



NDA 8-708/S-025

WellSpring Pharmaceutical Corporation
Attention: James Booker
Director, Quality and Regulatory Affairs
9040 Town Center Parkway, Suite 205
Bradenton, FL 34202-4101

Dear Mr. Booker:

Please refer to your supplemental new drug application (NDA) dated September 14, 2007, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Dibenzyline (phenoxybenzamine hydrochloride), 10 mg Capsules.

We also refer to your submission dated March 20, 2008.

This supplemental new drug application provides for the following changes to the approved package insert:

1. In the **PRECAUTIONS/Carcinogenesis and Mutagenesis** section of the package insert, changing the following text

FROM

Carcinogenesis and Mutagenesis

Phenoxybenzamine hydrochloride showed *in vitro* mutagenic activity in the Ames test and mouse lymphoma assay; it did not show mutagenic activity *in vivo* in the micronucleus test in mice. In rats and mice, repeated intraperitoneal administration of phenoxybenzamine hydrochloride (three times per week for up to 52 weeks) resulted in peritoneal sarcomas. Chronic oral dosing in rats (for up to 2 years) produced malignant tumors of the small intestine and non-glandular stomach, as well as ulcerative and/or erosive gastritis of the glandular stomach. Whereas squamous cell carcinomas of the non-glandular stomach were observed at all tested doses of phenoxybenzamine hydrochloride, there was a no-observed-effect-level of 10 mg/kg for tumors (carcinomas and sarcomas) of the small intestine. This dose is, on a body surface area basis, about twice the maximum recommended human dosage of 20 mg b.i.d.

TO (underline shows added text)

Carcinogenesis and Mutagenesis

Case reports of carcinoma in humans after long-term treatment with phenoxybenzamine have been reported. Hence, long-term use of phenoxybenzamine is not recommended. Carefully weigh the benefits and risks before prescribing this drug.

Phenoxybenzamine hydrochloride showed *in vitro* mutagenic activity in the Ames test and mouse lymphoma assay; it did not show mutagenic activity *in vivo* in the micronucleus test in mice. In rats and mice, repeated intraperitoneal administration of phenoxybenzamine hydrochloride (three times per week for up to 52 weeks) resulted in peritoneal sarcomas. Chronic oral dosing in rats (for up to 2 years) produced malignant tumors of the small intestine and non-glandular stomach, as well as ulcerative and/or erosive gastritis of the glandular stomach. Whereas squamous cell carcinomas of the non-glandular stomach were observed at all tested doses of phenoxybenzamine hydrochloride, there was a no-observed-effect-level of 10 mg/kg for tumors (carcinomas and

sarcomas) of the small intestine. This dose is, on a body surface area basis, about twice the maximum recommended human dosage of 20 mg b.i.d.

2. In the **DOSAGE AND ADMINISTRATION** section of the package insert, changing the following text

FROM

DOSAGE AND ADMINISTRATION

The dosage should be adjusted to fit the needs of each patient. Small initial doses should be *slowly* increased until the desired effect is obtained or the side effects from blockade become troublesome. *After each increase, the patient should be observed on that level before instituting another increase.* The dosage should be carried to a point where symptomatic relief and/or objective improvement are obtained, but not so high that the side effects from blockade become troublesome.

Initially, 10 mg of Dibenzylamine (phenoxybenzamine hydrochloride) twice a day. Dosage should be increased every other day, usually to 20 to 40 mg 2 or 3 times a day, until an optimal dosage is obtained, as judged by blood pressure control.

TO (underline shows added text)

DOSAGE AND ADMINISTRATION

The dosage should be adjusted to fit the needs of each patient. Small initial doses should be *slowly* increased until the desired effect is obtained or the side effects from blockade become troublesome. *After each increase, the patient should be observed on that level before instituting another increase.* The dosage should be carried to a point where symptomatic relief and/or objective improvement are obtained, but not so high that the side effects from blockade become troublesome.

Initially, 10 mg of Dibenzylamine (phenoxybenzamine hydrochloride) twice a day. Dosage should be increased every other day, usually to 20 to 40 mg 2 or 3 times a day, until an optimal dosage is obtained, as judged by blood pressure control.

Long-term use of phenoxybenzamine is not recommended (see **PRECAUTIONS Carcinogenesis and Mutagenesis**).

We have completed our review of this application, as amended. This application is approved, effective on the date of this letter, for use as recommended in the enclosed electronic agreed-upon labeling text. We will transmit the SPL version of the labeling, with minor edits, received on March 25, 2008 to the National Library of Medicine for public dissemination.

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

MEDWATCH
Food and Drug Administration
5515 Security Lane
HFD-001, Suite 5100
Rockville, MD 20852

Marketing the product with labeling that is not identical to the approved labeling text may render the product misbranded and an unapproved new drug.

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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, please call Dan Brum, Pharm.D., MBA, Regulatory Health Project Manager, at (301)796-0578.

Sincerely,

{See appended electronic signature page}

Norman Stockbridge, M.D., Ph.D.
Director
Division of Cardiovascular and Renal Products
Office of Drug Evaluation I
Center for Drug Evaluation and Research

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

/s/

Norman Stockbridge
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