

CENTER FOR DRUG EVALUATION AND RESEARCH

Approval Package for:

APPLICATION NUMBER:
ANDA 76-894/S-003

Name: Toremide Tablets, 5 mg, 10 mg, 10 mg, and 100 mg

Sponsor: Apotex Corp.

Approval Date: May 9, 2008

CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER:
ANDA 76-894/S-003

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APPLICATION NUMBER:
ANDA 76-894/S-003

APPROVAL LETTER

ANDA 76-894/S-003

Apotex Corp.
U.S. Agent for Apotex Inc.
Attention: Kiran Krishnan
2400 N. Commerce Parkway
Suite 400
Weston, FL 33326

Dear Sir:

This is in reference to your supplemental new drug application dated September 5, 2007, submitted under section 505(j) of the Federal Food, Drug, and Cosmetic Act, regarding your abbreviated new drug application for Torsemide Tablets, 5 mg, 10 mg, 20 mg, and 100 mg.

This supplemental application, submitted as a "Supplement Changes Being Effected in 30 Days", provides for a change in the manufacturing process.

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

We remind you that you must comply with the requirements for an approved abbreviated new drug application described in 21 CFR 314.80-81.

The material submitted is being retained in our files.

Sincerely yours,

{See appended electronic signature page}

Rashmikant M. Patel, Ph.D.
Director
Division of Chemistry I
Office of Generic Drugs
Center for Drug Evaluation and Research

ANDA 76-894/S-003
Division File
Field Copy

Endorsements:

HFD-620/K.Woodland/April 10,2008
HFD-620/R.Bykadi, Ph.D./ April 17, 2008
HFD-617/B.Danso, Pharm.D./5-2-08

V:\CHEMISTRY DIVISION I\TEAM 5\FINAL VERSION FOR DFS
(SUPP)\76894S03.RV1.DOC

APPROVABLE

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/s/

Kathy P. Woodland
5/6/2008 10:46:57 AM
CHEMIST

Gururaj Bykadi
5/6/2008 03:31:10 PM
CHEMIST

Benjamin Danso
5/8/2008 12:48:52 PM
CSO

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/s/

Paul Schwartz
5/9/2008 04:49:11 PM
Signed for R. Patel

CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER:
ANDA 76-894/S-003

CHEMISTRY REVIEW

Office of Generic Drugs
Chemistry, Manufacturing, and Control Review
Chemistry Review No. 1

ANDA 76-894/S-003

NAME AND ADDRESS OF APPLICANT:

Apotex, Inc.
150 Signet Drive
Toronto, Ontario
Canada M9L 1T9

US Agent:
Apotex Corp.
2400 N. Commerce Parkway, Suite 400
Weston, FL 33326

PURPOSE OF AMENDMENT/SUPPLEMENT:

CBE-30:
Change in the manufacturing process.

AMENDMENTS AND OTHER DATES:

Original supplement submission September 5, 2007

PHARMACOLOGICAL CATEGORY:

Treatment of edema associated with congestive heart failure, renal disease, or hepatic disease. Treatment of hypertension alone or in combination with other antihypertensive agents.

NONPROPRIETARY NAME: Torsemide Tablets

<u>DOSAGE FORM:</u>	<u>STRENGTH:</u>	<u>R_x/OTC:</u>	<u>RECALLS</u>
Tablets	5 mg, 10 mg, 20 mg 100 mg	Rx	None

TRADE NAME N/A ESTABLISHMENT INSPECTION N/A

RELATED IND/NDA/DMF(s): N/A

STERILIZATION N/A LABELING N/A SAMPLES N/A

BIOEQUIVALENCY STATUS N/A

ORDER OF REVIEW: The application submission(s) covered by this review was taken in the date order of receipt

Yes No

If no, explain reason(s) below:

COMPONENTS, COMPOSITION, MANUFACTURING, CONTROLS see next pages

REMARKS AND CONCLUSION: Approvable

REVIEWER:
Kathy P. Woodland

DATE COMPLETED:
April 10, 2008

**APPEARS THIS WAY
ON ORIGINAL**

ANDA 76-894/S-003

Chemistry Review #1

The applicant is proposing a change in the manufacturing process. The changes include the following:

- A change to eliminate the

[

- A change to reduce the

[

]

]

To support the changes the following were submitted:

- Executed batch record. *Acceptable*
- Drug product COAs *Acceptable*
- Comparative dissolution data for original bio batch (FD2133) vs. batch manufactured with proposed changes (HM1578), f2 value of 62, within limits. *Acceptable*
- Revised master manufacturing documents *Acceptable*
- Stability, Batch HM1578 has been placed on room temperature stability. *Acceptable*

The supplement is approvable.

APPEARS THIS WAY
ON ORIGINAL

CENTER FOR DRUG EVALUATION AND RESEARCH

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ADMINISTRATIVE and CORRESPONDENCE
DOCUMENTS

CBE Routing Form

This form is to accompany all CBE Supplements. Upon completion, File in DFS.

I. To be completed:

LETTER DATE: 9/5/07

APPLICATION: 76894 SUPPLEMENT(S): S-003

Submitted as: CBE-Zero CBE-30 Labeling CBE

II. To be completed by the Chemistry/Micro Division Staff:

This qualifies as:

Chemistry and/or Micro PM	Chemistry and/or Micro TL	Chem. Div./ Deputy Div. Dir. *
CBE-30	CBE-30	SELECT CBE TYPE
Endorsement: se for BD see below sec. 4 & 5	Endorsement: R Bykadi see below sec. 4 & 5	Endorsement:

* Div/ Deputy Director Signature needed only when:

1.) CBE is elevated to a PAS or 2.) PM/TL recommend different actions

III. **Labeling CBE:**

Granted: <input type="checkbox"/> Denied: <input type="checkbox"/>
Team Leader Endorsement: _____ Decision Date: _____

IV. **Basis for Decision/Comments:**
VII-C-1b

V. **Approval By Inspection:**

Upon review at the Team level it was determined that the supportive data provided for the proposed change is sufficient for the approval of the supplement and needs no further input from the primary reviewer.

Changes deemed via TL: Acceptable By-Inspection: YES

Comments/Endorsement:

VI. Project Manager Chemistry Team: Team 5

Prepare letter and notify applicant by telephone when CBE is denied because it is a Prior Approval Supplement. DATE: _____

Notify applicant by telephone that inappropriate CBE category used. DATE: _____

Request that applicant withdraw supplement, and submit the changes with the next Annual Report. DATE: _____

VII. Document Room: Record appropriate CBE code and file in archival submission.

Granted (GR); Doesn't qualify, inappropriate CBE category (DC); Doesn't qualify, it's AR (DA); Doesn't qualify, it's a PAS (DN)

FINAL DECISION: GRANTED (GR) DATE: 9/20/07

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/s/

Gururaj Bykadi
9/20/2007 01:53:27 PM