CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER:

75-232

ADMINISTRATIVE DOCUMENTS

ANDA APPROVAL SUMMARY

ANDA:	CHEMIST:	DATE:
75-232	Radhika Rajagopalan	November 30, 1999

DRUG PRODUCT:
Loperamide Hydrochloride

FIRM:
L.. Perrigo Company

DOSAGE FORM:	STRENGTH:
Tablet	2 mg

cGMP:
Acceptable 5/25/99

BIO:
Bio review acceptable, 10/27/98.

VALIDATION - *(Description of dosage form same as firm's):*
USP product

STABILITY:
Containers in the stability studies are identical to those in the container section.

LABELING:
Approved 11/16/99

STERILIZATION VALIDATION *(If applicable)*:
N/A

SIZE OF BIO BATCH *(Firm's source of NDS ok?)*:
ICFI – DMF is adequate; EER acceptable.

SIZE OF STABILITY BATCHES *(If different from bio batch, were they Manufactured via the same process?)*:
Stability batch size was tablets.

PROPOSED PRODUCTION BATCH – MANUFACTURING PROCESS THE SAME?:
The proposed production size is ıblets, twice the size of bio batch. Manufacturing process is the same.

Signature of chemist:	Signature of supervisor:
Radhika Rajagopalan 12/8/99	12/10/99

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOOD AND DRUG ADMINISTRATION

APPLICATION TO MARKET A NEW DRUG, BIOLOGIC, OR AN ANTIBIOTIC DRUG FOR HUMAN USE

(Title 21, Code of Federal Regulations, 314 & 601)

Form Approved: OMB No. 0910-0338
Expiration Date: April 30, 2000
See OMB Statement on page 2.

FOR FDA USE ONLY

APPLICATION NUMBER

APPLICANT INFORMATION

NAME OF APPLICANT	DATE OF SUBMISSION
L.Perrigo Company	11/18/99
TELEPHONE NO. *(Include Area Code)*	FACSIMILE (FAX) Number *(Include Area Code)*
616-673-8451	616-673-7655

APPLICANT ADDRESS *(Number, Street, City, State, Country, ZIP Code or Mail Code, and U.S. License number if previously issued)*:

117 Water Street
Allegan, Michigan 49010

AUTHORIZED U.S. AGENT NAME & ADDRESS *(Number, Street, City, State, ZIP Code, telephone & FAX number)* IF APPLICABLE

PRODUCT DESCRIPTION

NEW DRUG OR ANTIBIOTIC APPLICATION NUMBER, OR BIOLOGICS LICENSE APPLICATION NUMBER (If previously issued) 75-232

ESTABLISHED NAME *(e.g., Proper name, USP/USAN name)*	PROPRIETARY NAME *(trade name)* IF ANY
Loperamide Hydrochloride Tablets, USP	

CHEMICAL/BIOCHEMICAL/BLOOD PRODUCT NAME *(If any)*	CODE NAME *(If any)*
Loperamide Hydrochloride	224

DOSAGE FORM:	STRENGTHS:	ROUTE OF ADMINISTRATION:
Tablet	2 mg	Oral

(PROPOSED) INDICATION(S) FOR USE:
Controls the symptoms of diarrhea, including Travelers' Diarrhea.

APPLICATION INFORMATION

APPLICATION TYPE (check one)
☐ NEW DRUG APPLICATION (21 CFR 314.50) ☒ ABBREVIATED APPLICATION (ANDA, AADA, 21 CFR 314.94)
☐ BIOLOGICS LICENSE APPLICATION (21 CFR part 601)

IF AN NDA, IDENTIFY THE APPROPRIATE TYPE ☐ 505 (b) (1) ☐ 505 (b) (2) ☐ 507

IF AN ANDA, OR AADA, IDENTIFY THE REFERENCE LISTED DRUG PRODUCT THAT IS THE BASIS FOR THE SUBMISSION

Name of Drug	Holder of Approved Application
Imodium® A-D	McNeil Lab, Inc.

TYPE OF SUBMISSION (check one)
☐ ORIGINAL APPLICATION ☒ AMENDMENT TO A PENDING APPLICATION ☐ RESUBMISSION
☐ PRESUBMISSION ☐ ANNUAL REPORT ☐ ESTABLISHMENT DESCRIPTION SUPPLEMENT ☐ SUPAC SUPPLEMENT
☐ EFFICACY SUPPLEMENT ☐ LABELING SUPPLEMENT ☐ CHEMISTRY MANUFACTURING AND CONTROLS SUPPLEMENT ☐ OTHER

REASON FOR SUBMISSION
Response to Fax Deficiency Letter dated November 16, 1999.

PROPOSED MARKETING STATUS (check one) ☐ PRESCRIPTION PRODUCT (Rx) ☒ OVER-THE-COUNTER PRODUCT (OTC)

NUMBER OF VOLUMES SUBMITTED 1 THIS APPLICATION IS ☒ PAPER ☐ PAPER AND ELECTRONIC ☐ ELECTRONIC

ESTABLISHMENT INFORMATION

Provide locations of all manufacturing, packaging and control sites for drug substance and drug product (continuation sheets may be used if necessary). Include name, address, contact, telephone number, registration number (CFN), DMF number, and manufacturing steps and/or type of testing (e.g. Final dosage form, Stability testing) conducted at the site. Please indicate whether the site is ready for inspection or, if not, when it will be ready.

Cross References (list related License Applications, INDs, NDAs, PMAs, 510(k)s, IDEs, BMFs and DMFs referenced in the current plication)

This application contains the following items: *(Check all that apply)*	
X	1. Index
	2. Labeling (check one) ☐ Draft Labeling ☐ Final Printed Labeling
	3. Summary (21 CFR 314.50 (c))
X	4. Chemistry section
X	A. Chemistry, manufacturing, and controls information (e.g. 21 CFR 314.50 (d) (1), 21 CFR 601.2)
	B. Samples (21 CFR 314.50 (e) (1), 21 CFR 601.2 (a)) (Submit only upon FDA's request)
	C. Methods validation package (e.g. 21 CFR 314.50 (e) (2) (i), 21 CFR 601.2)
	5. Nonclinical pharmacology and toxicology section (e.g. 21 CFR 314.50 (d) (2), 21 CFR 601.2)
	6. Human pharmacokinetics and bioavailability section (e.g. 21 CFR 314.50 (d) (3), 21 CFR 601.2)
	7. Clinical Microbiology (e.g. 21 CFR 314.50 (d) (4))
	8. Clinical data section (e.g. 21 CFR 314.50 (d) (5), 21 CFR 601.2)
	9. Safety update report (e.g. 21 CFR 314.50 (d) (5) (vi) (b), 21 CFR 601.2)
	10. Statistical section (e.g. 21 CFR 314.50 (d) (6), 21 CFR 601.2)
	11. Case report tabulations (e.g. 21 CFR 314.50 (f) (1), 21 CFR 601.2)
	12. Case reports forms (e.g. 21 CFR 314.50 (f) (2), 21 CFR 601.2)
	13. Patent information on any patent which claims the drug (21 U.S.C. 355 (b) or (c))
	14. A patent certification with respect to any patent which claims the drug (21 U.S.C. 355 (b) (2) or (j) (2) (A))
	15. Establishment description (21 CFR Part 600, if applicable)
	16. Debarment certification (FD&C Act 306 (k)(1))
X	17. Field copy certification (21 CFR 314.50 (k) (3))
	18. User Fee Cover Sheet (Form FDA 3397)
	19. OTHER (Specify)

CERTIFICATION

I agree to update this application with new safety information about the product that may reasonably affect the statement of contraindications, warnings, precautions, or adverse reactions in the draft labeling. I agree to submit safety update reports as provided for by regulation or as requested by FDA. If this application is approved, I agree to comply with all applicable laws and regulations that apply to approved applications, including, but not limited to the following:

1. Good manufacturing practice regulations in 21 CFR 210 and 211, 606, and/or 820.
2. Biological establishment standards in 21 CFR Part 600.
3. Labeling regulations 21 CFR 201, 606, 610, 660 and/or 809.
4. In the case of a prescription drug or biological product, prescription drug advertising regulations in 21 CFR 202.
5. Regulations on making changes in application in 21 CFR 314.70, 314.71, 314.72, 314.97, 314.99, and 601.12.
6. Regulations on reports in 21 CFR 314.80, 314.81, 600.80 and 600.81.
7. Local, state and Federal environmental impact laws.

If this application applies to a drug product that FDA has proposed for scheduling under the Controlled Substances Act, I agree not to market the product until the Drug Enforcement Administration makes a final scheduling decision.

The data and information in this submission have been reviewed and, to the best of my knowledge are certified to be true and accurate.

Warning: a willfully false statement is a criminal offense, U.S. Code, title 18, section 1001.

SIGNATURE OF RESPONSIBLE OFFICIAL OR AGENT	TYPED NAME AND TITLE	DATE
Brian Schuster	Brian R. Schuster, Manager, Regulatory Affairs	November 18 1999

ADDRESS *(Street, City, State, and ZIP Code)*	Telephone Number
117 Water Street Allegan, MI 49010	(616) 673-8451

Public reporting burden for this collection of information is estimated to average 40 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

DHHS, Reports Clearance Officer
Paperwork Reduction Project (0910-0338)
Hubert H. Humphrey Building, Room 531-H
10 Independence Avenue, S.W.
Washington, DC 20201

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FDA CDER EES
ESTABLISHMENT EVALUATION REQUEST
SUMMARY REPORT

Application: **ANDA 75232/000**
Stamp: **02-MAR-1998** Regulatory Due:
Applicant: **PERRIGO**
117 WATER ST
ALLEGAN, MI 49010

Priority:
Org Code: **600**
Action Goal:
District Goal: **02-MAY-1999**
Brand Name:
Established Name: **LOPERAMIDE HYDROCHLORIDE**
Generic Name:
Dosage Form: **TAB (TABLET)**
Strength: **2 MG**

FDA Contacts: **K. SHERROD** **(HFD-640)** **301-827-5849 , Project Manager**
B. ARNWINE **(HFD-645)** **301-827-5849 , Team Leader**

Overall Recommendation:

ACCEPTABLE on 25-MAY-1999 by M. EGAS (HFD-322) 301-594-0095
ACCEPTABLE on 12-JUN-1998 by M. EGAS (HFD-322) 301-594-0095

Establishment: **1811666**
PERRIGO CO
WATER ST/HOOKER RD/EASTERN
ALLEGAN, MI 49010

DMF No:
AADA No:

Profile: **TCM** OAI Status: **NONE**
Last Milestone: **OC RECOMMENDATION**
Milestone Date **24-MAY-1999**
Decision: **ACCEPTABLE**
Reason: **BASED ON FILE REVIEW**

Responsibilities: **FINISHED DOSAGE MANUFACTURER**

Establishment:

DMF No:
AADA No:

ESE,

Profile: **CSN** OAI Status: **NONE**
Last Milestone: **OC RECOMMENDATION**
Milestone Date **25-MAY-1999**
Decision: **ACCEPTABLE**
Reason: **BASED ON FILE REVIEW**

Responsibilities: **DRUG SUBSTANCE MANUFACTURER**

REVIEW OF PROFESSIONAL LABELING
DIVISION OF LABELING AND PROGRAM SUPPORT
LABELING REVIEW BRANCH

ANDA Number: **75-232** Date of Submission: **February 23, 1998**

Applicant's Name: **L. Perrigo Company**

Established Name: **Loperamide Hydrochloride Tablets USP, 2 mg**

Labeling Deficiencies:

1. BLISTER STRIP (6s)

   Satisfactory in draft.

2. CARTON (6s)

   Satisfactory in draft.

Please revise your unit dose blister labels and carton labeling, as instructed above, and submit final printed labels and labeling.

Please note that we reserve the right to request further changes in your labels and/or labeling based upon changes in the approved labeling of the listed drug or upon further review of the application prior to approval.

To facilitate review of your next submission, and in accordance with 21 CFR 314.94(a)(8)(iv), please provide a side-by-side comparison of your proposed labeling with your last submission with all differences annotated and explained.

John D. Grace for/

Jerry Phillips
Director
Division of Labeling and Program Support
Office of Generic Drugs
Center for Drug Evaluation and Research