

CENTER FOR DRUG EVALUATION AND RESEARCH

Approval Package for:

APPLICATION NUMBER:

20-406/S019

Trade Name: Prevacid Delayed Release Capsules

Generic Name: (lansoprazole)

Sponsor: TAP Holdings Inc

Approval Date: September 17, 1997

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APPLICATION NUMBER:

20-406/S019

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RESEARCH**

APPLICATION NUMBER:
NDA 20-406/S019

APPROVAL LETTER

NDA 20-406/S-019

TAP Holdings Inc.
Attention: Judy Decker Wargel
2355 Waukegan Road
Deerfield, IL 60015

SEP 17 1997

Dear Ms. Wargel:

Please refer to your supplemental new drug application dated February 14, 1997, received February 18, 1997, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Prevacid^(R) (lansoprazole) Delayed-Release Capsules.

We acknowledge receipt of your submissions dated July 16 and August 27, 1997.

b(4)

The supplemental application provides for an additional manufacturing facility for the drug substance

b(4)

b(4)

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 NDA set forth under 21 CFR 314.80 and 314.81.

If you have any questions, please contact Maria R. Walsh, M.S., Project Manager, at (301) 443-0487.

Sincerely yours,

Eric P. Duffy 9/17/97

Eric P. Duffy, Ph.D.
Chemistry Team Leader
Division of Gastrointestinal and Coagulation Drug
Products
Office of Drug Evaluation III
Center for Drug Evaluation and Research

NDA 20-406/S-019

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cc:

Original NDA 20-406/S-019

HFD-180/Div. Files

HFD-180/CSO/M. Walsh

HFD-180/A. Shaw

E. Duffy

HFD-820/ONDC Division Director

HFD-92/DDM-DIAB

DISTRICT OFFICE

Drafted by: M. Walsh 9/17/97

Initialed by: E. Duffy 9/17/97

final: M. Walsh 9/17/97

filename: 20406S19.AP

APPROVAL (AP)

**CENTER FOR DRUG EVALUATION AND
RESEARCH**

APPLICATION NUMBER:
NDA 20-406/S019

APPROVABLE LETTER

60-1

NDA 20-406/S-019

JUN 17 1997

TAP Holdings Inc.
Attention: Judy Decker Wargel
2355 Waukegan Road
Deerfield, IL 60015

Dear Ms. Wargel:

Please refer to your supplemental new drug application dated February 14, 1997, received February 18, 1997, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Prevacid[®] (lansoprazole) Delayed-Release Capsules.

The supplemental application provides for an additional _____ **b(4)**
manufacturing facility in _____ **b(4)** the starting material of the drug substance.

We have completed the review of this supplemental application and it is approvable. Before this supplement may be approved, however, it will be necessary for you to do the following.

1. _____ **b(4)**
 - A. _____ **b(4)**
 - B. _____ **b(4)**
 - C. _____ **b(4)**
2. _____ **b(4)**
 - _____ **b(4)**

Please provide information regarding the absence of these possible impurities _____ **b(4)** the new procedure.

3. Please provide the address of the proposed _____ **b(4)** facility and also indicate whether the facility is dedicated to pharmaceutical manufacturing.

NDA 20-406/S-019

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Within 10 days after the date of this letter, you are required to amend the supplemental application, notify us of your intent to file an amendment, or follow one of your other options under 21 CFR 314.110. In the absence of such action FDA may take action to withdraw the application.

This change may not be implemented until you have been notified in writing that this supplemental application is approved.

If you have any questions, please contact Maria R. Walsh, M.S., Project Manager, at (301) 443-0487.

Sincerely yours,

ERIC P. DUFFY

6/12/97

Eric P. Duffy, Ph.D.

Chemistry Team Leader

Division of Gastrointestinal and Coagulation Drug
Products

Office of Drug Evaluation III

Center for Drug Evaluation and Research

NDA 20-406/S-019
Page 3

cc:

Original NDA 20-406/S-019

HFD-180/Div. Files

HFD-92/DDM-DIAB

HFD-180/CSO/M. Walsh

HFD-180/A. Shaw

E. Duffy

DISTRICT OFFICE

ABS 6/13/97

Drafted by: M. Walsh 6/9/97

Initialed by: E. Duffy 6/9/97

Final: M. Walsh 6/9/97

C:\wpfiles\cso\n\20406S19.ap

APPROVABLE (AE)

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RESEARCH**

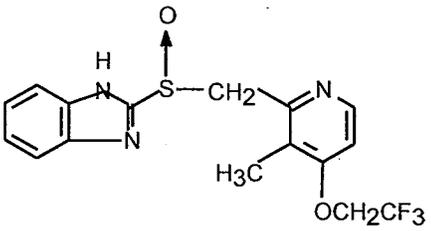
APPLICATION NUMBER:
NDA 20-406/S019

CHEMISTRY REVIEW(S)

68.1

CHEMIST'S REVIEW 3		1. Organization: HFD-180		2. NDA Number: 20-406	
3. Name and Address of Applicant (City & State): TAP Holdings, Inc. Annockburn Lake Plaza 2355 Waukegan Road Deerfield, IL 60015				4. AF Number: SEP 16 1997	
6. Name of Drug: Prevacid®				7. Nonproprietary Name: lansoprazole	
8. Supplement Provides for: qualification of _____, manufacturing facility _____ _____ _____				9. Amendments and Other Reports, etc.) Dates: BC July 16, 1997 BC August 27, 1997	
10. Pharmacological Category: anti-ulcer				11. How Dispensed: RX <input checked="" type="checkbox"/> OTC <input type="checkbox"/>	
13. Dosage Form: Delayed-Release Capsules				14. Potency: 15 and 30 mg	
15. Chemical Name and Structure: 2-[[[3-methyl-4-(2,2,-trifluoroethoxy)-2-pyridyl-]methyl]-sulfinyl]benzimidazole				12. Related IND/NDA/DMF(s):	
				16. Records and Reports: Current Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
				Reviewed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
17. Comments: In response to our letter dated August 8, 1997 the applicant has provided data to demonstrate the absence of the possible impurities _____ _____ _____ b(4)					
new procedure. ACCEPTABLE cc: NDA 20-406/SCM-019 HFD-180/Div File HFD-181/CSO HFD-180/LTalarico HFD-180/AShaw HFD-180/EDuffy R/D init by: EDuffy 9/12/97 EDUFFY 9/16/97 ABS/F/T abs /WP: N:\WPFILES\CHEM\FINAL\SUP\20406019.3AS					
18. Conclusions and Recommendations: The applicant should be sent an Approval Letter (AP).					
19. Reviewer					
Name: Arthur B. Shaw, Ph. D.		Signature <i>Arthur B. Shaw</i>		Date Completed: September 9, 1997	

60.1

CHEMIST'S REVIEW 1		1. Organization: HFD-180	2. NDA Number: 20-406
3. Name and Address of Applicant (City & State): TAP Holdings, Inc. Bannockburn Lake Plaza 2355 Waukegan Road Deerfield, IL 60015		4. AF Number: JUN - 5 1997	
6. Name of Drug: Prevacid®		7. Nonproprietary Name: lansoprazole	5. Supplement Numbers Dates SCM-019 February 14, 1997
8. Supplement Provides for: qualification of a		9. Amendments and Other (Reports, etc.) Dates:	
10. Pharmacological Category: anti-ulcer		11. How Dispensed: RX <input checked="" type="checkbox"/> OTC <input type="checkbox"/>	12. Related IND/NDA/DMF (s):
13. Dosage Form: Delayed-Release Capsules		14. Potency: 15 and 30 mg	16. Records and Reports: Current Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Reviewed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
15. Chemical Name and Structure: 2-[[[3-methyl-4-(2,2,-trifluoroethoxy)-2-pyridyl-]methyl]-sulfinyl]benzimidazole			
17. Comments: Review notes show tables comparing new and old procedures. cc: NDA 20-406/SCM-019 HFD-180/Div File HFD-181/CSO HFD-180/SFredd HFD-180/AShaw R/D init by: EDuffy/6-2-97 EDUFFY 6/5/97 ABS/dob F/T 6-3-97/WP: c:\wpfiles\chem\S\20406019.1AS			
18. Conclusions and Recommendations: The applicant should be sent an Approvable letter.			
19. Reviewer			
Name: Arthur B. Shaw, Ph. D.		Signature Arthur B. Shaw	Date Completed: 8/3/97 April 9, 1997

5 Page(s) Withheld

✓ § 552(b)(4) Trade Secret /
Confidential

 § 552(b)(4) Draft Labeling

 § 552(b)(5) Deliberative Process

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RESEARCH**

APPLICATION NUMBER:
NDA 20-406/S019

ADMINISTRATIVE and CORRESPONDENCE
DOCUMENTS

60.1

NDA 20-406/S-019

TAP Holdings Inc.
Attention: Judy Decker Wargel
2355 Waukegan Road
Deerfield, IL 60015

FEB 25 1997

Dear Ms. Wargel:

We acknowledge receipt of your supplemental application for the following:

Name of Drug Product: Prevacid (lansoprazole) Delayed-Release Capsules

NDA Number: NDA 20-406

Supplement Number: S-019

Therapeutic Classification: Standard

Date of Supplement: February 14, 1997

Date of Receipt: February 18, 1997

This supplement provides for an additional manufacturing facility for the starting material of the drug substance.

Unless we notify you within 60 days of our receipt date that the application is not sufficiently complete to permit a substantive review, this application will be filed under section 505(b) of the Act on April 18, 1997 in accordance with 21 CFR 314.101(a).

All communications concerning this supplemental application should be addressed as follows:

Food and Drug Administration
Center for Drug Evaluation and Research
Division of Gastrointestinal and Coagulation Drug Products,
HFD-180
Attention: DOCUMENT CONTROL ROOM
5600 Fishers Lane
Rockville, Maryland 20857

NDA 20-406/S-019

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If you have any questions, please contact me at (301) 443-0487.

Sincerely yours,

Maria R. Walsh, M.S.
Project Manager
Division of Gastrointestinal and
Coagulation Drug Products
Office of Drug Evaluation III
Center for Drug Evaluation and Research

cc:

Original NDA 20-406/S-019

HFD-180/Div. Files

HFD-180/PM/M. Walsh

HFD-180/E. Duffy

A. Shaw

DISTRICT OFFICE

MRW 2/24/97

Final: M. Walsh 2/24/97

SUPPLEMENT ACKNOWLEDGEMENT (AC)



TAP HOLDINGS INC.
parent of TAP Pharmaceuticals Inc.

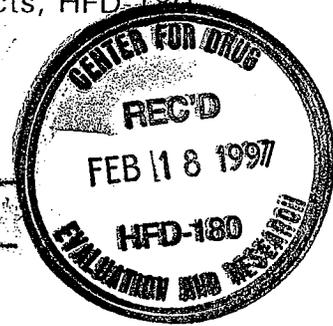
2/11/97
SR

Bannockburn Lake Office Plaza
2355 Waukegan Rd.
Deerfield, IL 60015

February 14, 1997

Division of Gastrointestinal and Coagulation Drug Products, HFD-180
Document Control Room 6B-24
Center for Drug Evaluation and Research
Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20857

NDA NO. 20-406 SUPPL. NO. 019
NDA SUPPL. NO. SCM



Attn: Stephen B. Fredd, M.D.

RE: PREVACID® (Lansoprazole) Delayed-Release Capsules
NDA: 20-406
Supplemental Application for Manufacturing Change/
New Facility

SNDA 019

Dear Dr. Fredd:

The sponsor, TAP Holdings Inc., submits this Supplemental Application under the provisions of Section 505 (i) of the Federal Food, Drug, and Cosmetic Act and 21 CFR 314.70 (b) (3).

The purpose of this supplement is to qualify a second manufacturing facility for _____ to _____ the starting material for manufacturing lansoprazole. This second facility, located _____

b(4)
b(4)

Several changes have also been made to the manufacturing process in this new facility. These changes are thoroughly described in the overview as well as in the appended reports.

_____ has produced _____ lots of lansoprazole drug substance _____ placed them on stability. Interim results are presented in _____ manufacturing procedure. Both 15 mg and 30 mg capsules _____ stability. This plan was presented to the Agency on June 10, 1996 (IND Amendment No. 294) and their concurrence received by letter dated July 22, 1996. Results showed no difference in the stability profile _____

b(4)
b(4)
b(4)
b(4)
b(4)
b(4)

b(4)

_____ A comparison of results in tabular form is included as well as the stability reports.



b(4)

b(4)

with Ms. Walsh on January 7, 1997).

(teleconference

If you have any questions, please direct them to my attention.

Sincerely,

Judy Decker Wargel
Associate Director, Regulatory Affairs
Phone: (847) 317-5781
Fax: (847) 317-5795

JDW/pjp

601

USER FEE DATA ENTRY/VALIDATION FORM

Ver.2 (9/1/93)

NDA # 20-406 DOCUMENT ID/LETTER DATE SCMO19 2/14/97 - 2/18/97
APPLICANT NAME Top Holding LLC
PRODUCT NAME Pevacid DRC

FORM MUST BE COMPLETED BY (10 DAYS FROM DOCUMENT RECEIPT):

1. YES NO CLINICAL DATA? [Check YES if contains study reports or literature reports of what are explicitly or implicitly represented by the applicant to be adequate and well-controlled trials. "Clinical data" do not include data used to modify the labelling to add a restriction that would improve the safe use of the drug (e.g., to add an adverse reaction, contraindication or warning to the labeling).]

REF IF NO CLINICAL DATA IN SUBMISSION, INDICATE IF CLINICAL DATA ARE CROSS REFERENCED IN ANOTHER SUBMISSION?

IF SUPPLEMENT and NO CLINICAL DATA INCLUDED, SKIP TO ITEM 11!

2. YES NO 505(b)(2) NDA? An application in which one or more of the pivotal studies (rather than all) was not conducted or sponsored by the applicant and the applicant does not have a right of reference to that study. In addition, the firm must have made a patent certification under section 505(b)(2)(A) and (B) of the Act and must have cited a reference listed drug on which it is basing its application.

YES NO If 505(b)(2) NDA - FEE APPLIES? [Check YES if application is for a new chemical entity or Indication. Check NO if application is for a previously approved drug substance or indication.]

3. YES NO LARGE VOLUME PARENTERAL APPROVED BEFORE 9/1/92? [Check YES only if a supplement with clinical data submitted to an LVP application first approved before 9/1/92.]

4. YES NO 505(j) NDA? Abbreviated Application IF YES, SKIP TO ITEM 11!

5. YES NO 506 NDA? Insulin Product IF YES, SKIP TO ITEM 11!

6. YES NO NDA BEING SPLIT FOR ADMINISTRATIVE CONVENIENCE (OTHER THAN BUNDLING)? IF YES, list ALL NDA numbers, review divisions & indicate those for which application fees apply.

Table with 4 columns: NDA #, DIVISION, FEE, NO FEE. Rows for NDA # and DIVISION.

7. YES NO BUNDLING POLICY APPLIED CORRECTLY? NO DATA ENTRY REQUIRED FOR ELEMENT [Check YES if application is properly designated as one application or is properly submitted as a supplement instead of an original application. Check NO if application should be split into more than one application or submitted as an original instead of a supplement. IF NO, list resulting NDA numbers, and review divisions.]

Table with 4 columns: NDA #, DIVISION, NDA #, DIVISION. Rows for NDA # and DIVISION.

8. YES NO SMALL BUSINESS EXCEPTION GRANTED? [Check YES only if the NDA contains a copy of a written notice from the FDA Waiver Officer that an exception has been granted.]

9. YES NO WAIVER GRANTED? [Check YES only if the NDA contains a copy of a written notice from the FDA Waiver Officer that a waiver has been granted.]

10. YES NO PRIORITY SUBMISSION? [Check YES if Priority. Check NO if Standard.]

11. CSO SIGNATURE/DATE Maria Walsh 2/20/97

SCSO CONCURRENCE SIGNATURE/DATE K Johnson 2/24/97

COPY DISTRIBUTION: ORIGINAL TO ARCHIVAL AFTER DATA ENTRY, ONE COPY EACH TO DIVISION FILE AND CDER, ASSOCIATE DIRECTOR FOR POLICY HFD-1-1