CENTER FOR DRUG EVALUATION AND RESEARCH

Approval Package for:

APPLICATION NUMBER:

ANDA 75-427

***Name*:** Cromolyn Sodium Nasal Solution USP

***Sponsor*:** L. Perrigo Company

***Approval Date*:** December 12, 2001

CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER:

ANDA 75-427

APPROVAL LETTER

ANDA 75-427

DEC 12 2001

L. Perrigo Company
Attention: Brian R. Schuster
515 Eastern Ave.
Allegan, MI 49010

Dear Sir:

This is in reference to your abbreviated new drug application dated July 31, 1998, submitted pursuant to Section 505(j) of the Federal Food, Drug, and Cosmetic Act (Act), for Cromolyn Sodium Nasal Solution USP, 5.2 mg cromolyn sodium delivered/spray, (40 mg/mL), packaged in 13 mL (100 metered spray) and 26 mL (200 metered spray) bottles.

Reference is also made to your amendments dated November 20, 1998; November 30, 2000; and January 26, June 29, and October 17, 2001.

We have completed the review of this abbreviated application and have concluded that the drug is safe and effective for use as recommended in the submitted Over-The-Counter (OTC) labeling. Accordingly, the application is approved. The Division of Bioequivalence has determined your Cromolyn Sodium Nasal Solution USP, 5.2 mg/spray, to be bioequivalent to the listed drug (NasalCrom® Nasal Spray, 5.2 mg cromolyn sodium/spray, of Pharmacia and Upjohn Consumer Healthcare).

Under Section 506A of the Act, certain changes in the conditions described in this abbreviated application require an approved supplemental application before the change may be made.

Post-marketing reporting requirements for this abbreviated application are set forth in 21 CFR 314.80-81 and 314.98. The Office of Generic Drugs should be advised of any change in the marketing status of this drug.

Sincerely yours,

Robert Lumpkin / for
12/12/2001

Gary Buehler
Director
Office of Generic Drugs
Center for Drug Evaluation and Research

cc: ANDA 75-427
Division File
Field Copy
HFD-610/R. West
HFD-330
HFD-205/F.O.I.

Endorsements:
HFD-625/E.Schaefer/ ES 12/3/01
HFD-625/M.Smela/ M Smela 12/3/01
HFD-617/M.Dillahunt/11/28/01 M Dillahunt 12/3/01
HFD-613/A.Payne/ A Payne 11/28/01
HFD-613/J.Grace/ J Grace 11/29/2001

F/T by: gp/11/28/01

V:\FIRMSNZ\PERRIGO\LTRS&REV\75427.ap.doc
APPROVAL

Robert L. West
12/12/2001

RLWest 12/13/01

APPEARS THIS WAY
ON ORIGINAL

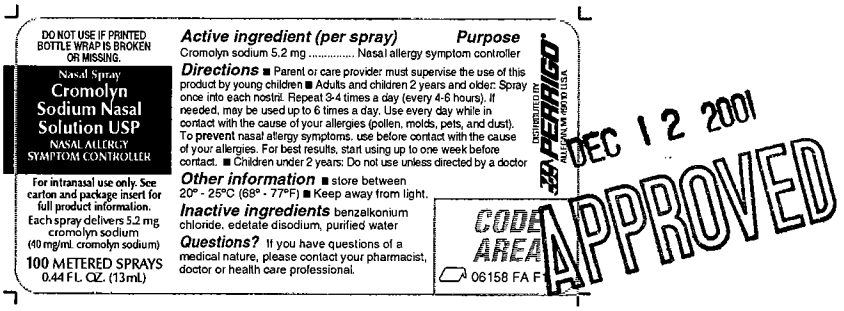
CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER:

ANDA 75-427

LABELING

FINAL PRINTED LABELING
BOTTLE LABEL



FINAL PRINTED LABELING
CARTON

APPROVED

DEC 12 2001

EFB 264

Cromolyn Sodium Nasal Solution USP

(Adults and children 2 years and older)

Drug Facts

Active ingredient (per spray) — **Purpose**

Cromolyn sodium 5.2 mg ..... Nasal allergy symptom controller

Uses to prevent and relieve nasal symptoms of hay fever and other nasal allergies:

- runny/itchy nose
- sneezing
- allergic stuffy nose

Warnings

Do not use
- if you are allergic to any of the ingredients

Ask a doctor before use if you have
- fever
- discolored nasal discharge
- sinus pain
- wheezing

When using this product
- it may take several days of use to notice an effect. Your best effect may not be seen for 1 to 2 weeks.
- brief stinging or sneezing may occur right after use
- do not use it to treat sinus infection, asthma, or cold symptoms
- do not share this bottle with anyone else as this may spread germs

Stop use and ask a doctor if
- shortness of breath, wheezing, or chest lightness occurs
- hives or swelling of the mouth or throat occurs
- your symptoms worsen
- you have new symptoms
- your symptoms do not begin to improve within two weeks
- you need to use for more than 12 weeks

If pregnant or breast-feeding, ask a health professional before use.
Keep out of reach of children. If swallowed, get medical help or contact a Poison Control Center right away.

Directions
- see package insert on how to use pump
- parent or care provider must supervise the use of this product by young children
- adults and children 2 years and older:
  - spray once into each nostril. Repeat 3-4 times a day (every 4-6 hours). If needed, may be used up to 6 times a day.
  - use every day while in contact with the cause of your allergies (pollen, molds, pets, and dust)
  - to prevent nasal allergy symptoms, use before contact with the cause of your allergies. For best results, start using up to one week before contact.
  - if desired, you can use this product with other medicines, including other allergy medicines.
- children under 2 years: Do not use unless directed by a doctor

Drug Facts (continued)

Other information
- store between 20° - 25°C (68° - 77°F)
- keep away from light
- keep carton and package insert. They contain important instructions.

Inactive ingredients
benzalkonium chloride, edetate disodium, purified water

Questions?
If you have questions of a medical nature, please contact your pharmacist, doctor or health care professional.

Before using any medication read all label directions. Keep carton and package insert. They contain important information.

DO NOT USE IF PRINTED BOTTLE WRAP IS BROKEN OR MISSING.

This product is convenient and easy to administer using the metered spray pump. See package insert for spray pump directions.

DISTRIBUTED BY
PERRIGO®
ALLEGAN, MI 49010 U.S.A.

Nasal Spray

Cromolyn Sodium Nasal Solution USP

NASAL ALLERGY SYMPTOM CONTROLLER

Nasal Spray

Cromolyn Sodium Nasal Solution USP

NASAL ALLERGY SYMPTOM CONTROLLER

Prevents and Relieves Nasal Allergy Symptoms:

- runny/itchy nose
- sneezing
- allergic stuffy nose

Without Drowsiness

Full Prescription Strength

Safe For Ages 2 Years & Older

100 METERED SPRAYS

Each spray delivers 5.2 mg cromolyn sodium

0.44 FL. OZ. (13mL)

What Makes This Product Unique?

Nasal Allergy Symptom Prevention
This product can prevent nasal allergy symptoms when used before exposure to the cause of your nasal allergies, and will build protection against future symptoms as long as you continue to use this product as directed.

Effective Relief
This product provides original prescription-strength relief of nasal allergy symptoms, including congestion, sneezing and runny or itchy nose.

Works only in your nose
This product is a nasal spray that works only in your nose – where nasal allergies attack. It helps to stop the cells in your nose from reacting to pollen, pet dander, and other allergies, so you don't experience nasal allergy symptoms.

Safe
- No drowsiness
- No jitters
- No "rebound" nasal congestion
- Safe to use with other medicines, including other allergy medicines
- Non habit forming
- Safe to use throughout your allergy season
- Good for year-round allergies
- Safe for children as young as two years old

LOT NO.

EXP.

06158 FA C1

45

FINAL PRINTED LABELING
BOTTLE LABEL

DO NOT USE IF PRINTED BOTTLE WRAP IS BROKEN OR MISSING.

Nasal Spray

Cromolyn Sodium Nasal Solution USP

NASAL ALLERGY SYMPTOM CONTROLLER

For intranasal use only. See carton and package insert for full product information.

Each spray delivers 5.2 mg cromolyn sodium (40 mg/mL cromolyn sodium)

200 METERED SPRAYS
0.88 FL. OZ. (26mL)

Active ingredient (per spray) ***Purpose***
Cromolyn sodium 5.2 mg ... Nasal allergy symptom controller

Directions ■ Parent or care provider must supervise the use of this product by young children ■ Adults and children 2 years and older: Spray once into each nostril. Repeat 3-4 times a day (every 4-6 hours). If needed, may be used up to 6 times a day. Use every day while in contact with the cause of your allergies (pollen, molds, pets, and dust). To **prevent** nasal allergy symptoms, use before contact with the cause of your allergies. For best results, start using up to one week before contact. ■ Children under 2 years: Do not use unless directed by a doctor

Other information ■ store between 20° - 25°C (68° - 77°F) ■ Keep away from light.

Inactive ingredients benzalkonium chloride, edetate disodium, purified water

Questions?
If you have questions of a medical nature, please contact your pharmacist, doctor or health care professional.

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CODE AREA
06160 FA F1

DEC 12 2001
APPROVED

APPROVED

DEC 12 2001

FINAL PRINTED LABELING
CARTON

DO NOT USE IF PRINTED BOTTLE WRAP IS BROKEN OR MISSING.

Cromolyn Sodium Nasal Solution USP

(Adults and children 2 years and older)

Drug Facts

Active ingredient (per spray) — **Purpose**

Cromolyn sodium 5.2 mg ..... Nasal allergy symptom controller

Uses to prevent and relieve nasal symptoms of hay fever and other nasal allergies:

- runny/itchy nose
- sneezing
- allergic stuffy nose

Warnings

Do not use
- if you are allergic to any of the ingredients

Ask a doctor before use if you have
- fever
- discolored nasal discharge
- sinus pain
- wheezing

When using this product
- it may take several days of use to notice an effect. Your best effect may not be seen for 1 to 2 weeks.
- brief stinging or sneezing may occur right after use
- do not use it to treat sinus infection, asthma, or cold symptoms
- do not share this bottle with anyone else as this may spread germs

Stop use and ask a doctor if
- shortness of breath, wheezing, or chest lightness occurs
- hives or swelling of the mouth or throat occurs
- your symptoms worsen
- you have new symptoms
- your symptoms do not begin to improve within two weeks
- you need to use for more than 12 weeks

If pregnant or breast-feeding, ask a health professional before use.
Keep out of reach of children. If swallowed, get medical help or contact a Poison Control Center right away.

Directions
- see package insert on how to use pump
- parent or care provider must supervise the use of this product by young children
- adults and children 2 years and older:
  - spray once into each nostril. Repeat 3-4 times a day (every 4-6 hours). If needed, may be used up to 6 times a day.
  - use every day while in contact with the cause of your allergies (pollen, molds, pets, and dust)
  - to prevent nasal allergy symptoms, use before contact with the cause of your allergies. For best results, start using up to one week before contact.
  - if desired, you can use this product with other medicines, including other allergy medicines.
- children under 2 years: Do not use unless directed by a doctor

Other information
- store between 20° - 25°C (68° - 77°F)
- keep away from light
- keep carton and package insert. They contain important instructions.

Drug Facts (continued)

Inactive ingredients
benzalkonium chloride, edetate disodium, purified water

Questions?
If you have questions of a medical nature, please contact your pharmacist, doctor or health care professional.

Before using any medication read all label directions. Keep carton and package insert. They contain important information.

This product is convenient and easy to administer using the metered spray pump. See package insert for spray pump directions.

DISTRIBUTED BY
PERRIGO®
ALLEGAN, MI 49010 U.S.A.

Nasal Spray

Cromolyn Sodium Nasal Solution USP

NASAL ALLERGY SYMPTOM CONTROLLER

Nasal Spray

Cromolyn Sodium Nasal Solution USP

NASAL ALLERGY SYMPTOM CONTROLLER

Prevents and Relieves Nasal Allergy Symptoms:

- runny/itchy nose
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- allergic stuffy nose

Without Drowsiness

Full Prescription Strength

Safe For Ages 2 Years & Older

200 METERED SPRAYS

Each spray delivers 5.2 mg cromolyn sodium

0.88 FL. OZ. (26mL)

LOT NO.

EXP.

06160 FA C1

EFB 265

What Makes This Product Unique?

Nasal Allergy Symptom Prevention
This product can prevent nasal allergy symptoms when used before exposure to the cause of your nasal allergies, and will build protection against future symptoms as long as you continue to use this product as directed.

Effective Relief
This product provides original prescription-strength relief of nasal allergy symptoms, including congestion, sneezing and runny or itchy nose.

Works only in your nose
This product is a nasal spray that works only in your nose – where nasal allergies attack. It helps to stop the cells in your nose from reacting to pollen, pet dander, and other allergies, so you don't experience nasal allergy symptoms.

Safe
- No drowsiness
- No jitters
- No "rebound" nasal congestion
- Safe to use with other medicines, including other allergy medicines
- Non habit forming
- Safe to use throughout your allergy season
- Good for year-round allergies
- Safe for children as young as two years old

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Nasal Spray

Cromolyn Sodium Nasal Solution USP

Nasal Allergy Symptom Controller

PREVENTS AND RELIEVES NASAL ALLERGY SYMPTOMS

WHAT MAKES THIS PRODUCT UNIQUE?

Nasal Allergy Symptom Prevention

This product can prevent nasal allergy symptoms when used before exposure to the cause of your nasal allergies, and will build protection against future nasal allergy symptoms as long as you continue to use this product as directed.

Effective Relief

This product provides original prescription-strength relief of nasal allergy symptoms, including congestion, sneezing and runny or itchy nose.

Works Only In Your Nose

This product is a nasal spray that works only in your nose – where nasal allergens attack. It helps to stop the cells in your nose from reacting to pollen, pet dander, and other allergens, so you don't experience nasal allergy symptoms.

Safe

- No drowsiness
- No jitters
- No "rebound" nasal congestion
- Non habit forming
- Safe to use with other medicines, including other allergy medicines
- Safe to use throughout your allergy season
- Good for year-round allergies
- Safe for children as young as two years old

APPROVED

DEC 12 2001

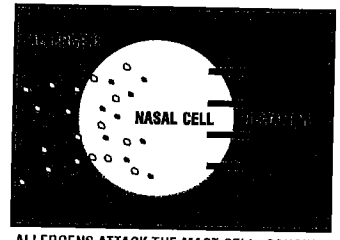
WHAT CAUSES NASAL ALLERGY SYMPTOMS?

Nasal allergies are caused by airborne pollens from trees, grasses, or ragweed, and by mold, animals and dust. Exposure to these nasal allergy-causing substances may cause mast cells in your nose to release histamine. When histamine is released it causes nasal allergy symptoms: sneezing, runny/itchy nose, and allergic stuffy nose.

HOW DOES THIS PRODUCT WORK?

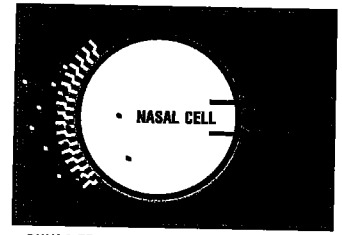
This product is neither an antihistamine nor a decongestant nor a corticosteroid. It's a nasal mast cell stabilizer. In addition to treating nasal allergy symptoms, it decreases the allergic reaction by reducing the release of histamine, the trigger of allergy symptoms, from mast cells.

WITHOUT THIS PRODUCT



ALLERGENS ATTACK THE MAST CELL, CAUSING IT TO ERUPT AND RELEASE HISTAMINE

WITH THIS PRODUCT



ONLY A FEW NASAL ALLERGENS GET TO THE CELL, SO LESS HISTAMINE IS RELEASED

HOW DO I TELL IF IT'S AN ALLERGY OR A COLD?

Some nasal allergy symptoms may seem like cold symptoms. There are several clues that you're suffering from nasal allergy symptoms, instead of a cold. Colds are caused by viral infections, and symptoms often include fever, body aches, discolored nasal discharge or cough. It is rare for nasal allergies to produce these symptoms. If you have them, please call your doctor before beginning this product. Nasal allergy symptoms include runny/itchy nose, sneezing and stuffy nose. Seasonal allergies occur the same time each year, and are linked to plant pollens, spores, or molds. Some allergies occur year round, and may be connected to microscopic particles in common household dust, animal dander, or indoor molds. This product can help you with the nasal symptoms of allergy.

WHO SHOULD USE THIS PRODUCT?

This product is suitable for most people with nasal allergies including children as young as 2.

This product is safe to use if you are taking other medicines, even other allergy medicines, because this product does not cause any known drug interactions.

Don't use this product if you are allergic to the ingredients. If this product causes irritation to your nose, discontinue use.

HOW TO USE THIS PRODUCT

Begin use 1-2 weeks before you are exposed to nasal allergens.

To prevent nasal allergy symptoms, start using this product before you think your symptoms will begin. Use your experience as a guide. For example: if you are allergic to cats, start this product one week before you visit a house with cats. If you can't predict your allergy season, begin this product at the first sign of nasal allergy symptoms. This product also relieves nasal allergies while it builds full protection against further symptoms.

Use this product 3-4 times a day, every day while in contact with the cause of your nasal allergy, whether you have symptoms or not. Spray once in each nostril in the morning, at noon, at dinner, and at bedtime. Some people may get brief nasal stinging and/or sneezing right after the use of this product.

Full protection may take as long as 1-2 weeks with regular use so continue using this product during that time. Regular use is important to achieve full protection.

Use this product throughout your allergy season.

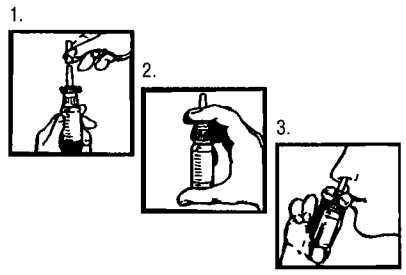
This product can be used safely up to 6 times a day, for up to 12 weeks. If you need this product beyond 12 weeks, speak to your doctor. Also speak to your doctor if your symptoms worsen, new symptoms occur, or symptoms do not begin to improve within two weeks. Your symptoms may indicate some other underlying condition.

STOP AFTER 2 WEEKS IF YOU DON'T GET ANY RELIEF

STOP USE AND ASK A DOCTOR

if shortness of breath, wheezing, chest tightness, hives, or swelling of the mouth or throat occur while using this product. You may be allergic to this product and require further medical attention.

Do not use this product if allergic to any of its ingredients.



SPRAY PUMP DIRECTIONS

For Adults and Older Children

Blow your nose before using this product.

1. Remove the clear plastic cap and safety clip. (Picture 1)
2. Hold the pump with thumb at bottom and the nozzle between fingers. If this is the first time you are using the pump, or if you have not used the pump for several days, spray in the air until you get a fine mist. (Picture 2)
3. Hold the bottle as shown in the picture. Insert nozzle into nostril. Spray upward while breathing in through the nose. This will release one dose of medication. Repeat in other nostril. Some people may get brief stinging and/or sneezing right after the use of this product. (Picture 3)
4. To keep clean, wipe the nozzle. Put clear plastic cap and safety clip back on the bottle.
5. Do not share this bottle with anyone else as this may spread germs.

For Very Young Children

1. Only an adult should administer the product.
2. Use care when inserting the nozzle into the nose to avoid injury.

NASAL ALLERGY CONTROLLING TIPS

Many people are allergic to the dust mites that live in carpeting and bedding. Put mattresses and pillows in airtight covers and, if practical, get rid of all carpets. Use an air purifier with a HEPA (High Efficiency Particulate Air) filter to clean the air. People with nasal allergies to animals should limit their contact with these animals. It is the animal's dander (skin flakes) that causes allergies, not the hair length. People who are allergic to pollen and mold should use an air conditioner as much as possible. When you open the windows in your house, you let in pollen and mold spores. Ask your doctor or healthcare professional for more tips on how to allergy-proof your home.

Store between 20°-25° C (68°-77° F).

Keep away from light.

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PERRIGO®
ALLEGAN, MI 49010 U.S.A.

06100 FA J1

FINAL PRINTED LABELING
BOTTLE WRAP

75-427
AP 12/12/01

DEC 12 2001

APPROVED

CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER:

ANDA 75-427

LABELING REVIEWS

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

ANDA Number: 75-427 **Date of Submission:** July 31, 1998

Applicant's Name: L. Perrigo Company

Established Name: Cromolyn Sodium Nasal Solution USP, 5.2 mg/spray

Labeling Deficiencies:

1. GENERAL COMMENTS:

   In your application, you have identified [redacted] as the manufacturer, however, on your labeling you indicate Perrigo is the manufacturer. Please revise and/or comment.

2. CONTAINER (13 mL and 26 mL)

   a. See GENERAL COMMENT.

3. CARTON (13 mL and 26 mL)

   a. See GENERAL COMMENT.

4. NASAL ALLERGY SYMPTOM PREVENTION AND RELIEF LEAFLET

   a. See GENERAL COMMENT.

Please revise your labels and labeling, as instructed above, and submit 12 copies of final printed container labels for the 13 mL and 26 mL containers, and 12 copies of final printed carton and patient leaflet labeling.

APPEARS THIS WAY
ON ORIGINAL

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.

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

APPEARS THIS WAY
ON ORIGINAL

APPROVAL SUMMARY (List the package size, strength(s), and date of submission for approval):

Do you have 12 Final Printed Labels and Labeling? Yes No
If no, list why:

Container Labels:

Carton Labeling:

Unit Dose Blister Label:

Unit Dose Carton Label:

Professional Package Insert Labeling:

Patient Package Insert Labeling:

Auxiliary Labeling:

Revisions needed post-approval:

BASIS OF APPROVAL:

Was this approval based upon a petition? Yes No

What is the RLD on the 356(h) form:

NDA Number:

NDA Drug Name:

NDA Firm:

Date of Approval of NDA Insert and supplement #:
Has this been verified by the MIS system for the NDA?
Yes No

Was this approval based upon an OGD labeling guidance? Yes No

If yes, give date of labeling guidance:
Basis of Approval for the Container Labels:
Basis of Approval for the Carton Labeling:

Other Comments:

REVIEW OF PROFESSIONAL LABELING CHECK LIST

Established Name	Yes	No	N.A.
Different name than on acceptance to file letter?		X	
Is this product a USP item? If so, USP supplement in which verification was assured. USP 23	X		
Is this name different than that used in the Orange Book?		X	
If not USP, has the product name been proposed in the PF?			X
Error Prevention Analysis			
Has the firm proposed a proprietary name? If yes, complete this subsection.		X	
Do you find the name objectionable? List reasons in FTR, if so. Consider: Misleading? Sounds or looks like another name? USAN stem present? Prefix or Suffix present?			X
Has the name been forwarded to the Labeling and Nomenclature Committee? If so, what were the recommendations? If the name was unacceptable, has the firm been notified?			X
Packaging			
Is this a new packaging configuration, never been approved by an ANDA or NDA? If yes, describe in FTR.		X	
Is this package size mismatched with the recommended dosage? If yes, the Poison Prevention Act may require a CRC.		X	
Does the package proposed have any safety and/or regulatory concerns?		X	
If IV product packaged in syringe, could there be adverse patient outcome if given by direct IV injection?			X
Conflict between the DOSAGE AND ADMINISTRATION and INDICATIONS sections and the packaging configuration?		X	
Is the strength and/or concentration of the product unsupported by the insert labeling?		X	
Is the color of the container (i.e. the color of the cap of a mydriatic ophthalmic) or cap incorrect?			X
Individual cartons required? Issues for FTR: Innovator individually cartoned? Light sensitive product which might require cartoning? Must the package insert accompany the product?	X		
Are there any other safety concerns?		X	
Labeling			
Is the name of the drug unclear in print or lacking in prominence? (Name should be the most prominent information on the label).		X	
Has applicant failed to clearly differentiate multiple product strengths?			X
Is the corporate logo larger than 1/3 container label? (No regulation - see ASHP guidelines)		X	

Labeling (continued)	Yes	No	N.A.
Does RLD make special differentiation for this label? (i.e., Pediatric strength vs Adult; Oral Solution vs Concentrate, Warning Statements that might be in red for the NDA)		X	
Is the Manufactured by/Distributor statement incorrect or falsely inconsistent between labels and labeling? Is "Jointly Manufactured by...", statement needed?	X		
Failure to describe solid oral dosage form identifying markings in HOW SUPPLIED?			X
Has the firm failed to adequately support compatibility or stability claims which appear in the insert labeling? Note: Chemist should confirm the data has been adequately supported.		X	
Scoring: Describe scoring configuration of RLD and applicant (page #) in the FTR			
Is the scoring configuration different than the RLD?			X
Has the firm failed to describe the scoring in the HOW SUPPLIED section?			X
Inactive Ingredients: (FTR: List page # in application where inactives are listed)			
Does the product contain alcohol? If so, has the accuracy of the statement been confirmed?		X	
Do any of the inactives differ in concentration for this route of administration?		X	
Any adverse effects anticipated from inactives (i.e., benzyl alcohol in neonates)?		X	
Is there a discrepancy in inactives between DESCRIPTION and the composition statement?		X	
Has the term "other ingredients" been used to protect a trade secret? If so, is claim supported?		X	
Failure to list the coloring agents if the composition statement lists e.g., Opacode, Opaspray?			X
Failure to list gelatin, coloring agents, antimicrobials for capsules in DESCRIPTION?			X
Failure to list dyes in imprinting inks? (Coloring agents e.g., iron oxides need not be listed)			X
USP Issues: (FTR: List USP/NDA/ANDA dispensing/storage recommendations)			
Do container recommendations fail to meet or exceed USP/NDA recommendations? If so, are the recommendations supported and is the difference acceptable?		X	
Does USP have labeling recommendations? If any, does ANDA meet them?		X	
Is the product light sensitive? If so, is NDA and/or ANDA in a light resistant container?	X		
Failure of DESCRIPTION to meet USP Description and Solubility information? If so, USP information should be used. However, only include solvents appearing in innovator labeling.		X	
Bioequivalence Issues: (Compare bioequivalency values: insert to study. List Cmax, Tmax, T 1/2 and date study acceptable)			
Insert labeling references a food effect or a no-effect? If so, was a food study done?		X	
Has CLINICAL PHARMACOLOGY been modified? If so, briefly detail where/why.		X	
Patent/Exclusivity Issues?: FTR: Check the Orange Book edition or cumulative supplement for verification of the latest Patent or Exclusivity. List expiration date for all patents, exclusivities, etc. or if none, please state.	X		

NOTES/QUESTIONS TO THE CHEMIST: The innovator's _____ _____. The applicant's _____ differs. It is _____. Is this acceptable? To be determined.

_____

_____

FOR THE RECORD:

1. The reference listed drug for this product is OTC-Nasalcrom® by McNeil (20-463; Approved January 3, 1997).

2. The USP name for this product is Cromolyn Sodium Nasal Solution. USP requires it be preserved in tight, light-resistant containers.

3. The applicant certifies that a New Product Exclusivity is in effect through January 3, 2000 and that it will not market until after that date. No patents exist for this product. See Vol. 1.1, pages 9-10.

4. The product is manufactured by _____ for L. Perrigo 117 Water Street, Allegan, MI 49010. However, the labels and labeling indicate that the product is manufactured by L. Perrigo. The applicant has been referred to 21 CFR 201.1(h)(5) for guidance. See Vol. 1.1, page 112.

5. Outside firms are used for testing only. See Vol. 1.1, page 116.

6. Container/Closure:

   Bottle: HDPE _____ for 13 mL and 26 mL package.
   Sprayer w/ overcap & safety clip for 13 mL and 26 mL package.

   See Vol. 1.1, page 332.

7. Product line:

   5.2 mg/spray in 13 mL and 26 mL bottles.

   See Vol.1.1, page 32-33.

8. Components/Composition

NDA: Each mL contains:
Active: 40 mg Cromolyn sodium
Inactive: Purified water
benzalconium chloride (preservative)
edetate disodium

ANDA: Each mL contains:
Active: 40 mg Cromolyn sodium
Inactive: Purified water
benzalkonium chloride
disodium EDTA

Vol. 1.1, page 65.

9. Storage/Dispensing

NDA: 15-30°C (59°-86°F). Keep away from light.
ANDA: 15-30°C (59°-86°F). Keep away from light.

Vol. 1.1, page 21.

Date of Review: 9-15-98 **Date of Submission:** July 31, 1998

Primary Reviewer: J. Watts **Date:** 9/16/98

Team Leader: John D. Grace **Date:** 9/17/98

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

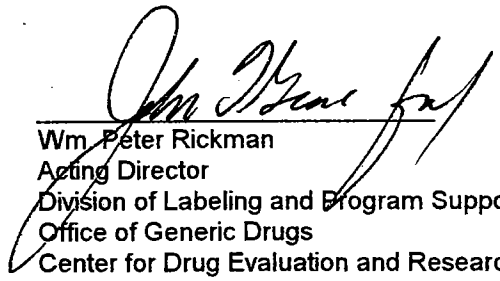
ANDA Number: 75-427 **Date of Submission: March 31, 2000**
Applicant's Name: L. Perrigo Company
Established Name: Cromolyn Sodium Nasal Solution USP, 5.2 mg/spray
Labeling Deficiencies:

1. GENERAL COMMENTS: Please note that the reference listed drug labeling which you submitted for your side-by-side has not yet been approved. Therefore, revise your labels and labeling to be in accord with the currently approved labeling for the reference listed drug, NASALCROM® (McNeil; NDA#20-463; approved January 3, 1997). In addition, labeling making a distinction for "Children's NASALCROM®" has not yet been approved. Therefore, we will be unable to approve similar labeling for your ANDA. We have enclosed a copy of the innovator's labeling for your convenience.
2. CONTAINER (13 mL and 26 mL) - Please include the NDC # and exp. date.
3. CARTON (13 mL and 26 mL)- Front and right side panels - See GENERAL COMMENT. In addition, rather than using " this product" please site the product name. Please Use capital letters for " Poison Control Center". Include the NDC# and exp. date.
4. NASAL ALLERGY SYMPTOM PREVENTION AND RELIEF LEAFLET- See GENERAL COMMENT.

Please revise your labels and labeling, as instructed above, and submit 12 copies of final printed container, carton labels and patient leaflet 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. We suggest that you routinely monitor the following website for any approved changes – http://www.fda.gov/cder/ogd/rld/labeling_review_branch.html

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.



Wm. Peter Rickman
Acting Director
Division of Labeling and Program Support
Office of Generic Drugs
Center for Drug Evaluation and Research

APPROVAL SUMMARY (List the package size, strength(s), and date of submission for approval): Do you have 12 Final Printed Labels and Labeling? Yes or NO
Container Labels:(13 mL and 26 mL)
Carton Labeling:(13 mL and 26 mL)
Patient Package Insert Labeling:

BASIS OF APPROVAL:

Was this approval based upon a petition? Yes
What is the RLD on the 356(h) form: OTC-NASALCROM®
NDA Number: 20-463
NDA Drug Name: Cromolyn Sodium Nasal Solution USP, 4%
NDA Firm: McNeil Consumer Products Company
Date of Approval of NDA Insert and supplement #: January 3, 1997; FPL February 28, 1997
Has this been verified by the MIS system for the NDA? Yes
Was this approval based upon an OGD labeling guidance? No
Basis of Approval for the Container Labels: Side by side comparison w/innovator labels in file folder.
Basis of Approval for the Carton Labeling: Side by side comparison w/RLD carton in file folder.

REVIEW OF PROFESSIONAL LABELING CHECK LIST

Established Name	Yes	No	N.A.
Different name than on acceptance to file letter?		X	
Is this product a USP item? If so, USP supplement in which verification was assured. USP 23	X		
Is this name different than that used in the Orange Book?		X	
If not USP, has the product name been proposed in the PF?			X
Error Prevention Analysis			
Has the firm proposed a proprietary name? If yes, complete this subsection.		X	
Do you find the name objectionable? List reasons in FTR, if so. Consider: Misleading? Sounds or looks like another name? USAN stem present? Prefix or Suffix present?			X
Has the name been forwarded to the Labeling and Nomenclature Committee? If so, what were the recommendations? If the name was unacceptable, has the firm been notified?			X
Packaging			
Is this a new packaging configuration, never been approved by an ANDA or NDA? If yes, describe in FTR.		X	
Is this package size mismatched with the recommended dosage? If yes, the Poison Prevention Act may require a CRC.		X	
Does the package proposed have any safety and/or regulatory concerns?		X	
If IV product packaged in syringe, could there be adverse patient outcome if given by direct IV injection?			X
Conflict between the DOSAGE AND ADMINISTRATION and INDICATIONS sections and the packaging configuration?		X	
Is the strength and/or concentration of the product unsupported by the insert labeling?		X	
Is the color of the container (i.e. the color of the cap of a mydriatic ophthalmic) or cap incorrect?			X
Individual cartons required? Issues for FTR: Innovator individually cartoned? Light sensitive product which might require cartoning? Must the package insert accompany the product?	X		
Are there any other safety concerns?		X	
Labeling			
Is the name of the drug unclear in print or lacking in prominence? (Name should be the most prominent information on the label).		X	
Has applicant failed to clearly differentiate multiple product strengths?			X
Is the corporate logo larger than 1/3 container label? (No regulation - see ASHP guidelines)		X	
Labeling(continued)	**Yes**	**No**	**N.A.**
Does RLD make special differentiation for this label? (i.e., Pediatric strength vs Adult; Oral Solution vs Concentrate, Warning Statements that might be in red for the NDA)		X	
Is the Manufactured by/Distributor statement incorrect or falsely inconsistent between labels and labeling? Is "Jointly Manufactured by...", statement needed?		X	
Failure to describe solid oral dosage form identifying markings in HOW SUPPLIED?			X
Has the firm failed to adequately support compatibility or stability claims which appear in the insert labeling? Note: Chemist should confirm the data has been adequately supported.		X	
Scoring: Describe scoring configuration of RLD and applicant (page #) in the FTR			
Is the scoring configuration different than the RLD?			X
Has the firm failed to describe the scoring in the HOW SUPPLIED section?			X
Inactive Ingredients: (FTR: List page # in application where inactives are listed)			
Does the product contain alcohol? If so, has the accuracy of the statement been confirmed?		X	
Do any of the inactives differ in concentration for this route of administration?		X	
Any adverse effects anticipated from inactives (i.e., benzyl alcohol in neonates)?		X	
Is there a discrepancy in inactives between DESCRIPTION and the composition statement?		X	

Has the term "other ingredients" been used to protect a trade secret? If so, is claim supported?		X	
Failure to list the coloring agents if the composition statement lists e.g., Opacode, Opaspray?			X
Failure to list gelatin, coloring agents, antimicrobials for capsules in DESCRIPTION?			X
Failure to list dyes in imprinting inks? (Coloring agents e.g., iron oxides need not be listed)			X
USP Issues: (FTR: List USP/NDA/ANDA dispensing/storage recommendations)			
Do container recommendations fail to meet or exceed USP/NDA recommendations? If so, are the recommendations supported and is the difference acceptable?		X	
Does USP have labeling recommendations? If any, does ANDA meet them?		X	
Is the product light sensitive? If so, is NDA and/or ANDA in a light resistant container?	X		
Failure of DESCRIPTION to meet USP Description and Solubility information? If so, USP information should be used. However, only include solvents appearing in innovator labeling.		X	
Bioequivalence Issues: (Compare bioequivalency values: insert to study. List Cmax, Tmax, T 1/2 and date study acceptable)			
Insert labeling references a food effect or a no-effect? If so, was a food study done?		X	
Has CLINICAL PHARMACOLOGY been modified? If so, briefly detail where/why.		X	
Patent/Exclusivity Issues?: FTR: Check the Orange Book edition or cumulative supplement for verification of the latest Patent or Exclusivity. List expiration date for all patents, exclusivities, etc. or if none, please state.	X		

FOR THE RECORD:

1. The reference listed drug for this product is OTC-Nasalcrom by McNeil (20-463; Approved January 3, 1997). However at the time of this review the orange book site Pharmacia Upjohn as the NDA applicant holder. Pharmacia Upjohn will market the product.
2. The USP name for this product is Cromolyn Sodium Nasal Solution. USP requires it be preserved in tight, light-resistant containers.
3. The applicant certifies that a New Product Exclusivity is in effect through January 3, 2000 and that it will not market until after that date. No patents exist for this product. See Vol. 1.1, pages 9-10.
4. The product is manufactured by [redacted] for L. Perrigo 117 Water Street, Allegan, MI 49010. However, the labels and labeling indicate that the product is manufactured by L. Perrigo. See Vol. 3.1, page 129. Labels and labeling in the march 31 review now identifies L. Perrigo as the distributor.
5. Outside firms are used for testing only. See Vol. 1.1, page 116.
6. Container/Closure:
   Bottle: HDPE [redacted] for 13 mL and 26 mL package.
   Sprayer w/ overcap & safety clip for 13 mL and 26 mLpackage. See Vol. 1.1, page 332.
7. Product line: 5.2 mg/spray in 13 mL and 26 mL bottles.See Vol.1.1, page 32-33.
8. Components/Composition
   NDA: Each mL contains:
   Active: 40 mg Cromolyn sodium
   Inactive: Purified water, benzalconium chloride (preservative), edetate disodium
   ANDA: Each mL contains:
   Active: 40 mg Cromolyn sodium
   Inactive: Purified water, benzalkonium chloride, disodium EDTA Vol. 1.1, page 65.
9. Storage/Dispensing
   NDA: 15-30°C (59°-86°F). Keep away from light.
   ANDA: 15-30°C (59°-86°F). Keep away from light. Vol. 1.1, page 21.
10. The generic firm submitted labeling for "Children's Cromolyn Sodium" the submitted a side-by-side comparison with innovator labeling that they found in the marketplace for "Children's NasalCrom". This labeling has not yet been approved. It has been submitted as a Special Supplement Changes Being Effected to the New Drug Division. If approved the labeling will include dosing for children ages 2 and up. It currently is indicated for children ages 6 and up. Per Babbet Merrit in New Drug Division. It may also receive exclusivity rights. It is in an approvable status as of the date of this review. See office folder. the holder of the NDA was informed that these changes needed prior approval before place in the market. SE5/002

Date of Review: December 21, 2000
Date of Submission: March 31, 2000

Reviewer: Angela M. Payne **Date:**
Team Leader: [signature] **Date:** 1-19-2001

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cc:
ANDA: 75-427
DUP/DIVISION FILE
HFD-613/Apayne/JGrace (no cc)
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apayne 01-18-01

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

Superseded by other reviews

ANDA Number: 75-427 Date of Submission: Feb. 15 & 16 , 2001
Applicant's Name: L. Perrigo Company
Established Name: Cromolyn Sodium Nasal Solution USP, 5.2 mg/spray

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APPROVAL SUMMARY (List the package size, strength(s), and date of submission for approval): Do you have 12 Final Printed Labels and Labeling? Yes
Container Labels:(13 mL and 26 mL) vol 5.1 pages 29-76 satisfactory in FPL
Carton Labeling:(13 mL and 26 mL) vol 5.1 pages 29-76 satisfactory in FPL
Patient Package Insert Labeling: vol 5.1 pages 29-76 satisfactory in FPL

BASIS OF APPROVAL:
Was this approval based upon a petition? Yes
What is the RLD on the 356(h) form: OTC-NASALCROM®
NDA Number: 20-463
NDA Drug Name: Cromolyn Sodium Nasal Solution USP, 4%
NDA Firm: McNeil Consumer Products Company
Date of Approval of NDA Insert and supplement #: January 3, 1997; FPL February 28, 1997
Has this been verified by the MIS system for the NDA? Yes
Was this approval based upon an OGD labeling guidance? No
Basis of Approval for the Container Labels: Side by side comparison w/innovator labels in file folder.
Basis of Approval for the Carton Labeling: Side by side comparison w/RLD carton in file folder.

REVIEW OF PROFESSIONAL LABELING CHECK LIST

Established Name	Yes	No	N.A.
Different name than on acceptance to file letter?		X	
Is this product a USP item? If so, USP supplement in which verification was assured. USP 23	X		
Is this name different than that used in the Orange Book?		X	
If not USP, has the product name been proposed in the PF?			X
Error Prevention Analysis			
Has the firm proposed a proprietary name? If yes, complete this subsection.		X	
Do you find the name objectionable? List reasons in FTR, if so. Consider: Misleading? Sounds or looks like another name? USAN stem present? Prefix or Suffix present?			X
Has the name been forwarded to the Labeling and Nomenclature Committee? If so, what were the recommendations? If the name was unacceptable, has the firm been notified?			X
Packaging			
Is this a new packaging configuration, never been approved by an ANDA or NDA? If yes, describe in FTR.		X	
Is this package size mismatched with the recommended dosage? If yes, the Poison Prevention Act may require a CRC.		X	
Does the package proposed have any safety and/or regulatory concerns?		X	
If IV product packaged in syringe, could there be adverse patient outcome if given by direct IV injection?			X
Conflict between the DOSAGE AND ADMINISTRATION and INDICATIONS sections and the packaging configuration?		X	
Is the strength and/or concentration of the product unsupported by the insert labeling?		X	
Is the color of the container (i.e. the color of the cap of a mydriatic ophthalmic) or cap incorrect?			X
Individual cartons required? Issues for FTR: Innovator individually cartoned? Light sensitive product which might require cartoning? Must the package insert accompany the product?	X		
Are there any other safety concerns?		X	
Labeling			
Is the name of the drug unclear in print or lacking in prominence? (Name should be the most prominent information on the label).		X	
Has applicant failed to clearly differentiate multiple product strengths?			X
Is the corporate logo larger than 1/3 container label? (No regulation - see ASHP guidelines)		X	
Labeling(continued)	**Yes**	**No**	**N.A.**
Does RLD make special differentiation for this label? (i.e., Pediatric strength vs Adult; Oral Solution vs Concentrate, Warning Statements that might be in red for the NDA)		X	
Is the Manufactured by/Distributor statement incorrect or falsely inconsistent between labels and labeling? Is "Jointly Manufactured by...", statement needed?		X	
Failure to describe solid oral dosage form identifying markings in HOW SUPPLIED?			X
Has the firm failed to adequately support compatibility or stability claims which appear in the insert labeling? Note: Chemist should confirm the data has been adequately supported.		X	

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Is there a discrepancy in inactives between DESCRIPTION and the composition statement?		X	
Has the term "other ingredients" been used to protect a trade secret? If so, is claim supported?		X	
Failure to list the coloring agents if the composition statement lists e.g., Opacode, Opaspray?			X
Failure to list gelatin, coloring agents, antimicrobials for capsules in DESCRIPTION?			X
Failure to list dyes in imprinting inks? (Coloring agents e.g., iron oxides need not be listed)			X
USP Issues: (FTR: List USP/NDA/ANDA dispensing/storage recommendations)			
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Failure of DESCRIPTION to meet USP Description and Solubility information? If so, USP information should be used. However, only include solvents appearing in innovator labeling.		X	
Bioequivalence Issues: (Compare bioequivalency values: insert to study. List Cmax, Tmax, T 1/2 and date study acceptable)			
Insert labeling references a food effect or a no-effect? If so, was a food study done?		X	
Has CLINICAL PHARMACOLOGY been modified? If so, briefly detail where/why.		X	
Patent/Exclusivity Issues?: FTR: Check the Orange Book edition or cumulative supplement for verification of the latest Patent or Exclusivity. List expiration date for all patents, exclusivities, etc. or if none, please state.	X		

FOR THE RECORD:

1. The reference listed drug for this product is OTC-Nasalcrom by McNeil (20-463; Approved January 3, 1997). However at the time of this review the orange book site Pharmacia Upjohn as the NDA applicant holder. Pharmacia Upjohn will market the product.
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Date of Review: April 23, 2001 **Date of Submission:** Feb. 15 & 16th 2001

cc: ANDA: 75-427
DUP/DIVISION FILE
HFD-613/Apayne/JGrace (no cc)
V:/firmsnz/perrigo/let&rev/75427ap.l
Review

4/23/01
5/3/2001