rationale and purpose the drug is to serve.

*c.* Reference number of the investigational drug notice(s) under which this drug was investigated and of any notice, new-drug application, or master file of which any contents are being incorporated by reference to support this application.

*d.* Preclinical studies. (Present all findings including all adverse experiences which may be interpreted as incidental or not drug-related. Refer to date and page number of the investigational drug notice(s) or the volume and page number of this application where complete data and reports appear.)

*i.* Pharmacology (pharmacodynamics, endocrinology, metabolism, etc.).

*ii.* Toxicology and pathology: Acute toxicity studies; subacute and chronic toxicity studies; reproduction and teratology studies; miscellaneous studies.

*e.* Clinical studies. (All material should refer specifically to each clinical investigator and to the volume and page number in the application and any documents incorporated by reference where the complete data and reports may be found.)

*i.* Special studies not described elsewhere.

*ii.* Dose-range studies.

*iii.* Controlled clinical studies.

*iv.* Other clinical studies (for example, uncontrolled or incompletely controlled studies).

*v.* Clinical laboratory studies related to effectiveness.

*vi.* Clinical laboratory studies related to safety.

*vii.* Summary of literature and unpublished reports available to the applicant.

3. Evaluation of safety and effectiveness. a. Summarize separately the favorable and unfavorable evidence for each claim in the package labeling. Include references to the volume and page number in the application and in any documents incorporated by reference where the complete data and reports may be found.

*b.* Include tabulation of all side effects or adverse experience, by age, sex, and dosage formulation, whether or not considered to be significant, showing whether administration of the drug was stopped and showing the investigator's name with a reference to the volume and page number in the application and any documents incorporated by reference where the complete data and reports may be found. Indicate those side effects or adverse experiences considered to be drug-related.

4. Copies of the label and all other labeling to be used for the drug (a total of 12 copies if in final printed form, 4 copies if in draft form):

*a.* Each label, or other labeling, should be clearly identified to show its position on, or the manner in which it accompanies, the market package.

*b.* If the drug is to be offered over the counter, labeling on or within the retail package should include adequate directions for use by the layman under all the conditions for which the drug is intended for lay use or is to be prescribed, recommended, or suggested in any labeling or advertising sponsored by or on behalf of the applicant and directed to the layman. If the drug is intended or offered for uses under the professional supervision of a practitioner licensed by law to administer it, the application should also contain labeling that includes adequate information for all such uses, including all the purposes for which the over-the-counter drug is to be advertised to, or represented for use by, physicians.

*c.* If the drug is limited in its labeling to use under the professional supervision of a practitioner licensed by law to administer it, its labeling should bear information for use under which such practitioners can use the drug for the purposes for which it is intended, including all the purposes for which it is to be advertised or represented, in accord with §1.106(b) (21 CFR 1.106(b)). The application should include any labeling for the drug intended to be made available to the layman.

*d.* If no established name exists for a new-drug substance, the application shall propose a nonproprietary name for use as the established name for the substance.

*e.* Typewritten or other draft labeling copy may be submitted for preliminary consideration of an application. An application will not ordinarily be approved prior to the submission of the final printed label and labeling of the drug.

*f.* No application may be approved if the labeling is false or misleading in any particular.

(When mailing pieces, any other labeling, or advertising copy are devised for promotion of the new drug, samples shall be submitted at the time of initial dissemination of such labeling and at the time of initial placement of any such advertising for a prescription drug (see §130.13 of the new-drug regulations). Approval of a supplemental new-drug application is required prior to use of any promotional claims not covered by the approved application.)

5. A statement as to whether the drug is (or is not) limited in its labeling and by this application to use under the professional supervision of a practitioner licensed by law to administer it.

6. A full list of the articles used as components of the drug. This list should include all substances used in the synthesis, extraction, or other method of preparation of any new-drug substance, and in the preparation of the finished dosage form, regardless of whether they undergo chemical change or are removed in the process. Each substance should be identified by its established name, if any, or complete chemical name, using structural formulas when necessary for specific identification. If any proprietary preparation is used as a component, the proprietary name should be followed by a complete quantitative statement of composition. Reasonable alternatives for any listed substance may be specified.

7. A full statement of the composition of the drug. The statement shall set forth the name and amount of each ingredient, whether active or not, contained in a stated quantity of the drug in the form in which it is to be distributed (for example, amount per tablet or per milliliter) and a batch formula representative of that to be employed for the manufacture of the finished dosage form. All components should be included in the batch formula regardless of whether they appear in the finished product. Any calculated excess of an ingredient over the label declaration should be designated as such and percent excess shown. Reasonable variations may be specified.

8. A full description of the methods used in, and the facilities and controls used for, the manufacture, processing, and packing of the drug. Included in this description should be full information with respect to any new substance and to the new-drug dosage form, as follows in sufficient detail to permit evaluation of the adequacy of the described methods of manufacture, processing, and packing and the described facilities and controls to determine and preserve the identity, strength, quality, and purity of the drug:

*a.* A description of the physical facilities including building and equipment used in manufacturing, processing, packaging, labeling, storage, and control operations.

*b.* A description of the qualifications, including educational background and experience, of the technical and professional personnel who are responsible for assuring that the drug has the safety, identity, strength, quality, and purity it purports or is represented to possess, and a statement of their responsibilities.

*c.* The methods used in the synthesis, extraction, isolation, or purification of any new-drug substance. When the specifications and controls applied to such substance are inadequate in themselves to determine its identity, strength, quality, and purity, the methods should be described in sufficient detail, including quantities used, times, temperatures, pH, solvents, etc., to determine these characteristics. Alternative methods or variations in methods within reasonable limits that do not affect such characteristics of the substance may be specified.

*d.* Precautions to assure proper identity, strength, quality, and purity of the raw materials, whether active or not, including the specifications for acceptance and methods of testing for each lot of raw material.

*e.* Whether or not each lot of raw materials is given a serial number to identify it, and the use made of such numbers in subsequent plant operations.

*f.* If the applicant does not himself perform all the manufacturing, processing, packaging, labeling, and control operations for any new-drug substance or the new-drug dosage form, his statement identifying each person who will perform any part of such operations and designating the part; and a signed statement from each such person fully describing, directly or by reference, the methods, facilities, and controls in his part of the operation.

*g.* Method of preparation of the master formula records and individual batch records and manner in which these records are used.

*h.* The instructions used in the manufacturing, processing, packaging, and labeling of each dosage form of the new drug, including any special precautions observed in the operations.

*i.* Adequate information with respect to the characteristics of and the test methods employed for the container, closure, or other component parts of the drug package to assure their suitability for the intended use.

*j.* Number of individuals checking weight or volume of each individual ingredient entering into each batch of the drug.

*k.* Whether or not the total weight or volume of each batch is determined at any stage of the manufacturing process subsequent to making up a batch according to the formula card and, if so, at what stage and by whom it is done.

*l.* Precautions to check the actual package yield produced from a batch of the drug with the theoretical yield. This should include a description of the accounting for such items as discards, breakage, etc., and the criteria used in accepting or rejecting batches of drugs in event of an unexplained discrepancy.

*m.* Precautions to assure that each lot of the drug is packaged with the proper label and labeling, including provisions for labeling storage and inventory control.

*n.* The analytical controls used during the various stages of the manufacturing, processing, packaging, and labeling of the drug, including a detailed description of the collection of samples and the analytical procedures to which they are subjected. The analytical procedures should be capable of determining the active components within a reasonable degree of accuracy and of assuring the identity of such components. If the article is one that is represented to be sterile, the same information with regard to the manufacturing, processing, packaging, and the collection of samples of the drug should be given for sterility controls. Include the standards used for acceptance of each lot of the finished drug.

*o.* An explanation of the exact significance of the batch control numbers used in the manufacturing, processing, packaging, and labeling of the drug, including the control numbers that appear on the label of the finished article. State whether these numbers enable determination of the complete manufacturing history of the product. Describe any methods used to permit determination of the distribution of any batch if its recall is required.

*p.* A complete description of, and data derived from, studies of the stability of the drug, including information showing the suitability of the analytical methods used. Describe any additional stability studies underway or contemplated. Stability data should be submitted for any new-drug substance, for the finished dosage form of the drug in the container in which it is to be marketed, including any proposed multiple-dose container, and if it is to be put into solution at the time of dispensing, for the solution prepared as directed. State the expiration date(s) that will be used on the label to preserve the identity, strength, quality, and purity of the drug until it is used. (If no expiration date is proposed, the applicant must justify its absence.)

*q.* Additional procedures employed which are designed to prevent contamination and otherwise assure proper control of the product.

(An application may be refused unless it includes adequate information showing that the methods used in, and the facilities and controls used for, the manufacturing, processing, and packaging of the drug are adequate to preserve its identity, strength, quality, and purity in conformity with good manufacturing practice and identifies each establishment, showing the location of the plant conducting these operations.)

9. Samples of the drug and articles used as components, as follows: a. The following samples shall be submitted with the application or as soon thereafter as they become available. Each sample shall consist of four identical, separately packaged subdivisions, each containing at least three times the amount required to perform the laboratory test procedures described in the application to determine compliance with its control specifications for identity and assays:

*i.* A representative sample or samples of the finished dosage form(s) proposed in the application and employed in the clinical investigations and a representative sample or samples of each new-drug substance, as defined in §130.1(g), from the batch(es) employed in the production of such dosage form(s).

*ii.* A representative sample or samples of finished market packages of each dosage form of the drug prepared for initial marketing and, if any such sample is not from a commercial-scale production batch, such a sample from a representative commercial-scale production batch; and a representative sample or samples of each new-drug substance as defined in §130.1(g), from the batch(es) employed in the production of such dosage form(s).

*iii.* A sample or samples of any reference standard and blank used in the procedures described in the application for assaying each new-drug substance and other assayed components of the finished drug: *Provided, however,* That samples of reference standards recognized in the official U.S. Pharmacopeia or The National Formulary need not be submitted unless requested.

*b.* Additional samples shall be submitted on request.

*c.* Each of the samples submitted shall be appropriately packaged and labeled to preserve its characteristics, to identify the material and the quantity in each subdivision of the sample, and to identify each subdivision with the name of the applicant and the new-drug application to which it relates.

*d.* There shall be included a full list of the samples submitted pursuant to Item 9a; a statement of the additional samples that will be submitted as soon as available; and, with respect to each sample submitted, full information with respect to its identity, the origin of any new-drug substance contained therein (including in the case of new-drug substances, a statement whether it was produced on a laboratory, pilot-plant, or full-production scale) and detailed results of all laboratory tests made to determine the identity, strength, quality, and purity of the batch represented by the sample, including assays. Include for any reference standard a complete description of its preparation and the results of all laboratory tests on it. If the test methods used differed from those described in the application, full details of the methods employed in obtaining the reported results shall be submitted.

*e.* The requirements of Item 9a may be waived in whole or in part on request of the applicant or otherwise when any such samples are not necessary.

*f.* If samples of the drug are sent under separate cover, they should be addressed to the attention of the Bureau of Medicine and identified on the outside of the shipping carton with the name of the applicant and the name of the drug as shown on the application.

10. Full reports of preclinical investigations that have been made to show whether or not the drug is safe for use and effective in use. a. An application may be refused unless it contains full reports of adequate preclinical tests by all methods reasonably applicable to a determination of the safety and effectiveness of the drug under the conditions of use suggested in the proposed labeling.

*b.* Detailed reports of the preclinical investigations, including all studies made on laboratory animals, the methods used, and the results obtained, should be clearly set forth. Such information should include identification of the person who conducted each investigation, a statement of where the investigations were conducted, and where the underlying data are available for inspection. The animal studies may not be considered adequate unless they give proper attention to the conditions of use recommended in the proposed labeling for the drug such as, for example, whether the drug is for short- or long-term administration or whether it is to be used in infants, children, pregnant women, or women of child-bearing potential.

*c.* Detailed reports of any pertinent microbiological and *in vitro* studies.

*d.* Summarize and provide a list of literature references (if available) to all other preclinical information known to the applicant, whether published or unpublished, that is pertinent to an evaluation of the safety or effectiveness of the drug.

11. List of investigators. a. A complete list of all investigators supplied with the drug including the name and post office address of each investigator and, following each name, the volume and page references to the investigator's report(s) in this application and in any documents incorporated by reference, or the explanation of the omission of any reports.

*b.* The unexplained omission of any reports of investigations made with the new drug by the applicant, or

submitted to him by an investigator, or the unexplained omission of any pertinent reports of investigations or clinical experience received or otherwise obtained by the applicant from published literature or other sources, whether or not it would bias an evaluation of the safety of the drug or its effectiveness in use, may constitute grounds for the refusal or withdrawal of the approval of an application.

12. Full reports of clinical investigations that have been made to show whether or not the drug is safe for use and effective in use. a. An application may be refused unless it contains full reports of adequate tests by all methods reasonably applicable to show whether or not the drug is safe and effective for use as suggested in the labeling.

*b.* An application may be refused unless it includes substantial evidence consisting of adequate and well-controlled investigations, including clinical investigations, by experts qualified by scientific training and experience to evaluate the effectiveness of the drug involved, on the basis of which it could fairly and responsibly be concluded by such experts that the drug will have the effect it purports or is represented to have under the conditions of use prescribed, recommended, or suggested in the proposed labeling.

*c.* Reports of all clinical tests sponsored by the applicant or received or otherwise obtained by the applicant should be attached. These reports should include adequate information concerning each subject treated with the drug or employed as a control, including age, sex, conditions treated, dosage, frequency of administration of the drug, results of all relevant clinical observations and laboratory examinations made, full information concerning any other treatment given previously or concurrently, and a full statement of adverse effects and useful results observed, together with an opinion as to whether such effects or results are attributable to the drug under investigation and a statement of where the underlying data are available for inspection. Ordinarily, the reports of clinical studies will not be regarded as adequate unless they include reports from more than one independent, competent investigator who maintains adequate case histories of an adequate number of subjects, designed to record observations and permit evaluation of any and all discernible effects attributable to the drug in each individual treated and comparable records on any individuals employed as controls. An application for a combination drug may be refused unless there is substantial evidence that each ingredient designated as active makes a contribution to the total effect claimed for the drug combination. Except when the disease for which the drug is being tested occurs with such infrequency in the United States as to make testing impractical, some of the investigations should be performed by competent investigators within the United States.

*d.* Attach as a separate section a completed Fo FD-1639, Drug Experience Report (obtainable, with structions, on request from the Department of HEW, F and Drug Administration, Bureau of Drugs *(BD-200)* Rockville, Maryland 20852), for each adverse experience or, if feasible, for each subject or patient experiencing one or more adverse effects, described in Item 12c, whether or not full information is available. Form FD-1639 should be prepared by the applicant if the adverse experience was not reported in such form by the investigator. The Drug Experience Report should be cross-referenced to any narrative description included in Item 12c.

*e.* All information pertinent to an evaluation of the safety and effectiveness of the drug received or otherwise obtained by the applicant from any source, including information derived from other investigations or commerical marketing (for example, outside the United States), or reports in the scientific literature, involving the drug that is the subject of the application and related drugs. An adequate summary may be acceptable in lieu of a reprint of a published report which only supports other data submitted. Reprints are not required of reports in designated journals, listed in §130.38 of the new-drug regulations, about related drugs; a bibliography will suffice. Include any evaluation of the safety or effectiveness of the drug that has been made by the applicant's medical department, expert committee, or consultants.

*f.* If the drug is a combination of previously investigated or marketed drugs, an adequate summary of preexisting information from preclinical and clinical investigation and experience with its components, including all reports received or otherwise obtained by the applicant suggesting side effects, contraindications, and ineffectiveness in use of such components. Such summary should include an adequate bibliography of publications about the components and may incorporate by reference information concerning such components previously submitted by the applicant to the Food and Drug Administration.

*g.* The complete composition and/or method of manufacture of the new drug used in each submitted report of investigation should be shown to the extent necessary to establish its identity, strength, quality, and purity if it differs from the description in Item 6, 7, or 8 of the application.

13. If this is a supplemental application, full information on each proposed change concerning any statement made in the approved application.
Observe the provisions of §130.9 of the new-drug regulations concerning supplemental applications.

DELCO CHEMICAL CO., INC.
*(Applicant)*

Per Louis Cohen
*(Responsible official or agent)*

PRESIDENT
*(Indicate authority)*

(Warning: A willfully false statement is a criminal offense. U.S.C. Title 18, sec. 1001.)

NOTE: This application must be signed by the applicant or by an authorized attorney, agent, or official. If the applic or such authorized representative does not reside or have a place of business within the United States, the application m also furnish the name and post office address of and must be countersigned by an authorized attorney, agent, or official resi ing or maintaining a place of business within the United States.

ABBREVIATED
NEW DRUG APPLICATION

# Delco CHEMICAL COMPANY, INC.

*Specializing In Obesity Products For Over 25 Years*

7 MacQUESTEN PARKWAY NORTH • MOUNT VERNON, NEW YORK 10550 • MOunt Vernon 4-8348

83-564

February 21, 1973

Barrett Scoville, M.D., Deputy Director
Division Neuropharmacological Drug Products
Office of Scientific Evaluation,
Bureau of Drugs
Food and Drug Administration
Department Health, Education & Welfare
5600 Fishers Lane
Rockville, Maryland 20852

Ref: Abbreviated New Drug Application
F.R. Vol. 38, No. 28 - February 12, 1973
For: DELCOBESE CAPSULES 5mg., 10mg., 15mg., 20mg.
"A Single Entity Amphetamine Preparation"

Dear Doctor Scoville;

Pursuant to section 505(b) of the Federal Food, Drug and Cosmetic Act we are hereby submitting:

a) Form 356-H
b) Volume No. 1 Copy No. 1 (Blue Folder)
c) Volume No. 1 Copy No. 2 (Red Folder)
d) Volume No. 1 Copy No. 3 (Yellow Folder)
e) Eight (8) sets of labels (Unbound)

Respectfully submitted,

DELCO CHEMICAL COMPANY, INC.

Louis Cohen

Louis Cohen, President

RECEIVED
MAR 5 1973
BUREAU OF DRUGS

LC/gf

# NOTICE OF APPROVAL
## NEW DRUG APPLICATION OR SUPPLEMENT

NDA NUMBER: 33-564

DATE APPROVAL LETTER ISSUED: DEC 17 1975

TO: Press Relations Staff (HFI-40)

FROM:
- [XX] Bureau of Drugs
- [ ] Bureau of Veterinary Medicine

ATTENTION

Forward original of this form for publication only after approval letter has been issued and the date of approval has been entered above.

Approved

TYPE OF APPLICATION
- [ ] ORIGINAL NDA
- [ ] SUPPLEMENT TO NDA
- [ ] ABBREVIATED ORIGINAL NDA
- [XX] SUPPLEMENT TO ANDA

CATEGORY
- [XX] HUMAN
- [ ] VETERINARY

TRADE NAME *(or other designated name)* AND ESTABLISHED OR NONPROPRIETARY NAME *(if any)* OF DRUG

Delcobese

DOSAGE FORM

Capsule

HOW DISPENSED
- [XX] RX
- [ ] OTC

ACTIVE INGREDIENT(S) *(as declared on label. List by established or nonproprietary name(s) and include amount(s), if amount is declared on label.)*

5 mg. 10 mg.

mg.

NAME OF APPLICANT *(Include City and State)*

Delco Chemical Co., Inc.
Mt. Vernon, NY 10550

PRINCIPAL INDICATION OR PHARMACOLOGICAL CATEGORY

amphetamine

COMPLETE FOR VETERINARY ONLY

ANIMAL SPECIES FOR WHICH APPROVED

COMPLETE FOR SUPPLEMENT ONLY

CHANGE APPROVED TO PROVIDE FOR

control revisions

FORM PREPARED BY

NAME: majarski DATE:

FORM APPROVED BY

NAME: jlmeyer DATE:

FORM FD 1642 (2/75) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED.

**TRANSMITTAL OF PERIODIC REPORTS FOR DRUGS FOR HUMAN USE**
*(21 CFR 310.300, 310.302, and 431.60)*

DATE SUBMITTED: May 24, 1976

*Form Approved OMB No. 57-R0035*

## INSTRUCTIONS

Submit a separate form *(parts 1 through 4-carbons intact)* for each NDA or Antibiotic Application for which the periodic report contains required reporting information. Attach two copies of report to the form.

Where the same item of information applies to more than one NDA or Antibiotic Application for preparations containing a common active ingredient, that information may be submitted as part of the report for only one such application provided all application numbers to which that part of the report applies are listed in Item 7 and provided a separate form, with duplicate copies of all other required information, is submitted for each number.

Forward form and attachments to Department of Health, Education, and Welfare, Food and Drug Administration *(HFD-106)*, 5600 Fishers Lane, Rockville, Maryland 20852.

1. NDA OR ANDA NUMBER: N 8 3 5 6 4

2. REPORT NO. *(FDA Complete)*: R- 0 1

APPLICANT NOTE

Reference NDA and R numbers *(entered on Acknowledgment Copy)* in any subsequent correspondence regarding report.

3. CFR SECTION NUMBER *(Antibiotic only)*:

4. APPLICANT: DELCO CHEMICAL COMPANY, INC.

5. DRUG NAME: DELCOBESE CAPSULES, 5mg., 10mg., 15., 20mg.

6. TYPE OF REPORT *(Check one (10))*: [X] QUARTERLY [ ] SEMIANNUAL [ ] ANNUAL [ ] OTHER

7. OTHER NDA/ANTIBIOTIC APPLICATION NUMBERS *(List all numbers if any part of report applies to more than one number.)*

8. PERIOD COVERED BY REPORT

| FROM (11-14) | | TO (15-18) | |
|---|---|---|---|
| YEAR | MONTH | YEAR | MONTH |
| 1976 | Feb. 1 | 1976 | Apr. 30 |

9. REPORT INFORMATION REQUIRED *(See §§ 310.300(a) or 431.60(a) for description)*
*(Enter an "X" in Column A if you have nothing to report. Enter identification of type of information attached in Column C.)*
*(ALWAYS INCLUDE INFORMATION REQUIRED UNDER "f" AND "g".)*

| NONE A | TYPE OF INFORMATION B | IDENTIFICATION *(Volume No.(s)/Tab(s)/Page(s) of Report)* |
|---|---|---|
| (19) X | a. CLINICAL DATA | NOTED: NO MEDICAL REVIEW INDICATED SIG: R Carr DATE: 6/7/76 |
| (20) X | b. ADVERSE REACTION(S) | 5mg. Capsules - 64 x 1M ; 35 x 5M |
| (21) X | c. ANIMAL DATA | 10mg. Capsules -173 x 1M ;139 x 5M |
| (22) X | d. CHEMICAL OR PHYSICAL DRUG PROPERTIES | 15mg. Capsules -547 x 1M ;184 x 5M |
| (23) X | e. MANUFACTURING OR CONTROL CHANGES (§§ 314.8 (a) (5)) | 20mg. Capsules- 152 x 1M ;248 x 5M |
| | f. CURRENT PACKAGE LABELING *(Whether or not previously submitted)* | see attached |
| | g. QUANTITY DISTRIBUTED | see above |

Submission Voted
No Action Indicated
M Jarosko 6/10/76

TYPED NAME AND TITLE OF RESPONSIBLE OFFICIAL OR AGENT

Louis Cohen, President

SIGNATURE: Louis Cohen

APPLICANTS RETURN ADDRESS *(Type within the window envelope tic marks)*

DELCO CHEMICAL COMPANY, INC.
7 MacQuesten Parkway North
Mt. Vernon, New York 10550

FDA USE ONLY

10. DATE OF RECEIPT: 76 06 01

11. REPORT FILED IN NDA NO.: N 8 3 5 6 4

12. DIV CODE (78):

13. TYPE CARD (80): S

14. FDA ACKNOWLEDGMENT

RECEIVED
JUN 01 1976
BUREAU OF DRUGS

ORIGINAL

FORM FD 2252 (11-74)

# DELCOBESE

## (A SINGLE ENTITY AMPHETAMINE PREPARATION)

**Amphetamines have a high potential for abuse. They should thus be tried only in weight reduction programs for patients in whom alternative therapy has been ineffective. Administration of amphetamines for prolonged period of time in obesity may lead to drug dependence and must be avoided. Particular attention should be paid to the possibility of subjects obtaining amphetamines for non-therapeutic use or distribution to others, and the drugs should be prescribed or dispensed sparingly.**

**Description:** Delcobese is a Single entity amphetamine preparation containing the dextro and dextrolaevo isomers of Amphetamine Adipate and Amphetamine Sulfate.

**Actions:** Amphetamines are sympathomimetic amines wtih CNS stimulant activity. Peripheral actions include elevation of systolic and diastolic blood pressures and weak bronchodilator and respiratory stimulant action.

Drugs of this class used in obesity are commonly known as "anorectics" or "anorexigenics". It has not been established, however, that the action of such drugs in treating obesity is primarily one of appetite suppression. Other central nervous system actions, or metabolic effects, may be involved, for example.

Adult obese subjects instructed in dietary management and treated with "anorectic" drugs, lose more weight on the average than those treated with placebo and diet, as determined in relatively short-term clinical trials.

The magnitude of increased weight loss of drug-treated patients over placebo-treated patients is only a fraction of a pound a week. The rate of weight loss is greatest in the first weeks of therapy for both drug and placebo subjects and tends to decrease in succeeding weeks. The origins of the increased weight loss due to the various possible drug effects are not established. The amount of weight loss associated with the use of an "anorectic" drug varies from trial to trial, and the increased weight loss appears to be related in part to variables other than the drug prescribed, such as the physician-investigator, the population treated, and the diet prescribed. Studies do not permit conclusions as to the relative importance of the drug and non-drug factors on weight loss.

The natural history of obesity is measured in years, whereas the studies cited are restricted to a few weeks duration; thus, the total impact of drug-induced weight loss over that of diet alone must be considered clinically limited.

**INDICATIONS**

**Narcolepsy**

**Minimal Brain Dysfunction in Children**—as adjunctive therapy to other remedial measures (psychological, educational, social).

Special Diagnostic Considerations:

Special etiology of Minimal Brain Dysfunction (MBD) is unknown, and there is no single diagnostic test. Adequate diagnosis requires the use not only of medical but of special psychological, educational, and social resources.

The characteristic signs most often observed are chronic history of short attention span, distractibility, emotional lability, impulsivity, moderate to severe hyperactivity, minor neurological signs and abnormal EEG. Learning disabilities may or may not be present. The diagnosis of MBD must be based upon a complete history and evaluation of the child and not solely on the presence of one or more of these signs.

**Drug treatment** is not indicated for all children with MBD. Appropriate educational placement is essential and psychological or social intervention may be necessary. When remedial measures alone are insufficient, the decision to prescribe stimulant medication will depend upon the physician's assessment of the chronicity and severity of the child's symptoms.

Drug treatment is not intended for use in the child whose hyperactivity is due to environmental factors and/or primary psychiatric disorders.

**Exogenous obesity** as a short-term (a few weeks) adjunct in a regimen of weight reduction based on caloric restriction, for patients refractory to alternative therapy, e.g., repeated diets, group programs, and other drugs. The limited usefulness of amphetamines (see ACTIONS) should be weighed against possible risks inherent in use of the drug, such as those described below.

**CONTRAINDICATIONS**

Advance arteriosclerosis, symptomatic cardiovascular disease, moderate to severe hypertension, hyperthyroidism, known hypersensitivity or idiosyncrasy to the sympathomimetic amines, glaucoma.

Agitated states..

Patients with a history of drug abuse.

During or within 14 days following the administration of monoamine oxidase inhibitors (hypertensive crises may result).

**WARNINGS**

When tolerance to the "anorectic" effect develops, the recommended dose should not be exceeded in an attempt to increase the effect; rather, the drug should be discontinued.

Amphetamines may impair the ability of the patient to engage in potentially hazardous activities such as operating machinery or driving a motor vehicle; the patient should therefore be cautioned accordingly.

**Drug Dependence:** Amphetamines have been extensively abused. Tolerance, extreme psychological dependence, and severe social disability have occurred. There are reports of patients who have increased the dosage to many times that recommended. Abrupt cessation following prolonged high dosage administration results in extreme fatigue and mental depression; changes are alsc noted on the sleep EEG. Manifestations of chronic intoxication with amphetamines include severe dermatoses, marked insomnia, irritability, hyperactivity, and personality changes. The most severe manifestation of chronic intoxication is psychosis, often clinically indistinguishable from schizophrenia.

**Usage in Pregnancy:** Safe use in pregnancy has not been established. Reproduction studies in mammals at high multiples of the human dose have suggested both an embryotoxic and a teratogenic potential. Use of amphetamines by women who are or who may become pregnant, and especially those in the first trimester of pregnancy, requires that the potential benefit be weighed against the possible hazard to mother and infant.

**Usage in Children:** Amphetamines are not recommended for use as anorectic agents in children under 12 years of age.

SEE OTHER SIDE

**PRECAUTIONS**

Caution is to be exercised in prescribing amphetamines for patients with even mild hypertension.

Insulin requirements in diabetes mellitus may be altered in association with the use of amphetamines and the concomitant dietary regimen.

Amphetamines may decrease the hypotensive effect of guanethidine.

The least amount feasible should be prescribed or dispensed at one time in order to minimize the possibility of overdosage.

**ADVERSE REACTIONS**

**Cardiovascular:** Palpitation, tachycardia, elevation of blood pressure.

**Central nervous system:** Overstimulation, restlessness, dizziness, insomnia, euphoria, dysphoria, tremor, headache; rarely, psychotic episodes at recommended doses.

**Gastrointestinal:** Dryness of the mouth, unpleasant taste, diarrhea, constipation, other gastrointestinal disturbances. Anorexia and weight loss may occur as undesirable effects when amphetamines are used for other than the anorectic effect.

**Allergic:** Urticaria.

**Endocrine:** Impotence, changes in libido.

**DOSAGE AND ADMINISTRATION**

Regardless of indication, amphetamines should be administered at the lowest effective dosage and dosage should be individually adjusted. Late evening medication should be avoided because of the resulting insomnia.

1. **Narcolepsy:** Usual dose 5 to 60 milligrams per day in divided doses.
2. **Minimal brain dysfunction:**
   a. Not recommended for children under 3 years of age.
   b. Children from 3 to 5 years of age: 2.5 milligrams daily, raised in increments of 2.5 milligrams at weekly intervals until optimal response is obtained.
   c. Children 6 years of age and older: 5 milligrams once or twice daily, increased in increments of 5 miligrams at weekly intervals. Only in rare cases will it be necessary to exceed a total of 40 milligrams per day.
3. **Obesity:** Usual adult dose 5 to 30 miligrams per day in divided doses.

**OVERDOSAGE**

Manifestations of acute overdosage with amphetamines include restlessness, tremor, hyperreflexia, rapid respiration, confusion, assaultiveness, hallucinations, panic states.

Fatigue and depression usually follow the central stimulation.

Cardiovascular effects include arrhythmias, hypertension or hypotension and circulatory collapse. Gastrointestinal symptoms include nausea, vomiting, diarrhea, and abdominal cramps. Fatal poisoning usually terminates in convulsions and coma.

Management of acute amphetamine intoxication is largely symptomatic and includes lavage and sedation with a barbiturate. Experience with hemodialysis or peritoneal dialysis is inadequate to permit recommendation in this regard. Acidification of the urine increases amphetamine excretion. Intravenous phentolamine (Regitine) has been suggested for possible acute, severe hypertension, if this complicates amphetamine overdosage.

**DOSAGE: ADULTS:** Tablets or Capsules: One tablet or capsule three times a day ½ hour before meals. Third dose should be taken at 4 P.M. to avoid insomnia.

**HOW SUPPLIED**

Available in tablets and capsules for immediate release.

| Description: | **DELCOBESE** for immediate release | | | |
|---|---|---|---|---|
| | **5 mg.** | **10 mg.** | **15 mg.** | **20 mg.** |
| Dextroamphetamine sulfate | 1.25 mg. | 2.5 mg. | 3.75 mg. | 5 mg. |
| Dextroamphetamine adipate | 1.25 mg. | 2.5 mg. | 3.75 mg. | 5 mg. |
| Amphetamine adipate | 1.25 mg. | 2.5 mg. | 3.75 mg. | 5 mg. |
| Amphetamine sulfate | 1.25 mg. | 2.5 mg. | 3.75 mg. | 5 mg. |

In bottles of 1000's and tins of 5000's.

**CAUTION:** Federal Law Prohibits Dispensing without Prescription.

NDC 697-2410-10

DELCOBESE

**5 mg.**

EACH CAPSULE CONTAINS:

| | |
|---|---|
| Amphetamine Sulfate | 1.25 mg. |
| Dextroamphetamine Sulfate | 1.25 mg. |
| Amphetamine Adipate | 1.25 mg. |
| Dextroamphetamine Adipate | 1.25 mg. |

**CAUTION:** Federal law prohibits dispensing without prescription.

SEE INSERT FOR FULL INFORMATION

1000 CAPSULES

Distributed by
Delco Chemical Co., Inc. • Mt. Vernon, N.Y. 10550

NDC 697-2410-50

DELCOBESE

**5 mg.**

EACH CAPSULE CONTAINS:

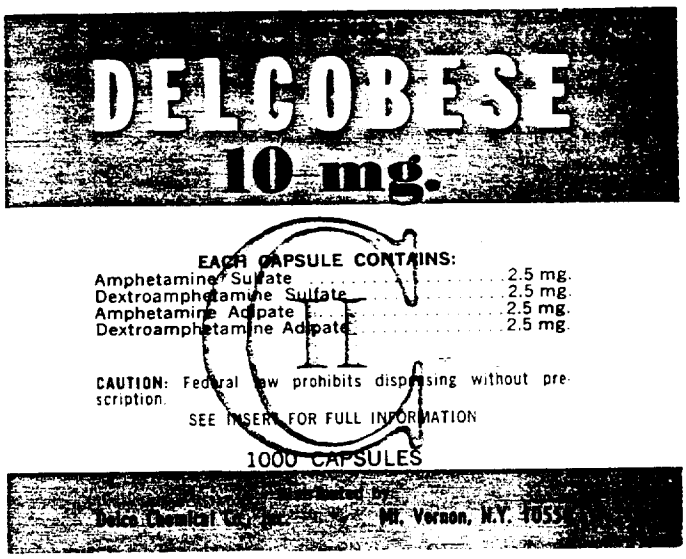
| | |
|---|---|
| Amphetamine Sulfate | 1.25 mg. |
| Dextroamphetamine Sulfate | 1.25 mg. |
| Amphetamine Adipate | 1.25 mg. |
| Dextroamphetamine Adipate | 1.25 mg. |

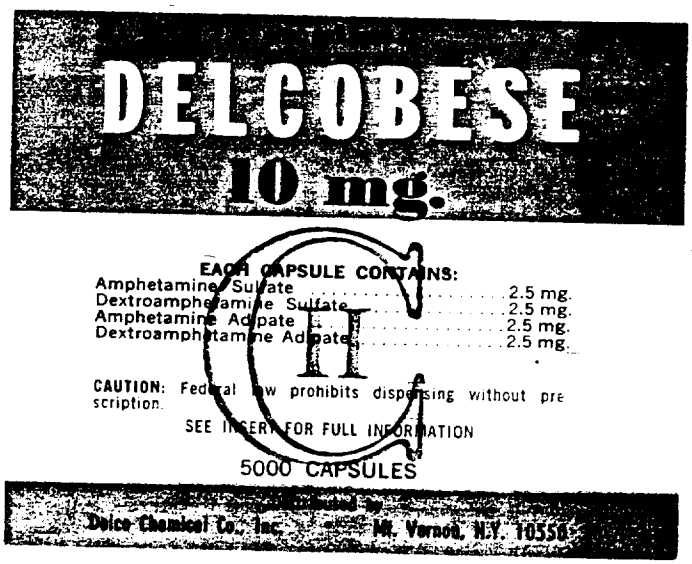
**CAUTION:** Federal law prohibits dispensing without prescription.

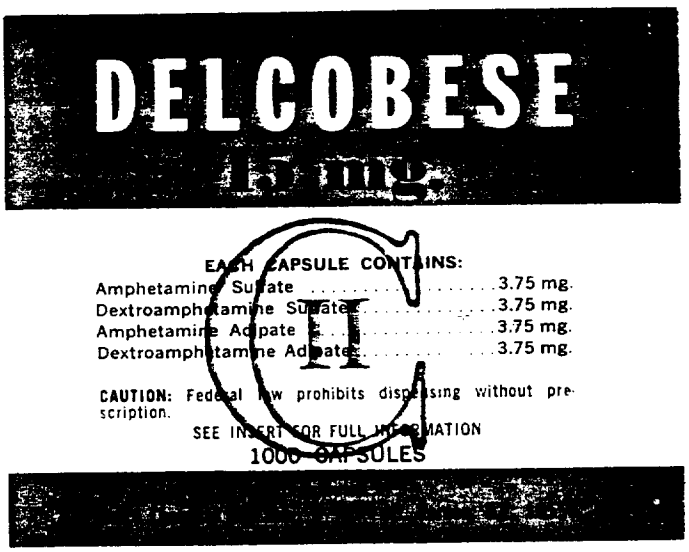
SEE INSERT FOR FULL INFORMATION

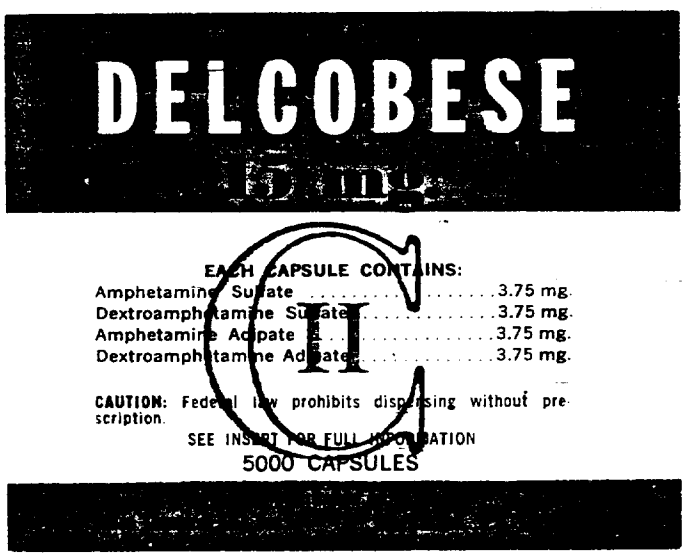
5000 CAPSULES

Distributed by
Delco Chemical Co., Inc. • Mt. Vernon, N.Y. 10550


DELCOBESE
10 mg.
EACH CAPSULE CONTAINS:
Amphetamine Sulfate ..... 2.5 mg.
Dextroamphetamine Sulfate ..... 2.5 mg.
Amphetamine Adipate ..... 2.5 mg.
Dextroamphetamine Adipate ..... 2.5 mg.
CAUTION: Federal law prohibits dispensing without prescription.
SEE INSERT FOR FULL INFORMATION
1000 CAPSULES
Delco Chemical Co., Inc. Mt. Vernon, N.Y. 10553


DELCOBESE
10 mg.
EACH CAPSULE CONTAINS:
Amphetamine Sulfate ..... 2.5 mg.
Dextroamphetamine Sulfate ..... 2.5 mg.
Amphetamine Adipate ..... 2.5 mg.
Dextroamphetamine Adipate ..... 2.5 mg.
CAUTION: Federal law prohibits dispensing without prescription.
SEE INSERT FOR FULL INFORMATION
5000 CAPSULES
Delco Chemical Co., Inc. Mt. Vernon, N.Y. 10553


DELCOBESE
EACH CAPSULE CONTAINS:
Amphetamine Sulfate ..... 3.75 mg.
Dextroamphetamine Sulfate ..... 3.75 mg.
Amphetamine Adipate ..... 3.75 mg.
Dextroamphetamine Adipate ..... 3.75 mg.
CAUTION: Federal law prohibits dispensing without prescription.
SEE INSERT FOR FULL INFORMATION
1000 CAPSULES


DELCOBESE
EACH CAPSULE CONTAINS:
Amphetamine Sulfate ..... 3.75 mg.
Dextroamphetamine Sulfate ..... 3.75 mg.
Amphetamine Adipate ..... 3.75 mg.
Dextroamphetamine Adipate ..... 3.75 mg.
CAUTION: Federal law prohibits dispensing without prescription.
SEE INSERT FOR FULL INFORMATION
5000 CAPSULES

# DELCOBESE

EACH CAPSULE CONTAINS:

| | |
|---|---|
| Amphetamine Sulfate | 5 mg. |
| Dextroamphetamine Sulfate | 5 mg. |
| Amphetamine Adipate | 5 mg. |
| Dextroamphetamine Adipate | 5 mg. |

**CAUTION:** Federal law prohibits dispensing without prescription.

SEE INSERT FOR FULL INFORMATION

1000 CAPSULES

# DELCOBESE

EACH CAPSULE CONTAINS:

| | |
|---|---|
| Amphetamine Sulfate | 5 mg. |
| Dextroamphetamine Sulfate | 5 mg. |
| Amphetamine Adipate | 5 mg. |
| Dextroamphetamine Adipate | 5 mg. |

**CAUTION:** Federal law prohibits dispensing without prescription.

SEE INSERT FOR FULL INFORMATION

5000 CAPSULES

**TRANSMITTAL OF PERIODIC REPORTS FOR DRUGS FOR HUMAN USE**
*(21 CFR 130.13, 136.35, and 146.14)*

DATE SUBMITTED: Feb. 5, 1976

*Form Approved Budget Bureau No. 57-R0035*

## INSTRUCTIONS

Submit a separate form *(parts 1 through 4-carbons intact)* for each NDA or Antibiotic Application for which the periodic report contains required reporting information. Attach two copies of report to the form.

Where the same item of information applies to more than one NDA or Antibiotic Application for preparations containing a common active ingredient, that information may be submitted as part of the report for only one such application provided all application numbers to which that part of the report applies are listed in Item 7 and provided a separate form, with duplicate copies of all other required information, is submitted for each number.

Forward form and attachments to Department of Health, Education, and Welfare, Food and Drug Administration *(MD-14)*, 200 C Street, S.W., Washington, D.C. 20204.

1. NDA NUMBER: N 8 3 5 6 4

2. REPORT NO. *(FDA Complete)*: R- 01

APPLICANT NOTE: Reference NDA and R numbers *(entered on Acknowledgment Copy)* in any subsequent correspondence regarding report.

3. CFR SECTION NUMBER *(Antibiotic only)*:

4. APPLICANT: DELCO CHEMICAL COMPANY, INC.

5. DRUG NAME: DELCOBESE CAPSULES, 5mg.,10mg., 15mg., 20mg.

6. TYPE OF REPORT *(Check one (10))*: [X] QUARTERLY [ ] SEMIANNUAL [ ] ANNUAL [ ] OTHER

7. OTHER NDA/ANTIBIOTIC APPLICATION NUMBERS *(List all numbers if any part of report applies to more than one number.)*

8. PERIOD COVERED BY REPORT

| FROM (11-14) | | TO (15-18) | |
|---|---|---|---|
| YEAR | MONTH | YEAR | MONTH |
| 1975 | Oct. 27 | 1976 | Jan 31 |

9. REPORT INFORMATION REQUIRED *(See §§ 130.13 (a) or 146.14 (a) for description)*
*(Enter an "X" in Column A if you have nothing to report. Enter identification of type of information attached in Column C.)*
*(ALWAYS INCLUDE INFORMATION REQUIRED UNDER "d" AND "e".)*

| NONE A | TYPE OF INFORMATION B | (IDENTIFICATION OF TYPE OF INFORMATION ATTACHED) C |
|---|---|---|
| (19) X | a. CLINICAL DATA | NO MEDICAL REVIEW INDICATED SIG. date 2/20/76 |
| (20) X | b. ADVERSE REACTION(s) | 5mg. Capsules- 80 x 1M ; 64 x 5M |
| (21) X | c. ANIMAL DATA | 10mg. Capsules-165 x 1M ; 164 x 5M |
| (22) X | d. CHEMICAL OR PHYSICAL DRUG PROPERTIES | 15mg. Capsules-640 x 1M ; 255 x 5M |
| (23) X | e. MANUFACTURING OR CONTROL CHANGES (§§ 130.9 (a) (5)) | 20mg. Capsules-402 x 1M ; 337 x 5M |
| | f. CURRENT PACKAGE LABELING *(Whether or not previously submitted)* | see attached |
| | g. QUANTITY DISTRIBUTED | see above |

Submission related to No action indicated May 26, 1976

TYPED NAME AND TITLE OF RESPONSIBLE OFFICIAL OR AGENT

Mario Ebanietti, Ph.D.
Executive Vice President

SIGNATURE

APPLICANTS RETURN ADDRESS *(Type within the window envelope tic marks)*

DELCO CHEMICAL COMPANY, INC.
7 MacQuesten Parkway North
Mt. Vernon, New York 10550

FDA USE ONLY

10. DATE OF RECEIPT: 24 25 26 27 28 29 — 7 6 0 2 0 9

11. REPORT FILED IN NDA NO.: 30 31 32 33 34 35 — N 8 3 5 6 4

12. DIV. CODE (38) ... TYPE CARD (80)

FDA ACKNOWLEDGMENT

RECEIVED FEB 9 1976 BUREAU OF DRUGS

FD FORM 2252 (7/68)

ORIGINAL JACKET

Orig.

- (Fold line)

- (Fold Line)

# DELCOBESE

(A SINGLE ENTITY AMPHETAMINE PREPARATION)

**Amphetamines have a high potential for abuse. They should thus be tried only in weight reduction programs for patients in whom alternative therapy has been ineffective. Administration of amphetamines for prolonged period of time in obesity may lead to drug dependence and must be avoided. Particular attention should be paid to the possibility of subjects obtaining amphetamines for non-therapeutic use or distribution to others, and the drugs should be prescribed or dispensed sparingly.**

**Description:** Delcobese is a Single entity amphetamine preparation containing the dextro and dextrolaevo isomers of Amphetamine Adipate and Amphetamine Sulfate.

**Actions:** Amphetamines are sympathomimetic amines wtih CNS stimulant activity. Peripheral actions include elevation of systolic and diastolic blood pressures and weak bronchodilator and respiratory stimulant action.

Drugs of thls class used in obesity are commonly known as "anorectics" or "anorexigenics". It has not been established, however, that the action of such drugs in treating obesity is primarily one of appetite suppression. Other central nervous system actions, or metabolic effects, may be involved, for example.

Adult obese subjects instructed in dietary management and treated with "anorectic" drugs, lose more weight on the average than those treated with placebo and diet, as determined in relatively short-term clinical trials.

The magnitude of increased weight loss of drug-treated patients over placebo-treated patients is only a fraction of a pound a week. The rate of weight loss is greatest in the first weeks of therapy for both drug and placebo subjects and tends to decrease in succeeding weeks. The origins of the increased weight loss due to the various possible drug effects are not established. The amount of weight loss associated with the use of an "anorectic" drug varies from trial to trial, and the increased weight loss appears to be related in part to variables other than the drug prescribed, such as the physician-investigator, the population treated, and the diet prescribed. Studies do not permit conclusions as to the relative importance of the drug and non-drug factors on weight loss.

The natural history of obesity is measured in years, whereas the studies cited are restricted to a few weeks duration; thus, the total impact of drug-induced weight loss over that of diet alone must be considered clinically limited.

**INDICATIONS**

**Narcolepsy**

**Minimal Brain Dysfunction in Children**—as adjunctive therapy to other remedial measures (psychological, educational, social).

Special Diagnostic Considerations:

Special etiology of Minimal Brain Dysfunction (MBD) is unknown, and there is no single diagnostic test. Adequate diagnosis requires the use not only of medical but of special psychological, educational, and social resources.

The characteristic signs most often observed are chronic history of short attention span, distractibility, emotional lability, impulsivity, moderate to severe hyperactivity, minor neurological signs and abnormal EEG. Learning disabilities may or may not be present. The diagnosis of MBD must be based upon a complete history and evaluation of the child and not solely on the presence of one or more of these signs.

Drug treatment is not indicated for all children with MBD. Appropriate educational placement is essential and psychological or social intervention may be necessary. When remedial measures alone are insufficient, the decision to prescribe stimulant medication will depend upon the physician's assessment of the chronicity and severity of the child's symptoms.

Drug treatment is not intended for use in the child whose hyperactivity is due to environmental factors and/or primary psychiatric disorders.

**Exogenous obesity** as a short-term (a few weeks) adjunct in a regimen of weight reduction based on caloric restriction, for patients refractory to alternative therapy, e.g., repeated diets, group programs, and other drugs. The limited usefulness of amphetamines (see ACTIONS) should be weighed against possible risks inherent in use of the drug, such as those described below.

**CONTRAINDICATIONS**

Advance arteriosclerosis, symptomatic cardiovascular disease, moderate to severe hypertension, hyperthyroidism, known hypersensitivity or idiosyncrasy to the sympathomimetic amines, glaucoma.

Agitated states..

Patients with a history of drug abuse.

During or within 14 days following the administration of monoamine oxidase inhibitors (hypertensive crises may result).

**WARNINGS**

When tolerance to the "anorectic" effect develops, the recommended dose should not be exceeded in an attempt to increase the effect; rather, the drug should be discontinued.

Amphetamines may impair the ability of the patient to engage in potentially hazardous activities such as operating machinery or driving a motor vehicle; the patient should therefore be cautioned accordingly.

**Drug Dependence:** Amphetamines have been extensively abused. Tolerance, extreme psychological dependence, and severe social disability have occurred. There are reports of patients who have increased the dosage to many times that recommended. Abrupt cessation following prolonged high dosage administration results in extreme fatigue and mental depression; changes are alsc noted on the sleep EEG. Manifestations of chronic intoxication with amphetamines include severe dermatoses, marked insomnia, irritability, hyperactivity, and personality changes. The most severe manifestation of chronic intoxication is psychosis, often clinically indistinguishable from schizophrenia.

**Usage in Pregnancy:** Safe use in pregnancy has not been established. Reproduction studies in mammals at high multiples of the human dose have suggested both an embryotoxic and a teratogenic potential. Use of amphetamines by women who are or who may become pregnant, and especially those in the first trimester of pregnancy, requires that the potential benefit be weighed against the possible hazard to mother and infant.

**Usage in Children:** Amphetamines are not recommended for use as anorectic agents in children under 12 years of age.

SEE OTHER SIDE

**PRECAUTIONS**

Caution is to be exercised in prescribing amphetamines for patients with even mild hypertension.

Insulin requirements in diabetes mellitus may be altered in association with the use of amphetamines and the concomitant dietary regimen.

Amphetamines may decrease the hypotensive effect of guanethidine.

The least amount feasible should be prescribed or dispensed at one time in order to minimize the possibility of overdosage.

**ADVERSE REACTIONS**

**Cardiovascular:** Palpitation, tachycardia, elevation of blood pressure.

**Central nervous system:** Overstimulation, restlessness, dizziness, insomnia, euphoria, dysphoria, tremor, headache; rarely, psychotic episodes at recommended doses.

**Gastrointestinal:** Dryness of the mouth, unpleasant taste, diarrhea, constipation, other gastrointestinal disturbances. Anorexia and weight loss may occur as undesirable effects when amphetamines are used for other than the anorectic effect.

**Allergic:** Urticaria.

**Endocrine:** Impotence, changes in libido.

**DOSAGE AND ADMINISTRATION**

Regardless of indication, amphetamines should be administered at the lowest effective dosage and dosage should be individually adjusted. Late evening medication should be avoided because of the resulting insomnia.

1. **Narcolepsy:** Usual dose 5 to 60 milligrams per day in divided doses.
2. **Minimal brain dysfunction:**
   a. Not recommended for children under 3 years of age.
   b. Children from 3 to 5 years of age: 2.5 milligrams daily, raised in increments of 2.5 milligrams at weekly intervals until optimal response is obtained.
   c. Children 6 years of age and older: 5 milligrams once or twice daily, increased in increments of 5 miligrams at weekly intervals. Only in rare cases will it be necessary to exceed a total of 40 milligrams per day.
3. **Obesity:** Usual adult dose 5 to 30 miligrams per day in divided doses.

**OVERDOSAGE**

Manifestations of acute overdosage with amphetamines include restlessness, tremor, hyperreflexia, rapid respiration, confusion, assaultiveness, hallucinations, panic states.

Fatigue and depression usually follow the central stimulation.

Cardiovascular effects include arrhythmias, hypertension or hypotension and circulatory collapse. Gastrointestinal symptoms include nausea, vomiting, diarrhea, and abdominal cramps. Fatal poisoning usually terminates in convulsions and coma.

Management of acute amphetamine intoxication is largely symptomatic and includes lavage and sedation with a barbiturate. Experience with hemodialysis or peritoneal dialysis is inadequate to permit recommendation in this regard. Acidification of the urine increases amphetamine excretion. Intravenous phentolamine (Regitine) has been suggested for possible acute, severe hypertension, if this complicates amphetamine overdosage.

**DOSAGE: ADULTS:** Tablets or Capsules: One tablet or capsule three times a day ½ hour before meals. Third dose should be taken at 4 P.M. to avoid insomnia.

**HOW SUPPLIED**

Available in tablets and capsules for immediate release.

Description:

**DELCOBESE**
for immediate release

| | 5 mg. | 10 mg. | 15 mg. | 20 mg. |
|---|---|---|---|---|
| Dextroamphetamine sulfate | 1.25 mg. | 2.5 mg. | 3.75 mg. | 5 mg. |
| Dextroamphetamine adipate | 1.25 mg. | 2.5 mg. | 3.75 mg. | 5 mg. |
| Amphetamine adipate | 1.25 mg. | 2.5 mg. | 3.75 mg. | 5 mg. |
| Amphetamine sulfate | 1.25 mg. | 2.5 mg. | 3.75 mg. | 5 mg. |

In bottles of 1000's and tins of 5000's.

**CAUTION:** Federal Law Prohibits Dispensing without Prescription.

# DELCOBESE

EACH CAPSULE CONTAINS:

| | |
|---|---|
| Amphetamine Sulfate | 2.5 mg. |
| Dextroamphetamine Sulfate | 2.5 mg. |
| Amphetamine Adipate | 2.5 mg. |
| Dextroamphetamine Adipate | 2.5 mg. |

**CAUTION:** Federal law prohibits dispensing without prescription.

SEE INSERT FOR FULL INFORMATION

1000 CAPSULES

Distributed by
Delco Chemical Co., Inc.

# DELCOBESE

EACH CAPSULE CONTAINS:

| | |
|---|---|
| Amphetamine Sulfate | 3.75 mg. |
| Dextroamphetamine Sulfate | 3.75 mg. |
| Amphetamine Adipate | 3.75 mg. |
| Dextroamphetamine Adipate | 3.75 mg. |

**CAUTION:** Federal law prohibits dispensing without prescription.

SEE INSERT FOR FULL INFORMATION

5000 CAPSULES

NDC 697-2410-10

DELCOBESE

**5 mg.**

EACH CAPSULE CONTAINS:

| | |
|---|---|
| Amphetamine Sulfate | 1.25 mg. |
| Dextroamphetamine Sulfate | 1.25 mg. |
| Amphetamine Adipate | 1.25 mg. |
| Dextroamphetamine Adipate | 1.25 mg. |

**CAUTION:** Federal law prohibits dispensing without prescription.

SEE INSERT FOR FULL INFORMATION

1000 CAPSULES

Distributed by
Delco Chemical Co., Inc. Mt. Vernon, N.Y. 10550

# DELCOBESE

EACH CAPSULE CONTAINS:

| | |
|---|---|
| Amphetamine Sulfate | 5 mg. |
| Dextroamphetamine Sulfate | 5 mg. |
| Amphetamine Adipate | 5 mg. |
| Dextroamphetamine Adipate | 5 mg. |

**CAUTION:** Federal law prohibits dispensing without prescription.

SEE INSERT FOR FULL INFORMATION

1000 CAPSULES

**TRANSMITTAL OF PERIODIC REPORTS FOR DRUGS FOR HUMAN USE**
*(21 CFR 310.300, 310.302, and 431.60)*

DATE SUBMITTED: August 10, 1976

*Form Approved OMB No. 57-R0035*

## INSTRUCTIONS

Submit a separate form *(parts 1 through 4-cartons intact)* for each NDA or Antibiotic Application for which the periodic report contains required reporting information. Attach two copies of report to the form.

Where the same item of information applies to more than one NDA or Antibiotic Application for preparations containing a common active ingredient, that information may be submitted as part of the report for only one such application provided all application numbers to which that part of the report applies are listed in Item 7 and provided a separate form, with duplicate copies of all other required information, is submitted for each number.

Forward form and attachments to Department of Health, Education, and Welfare, Food and Drug Administration *(HFD-106)*, 5600 Fishers Lane, Rockville, Maryland 20852.

1. NDA OR ANDA NUMBER: N 8 3 5 6 4

2. REPORT NO. *(FDA Complete)*: R- 0 3

APPLICANT NOTE
Reference NDA and R numbers *(entered on Acknowledgment Copy)* in any subsequent correspondence regarding report.

3. CFR SECTION NUMBER *(Antibiotic only)*:

4. APPLICANT: DELCO CHEMICAL COMPANY, INC.

5. DRUG NAME: DELCOBESE CAPSULES 5mg., 10mg., 15mg., 20mg.

6. TYPE OF REPORT *(Check one (10))*: [X] QUARTERLY [ ] SEMIANNUAL [ ] ANNUAL [ ] OTHER

7. OTHER NDA/ANTIBIOTIC APPLICATION NUMBERS *(List all numbers if any part of report applies to more than one number.)*

8. PERIOD COVERED BY REPORT

| FROM (11-14) | | TO (15-18) | |
|---|---|---|---|
| YEAR | MONTH | YEAR | MONTH |
| 1976 | May 1 | 1976 | July 31 |

9. REPORT INFORMATION REQUIRED *(See §§ 310.300(a) or 431.60(a) for description)*
*(Enter an "X" in Column A if you have nothing to report. Enter identification of type of information attached in Column C.)*
*(ALWAYS INCLUDE INFORMATION REQUIRED UNDER "f" AND "g".)*

| NONE A | TYPE OF INFORMATION B | IDENTIFICATION *(Volume No.(s)/Tab(s)/Page(s) of Report)* C |
|---|---|---|
| (19) X | a. CLINICAL DATA | Submission Noted - No Action Indicated per Letter 8/19/76 |
| (20) X | b. ADVERSE REACTION(s) | 5mg. Capsules - 73 x 1M ; 62 x 5M 383,500 |
| (21) X | c. ANIMAL DATA | 10mg. Capsules - 232 x 1M ; 129 x 5M 376,500 |
| (22) X | d. CHEMICAL OR PHYSICAL DRUG PROPERTIES | 15mg. Capsules - 555 x 1M ; 187 x 5M 1,490,500 |
| (23) X | e. MANUFACTURING OR CONTROL CHANGES (§§ 314.8 (a) (5)) | 20mg. Capsules - 76 x 1M ; 298 x 5M 566,500 |
| | f. CURRENT PACKAGE LABELING *(Whether or not previously submitted)* | see attached TOTAL: 4,315,000 |
| | g. QUANTITY DISTRIBUTED | see above + No alone pertains gb |

NOTED:
NO MEDICAL REVIEW INDICATED
SIG:
DATE: 8/19/76

TYPED NAME AND TITLE OF RESPONSIBLE OFFICIAL OR AGENT
Louis Cohen, President

SIGNATURE: Louis Cohen

APPLICANTS RETURN ADDRESS *(Type within the window envelope tic marks)*

DELCO CHEMICAL COMPANY, INC.
7 MacQuesten Parkway North
Mt. Vernon, New York 10550

*FDA USE ONLY*

10. DATE OF RECEIPT: 26 08 17

11. REPORT FILED IN NDA NO.: N 3564

12. DIV CODE (78): 1

13. TYPE CARD (80): S

14. FDA ACKNOWLEDGMENT: RECEIVED AUG 17 1976 BUREAU OF DRUGS

FORM FD 2252 (11-74)

ORIGINAL

# DELCOBESE

## (A SINGLE ENTITY AMPHETAMINE PREPARATION)

**Amphetamines have a high potential for abuse. They should thus be tried only in weight reduction programs for patients in whom alternative therapy has been ineffective. Administration of amphetamines for prolonged period of time in obesity may lead to drug dependence and must be avoided. Particular attention should be paid to the possibility of subjects obtaining amphetamines for non-therapeutic use or distribution to others, and the drugs should be prescribed or dispensed sparingly.**

**Description:** Delcobese is a Single entity amphetamine preparation containing the dextro and dextrolaevo isomers of Amphetamine Adipate and Amphetamine Sulfate.

**Actions:** Amphetamines are sympathomimetic amines wtih CNS stimulant activity. Peripheral actions include elevation of systolic and diastolic blood pressures and weak bronchodilator and respiratory stimulant action.

Drugs of this class used in obesity are commonly known as "anorectics" or "anorexigenics". It has not been established, however, that the action of such drugs in treating obesity is primarily one of appetite suppression. Other central nervous system actions, or metabolic effects, may be involved, for example.

Adult obese subjects instructed in dietary management and treated with "anorectic" drugs, lose more weight on the average than those treated with placebo and diet, as determined in relatively short-term clinical trials.

The magnitude of increased weight loss of drug-treated patients over placebo-treated patients is only a fraction of a pound a week. The rate of weight loss is greatest in the first weeks of therapy for both drug and placebo subjects and tends to decrease in succeeding weeks. The origins of the increased weight loss due to the various possible drug effects are not established. The amount of weight loss associated with the use of an "anorectic" drug varies from trial to trial, and the increased weight loss appears to be related in part to variables other than the drug prescribed, such as the physician-investigator, the population treated, and the diet prescribed. Studies do not permit conclusions as to the relative importance of the drug and non-drug factors on weight loss.

The natural history of obesity is measured in years, whereas the studies cited are restricted to a few weeks duration; thus, the total impact of drug-induced weight loss over that of diet alone must be considered clinically limited.

**INDICATIONS**

**Narcolepsy**

**Minimal Brain Dysfunction in Children**—as adjunctive therapy to other remedial measures (psychological, educational, social).

Special Diagnostic Considerations:

Special etiology of Minimal Brain Dysfunction (MBD) is unknown, and there is no single diagnostic test. Adequate diagnosis requires the use not only of medical but of special psychological, educational, and social resources.

The characteristic signs most often observed are chronic history of short attention span, distractibility, emotional lability, impulsivity, moderate to severe hyperactivity, minor neurological signs and abnormal EEG. Learning disabilities may or may not be present. The diagnosis of MBD must be based upon a complete history and evaluation of the child and not solely on the presence of one or more of these signs.

Drug treatment is not indicated for all children with MBD. Appropriate educational placement is essential and psychological or social intervention may be necessary. When remedial measures alone are insufficient, the decision to prescribe stimulant medication will depend upon the physician's assessment of the chronicity and severity of the child's symptoms.

Drug treatment is not intended for use in the child whose hyperactivity is due to environmental factors and/or primary psychiatric disorders.

**Exogenous obesity** as a short-term (a few weeks) adjunct in a regimen of weight reduction based on caloric restriction, for patients refractory to alternative therapy, e.g., repeated diets, group programs, and other drugs. The limited usefulness of amphetamines (see ACTIONS) should be weighed against possible risks inherent in use of the drug, such as those described below.

**CONTRAINDICATIONS**

Advance arteriosclerosis, symptomatic cardiovascular disease, moderate to severe hypertension, hyperthyroidism, known hypersensitivity or idiosyncrasy to the sympathomimetic amines, glaucoma.

Agitated states..

Patients with a history of drug abuse.

During or within 14 days following the administration of monoamine oxidase inhibitors (hypertensive crises may result).

**WARNINGS**

When tolerance to the "anorectic" effect develops, the recommended dose should not be exceeded in an attempt to increase the effect; rather, the drug should be discontinued.

Amphetamines may impair the ability of the patient to engage in potentially hazardous activities such as operating machinery or driving a motor vehicle; the patient should therefore be cautioned accordingly.

**Drug Dependence:** Amphetamines have been extensively abused. Tolerance, extreme psychological dependence, and severe social disability have occurred. There are reports of patients who have increased the dosage to many times that recommended. Abrupt cessation following prolonged high dosage administration results in extreme fatigue and mental depression; changes are also noted on the sleep EEG. Manifestations of chronic intoxication with amphetamines include severe dermatoses, marked insomnia, irritability, hyperactivity, and personality changes. The most severe manifestation of chronic intoxication is psychosis, often clinically indistinguishable from schizophrenia.

**Usage in Pregnancy:** Safe use in pregnancy has not been established. Reproduction studies in mammals at high multiples of the human dose have suggested both an embryotoxic and a teratogenic potential. Use of amphetamines by women who are or who may become pregnant, and especially those in the first trimester of pregnancy, requires that the potential benefit be weighed against the possible hazard to mother and infant.

**Usage in Children:** Amphetamines are not recommended for use as anorectic agents in children under 12 years of age.

SEE OTHER SIDE

**PRECAUTIONS**

Caution is to be exercised in prescribing amphetamines for patients with even mild hypertension.

Insulin requirements in diabetes mellitus may be altered in association with the use of amphetamines and the concomitant dietary regimen.

Amphetamines may decrease the hypotensive effect of guanethidine.

The least amount feasible should be prescribed or dispensed at one time in order to minimize the possibility of overdosage.

**ADVERSE REACTIONS**

**Cardiovascular:** Palpitation, tachycardia, elevation of blood pressure.

**Central nervous system:** Overstimulation, restlessness, dizziness, insomnia, euphoria, dysphoria, tremor, headache; rarely, psychotic episodes at recommended doses.

**Gastrointestinal:** Dryness of the mouth, unpleasant taste, diarrhea, constipation, other gastrointestinal disturbances. Anorexia and weight loss may occur as undesirable effects when amphetamines are used for other than the anorectic effect.

**Allergic:** Urticaria.

**Endocrine:** Impotence, changes in libido.

**DOSAGE AND ADMINISTRATION**

Regardless of indication, amphetamines should be administered at the lowest effective dosage and dosage should be individually adjusted. Late evening medication should be avoided because of the resulting insomnia.

1. **Narcolepsy:** Usual dose 5 to 60 milligrams per day in divided doses.
2. **Minimal brain dysfunction:**
   a. Not recommended for children under 3 years of age.
   b. Children from 3 to 5 years of age: 2.5 milligrams daily, raised in increments of 2.5 milligrams at weekly intervals until optimal response is obtained.
   c. Children 6 years of age and older: 5 milligrams once or twice daily, increased in increments of 5 miligrams at weekly intervals. Only in rare cases will it be necessary to exceed a total of 40 milligrams per day.
3. **Obesity:** Usual adult dose 5 to 30 miligrams per day in divided doses.

**OVERDOSAGE**

Manifestations of acute overdosage with amphetamines include restlessness, tremor, hyperreflexia, rapid respiration, confusion, assaultiveness, hallucinations, panic states.

Fatigue and depression usually follow the central stimulation.

Cardiovascular effects include arrhythmias, hypertension or hypotension and circulatory collapse. Gastrointestinal symptoms include nausea, vomiting, diarrhea, and abdominal cramps. Fatal poisoning usually terminates in convulsions and coma.

Management of acute amphetamine intoxication is largely symptomatic and includes lavage and sedation with a barbiturate. Experience with hemodialysis or peritoneal dialysis is inadequate to permit recommendation in this regard. Acidification of the urine increases amphetamine excretion. Intravenous phentolamine (Regitine) has been suggested for possible acute, severe hypertension, if this complicates amphetamine overdosage.

**DOSAGE: ADULTS:** Tablets or Capsules: One tablet or capsule three times a day ½ hour before meals. Third dose should be taken at 4 P.M. to avoid insomnia.

**HOW SUPPLIED**

Available in tablets and capsules for immediate release.

Description:

**DELCOBESE**
for immediate release

| | 5 mg. | 10 mg. | 15 mg. | 20 mg. |
|---|---|---|---|---|
| Dextroamphetamine sulfate | 1.25 mg. | 2.5 mg. | 3.75 mg. | 5 mg. |
| Dextroamphetamine adipate | 1.25 mg. | 2.5 mg. | 3.75 mg. | 5 mg. |
| Amphetamine adipate | 1.25 mg. | 2.5 mg. | 3.75 mg. | 5 mg. |
| Amphetamine sulfate | 1.25 mg. | 2.5 mg. | 3.75 mg. | 5 mg. |

In bottles of 1000's and tins of 5000's.

**CAUTION:** Federal Law Prohibits Dispensing without Prescription.

NDC 697-2410-[illegible]

# DELCOBESE
## 5 mg.

EACH CAPSULE CONTAINS:

| | |
|---|---|
| Amphetamine Sulfate | 1.25 mg. |
| Dextroamphetamine Sulfate | 1.25 mg. |
| Amphetamine Adipate | 1.25 mg. |
| Dextroamphetamine Adipate | 1.25 mg. |

**CAUTION:** Federal law prohibits dispensing without prescription.

SEE INSERT FOR FULL INFORMATION

1000 CAPSULES

Distributed by

[illegible] Chemical Co., Inc. [illegible]

# DELCOBESE
## 5 mg.

EACH CAPSULE CONTAINS:

| | |
|---|---|
| Amphetamine Sulfate | 1.25 mg. |
| Dextroamphetamine Sulfate | 1.25 mg. |
| Amphetamine Adipate | 1.25 mg. |
| Dextroamphetamine Adipate | 1.25 mg. |

**CAUTION:** Federal law prohibits dispensing without prescription.

SEE INSERT FOR FULL INFORMATION

5000 CAPSULES NDC 697-2410-51

# DELCOBESE

EACH CAPSULE CONTAINS:

| | |
|---|---|
| Amphetamine Sulfate | 2.5 mg. |
| Dextroamphetamine Sulfate | 2.5 mg. |
| Amphetamine Adipate | 2.5 mg. |
| Dextroamphetamine Adipate | 2.5 mg. |

CII

**CAUTION:** Federal law prohibits dispensing without prescription.

SEE INSERT FOR FULL INFORMATION

1000 CAPSULES NDC 697-2450-10

# DELCOBESE

EACH CAPSULE CONTAINS:

| | |
|---|---|
| Amphetamine Sulfate | 2.5 mg. |
| Dextroamphetamine Sulfate | 2.5 mg. |
| Amphetamine Adipate | 2.5 mg. |
| Dextroamphetamine Adipate | 2.5 mg. |

CII

**CAUTION:** Federal law prohibits dispensing without prescription.

SEE INSERT FOR FULL INFORMATION

5000 CAPSULES

# DELCOBESE

EACH CAPSULE CONTAINS:

| | |
|---|---|
| Amphetamine Sulfate | 3.75 mg. |
| Dextroamphetamine Sulfate | 3.75 mg. |
| Amphetamine Adipate | 3.75 mg. |
| Dextroamphetamine Adipate | 3.75 mg. |

**CAUTION:** Federal law prohibits dispensing without prescription.

SEE INSERT FOR FULL INFORMATION

1000 CAPSULES NDC 697-2490-10

C II

# DELCOBESE

EACH CAPSULE CONTAINS:

| | |
|---|---|
| Amphetamine Sulfate | 3.75 mg. |
| Dextroamphetamine Sulfate | 3.75 mg. |
| Amphetamine Adipate | 3.75 mg. |
| Dextroamphetamine Adipate | 3.75 mg. |

**CAUTION:** Federal law prohibits dispensing without prescription.

SEE INSERT FOR FULL INFORMATION

5000 CAPSULES NDC 697-2490-51

C II

# DELCOBESE

EACH CAPSULE CONTAINS:

| | |
|---|---|
| Amphetamine Sulfate | 5 mg. |
| Dextroamphetamine Sulfate | 5 mg. |
| Amphetamine Adipate | 5 mg. |
| Dextroamphetamine Adipate | 5 mg. |

CAUTION: Federal law prohibits dispensing without prescription.

SEE INSERT FOR FULL INFORMATION

1000 CAPSULES NDC 697-2530-10

C II

# DELCOBESE

EACH CAPSULE CONTAINS:

| | |
|---|---|
| Amphetamine Sulfate | 5 mg. |
| Dextroamphetamine Sulfate | 5 mg. |
| Amphetamine Adipate | 5 mg. |
| Dextroamphetamine Adipate | 5 mg. |

CAUTION: Federal law prohibits dispensing without prescription.

SEE INSERT FOR FULL INFORMATION

5000 CAPSULES NDC 697-2530-51

C II