CENTER FOR DRUG EVALUATION AND RESEARCH

Approval Package for:

APPLICATION NUMBER:

ANDA 219319

Name: Gabapentin Capsules; 100mg, 300mg, and 400mg

Sponsor: Senores Pharmaceuticals

Approval Date: August 07, 2025

CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER:

ANDA 219319

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CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER:

ANDA 219318

APPROVAL LETTER

ANDA 219319

ANDA APPROVAL

Pragmatic Compliance LLC
U.S. Agent for Stallion Laboratories Private Limited
15815 SW 11th Court Rd.
Ocala, FL 34473
Attention: Jerry Doane

Dear Jerry Doane:

This letter is in reference to your abbreviated new drug application (ANDA) received for review on April 9, 2024, submitted pursuant to section 505(j) of the Federal Food, Drug, and Cosmetic Act (FD&C Act) for Gabapentin Capsules USP, 100 mg, 300 mg, and 400 mg.

Reference is also made to the complete response letter issued by this office on January 29, 2025, and to any amendments thereafter.

We have completed the review of this ANDA and have concluded that adequate information has been presented to demonstrate that the drug meets the requirements for approval under the FD&C Act. Accordingly the ANDA is **approved**, effective on the date of this letter. We have determined your Gabapentin Capsules USP, 100 mg, 300 mg, and 400 mg to be bioequivalent and therapeutically equivalent to the reference listed drug (RLD), Neurontin Capsules, 100 mg, 300 mg, and 400 mg, of Viatris Specialty LLC, NDA - 020235.

Please note that if FDA requires a Risk Evaluation and Mitigation Strategy (REMS) for a listed drug, an ANDA referencing that listed drug also will be required to have a REMS. See section 505-1(i) of the FD&C Act.

COMPENDIAL STANDARDS

A drug with a name recognized in the official United States Pharmacopeia or official National Formulary (USP-NF) generally must comply with the compendial standard for strength, quality, and purity, unless the difference in strength, quality, or purity is plainly stated on its label (see FD&C Act § 501(b), 21 USC 351(b)). FDA typically cannot share application-specific information contained in submitted regulatory filings with third parties, which includes USP-NF. To help ensure that a drug continues to comply with compendial standards, application holders may work directly with USP-NF to revise official USP monographs. More information on the USP-NF is available on USP's website as https://www.uspnf.com/.

REQUIREMENTS AND RECOMMENDATIONS POST APPROVAL

Under applicable statutes, regulations, and guidances, your ANDA may be subject to certain requirements and recommendations post approval, including requirements regarding changes to approved ANDAs, postmarketing reporting, promotional materials, and annual facility fees, among others. For information on post-approval requirements and recommendations for ANDAs and a list of resources for ANDA holders, we refer you to https://www.fda.gov/drugs/abbreviated-new-drug-application-anda/requirements-and-resources-approved-andas.

Sincerely yours,

{See appended electronic signature page}

For Malik Imam, PharmD, MBA
CDR, United States Public Health Service
Deputy Director
Office of Regulatory Operations
Office of Generic Drugs
Center for Drug Evaluation and Research

CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER:

ANDA 219319

LABELING

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use GABAPENTIN CAPSULES safely and effectively. See full prescribing information for GABAPENTIN CAPSULES.

GABAPENTIN capsules, for oral use
Initial U.S. Approval: 1993

------RECENT MAJOR CHANGES--------
Warnings and Precautions (5.5, 5.6) 4/2025
Warnings and Precautions, removal-
Sudden and Unexplained Death in Patients with Epilepsy (5.10) 4/2025

--------INDICATIONS AND USAGE-------
Gabapentin capsules are indicated for:

- Postherpetic neuralgia in adults (1)
- Adjunctive therapy in the treatment of partial onset seizures, with and without secondary generalization, in adults and pediatric patients 3 years and older with epilepsy (1)

---DOSAGE AND ADMINISTRATION---

- Postherpetic Neuralgia (2.1)
  - Dose can be titrated up as needed to a dose of 1800 mg/day
  - Day 1: Single 300 mg dose
  - Day 2: 600 mg/day (i.e., 300 mg two times a day)
  - Day 3: 900 mg/day (i.e., 300 mg three times a day)
- Epilepsy with Partial Onset Seizures (2.2)
  - Patients 12 years of age and older: starting dose is 300 mg three times daily; may be titrated up to 600 mg three times daily
  - Patients 3 to 11 years of age: starting dose range is 10 to 15 mg/kg/day, given in three divided doses; recommended dose in patients 3 to 4 years of age is 40 mg/kg/day, given in three divided doses; the recommended dose in patients 5 to 11 years of age is 25 to 35 mg/kg/day, given in three divided doses. The recommended dose is reached by upward titration over a period of approximately 3 days
- Dose should be adjusted in patients with reduced renal function (2.3, 2.4)

-----DOSAGE FORMS AND STRENGTHS-------

- Capsules: 100 mg, 300 mg, and 400 mg (3)

-------CONTRAINDICATIONS----------
Known hypersensitivity to gabapentin or its ingredients (4)

----WARNINGS AND PRECAUTIONS---

- Drug Reaction with Eosinophilia and Systemic Symptoms (Multiorgan hypersensitivity): Discontinue if alternative etiology is not established (5.1)
- Anaphylaxis and Angioedema: Discontinue and evaluate patient immediately (5.2)
- Driving Impairment; Somnolence/Sedation and Dizziness: Warn patients not to drive until they have gained sufficient experience to assess whether their ability to drive or operate heavy machinery will be impaired (5.3, 5.4)

- Suicidal Behavior and Ideation: Monitor for suicidal thoughts/behavior (5.5)
- Abrupt or rapid discontinuation may increase the risk for seizures. Withdrawal symptoms, or suicidal behavior and ideation have been observed after discontinuation (5.6)
- Respiratory Depression: May occur with gabapentin when used with concomitant central nervous system (CNS) depressants, including opioids, or in the setting of underlying respiratory impairment. Monitor patients and adjust dosage as appropriate (5.8)
- Neuropsychiatric Adverse Reactions in Children 3 to 12 Years of Age: Monitor for such events (5.9)

---ADVERSE REACTIONS----------

Most common adverse reactions (incidence ≥8% and at least twice that for placebo) were:

- Postherpetic neuralgia: Dizziness, somnolence, and peripheral edema (6.1)
- Epilepsy in patients >12 years of age: Somnolence, dizziness, ataxia, fatigue, and nystagmus (6.1)
- Epilepsy in patients 3 to 12 years of age: Viral infection, fever, nausea and/or vomiting, somnolence, and hostility (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact Stallion Laboratories Private Limited at 1-855-551-9334 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

----------DRUG INTERACTIONS----------

Concentrations increased by morphine; may need dose adjustment (5.4, 7.1)

---USE IN SPECIFIC POPULATIONS----

Pregnancy: Based on animal data, may cause fetal harm (8.1)

See 17 for PATIENT COUNSELING INFORMATION and Medication Guide.

Revised: 05/2025

FULL PRESCRIBING INFORMATION: CONTENTS*

FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

Gabapentin capsules are indicated for:

- Management of postherpetic neuralgia in adults
- Adjunctive therapy in the treatment of partial onset seizures, with and without secondary generalization, in adults and pediatric patients 3 years and older with epilepsy

2 DOSAGE AND ADMINISTRATION

2.1 Dosage for Postherpetic Neuralgia

In adults with postherpetic neuralgia, gabapentin capsules may be initiated on Day 1 as a single 300 mg dose, on Day 2 as 600 mg/day (300 mg two times a day), and on Day 3 as 900 mg/day (300 mg three times a day). The dose can subsequently be titrated up as needed for pain relief to a dose of 1800 mg/day (600 mg three times a day). In clinical studies, efficacy was demonstrated over a range of doses from 1800 mg/day to 3600 mg/day with comparable effects across the dose

range; however, in these clinical studies, the additional benefit of using doses greater than 1800 mg/day was not demonstrated.

2.2 Dosage for Epilepsy with Partial Onset Seizures

Patients 12 Years of Age and Above

The starting dose is 300 mg three times a day. The recommended maintenance dose of gabapentin capsules is 300 mg to 600 mg three times a day. Dosages up to 2400 mg/day have been administered in long-term clinical studies. Doses of 3600 mg/day have also been administered to a small number of patients for a relatively short duration. Administer gabapentin capsules three times a day using 300 mg or 400 mg capsules. The maximum time between doses should not exceed 12 hours.

Pediatric Patients Age 3 to 11 Years

The starting dose range is 10 mg/kg/day to 15 mg/kg/day, given in three divided doses, and the recommended maintenance dose reached by upward titration over a period of approximately 3 days. The recommended maintenance dose of gabapentin capsules in patients 3 to 4 years of age is 40 mg/kg/day, given in three divided doses. The recommended maintenance dose of gabapentin capsules in patients 5 to 11 years of age is 25 mg/kg/day to 35 mg/kg/day, given in three divided doses. Gabapentin may be administered as the oral solution, capsule, or tablet, or using combinations of these formulations. Dosages up to 50 mg/kg/day have been administered in a long-term clinical study. The maximum time interval between doses should not exceed 12 hours.

2.3 Dosage Adjustment in Patients with Renal Impairment

Dosage adjustment in patients 12 years of age and older with renal impairment or undergoing hemodialysis is recommended, as follows (see dosing recommendations above for effective doses in each indication):

TABLE 1 Gabapentin Capsules Dosage Based on Renal Function

Renal Function Creatinine Clearance (mL/min)	Total Daily Dose Range (mg/day)	Dose Regimen (mg)				
≥ 60	900 to 3600	300 TID	400 TID	600 TID	800 TID	1200 TID
>30 to 59	400 to 1400	200 BID	300 BID	400 BID	500 BID	700 BID
>15 to 29	200 to 700	200 QD	300 QD	400 QD	500 QD	700 QD
15[a]	100 to 300	100 QD	125 QD	150 QD	200 QD	300 QD
Post-Hemodialysis Supplemental Dose (mg)[b]						
Hemodialysis		125[b]	150[b]	200[b]	250[b]	350[b]

TID = Three times a day; BID = Two times a day; QD = Single daily dose

[a]For patients with creatinine clearance <15 mL/min, reduce daily dose in proportion to creatinine clearance (e.g., patients with a creatinine clearance of 7.5 mL/min should receive one-half the daily dose that patients with a creatinine clearance of 15 mL/min receive).

[b]Patients on hemodialysis should receive maintenance doses based on estimates of creatinine clearance as indicated in the upper portion of the table and a supplemental post-hemodialysis dose administered after each 4 hours of hemodialysis as indicated in the lower portion of the table.

Creatinine clearance (CLCr) is difficult to measure in outpatients. In patients with stable renal function, creatinine clearance can be reasonably well estimated using the equation of Cockcroft and Gault:

$$\text{CLCr} = \frac{[140 - \text{age (years)}] \times \text{weight (kg)}}{72 \times \text{serum creatinine (mg/dL)}} \quad (\times 0.85 \text{ for female patients})$$

The use of gabapentin capsules in patients less than 12 years of age with compromised renal function has not been studied.

2.4 Dosage in Elderly

Because elderly patients are more likely to have decreased renal function, care should be taken in dose selection, and dose should be adjusted based on creatinine clearance values in these patients.

2.5 Administration Information

Administer gabapentin capsules orally with or without food.

Gabapentin capsules should be swallowed whole with water.

If the gabapentin capsules dose is reduced, discontinued, or substituted with an alternative medication, this should be done gradually over a minimum of 1 week (a longer period may be needed at the discretion of the prescriber).

3 DOSAGE FORMS AND STRENGTHS

Capsules

100 mg: Size "3" hard gelatin capsule, white opaque cap imprinted as "**G 100**" with blue ink and white opaque body imprinted as "**C**" with blue ink containing white to off white powder.

300 mg: Size "1" hard gelatin capsule, yellow opaque cap imprinted as "**G 300**" with blue ink and yellow opaque body imprinted as "**C**" with blue ink containing white to off white powder.

400 mg: Size "0" hard gelatin capsule, orange opaque cap imprinted as "**G 400**" with blue ink and orange opaque body imprinted as "**C**" with blue ink containing white to off white powder.

4 CONTRAINDICATIONS

Gabapentin capsules are contraindicated in patients who have demonstrated hypersensitivity to the drug or its ingredients.

5 WARNINGS AND PRECAUTIONS

5.1 Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS)/Multiorgan Hypersensitivity

Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS), also known as multiorgan hypersensitivity, has occurred with gabapentin. Some of these reactions have been fatal or life-threatening. DRESS typically, although not exclusively, presents with fever, rash, and/or lymphadenopathy, in association with other organ system involvement, such as hepatitis, nephritis, hematological abnormalities, myocarditis, or myositis sometimes resembling an acute viral infection. Eosinophilia is often present. This disorder is variable in its expression, and other organ systems not noted here may be involved.

It is important to note that early manifestations of hypersensitivity, such as fever or lymphadenopathy, may be present even though rash is not evident. If such signs or symptoms are present, the patient should be evaluated immediately. Gabapentin should be discontinued if an alternative etiology for the signs or symptoms cannot be established.

5.2 Anaphylaxis and Angioedema

Gabapentin can cause anaphylaxis and angioedema after the first dose or at any time during treatment. Signs and symptoms in reported cases have included difficulty breathing, swelling of the lips, throat, and tongue, and hypotension requiring emergency treatment. Patients should be instructed to discontinue gabapentin and seek immediate medical care should they experience signs or symptoms of anaphylaxis or angioedema.

5.3 Effects on Driving and Operating Heavy Machinery

Patients taking gabapentin should not drive until they have gained sufficient experience to assess whether gabapentin impairs their ability to drive. Driving performance studies conducted with a prodrug of gabapentin (gabapentin enacarbil tablet, extended-release) indicate that gabapentin may cause significant driving impairment. Prescribers and patients should be aware that patients' ability to assess their own driving competence, as well as their ability to assess the degree of somnolence caused by gabapentin, can be imperfect. The duration of driving impairment after starting therapy with gabapentin is unknown. Whether the impairment is related to somnolence [*see Warnings and Precautions (5.4)*] or other effects of gabapentin is unknown.

Moreover, because gabapentin causes somnolence and dizziness [*see Warnings and Precautions*

(5.4)], patients should be advised not to operate complex machinery until they have gained sufficient experience on gabapentin to assess whether gabapentin impairs their ability to perform such tasks.

5.4 Somnolence/Sedation and Dizziness

During the controlled epilepsy trials in patients older than 12 years of age receiving doses of gabapentin up to 1800 mg daily, somnolence, dizziness, and ataxia were reported at a greater rate in patients receiving gabapentin compared to placebo: i.e., 19% in drug versus 9% in placebo for somnolence, 17% in drug versus 7% in placebo for dizziness, and 13% in drug versus 6% in placebo for ataxia. In these trials somnolence, ataxia and fatigue were common adverse reactions leading to discontinuation of gabapentin in patients older than 12 years of age, with 1.2%, 0.8% and 0.6% discontinuing for these events, respectively.

During the controlled trials in patients with post-herpetic neuralgia, somnolence, and dizziness were reported at a greater rate compared to placebo in patients receiving gabapentin, in dosages up to 3600 mg per day: i.e., 21% in gabapentin-treated patients versus 5% in placebo-treated patients for somnolence and 28% in gabapentin-treated patients versus 8% in placebo-treated patients for dizziness. Dizziness and somnolence were among the most common adverse reactions leading to discontinuation of gabapentin.

Patients should be carefully observed for signs of central nervous system (CNS) depression, such as somnolence and sedation, when gabapentin is used with other drugs with sedative properties because of potential synergy. In addition, patients who require concomitant treatment with morphine may experience increases in gabapentin concentrations and may require dose adjustment *[see Drug Interactions (7.1)]*.

5.5 Suicidal Behavior and Ideation

Antiepileptic drugs (AEDs), including gabapentin, increase the risk of suicidal thoughts or behavior in patients taking these drugs for any indication. Suicidal behavior and ideation have also been reported in patients after discontinuation of gabapentin [*see Warnings and Precautions (5.6)*]. Patients treated with any AED for any indication should be monitored for the emergence or worsening of depression, suicidal thoughts or behavior, and/or any unusual changes in mood or behavior.

Pooled analyses of 199 placebo-controlled clinical trials (mono- and adjunctive therapy) of 11 different AEDs showed that patients randomized to one of the AEDs had approximately twice the risk (adjusted Relative Risk 1.8, 95% CI:1.2, 2.7) of suicidal thinking or behavior compared to patients randomized to placebo. In these trials, which had a median treatment duration of 12 weeks, the estimated incidence rate of suicidal behavior or ideation among 27,863 AED-treated patients was 0.43%, compared to 0.24% among 16,029 placebo-treated patients, representing an increase

of approximately one case of suicidal thinking or behavior for every 530 patients treated. There were four suicides in drug-treated patients in the trials and none in placebo-treated patients, but the number is too small to allow any conclusion about drug effect on suicide.

The increased risk of suicidal thoughts or behavior with AEDs was observed as early as one week after starting drug treatment with AEDs and persisted for the duration of treatment assessed. Because most trials included in the analysis did not extend beyond 24 weeks, the risk of suicidal thoughts or behavior beyond 24 weeks could not be assessed.

The risk of suicidal thoughts or behavior was generally consistent among drugs in the data analyzed. The finding of increased risk with AEDs of varying mechanisms of action and across a range of indications suggests that the risk applies to all AEDs used for any indication. The risk did not vary substantially by age (5-100 years) in the clinical trials analyzed. Table 2 shows absolute and relative risk by indication for all evaluated AEDs.

TABLE 2 Risk by Indication for Antiepileptic Drugs in the Pooled Analysis

Indication	Placebo Patients with Events Per 1,000 Patients	Drug Patients with Events Per 1,000 Patients	Relative Risk: Incidence of Events in Drug Patients/Incidence in Placebo Patients	Risk Difference: Additional Drug Patients with Events Per 1,000 Patients
Epilepsy	1.0	3.4	3.5	2.4
Psychiatric	5.7	8.5	1.5	2.9
Other	1.0	1.8	1.9	0.9
Total	2.4	4.3	1.8	1.9

The relative risk for suicidal thoughts or behavior was higher in clinical trials for epilepsy than in clinical trials for psychiatric or other conditions, but the absolute risk differences were similar for the epilepsy and psychiatric indications.

Anyone considering prescribing gabapentin or any other AED must balance the risk of suicidal thoughts or behavior with the risk of untreated illness. Epilepsy and many other illnesses for which AEDs are prescribed are themselves associated with morbidity and mortality and an increased risk of suicidal thoughts and behavior. Should suicidal thoughts and behavior emerge during treatment, the prescriber needs to consider whether the emergence of these symptoms in any given patient may be related to the illness being treated.

Patients, their caregivers, and families should be informed that AEDs increase the risk of suicidal thoughts and behavior and should be advised of the need to be alert for the emergence or worsening of the signs and symptoms of depression, any unusual changes in mood or behavior, or the emergence of suicidal thoughts, behavior, or thoughts about self-harm. Behaviors of concern should be reported immediately to healthcare providers.

5.6 Increased Risk of Seizures and Other Adverse Reactions with Abrupt or Rapid Discontinuation

Antiepileptic drugs should not be abruptly discontinued because of the possibility of increasing seizure frequency.

When gabapentin is being discontinued, the dose should be tapered over at least a one-week period.

After discontinuation of short-term and long-term treatment with gabapentin, withdrawal symptoms have been observed in some patients *[see Adverse Reactions (6.2) and Drug Abuse and Dependence (9.3)]*. Suicidal behavior and ideation have also been reported in patients after discontinuation of gabapentin *[see Warnings and Precautions (5.5)]*.

5.7 Status Epilepticus

In the placebo-controlled epilepsy studies in patients >12 years of age, the incidence of status epilepticus in patients receiving gabapentin was 0.6% (3 of 543) versus 0.5% in patients receiving placebo (2 of 378). Among the 2074 patients >12 years of age treated with gabapentin across all epilepsy studies (controlled and uncontrolled), 31 (1.5%) had status epilepticus. Of these, 14 patients had no prior history of status epilepticus either before treatment or while on other medications. Because adequate historical data are not available, it is impossible to say whether or not treatment with gabapentin is associated with a higher or lower rate of status epilepticus than would be expected to occur in a similar population not treated with gabapentin.

5.8 Respiratory Depression

There is evidence from case reports, human studies, and animal studies associating gabapentin with serious, life-threatening, or fatal respiratory depression when coadministered with CNS depressants, including opioids, or in the setting of underlying respiratory impairment. When the decision is made to co-prescribe gabapentin with another CNS depressant, particularly an opioid, or to prescribe gabapentin to patients with underlying respiratory impairment, monitor patients for symptoms of respiratory depression and sedation, and consider initiating gabapentin at a low dose. The management of respiratory depression may include close observation, supportive measures, and reduction or withdrawal of CNS depressants (including gabapentin).

5.9 Neuropsychiatric Adverse Reactions (Pediatric Patients 3 to 12 Years of Age)

Gabapentin use in pediatric patients with epilepsy 3 to 12 years of age is associated with the occurrence of CNS related adverse reactions. The most significant of these can be classified into the following categories: 1) emotional lability (primarily behavioral problems), 2) hostility, including aggressive behaviors, 3) thought disorder, including concentration problems and change in school performance, and 4) hyperkinesia (primarily restlessness and hyperactivity). Among the gabapentin-treated patients, most of the reactions were mild to moderate in intensity.

In controlled clinical epilepsy trials in pediatric patients 3 to 12 years of age, the incidence of these adverse reactions was: emotional lability 6% (gabapentin-treated patients) versus 1.3% (placebo-treated patients); hostility 5.2% versus 1.3%; hyperkinesia 4.7% versus 2.9%; and thought disorder 1.7% versus 0%. One of these reactions, a report of hostility, was considered serious.

Discontinuation of gabapentin treatment occurred in 1.3% of patients reporting emotional lability and hyperkinesia and 0.9% of gabapentin-treated patients reporting hostility and thought disorder. One placebo-treated patient (0.4%) withdrew due to emotional lability.

5.10 Tumorigenic Potential

In an oral carcinogenicity study, gabapentin increased the incidence of pancreatic acinar cell tumors in rats *[see Nonclinical Toxicology (13.1)]*. The clinical significance of this finding is unknown. Clinical experience during gabapentin's premarketing development provides no direct means to assess its potential for inducing tumors in humans.

In clinical studies in adjunctive therapy in epilepsy comprising 2,085 patient-years of exposure in patients >12 years of age, new tumors were reported in 10 patients (2 breast, 3 brain, 2 lung, 1 adrenal, 1 non-Hodgkin's lymphoma, 1 endometrial carcinoma *in situ*), and preexisting tumors worsened in 11 patients (9 brain, 1 breast, 1 prostate) during or up to 2 years following discontinuation of gabapentin. Without knowledge of the background incidence and recurrence in a similar population not treated with gabapentin, it is impossible to know whether the incidence seen in this cohort is or is not affected by treatment.

6 ADVERSE REACTIONS

The following serious adverse reactions are discussed in greater detail in other sections:

- Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS)/Multiorgan Hypersensitivity *[see Warnings and Precautions (5.1)]*
- Anaphylaxis and Angioedema *[see Warnings and Precautions (5.2)]*
- Somnolence/Sedation and Dizziness *[see Warnings and Precautions (5.4)]*
- Suicidal Behavior and Ideation [*see Warnings and Precautions (5.5)*]
- Increased Risk of Seizures and Other Adverse Reactions with Abrupt or Rapid Discontinuation [*see Warnings and Precautions (5.6)]*
- Status Epilepticus [*see Warnings and Precautions (5.7)]*
- Respiratory Depression [*see Warnings and Precautions (5.8)*]
- Neuropsychiatric Adverse Reactions (Pediatric Patients 3 to 12 Years of Age) [*see Warnings and Precautions (5.9)*]

6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

Postherpetic Neuralgia

The most common adverse reactions associated with the use of gabapentin in adults, not seen at an equivalent frequency among placebo-treated patients, were dizziness, somnolence, and peripheral edema.

In the 2 controlled trials in postherpetic neuralgia, 16% of the 336 patients who received gabapentin and 9% of the 227 patients who received placebo discontinued treatment because of an adverse reaction. The adverse reactions that most frequently led to withdrawal in gabapentin-treated patients were dizziness, somnolence, and nausea.

Table 3 lists adverse reactions that occurred in at least 1% of gabapentin-treated patients with postherpetic neuralgia participating in placebo-controlled trials and that were numerically more frequent in the gabapentin group than in the placebo group.

TABLE 3. Adverse Reactions in Pooled Placebo-Controlled Trials in Postherpetic Neuralgia

	Gabapentin N=336 %	**Placebo N=227 %**
Body as a Whole		
Asthenia	6	5
Infection	5	4
Accidental injury	3	1
Digestive System		
Diarrhea	6	3
Dry mouth	5	1
Constipation	4	2
Nausea	4	3
Vomiting	3	2
Metabolic and Nutritional Disorders		
Peripheral edema	8	2
Weight gain	2	0
Hyperglycemia	1	0
Nervous System		
Dizziness	28	8
Somnolence	21	5
Ataxia	3	0
Abnormal thinking	3	0
Abnormal gait	2	0
Incoordination	2	0
Respiratory System		
Pharyngitis	1	0
Special Senses		
Amblyopia[a]	3	1
Conjunctivitis	1	0
Diplopia	1	0
Otitis media	1	0

[a] Reported as blurred vision

Other reactions in more than 1% of patients but equally or more frequent in the placebo group included pain, tremor, neuralgia, back pain, dyspepsia, dyspnea, and flu syndrome.

There were no clinically important differences between men and women in the types and incidence of adverse reactions. Because there were few patients whose race was reported as other than white, there are insufficient data to support a statement regarding the distribution of adverse reactions by race.

Epilepsy with Partial Onset Seizures (Adjunctive Therapy)

The most common adverse reactions with gabapentin in combination with other antiepileptic drugs in patients >12 years of age, not seen at an equivalent frequency among placebo-treated patients, were somnolence, dizziness, ataxia, fatigue, and nystagmus.

The most common adverse reactions with gabapentin in combination with other antiepileptic drugs in pediatric patients 3 to 12 years of age, not seen at an equal frequency among placebo-treated patients, were viral infection, fever, nausea and/or vomiting, somnolence, and hostility *[see Warnings and Precautions (5.9)]*.

Approximately 7% of the 2074 patients >12 years of age and approximately 7% of the 449 pediatric patients 3 to 12 years of age who received gabapentin in premarketing clinical trials discontinued treatment because of an adverse reaction. The adverse reactions most commonly associated with withdrawal in patients >12 years of age were somnolence (1.2%), ataxia (0.8%), fatigue (0.6%), nausea and/or vomiting (0.6%), and dizziness (0.6%). The adverse reactions most commonly associated with withdrawal in pediatric patients were emotional lability (1.6%), hostility (1.3%), and hyperkinesia (1.1%).

Table 4 lists adverse reactions that occurred in at least 1% of gabapentin-treated patients >12 years of age with epilepsy participating in placebo-controlled trials and were numerically more common in the gabapentin group. In these studies, either gabapentin or placebo was added to the patient's current antiepileptic drug therapy.

TABLE 4. Adverse Reactions in Pooled Placebo-Controlled Add-On Trials in Epilepsy Patients >12 Years of Age

	Gabapentin[a] N=543 %	Placebo[a] N=378 %
Body as a Whole		
Fatigue	11	5
Increased weight	3	2
Back pain	2	1
Peripheral edema	2	1
Cardiovascular		
Vasodilatation	1	0
Digestive System		
Dyspepsia	2	1
Dry mouth or throat	2	1
Constipation	2	1
Dental abnormalities	2	0
Nervous System		
Somnolence	19	9
Dizziness	17	7
Ataxia	13	6
Nystagmus	8	4
Tremor	7	3
Dysarthria	2	1
Amnesia	2	0
Depression	2	1
Abnormal thinking	2	1
Abnormal coordination	1	0
Respiratory System		
Pharyngitis	3	2
Coughing	2	1
Skin and Appendages		
Abrasion	1	0
Urogenital System		
Impotence	2	1
Special Senses		
Diplopia	6	2
Amblyopia[b]	4	1

[a] Plus background antiepileptic drug therapy
[b] Amblyopia was often described as blurred vision.

Among the adverse reactions occurring at an incidence of at least 10% in gabapentin-treated patients, somnolence and ataxia appeared to exhibit a positive dose-response relationship.

The overall incidence of adverse reactions and the types of adverse reactions seen were similar among men and women treated with gabapentin. The incidence of adverse reactions increased slightly with increasing age in patients treated with either gabapentin or placebo. Because only 3% of patients (28/921) in placebo-controlled studies were identified as nonwhite (black or other), there are insufficient data to support a statement regarding the distribution of adverse reactions by race.

Table 5 lists adverse reactions that occurred in at least 2% of gabapentin-treated patients, age 3 to 12 years of age with epilepsy participating in placebo-controlled trials, and which were numerically more common in the gabapentin group.

TABLE 5. Adverse Reactions in a Placebo-Controlled Add-On Trial in Pediatric Epilepsy Patients Age 3 to 12 Years

	Gabapentin[a] N=119 %	Placebo[a] N=128 %
Body as a Whole		
Viral infection	11	3
Fever	10	3
Increased weight	3	1
Fatigue	3	2
Digestive System		
Nausea and/or vomiting	8	7
Nervous System		
Somnolence	8	5
Hostility	8	2
Emotional lability	4	2
Dizziness	3	2
Hyperkinesia	3	1
Respiratory System		
Bronchitis	3	1
Respiratory infection	3	1

[a] Plus background antiepileptic drug therapy

Other reactions in more than 2% of pediatric patients 3 to 12 years of age but equally or more frequent in the placebo group included: pharyngitis, upper respiratory infection, headache, rhinitis, convulsions, diarrhea, anorexia, coughing, and otitis media.

6.2 Postmarketing Experience

The following adverse reactions have been identified during postmarketing use of gabapentin. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

Hepatobiliary Disorders: jaundice
Investigations: elevated creatine kinase, elevated liver function tests
Metabolism and Nutrition Disorders: hyponatremia
Musculoskeletal and Connective Tissue Disorder: rhabdomyolysis
Nervous System Disorders: movement disorder
Psychiatric Disorders: agitation
Reproductive System and Breast Disorders: breast enlargement, changes in libido, ejaculation disorders and anorgasmia
Skin and Subcutaneous Tissue Disorders: angioedema *[see Warnings and Precautions (5.2)]*, bullous pemphigoid, erythema multiforme, Stevens-Johnson syndrome.

There are postmarketing reports of life-threatening or fatal respiratory depression in patients taking gabapentin with opioids or other CNS depressants, or in the setting of underlying respiratory impairment *[see Warnings and Precautions (5.8)]*.

There are postmarketing reports of withdrawal symptoms after discontinuation of gabapentin. Reported adverse reactions include, but are not limited to, seizures, depression, suicidal ideation and behavior, agitation, confusion, disorientation, psychotic symptoms, anxiety, insomnia, nausea, pain, sweating, tremor, headache, dizziness, and malaise [*see Warnings and Precautions (5.6)*].

7 DRUG INTERACTIONS

7.1 Opioids

Respiratory depression and sedation, sometimes resulting in death, have been reported following coadministration of gabapentin with opioids (e.g., morphine, hydrocodone, oxycodone, buprenorphine) *[see Warnings and Precautions (5.8)]*.

Hydrocodone

Coadministration of gabapentin with hydrocodone decreases hydrocodone exposure *[see Clinical Pharmacology (12.3)]*. The potential for alteration in hydrocodone exposure and effect should be considered when gabapentin is started or discontinued in a patient taking hydrocodone.

Morphine

When gabapentin is administered with morphine, patients should be observed for signs of CNS depression, such as somnolence, sedation and respiratory depression *[see Clinical Pharmacology (12.3)]*.

7.2 Other Antiepileptic Drugs

Gabapentin is not appreciably metabolized nor does it interfere with the metabolism of commonly coadministered antiepileptic drugs *[see Clinical Pharmacology (12.3)]*.

7.3 Maalox® (aluminum hydroxide, magnesium hydroxide)

The mean bioavailability of gabapentin was reduced by about 20% with concomitant use of an antacid (Maalox®) containing magnesium and aluminum hydroxides. It is recommended that gabapentin be taken at least 2 hours following Maalox administration *[see Clinical Pharmacology (12.3)]*.

7.4 Drug/Laboratory Test Interactions

Because false positive readings were reported with the Ames N-Multistix SG® dipstick test for urinary protein when gabapentin was added to other antiepileptic drugs, the more specific sulfosalicylic acid precipitation procedure is recommended to determine the presence of urine protein.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Pregnancy Exposure Registry

There is a pregnancy exposure registry that monitors pregnancy outcomes in women exposed to antiepileptic drugs (AEDs), such as gabapentin, during pregnancy. Encourage women who are taking gabapentin during pregnancy to enroll in the North American Antiepileptic Drug (NAAED) Pregnancy Registry by calling the toll-free number 1-888-233-2334 or visiting http://www.aedpregnancyregistry.org/.

Risk Summary

The totality of available data from published prospective and retrospective cohort studies pertaining to gabapentin use during pregnancy has not indicated an increased risk of major birth

defects or miscarriage. There are important methodological limitations hindering interpretation of these studies [*see Data*]. In nonclinical studies in mice, rats, and rabbits, gabapentin was developmentally toxic (increased fetal skeletal and visceral abnormalities, and increased embryofetal mortality) when administered to pregnant animals at doses similar to or lower than those used clinically *[see Data]*.

Postmarketing data suggest that extended gabapentin use with opioids close to delivery may increase the risk of neonatal withdrawal versus opioids alone [*see Clinical Considerations*]. Although there is at least one report of neonatal withdrawal syndrome in an infant exposed to gabapentin alone during pregnancy, there are no comparative epidemiologic studies evaluating this association. Therefore, whether exposure to gabapentin alone late in pregnancy may cause withdrawal signs and symptoms is not known.

The background risk of major birth defects and miscarriage for the indicated population is unknown. All pregnancies have a background risk of birth defect, loss, or other adverse outcomes. In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2 to 4% and 15 to 20%, respectively.

Clinical Considerations

Fetal/Neonatal Adverse Reactions

Neonatal withdrawal syndrome has been reported in newborns exposed to gabapentin in utero for an extended period of time when also exposed to opioids close to delivery. Neonatal withdrawal signs and symptoms reported have included tachypnea, vomiting, diarrhea, hypertonia, irritability, sneezing, poor feeding, hyperactivity, abnormal sleep pattern, and tremor. Reported signs and symptoms that may also be related to withdrawal include tongue thrusting, wandering eye movements while awake, back arching, and continuous extremity movements. Observe neonates exposed to gabapentin and opioids for signs and symptoms of neonatal withdrawal and manage accordingly.

Data

Human Data

An observational study based on routinely collected data from administrative and medical registers in Denmark, Finland, Norway, and Sweden, compared the prevalence of major congenital malformations in approximately 1,500 pregnancies exposed to gabapentin monotherapy in the first trimester to pregnancies unexposed to antiepileptics (n=2,995,816) and pregnancies exposed to lamotrigine monotherapy in the first trimester (n=7,582). The adjusted prevalence ratios in a pooled analysis were 1.00 (95% CI: 0.80-1.24) compared to pregnancies unexposed to antiepileptics and 1.29 (95% CI: 1.00-1.67) compared to pregnancies exposed to lamotrigine monotherapy in the first trimester.

Data from another observational study in the US based on Medicaid data, which compared the risk for major congenital malformations in more than 4,600 pregnancies exposed to gabapentin during the first trimester to unexposed pregnancies (n=1,753,865), estimated an adjusted relative risk of 1.07 (95% CI: 0.94-1.21).

Data from a cohort study of over 200,000 Medicaid-eligible pregnancies with prescription opioid exposure in the last 45 days of pregnancy found that the risk of neonatal drug withdrawal was greater in pregnancies with combined exposure to gabapentin and opioids compared to pregnancies with exposure to opioids alone.

The data from these observational studies should be interpreted with caution due to the potential for exposure misclassification, outcome misclassification, and residual confounding, including by underlying disease.

Animal Data

When pregnant mice received oral doses of gabapentin (500, 1000, or 3000 mg/kg/day) during the period of organogenesis, embryofetal toxicity (increased incidences of skeletal variations) was observed at the two highest doses. The no-effect dose for embryofetal developmental toxicity in mice (500 mg/kg/day) is less than the maximum recommended human dose (MRHD) of 3600 mg on a body surface area (mg/m^2) basis.

In studies in which rats received oral doses of gabapentin (500 to 2000 mg/kg/day) during pregnancy, adverse effect on offspring development (increased incidences of hydroureter and/or hydronephrosis) were observed at all doses. The lowest dose tested is similar to the MRHD on a mg/m^2 basis.

When pregnant rabbits were treated with gabapentin during the period of organogenesis, an increase in embryofetal mortality was observed at all doses tested (60, 300, or 1500 mg/kg). The lowest dose tested is less than the MRHD on a mg/m^2 basis.

In a published study, gabapentin (400 mg/kg/day) was administered by intraperitoneal injection to neonatal mice during the first postnatal week, a period of synaptogenesis in rodents (corresponding to the last trimester of pregnancy in humans). Gabapentin caused a marked decrease in neuronal synapse formation in brains of intact mice and abnormal neuronal synapse formation in a mouse model of synaptic repair. Gabapentin has been shown *in vitro* to interfere with activity of the α2δ subunit of voltage-activated calcium channels, a receptor involved in neuronal synaptogenesis. The clinical significance of these findings is unknown.

8.2 Lactation

Risk Summary

Gabapentin is secreted in human milk following oral administration. The effects on the breastfed infant and on milk production are unknown. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for gabapentin and any potential adverse effects on the breastfed infant from gabapentin or from the underlying maternal condition.

8.4 Pediatric Use

Safety and effectiveness of gabapentin in the management of postherpetic neuralgia in pediatric patients have not been established.

Safety and effectiveness as adjunctive therapy in the treatment of partial seizures in pediatric patients below the age of 3 years has not been established *[see Clinical Studies (14.2)]*.

8.5 Geriatric Use

The total number of patients treated with gabapentin in controlled clinical trials in patients with postherpetic neuralgia was 336, of which 102 (30%) were 65 to 74 years of age, and 168 (50%) were 75 years of age and older. There was a larger treatment effect in patients 75 years of age and older compared to younger patients who received the same dosage. Since gabapentin is almost exclusively eliminated by renal excretion, the larger treatment effect observed in patients ≥ 75 years may be a consequence of increased gabapentin exposure for a given dose that results from an age-related decrease in renal function. However, other factors cannot be excluded. The types and incidence of adverse reactions were similar across age groups except for peripheral edema and ataxia, which tended to increase in incidence with age.

Clinical studies of gabapentin in epilepsy did not include sufficient numbers of subjects aged 65 and over to determine whether they responded differently from younger subjects. Other reported clinical experience has not identified differences in responses between the elderly and younger patients. In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy.

This drug is known to be substantially excreted by the kidney, and the risk of toxic reactions to this drug may be greater in patients with impaired renal function. Because elderly patients are more likely to have decreased renal function, care should be taken in dose selection, and dose should be adjusted based on creatinine clearance values in these patients *[see Dosage and Administration (2.4), Adverse Reactions (6), and Clinical Pharmacology (12.3)]*.

8.6 Renal Impairment

Dosage adjustment in adult patients with compromised renal function is necessary *[see Dosage and Administration (2.3) and Clinical Pharmacology (12.3)]*. Pediatric patients with renal insufficiency have not been studied.

Dosage adjustment in patients undergoing hemodialysis is necessary *[see Dosage and Administration (2.3) and Clinical Pharmacology (12.3)]*.

9 DRUG ABUSE AND DEPENDENCE

9.1 Controlled Substance

Gabapentin Capsules contains gabapentin, which is not a controlled substance.

9.2 Abuse

Abuse is the intentional, non-therapeutic use of a drug, even once, for its desirable psychological or physiological effects. Misuse is the intentional use, for therapeutic purposes, of a drug by an individual in a way other than prescribed by a health care provider or for whom it was not prescribed.

Gabapentin does not exhibit affinity for benzodiazepine, opioid (mu, delta or kappa), or cannabinoid 1 receptor sites. Gabapentin misuse and abuse have been reported in the postmarketing setting and published literature. Most of the individuals described in these reports had a history of polysubstance abuse. Some of these individuals were taking higher than recommended doses of gabapentin for unapproved uses. When prescribing gabapentin, carefully evaluate patients for a history of drug abuse and observe them for signs and symptoms of gabapentin misuse or abuse (e.g., self-dose escalation and drug-seeking behavior). The abuse potential of gabapentin has not been evaluated in human studies.

9.3 Dependence

Physical dependence is a state that develops as a result of physiological adaptation in response to repeated drug use, manifested by withdrawal signs and symptoms after abrupt discontinuation or a significant dose reduction of a drug.

After discontinuation of short-term and long-term treatment with gabapentin, withdrawal symptoms have been observed in some patients. Withdrawal symptoms may occur shortly after

discontinuation, usually within 48 hours. In the postmarketing setting, reported adverse reactions have included, but not been limited to, seizures, depression, suicidal ideation and behavior, agitation, confusion, disorientation, psychotic symptoms, anxiety, insomnia, nausea, pain, sweating, tremor, headache, dizziness, and malaise. The dependence potential of gabapentin has not been evaluated in human studies.

10 OVERDOSAGE

Signs of acute toxicity in animals included ataxia, labored breathing, ptosis, sedation, hypoactivity, or excitation.

Acute oral overdoses of gabapentin have been reported. Symptoms have included double vision, tremor, slurred speech, drowsiness, altered mental status, dizziness, lethargy, and diarrhea. Fatal respiratory depression has been reported with gabapentin overdose, alone and in combination with other CNS depressants.

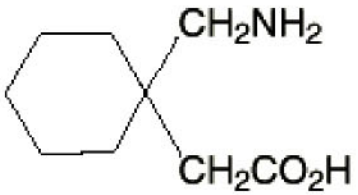
Gabapentin can be removed by hemodialysis.

If overexposure occurs, call your poison control center at 1-800-222-1222.

11 DESCRIPTION

The active ingredient in gabapentin capsules, USP is gabapentin USP, which has the chemical name 1-(aminomethyl)cyclohexaneacetic acid.

The molecular formula of gabapentin is $C_9H_{17}NO_2$ and the molecular weight is 171.24. The structural formula of gabapentin is:



Gabapentin, USP is a white to off-white crystalline solid with a pKa_1 of 3.7 and a pKa_2 of 10.7. It is freely soluble in water and both basic and acidic aqueous solutions. The log of the partition coefficient (n-octanol/0.05M phosphate buffer) at pH 7.4 is –1.25.

Each gabapentin capsule contains 100 mg, 300 mg, or 400 mg of gabapentin and the following inactive ingredients:

Pregelatinized maize starch, talc, magnesium stearate, gelatin, titanium dioxide, yellow iron

oxide (300 mg and 400 mg only), red iron oxide (400 mg only). Ingredient of imprinting ink (TekPrint™ SB-6018 Blue Ink) are Shellac NF, Dehydrated Alcohol USP, Isopropyl Alcohol USP, Butyl Alcohol NF, Propylene Glycol USP, Strong Ammonia Solution NF, FD & C Blue # 2 Aluminum Lake.

FDA approved dissolution test specifications differ from the USP.

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

The precise mechanisms by which gabapentin produces its analgesic and antiepileptic actions are unknown. Gabapentin is structurally related to the neurotransmitter gamma-aminobutyric acid (GABA) but has no effect on GABA binding, uptake, or degradation. *In vitro* studies have shown that gabapentin binds with high-affinity to the α2δ subunit of voltage-activated calcium channels; however, the relationship of this binding to the therapeutic effects of gabapentin is unknown.

12.3 Pharmacokinetics

All pharmacological actions following gabapentin administration are due to the activity of the parent compound; gabapentin is not appreciably metabolized in humans.

Oral Bioavailability

Gabapentin bioavailability is not dose proportional; i.e., as dose is increased, bioavailability decreases. Bioavailability of gabapentin is approximately 60%, 47%, 34%, 33%, and 27% following 900, 1200, 2400, 3600, and 4800 mg/day given in 3 divided doses, respectively. Food has only a slight effect on the rate and extent of absorption of gabapentin (14% increase in AUC and Cmax).

Distribution

Less than 3% of gabapentin circulates bound to plasma protein. The apparent volume of distribution of gabapentin after 150 mg intravenous administration is 58±6 L (mean ±SD). In patients with epilepsy, steady-state predose (C_{min}) concentrations of gabapentin in cerebrospinal fluid were approximately 20% of the corresponding plasma concentrations.

Elimination

Gabapentin is eliminated from the systemic circulation by renal excretion as unchanged drug. Gabapentin is not appreciably metabolized in humans.

Gabapentin elimination half-life is 5 to 7 hours and is unaltered by dose or following multiple dosing. Gabapentin elimination rate constant, plasma clearance, and renal clearance are directly proportional to creatinine clearance. In elderly patients, and in patients with impaired renal

function, gabapentin plasma clearance is reduced. Gabapentin can be removed from plasma by hemodialysis.

Specific Populations

Age

The effect of age was studied in subjects 20-80 years of age. Apparent oral clearance (CL/F) of gabapentin decreased as age increased, from about 225 mL/min in those under 30 years of age to about 125 mL/min in those over 70 years of age. Renal clearance (CLr) and CLr adjusted for body surface area also declined with age; however, the decline in the renal clearance of gabapentin with age can largely be explained by the decline in renal function. *[see Dosage and Administration (2.4) and Use in Specific Populations (8.5)]*.

Gender

Although no formal study has been conducted to compare the pharmacokinetics of gabapentin in men and women, it appears that the pharmacokinetic parameters for males and females are similar and there are no significant gender differences.

Race

Pharmacokinetic differences due to race have not been studied. Because gabapentin is primarily renally excreted and there are no important racial differences in creatinine clearance, pharmacokinetic differences due to race are not expected.

Pediatric

Gabapentin pharmacokinetics were determined in 48 pediatric subjects between the ages of 1 month and 12 years following a dose of approximately 10 mg/kg. Peak plasma concentrations were similar across the entire age group and occurred 2 to 3 hours postdose. In general, pediatric subjects between 1 month and <5 years of age achieved approximately 30% lower exposure (AUC) than that observed in those 5 years of age and older. Accordingly, oral clearance normalized per body weight was higher in the younger children. Apparent oral clearance of gabapentin was directly proportional to creatinine clearance. Gabapentin elimination half-life averaged 4.7 hours and was similar across the age groups studied.

A population pharmacokinetic analysis was performed in 253 pediatric subjects between 1 month and 13 years of age. Patients received 10 to 65 mg/kg/day given three times a day. Apparent oral clearance (CL/F) was directly proportional to creatinine clearance and this relationship was similar following a single dose and at steady-state. Higher oral clearance values were observed in children <5 years of age compared to those observed in children 5 years of age and older, when normalized per body weight. The clearance was highly variable in infants <1 year of age. The normalized CL/F values observed in pediatric patients 5 years of age and older were consistent with values observed in adults after a single dose. The oral volume of distribution normalized per body weight was constant across the age range.

These pharmacokinetic data indicate that the effective daily dose in pediatric patients with epilepsy ages 3 and 4 years should be 40 mg/kg/day to achieve average plasma concentrations similar to those achieved in patients 5 years of age and older receiving gabapentin at 30 mg/kg/day *[see Dosage and Administration (2.2)]*.

Adult Patients with Renal Impairment

Subjects (N=60) with renal impairment (mean creatinine clearance ranging from 13-114 mL/min) were administered single 400 mg oral doses of gabapentin. The mean gabapentin half-life ranged from about 6.5 hours (patients with creatinine clearance >60 mL/min) to 52 hours (creatinine clearance <30 mL/min) and gabapentin renal clearance from about 90 mL/min (>60 mL/min group) to about 10 mL/min (<30 mL/min). Mean plasma clearance (CL/F) decreased from approximately 190 mL/min to 20 mL/min *[see Dosage and Administration (2.3) and Use in Specific Populations (8.6)]*. Pediatric patients with renal insufficiency have not been studied.

Hemodialysis

In a study in anuric adult subjects (N=11), the apparent elimination half-life of gabapentin on nondialysis days was about 132 hours; during dialysis the apparent half-life of gabapentin was reduced to 3.8 hours. Hemodialysis thus has a significant effect on gabapentin elimination in anuric subjects *[see Dosage and Administration (2.3) and Use in Specific Populations (8.6)]*.

Hepatic Disease

Because gabapentin is not metabolized, no study was performed in patients with hepatic impairment.

Drug Interactions

- *In Vitro* Studies

  In vitro studies were conducted to investigate the potential of gabapentin to inhibit the major cytochrome P450 enzymes (CYP1A2, CYP2A6, CYP2C9, CYP2C19, CYP2D6, CYP2E1, and CYP3A4) that mediate drug and xenobiotic metabolism using isoform selective marker substrates and human liver microsomal preparations. Only at the highest concentration tested (171 mcg/mL; 1 mM) was a slight degree of inhibition (14% to 30%) of isoform CYP2A6 observed. No inhibition of any of the other isoforms tested was observed at gabapentin concentrations up to 171 mcg/mL (approximately 15 times the Cmax at 3600 mg/day).

- *In Vivo* Studies

  The drug interaction data described in this section were obtained from studies involving healthy adults and adult patients with epilepsy.

Phenytoin

In a single (400 mg) and multiple dose (400 mg three times a day) study of gabapentin in epileptic patients (N=8) maintained on phenytoin monotherapy for at least 2 months, gabapentin had no effect on the steady-state trough plasma concentrations of phenytoin and phenytoin had no effect on gabapentin pharmacokinetics.

Carbamazepine

Steady-state trough plasma carbamazepine and carbamazepine 10, 11 epoxide concentrations were not affected by concomitant gabapentin (400 mg three times a day; N=12) administration. Likewise, gabapentin pharmacokinetics were unaltered by carbamazepine administration.

Valproic Acid

The mean steady-state trough serum valproic acid concentrations prior to and during concomitant gabapentin administration (400 mg three times a day; N=17) were not different and neither were gabapentin pharmacokinetic parameters affected by valproic acid.

Phenobarbital

Estimates of steady-state pharmacokinetic parameters for phenobarbital or gabapentin (300 mg three times a day; N=12) are identical whether the drugs are administered alone or together.

Naproxen

Coadministration (N=18) of naproxen sodium capsules (250 mg) with gabapentin (125 mg) appears to increase the amount of gabapentin absorbed by 12% to 15%. Gabapentin had no effect on naproxen pharmacokinetic parameters. These doses are lower than the therapeutic doses for both drugs. The magnitude of interaction within the recommended dose ranges of either drug is not known.

Hydrocodone

Coadministration of gabapentin (125 to 500 mg; N=48) decreases hydrocodone (10 mg; N=50) C_{max} and AUC values in a dose-dependent manner relative to administration of hydrocodone alone; C_{max} and AUC values are 3% to 4% lower, respectively, after administration of 125 mg gabapentin and 21% to 22% lower, respectively, after administration of 500 mg gabapentin. The mechanism for this interaction is unknown. Hydrocodone increases gabapentin AUC values by 14%. The magnitude of interaction at other doses is not known.

Morphine

A literature article reported that when a 60 mg controlled-release morphine capsule was administered 2 hours prior to a 600 mg gabapentin capsule (N=12), mean gabapentin AUC increased by 44% compared to gabapentin administered without morphine. Morphine pharmacokinetic parameter values were not affected by administration of gabapentin 2 hours after

morphine. The magnitude of interaction at other doses is not known.

Cimetidine

In the presence of cimetidine at 300 mg four times a day (N=12), the mean apparent oral clearance of gabapentin fell by 14% and creatinine clearance fell by 10%. Thus, cimetidine appeared to alter the renal excretion of both gabapentin and creatinine, an endogenous marker of renal function. This decrease in excretion of gabapentin by cimetidine is not expected to be of clinical importance. The effect of gabapentin on cimetidine was not evaluated.

Oral Contraceptive

Based on AUC and half-life, multiple-dose pharmacokinetic profiles of norethindrone and ethinyl estradiol following administration of tablets containing 2.5 mg of norethindrone acetate and 50 mcg of ethinyl estradiol were similar with and without coadministration of gabapentin (400 mg three times a day; N=13). The C_{max} of norethindrone was 13% higher when it was coadministered with gabapentin; this interaction is not expected to be of clinical importance.

Antacid (Maalox®) (aluminum hydroxide, magnesium hydroxide)

Antacid (Maalox®) containing magnesium and aluminum hydroxides reduced the mean bioavailability of gabapentin (N=16) by about 20%. This decrease in bioavailability was about 10% when gabapentin was administered 2 hours after Maalox.

Probenecid

Probenecid is a blocker of renal tubular secretion. Gabapentin pharmacokinetic parameters without and with probenecid were comparable. This indicates that gabapentin does not undergo renal tubular secretion by the pathway that is blocked by probenecid.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

Carcinogenesis
Gabapentin was administered orally to mice and rats in 2-year carcinogenicity studies. No evidence of drug- related carcinogenicity was observed in mice treated at doses up to 2000 mg/kg/day. At 2000 mg/kg, the plasma gabapentin exposure (AUC) in mice was approximately 2 times that in humans at the MRHD of 3600 mg/day. In rats, increases in the incidence of pancreatic acinar cell adenoma and carcinoma were found in male rats receiving the highest dose (2000 mg/kg), but not at doses of 250 or 1000 mg/kg/day. At 1000 mg/kg, the plasma gabapentin exposure (AUC) in rats was approximately 5 times that in humans at the MRHD.

Studies designed to investigate the mechanism of gabapentin-induced pancreatic carcinogenesis in rats indicate that gabapentin stimulates DNA synthesis in rat pancreatic acinar cells *in vitro* and, thus, may be acting as a tumor promoter by enhancing mitogenic activity. It is not known whether

gabapentin has the ability to increase cell proliferation in other cell types or in other species, including humans.

Mutagenesis
Gabapentin did not demonstrate mutagenic or genotoxic potential in *in vitro* (Ames test, HGPRT forward mutation assay in Chinese hamster lung cells) and *in vivo* (chromosomal aberration and micronucleus test in Chinese hamster bone marrow, mouse micronucleus, unscheduled DNA synthesis in rat hepatocytes) assays.

Impairment of Fertility
No adverse effects on fertility or reproduction were observed in rats at doses up to 2000 mg/kg. At 2000 mg/kg, the plasma gabapentin exposure (AUC) in rats is approximately 8 times that in humans at the MRHD.

14 CLINICAL STUDIES

14.1 Postherpetic Neuralgia

Gabapentin was evaluated for the management of postherpetic neuralgia (PHN) in two randomized, double-blind, placebo-controlled, multicenter studies. The intent-to-treat (ITT) population consisted of a total of 563 patients with pain for more than 3 months after healing of the herpes zoster skin rash (Table 6).

TABLE 6.Controlled PHN Studies: Duration, Dosages, and Number of Patients

Study	Study Duration	Gabapentin (mg/day)[a] Target Dose	Patients Receiving Gabapentin	Patients Receiving Placebo
1	8 weeks	3600	113	116
2	7 weeks	1800, 2400	223	111
		Total	336	227

[a]Given in 3 divided doses (TID)

Each study included a 7- or 8-week double-blind phase (3 or 4 weeks of titration and 4 weeks of fixed dose). Patients initiated treatment with titration to a maximum of 900 mg/day gabapentin over 3 days. Dosages were then to be titrated in 600 to 1200 mg/day increments at 3- to 7-day intervals to the target dose over 3 to 4 weeks. Patients recorded their pain in a daily diary using an 11-point numeric pain rating scale ranging from 0 (no pain) to 10 (worst possible pain). A mean pain score during baseline of at least 4 was required for randomization. Analyses were conducted using the ITT population (all randomized patients who received at least one dose of study medication).

Both studies demonstrated efficacy compared to placebo at all doses tested.

The reduction in weekly mean pain scores was seen by Week 1 in both studies, and were maintained to the end of treatment. Comparable treatment effects were observed in all active treatment arms.

Pharmacokinetic/pharmacodynamic modeling provided confirmatory evidence of efficacy across all doses. Figures 1 and 2 show pain intensity scores over time for Studies 1 and 2.

Figure 1. Weekly Mean Pain Scores (Observed Cases in ITT Population): Study 1

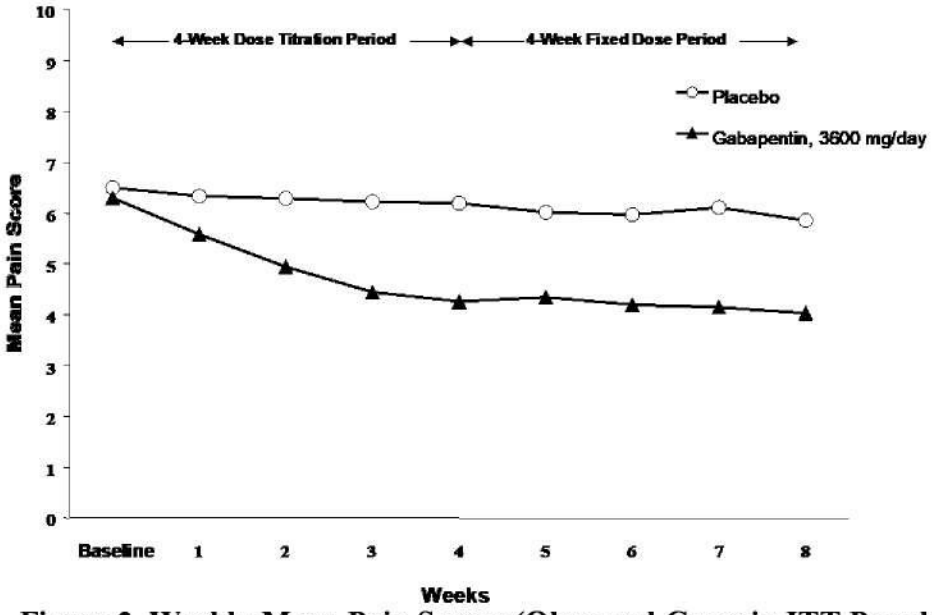
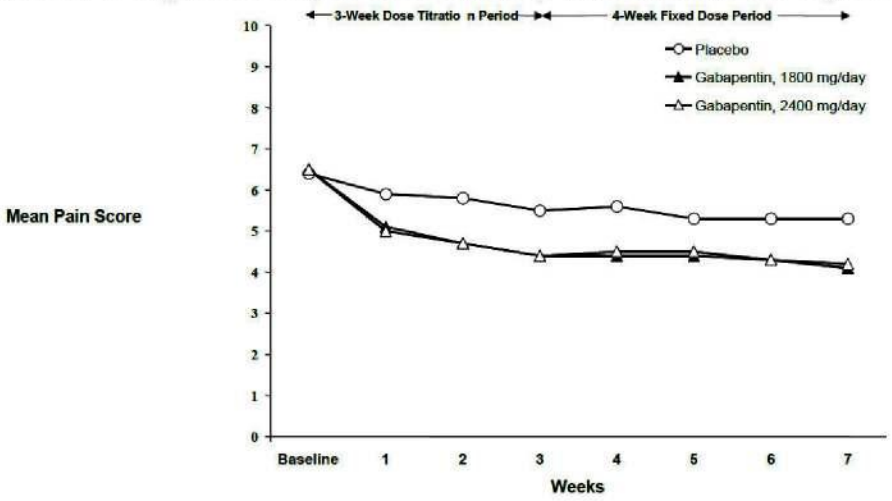
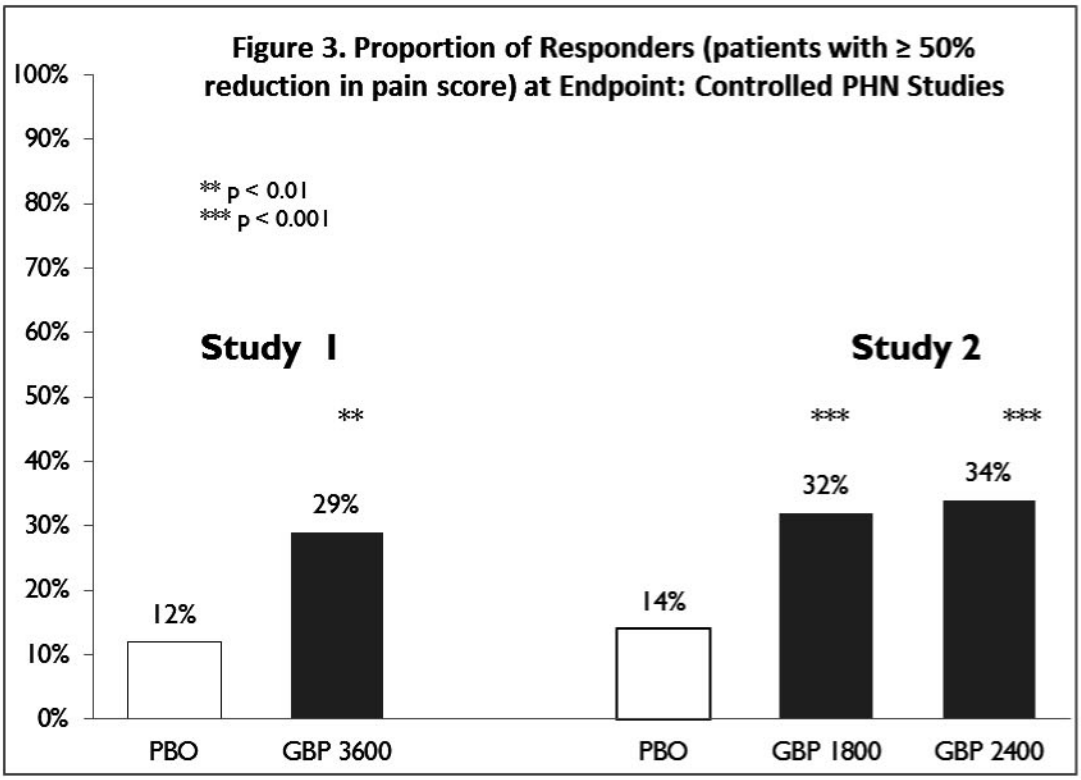


Figure 2. Weekly Mean Pain Scores (Observed Cases in ITT Population): Study 2



The proportion of responders (those patients reporting at least 50% improvement in endpoint pain score compared to baseline) was calculated for each study (Figure 3).

Figure 3. Proportion of Responders (patients with ≥50% reduction in pain score) at Endpoint: Controlled PHN Studies



14.2 Epilepsy for Partial Onset Seizures (Adjunctive Therapy)

The effectiveness of gabapentin as adjunctive therapy (added to other antiepileptic drugs) was established in multicenter placebo-controlled, double-blind, parallel-group clinical trials in adult and pediatric patients (3 years and older) with refractory partial seizures.

Evidence of effectiveness was obtained in three trials conducted in 705 patients (age 12 years and above) and one trial conducted in 247 pediatric patients (3 to 12 years of age). The patients enrolled had a history of at least 4 partial seizures per month in spite of receiving one or more antiepileptic drugs at therapeutic levels and were observed on their established antiepileptic drug regimen during a 12-week baseline period (6 weeks in the study of pediatric patients). In patients continuing to have at least 2 (or 4 in some studies) seizures per month, gabapentin or placebo was then added on to the existing therapy during a 12-week treatment period.

Effectiveness was assessed primarily on the basis of the percent of patients with a 50% or greater reduction in seizure frequency from baseline to treatment (the "responder rate") and a derived measure called response ratio, a measure of change defined as (T - B)/(T + B), in which B is the patient's baseline seizure frequency and T is the patient's seizure frequency during treatment. Response ratio is distributed within the range -1 to +1. A zero value indicates no change while complete elimination of seizures would give a value of -1; increased seizure rates would give

positive values. A response ratio of -0.33 corresponds to a 50% reduction in seizure frequency. The results given below are for all partial seizures in the intent-to-treat (all patients who received any doses of treatment) population in each study, unless otherwise indicated.

One study compared gabapentin 1200 mg/day, in three divided doses with placebo. Responder rate was 23% (14/61) in the gabapentin group and 9% (6/66) in the placebo group; the difference between groups was statistically significant. Response ratio was also better in the gabapentin group (-0.199) than in the placebo group (-0.044), a difference that also achieved statistical significance.

A second study compared primarily gabapentin 1200 mg/day, in three divided doses (N=101), with placebo (N=98). Additional smaller gabapentin dosage groups (600 mg/day, N=53; 1800 mg/day, N=54) were also studied for information regarding dose response. Responder rate was higher in the gabapentin 1200 mg/day group (16%) than in the placebo group (8%), but the difference was not statistically significant. The responder rate at 600 mg (17%) was also not significantly higher than in the placebo, but the responder rate in the 1800 mg group (26%) was statistically significantly superior to the placebo rate. Response ratio was better in the gabapentin 1200 mg/day group (-0.103) than in the placebo group (-0.022); but this difference was also not statistically significant ($p = 0.224$). A better response was seen in the gabapentin 600 mg/day group (- 0.105) and 1800 mg/day group (-0.222) than in the 1200 mg/day group, with the 1800 mg/day group achieving statistical significance compared to the placebo group.

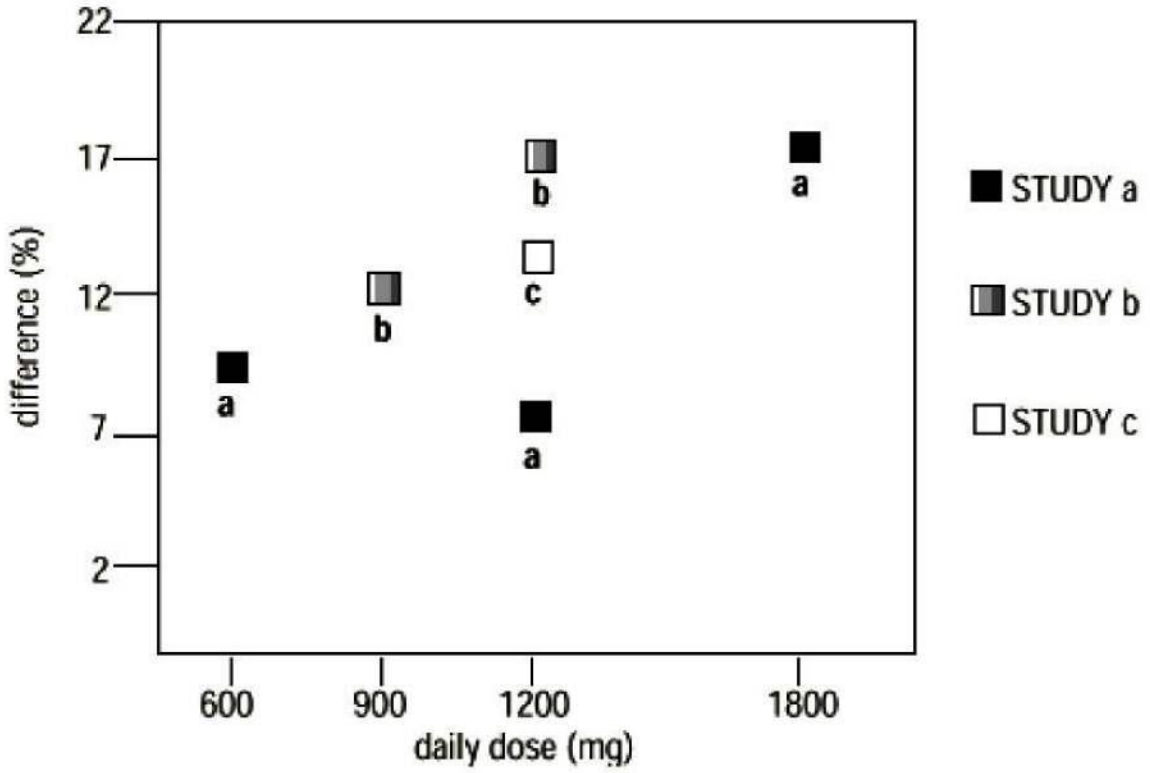
A third study compared gabapentin 900 mg/day, in three divided doses (N=111), and placebo (N=109). An additional gabapentin 1200 mg/day dosage group (N=52) provided dose-response data. A statistically significant difference in responder rate was seen in the gabapentin 900 mg/day group (22%) compared to that in the placebo group (10%). Response ratio was also statistically significantly superior in the gabapentin 900 mg/day group (-0.119) compared to that in the placebo group (-0.027), as was response ratio in 1200 mg/day gabapentin (-0.184) compared to placebo.

Analyses were also performed in each study to examine the effect of gabapentin on preventing secondarily generalized tonic-clonic seizures. Patients who experienced a secondarily generalized tonic-clonic seizure in either the baseline or in the treatment period in all three placebo-controlled studies were included in these analyses. There were several response ratio comparisons that showed a statistically significant advantage for gabapentin compared to placebo and favorable trends for almost all comparisons.

Analysis of responder rate using combined data from all three studies and all doses (N=162, gabapentin; N=89, placebo) also showed a significant advantage for gabapentin over placebo in reducing the frequency of secondarily generalized tonic-clonic seizures.

In two of the three controlled studies, more than one dose of gabapentin was used. Within each study, the results did not show a consistently increased response to dose. However, looking across studies, a trend toward increasing efficacy with increasing dose is evident (see Figure 4).

Figure 4. Responder Rate in Patients Receiving Gabapentin Expressed as a Difference from Placebo by Dose and Study: Adjunctive Therapy Studies in Patients ≥12 Years of Age with Partial Seizures



In the figure, treatment effect magnitude, measured on the Y axis in terms of the difference in the proportion of gabapentin and placebo-assigned patients attaining a 50% or greater reduction in seizure frequency from baseline, is plotted against the daily dose of gabapentin administered (X axis).

Although no formal analysis by gender has been performed, estimates of response (Response Ratio) derived from clinical trials (398 men, 307 women) indicate no important gender differences exist. There was no consistent pattern indicating that age had any effect on the response to gabapentin. There were insufficient numbers of patients of races other than Caucasian to permit a comparison of efficacy among racial groups.

A fourth study in pediatric patients age 3 to 12 years compared 25–35 mg/kg/day gabapentin (N=118) with placebo (N=127). For all partial seizures in the intent-to-treat population, the response ratio was statistically significantly better for the gabapentin group (-0.146) than for the placebo group (-0.079). For the same population, the responder rate for gabapentin (21%) was not significantly different from placebo (18%).

A study in pediatric patients age 1 month to 3 years compared 40 mg/kg/day gabapentin (N=38) with placebo (N=38) in patients who were receiving at least one marketed antiepileptic drug and had at least one partial seizure during the screening period (within 2 weeks prior to baseline).

Patients had up to 48 hours of baseline and up to 72 hours of double-blind video EEG monitoring to record and count the occurrence of seizures. There were no statistically significant differences between treatments in either the response ratio or responder rate.

16 HOW SUPPLIED/STORAGE AND HANDLING

Gabapentin Capsules USP are supplied as follows:

100 mg capsules:
Size "3" hard gelatin capsule, white opaque cap imprinted as "**G 100**" with blue ink and white opaque body imprinted as "**C**" with blue ink containing white to off white powder.

Bottle of 30 Capsules with child-resistant closure, NDC 72737-005-01
Bottle of 100 Capsules with child-resistant closure, NDC 72737-005-02
Bottle of 500 Capsules, NDC 72737-005-03
Bottle of 1000 Capsules, NDC 72737-005-04

300 mg capsules:
Size "1" hard gelatin capsule, yellow opaque cap imprinted as "**G 300**" with blue ink and yellow opaque body imprinted as "**C**" with blue ink containing white to off white powder.

Bottle of 30 Capsules with child-resistant closure, NDC 72737-006-01
Bottle of 100 Capsules with child-resistant closure, NDC 72737-006-02
Bottle of 500 Capsules, NDC 72737-006-03
Bottle of 1000 Capsules, NDC 72737-006-04

400 mg capsules:
Size "0" hard gelatin capsule, orange opaque cap imprinted as "**G 400**" with blue ink and orange opaque body imprinted as "**C**" with blue ink containing white to off white powder.

Bottle of 30 Capsules with child-resistant closure, NDC 72737-007-01
Bottle of 100 Capsules with child-resistant closure, NDC 72737-007-02
Bottle of 500 Capsules, NDC 72737-007-03
Bottle of 1000 Capsules, NDC 72737-007-04

Store at 20° to 25° C (68° to 77° F); excursions permitted to 15° to 30°C (59° to 86°F).
[See USP Controlled Room Temperature]

17 PATIENT COUNSELING INFORMATION

Advise the patient to read the FDA-approved patient labeling (Medication Guide).

Administration Information

Inform patients that gabapentin is taken orally with or without food.

Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS)/Multiorgan Hypersensitivity

Prior to initiation of treatment with gabapentin, instruct patients that a rash or other signs or symptoms of hypersensitivity (such as fever or lymphadenopathy) may herald a serious medical event and that the patient should report any such occurrence to a healthcare provider immediately *[see Warnings and Precautions (5.1)]*.

Anaphylaxis and Angioedema

Advise patients to discontinue gabapentin and seek medical care if they develop signs or symptoms of anaphylaxis or angioedema [*see Warnings and Precautions (5.2)]*.

Dizziness and Somnolence and Effects on Driving and Operating Heavy Machinery

Advise patients that gabapentin may cause dizziness, somnolence, and other symptoms and signs of CNS depression. Other drugs with sedative properties may increase these symptoms. Accordingly, although patients' ability to determine their level of impairment can be unreliable, advise them neither to drive a car nor to operate other complex machinery until they have gained sufficient experience on gabapentin to gauge whether or not it affects their mental and/or motor performance adversely. Inform patients that it is not known how long this effect lasts *[see Warnings and Precautions (5.3) and Warnings and Precautions (5.4)]*.

Suicidal Thinking and Behavior

Counsel the patient, their caregivers, and families that AEDs, including gabapentin, may increase the risk of suicidal thoughts and behavior. Advise patients of the need to be alert for the emergence or worsening of symptoms of depression, any unusual changes in mood or behavior, or the emergence of suicidal thoughts, behavior, or thoughts about self-harm. Instruct patients to report behaviors of concern immediately to healthcare providers *[see Warnings and Precautions (5.5)]*. Also, inform patients who plan to or have discontinued gabapentin that suicidal thoughts and behavior can appear even after the drug is stopped.

Respiratory Depression

Inform patients about the risk of respiratory depression. Include information that the risk is greatest for those using concomitant CNS depressants (such as opioid analgesics) or those with underlying respiratory impairment. Teach patients how to recognize respiratory depression and advise them to seek medical attention immediately if it occurs *[see Warnings and Precautions (5.8)]*.

Use in Pregnancy

Instruct patients to notify their healthcare provider if they are pregnant or intend to become pregnant during therapy, and to notify their healthcare provider if they are breast feeding or intend

to breast feed during therapy *[see Use in Specific Populations (8.1) and (8.2)]*.

Encourage patients to enroll in the NAAED Pregnancy Registry if they become pregnant. This registry is collecting information about the safety of antiepileptic drugs during pregnancy. To enroll, patients can call the toll-free number 1-888-233-2334 *[see Use in Specific Populations (8.1)]*.

Dispense with Medication Guide available at:
https://www.stallionlabs.com/medguide/gabapentin.pdf

Manufactured by:
Stallion Laboratories Private Limited
Gallops Industrial Park-II, Ahmedabad-382110,
Gujarat, India

Revised: 05/2025

Dispense with Medication Guide available at:
https://www.stallionlabs.com/medguide/gabapentin.pdf

MEDICATION GUIDE
Gabapentin (gab″ a pen′ tin) Capsules, USP

What is the most important information I should know about gabapentin capsules?

Do not stop taking gabapentin capsules without first talking to your healthcare provider. Stopping gabapentin capsules suddenly can cause serious problems.

Gabapentin capsules can cause serious side effects including:

1. **Suicidal Thoughts. Like other antiepileptic drugs, gabapentin capsules may cause suicidal thoughts or actions in a very small number of people, about 1 in 500. This can happen while you take gabapentin capsules as well as after stopping gabapentin capsules.**

   Call a healthcare provider right away if you have any of these symptoms, especially if they are new, worse, or worry you:

   - thoughts about suicide or dying
   - attempts to commit suicide
   - new or worse depression
   - new or worse anxiety
   - feeling agitated or restless
   - panic attacks
   - trouble sleeping (insomnia)
   - new or worse irritability
   - acting aggressive, being angry, or violent
   - acting on dangerous impulses
   - an extreme increase in activity and talking (mania)
   - other unusual changes in behavior or mood

   How can I watch for early symptoms of suicidal thoughts and actions?

   - Pay attention to any changes, especially sudden changes, in mood, behaviors, thoughts, or feelings.
   - Keep all follow-up visits with your healthcare provider as scheduled.

   Call your healthcare provider between visits as needed, especially if you are worried about symptoms.

   Do not stop taking gabapentin capsules without first talking to a healthcare provider.

   - Stopping gabapentin capsules suddenly can cause serious problems. Stopping a seizure medicine suddenly in a person who has epilepsy can cause seizures that will not stop (status epilepticus).

- Suicidal thoughts or actions can be caused by things other than medicines. If you have suicidal thoughts or actions, your healthcare provider may check for other causes.

2. **Changes in behavior and thinking.** Using gabapentin capsules in children 3 to 12 years of age can cause emotional changes, aggressive behavior, problems with concentration, changes in school performance, restlessness, and hyperactivity.
3. **Gabapentin capsules may cause serious or life-threatening allergic reactions** that may affect your skin or other parts of your body such as your liver or blood cells. This may cause you to be hospitalized or to stop gabapentin capsules. You may or may not have a rash with an allergic reaction caused by gabapentin capsules. Call a healthcare provider right away if you have any of the following symptoms:
   - skin rash
   - hives
   - difficulty breathing
   - fever
   - swollen glands that do not go away
   - swelling of your face, lips, throat, or tongue
   - yellowing of your skin or of the whites of the eyes
   - unusual bruising or bleeding
   - severe fatigue or weakness
   - unexpected muscle pain
   - frequent infections

   These symptoms may be the first signs of a serious reaction. A healthcare provider should examine you to decide if you should continue taking gabapentin capsules.

4. **Serious breathing problems.**

   Serious breathing problems can happen when gabapentin capsules is taken with other medicines (such as opioid pain medicines) that can cause severe sleepiness or decreased awareness, or when it is taken by someone who already has breathing problems. Call your healthcare provider or get medical help right away if you have any of the following symptoms:
   - feel short of breath
   - feel very tired
   - dizziness
   - breathing slower than normal
   - confusion

- headache

Be sure that your caregiver or family members know which symptoms may be serious so they can call your healthcare provider or get medical help if you are unable to seek treatment on your own.
Your healthcare provider may lower your dose or stop your treatment with gabapentin capsules if you have serious breathing problems.

What are gabapentin capsules?

Gabapentin capsules are a prescription medicine used to treat:

- pain from damaged nerves (postherpetic pain) that follows healing of shingles (a painful rash that comes after a herpes zoster infection) in adults.
- partial seizures when taken together with other medicines in adults and children 3 years of age and older with seizures.

It is not known if gabapentin capsules is safe and effective to treat:

- children with pain from damaged nerves from a painful rash caused by the chicken pox virus.
- partial seizures in children under 3 years of age.

Do not take gabapentin capsules if you:

- are allergic to gabapentin or any of the other ingredients in gabapentin capsules. See the end of this Medication Guide for a complete list of ingredients in gabapentin capsules.

Before taking gabapentin capsules, tell your healthcare provider about all of your medical conditions including if you:

- have or have had kidney problems or are on hemodialysis.
- have or have had depression, mood problems, or suicidal thoughts or behavior.
- have a history of drug abuse.
- have diabetes.
- have breathing problems.
- are pregnant or plan to become pregnant. It is not known if gabapentin capsules can harm your unborn baby. Tell your healthcare provider right away if you become pregnant while taking gabapentin capsules. You and your healthcare provider will decide if you should take gabapentin capsules while you are pregnant.
    - **Pregnancy Registry:** If you become pregnant while taking gabapentin capsules, talk to your healthcare provider about registering with the North American Antiepileptic Drug (NAAED) Pregnancy Registry. The purpose of this registry is to collect information about the safety of antiepileptic drugs during pregnancy. You can enroll in this registry by calling 1-888-233-2334 or visiting http://www.aedpregnancyregistry.org/.
- are breastfeeding or plan to breastfeed. Gabapentin can pass into breast milk. You and your healthcare provider should decide how you will feed your baby while you

take gabapentin capsules.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

Especially tell your healthcare provider if you take:

- any opioid pain medicine such as morphine, hydrocodone, oxycodone, or buprenorphine.
- any medicines for anxiety (such as lorazepam) or insomnia (such as zolpidem), or any medicines that make you sleepy. You may have a higher chance for dizziness, sleepiness, or breathing problems if these medicines are taken with gabapentin capsules.

Taking gabapentin capsules with certain other medicines can cause side effects or affect how well they work. Do not start or stop other medicines without talking to your healthcare provider.

Know the medicines you take. Keep a list of them and show it to your healthcare provider and pharmacist when you get a new medicine.

How should I take gabapentin capsules?

- Take gabapentin capsules exactly as prescribed. Your healthcare provider will tell you how much gabapentin capsules to take.
- **Do not** change your dose of gabapentin capsules without talking to your healthcare provider.
- **Do not** stop taking gabapentin capsules without talking to your healthcare provider first. If you stop taking gabapentin capsules suddenly, you may develop side effects.
- Gabapentin capsules can be taken with or without food.
- Swallow gabapentin capsules whole with water.
- If you take an antacid containing aluminum and magnesium, such as Maalox, Mylanta, Gelusil, Gaviscon, or Di-Gel, you should wait at least 2 hours before taking your next dose of gabapentin capsules.
- In case of overdose, get medical help or contact a live Poison Center expert right away at 1-800-222-1222. Advice is also available online at poisonhelp.org.

What should I avoid while taking gabapentin capsules?

- **Do not** drink alcohol or take other medicines that make you sleepy or dizzy while taking gabapentin capsules without first talking with your healthcare provider. Taking gabapentin capsules with alcohol or drugs that cause sleepiness or dizziness may make your sleepiness or dizziness worse.
- **Do not** drive, operate heavy machinery, or do other dangerous activities until you know how gabapentin capsules affects you. Gabapentin capsules can slow your thinking and motor skills.

What are the possible side effects of gabapentin capsules?

Gabapentin capsules may cause serious side effects, including:

- See **"What is the most important information I should know about gabapentin capsules?"**
- problems driving while using gabapentin capsules. See "**What should I avoid while taking gabapentin capsules?"**
- sleepiness and dizziness, which could increase your chance of having an accidental injury, including falls.

The most common side effects of gabapentin capsules include:

- lack of coordination
- viral infection
- difficulty with speaking
- tremor
- swelling, usually of legs and feet
- feeling tired
- fever
- feeling drowsy
- nausea and vomiting
- jerky movements
- difficulty with coordination
- double vision
- unusual eye movement

Tell your healthcare provider if you have any side effect that bothers you or that does not go away.
These are not all the possible side effects of gabapentin capsules. For more information, ask your healthcare provider or pharmacist.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should I store gabapentin capsules?

- Store gabapentin capsules at room temperature between 68°F to 77°F (20°C to 25°C).
- Gabapentin capsules that come in bottles of 30 capsules and 100 capsules have child-resistant closures.

Keep gabapentin capsules and all medicines out of the reach of children.

General information about the safe and effective use of gabapentin capsules.
Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use gabapentin capsules for a condition for which it was not prescribed. Do not give gabapentin capsules to other people, even if they have the same symptoms that you have. It may harm them. You can ask your pharmacist or healthcare provider for information about gabapentin capsules that is written for health professionals.

What are the ingredients in gabapentin capsules?

Active ingredient: gabapentin

Inactive ingredients in the capsules: Magnesium stearate, pregelatinized maize starch, and talc. Ingredient of imprinting ink (TekPrintTM SB-6018 Blue Ink) are Shellac NF, Dehydrated Alcohol USP, Isopropyl Alcohol USP, Butyl Alcohol NF, Propylene Glycol USP, Strong Ammonia Solution NF, FD & C Blue # 2 Aluminum Lake.

The 100 mg capsule shell also contains: gelatin, titanium dioxide, and water

The 300 mg capsule shell also contains: gelatin, yellow iron oxide, titanium dioxide and water.

The 400 mg capsule shell also contains: gelatin, yellow iron oxide, red iron oxide, titanium dioxide, water.

Manufactured by:
Stallion Laboratories Private Limited
Gallops Industrial Park-II, Ahmedabad-382110,
Gujarat, India
Revised: 05/2025

This Medication Guide has been approved by the U.S. Food and Drug Administration.


100 mm
27 mm
Each Capsule contains 100 mg of Gabapentin, USP.
Store at 20°C to 25°C (68°F to 77°F); excursions permitted to 15°C to 30°C (59° F to 86° F) [see USP Controlled Room Temperature].
Dispense in tight (USP), child resistant containers.
DOSAGE AND USE:
See package insert for full prescribing information.
This package is child resistant.
Keep this and all drugs out of the reach of children.
NDC 72737-005-01
Gabapentin
Capsules, USP
100 mg
Dispense the Medication Guide provided separately to each patient
Rx only
30 Capsules
Print Medication Guide at:
https://www.stallionlabs.com/medguide/gabapentin.pdf
Mfg. Lic. No. G/25/2417
Rev. 07/2024
Manufactured by: Stallion Laboratories Pvt. Ltd.
Galaxy Industrial Park II, Ahmedabad 382213, Gujarat, India.
Unvarnished Area for Batch Coding
(41 x 17 mm)
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SN XXXXXXXXXXXXX
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LOT XXXXXXX
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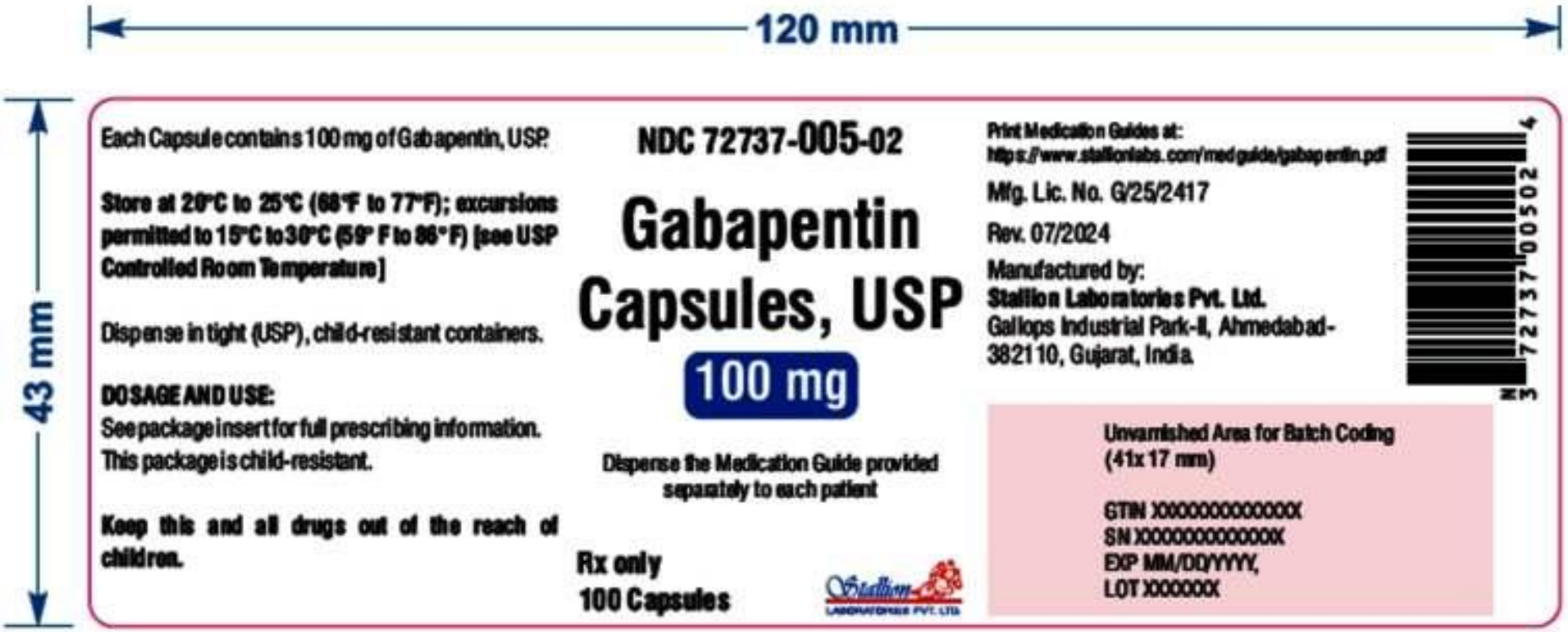
120 mm
43 mm
Each Capsule contains 100 mg of Gabapentin, USP.
Store at 20°C to 25°C (68°F to 77°F); excursions permitted to 15°C to 30°C (59° F to 86° F) [see USP Controlled Room Temperature]
Dispense in tight (USP), child-resistant containers.
DOSAGE AND USE:
See package insert for full prescribing information.
This package is child-resistant.
Keep this and all drugs out of the reach of children.
NDC 72737-005-02
Gabapentin Capsules, USP
100 mg
Dispense the Medication Guide provided separately to each patient
Rx only
100 Capsules
Print Medication Guides at:
https://www.stallionlabs.com/medguide/gabapentin.pdf
Mfg. Lic. No. G/25/2417
Rev. 07/2024
Manufactured by:
Stallion Laboratories Pvt. Ltd.
Gallops Industrial Park-II, Ahmedabad-382110, Gujarat, India.
Unvarnished Area for Batch Coding
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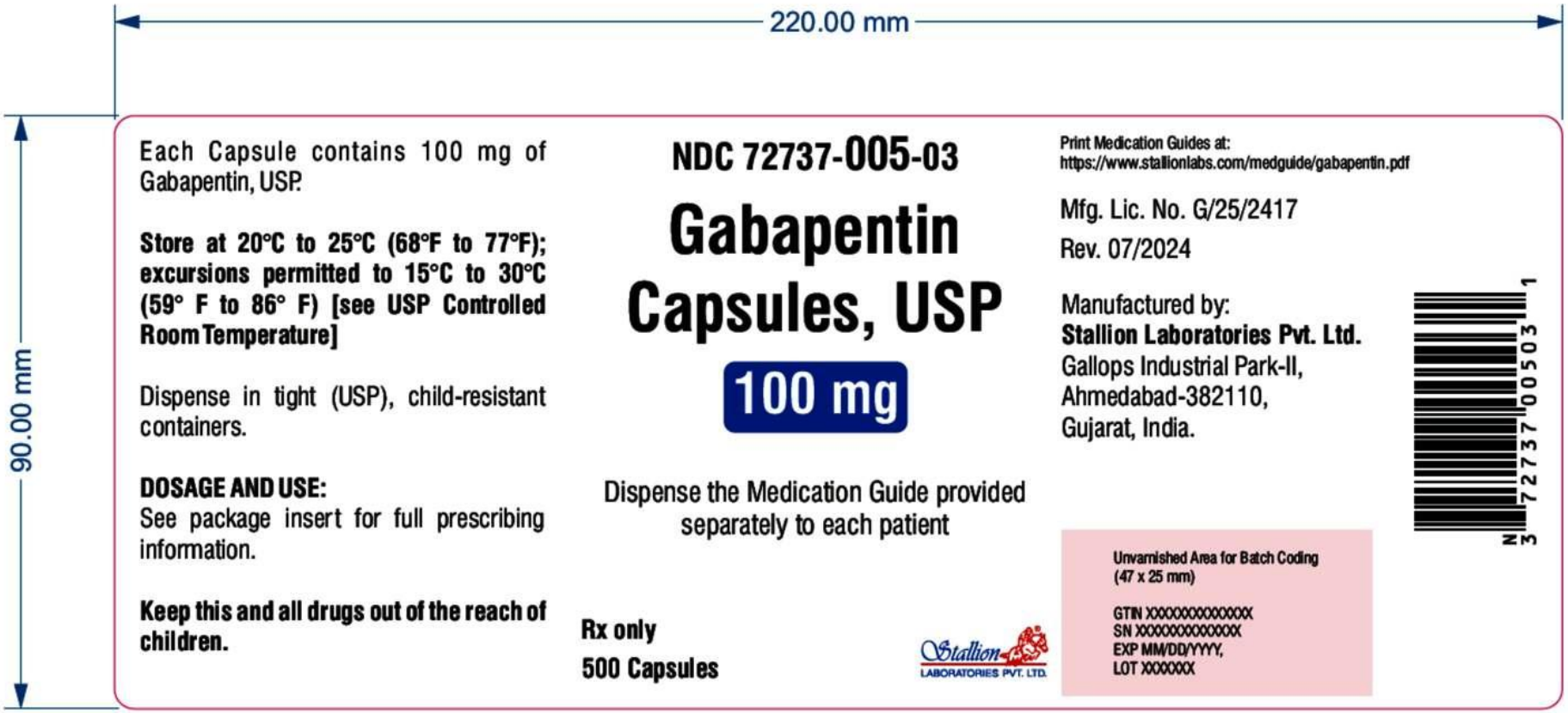
220.00 mm
90.00 mm
Each Capsule contains 100 mg of Gabapentin, USP.
Store at 20°C to 25°C (68°F to 77°F); excursions permitted to 15°C to 30°C (59° F to 86° F) [see USP Controlled Room Temperature]
Dispense in tight (USP), child-resistant containers.
DOSAGE AND USE:
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Keep this and all drugs out of the reach of children.
NDC 72737-005-03
Gabapentin Capsules, USP
100 mg
Dispense the Medication Guide provided separately to each patient
Rx only
500 Capsules
Stallion LABORATORIES PVT. LTD.
Print Medication Guides at:
https://www.stallionlabs.com/medguide/gabapentin.pdf
Mfg. Lic. No. G/25/2417
Rev. 07/2024
Manufactured by:
Stallion Laboratories Pvt. Ltd.
Gallops Industrial Park-II,
Ahmedabad-382110,
Gujarat, India.
Unvarnished Area for Batch Coding
(47 x 25 mm)
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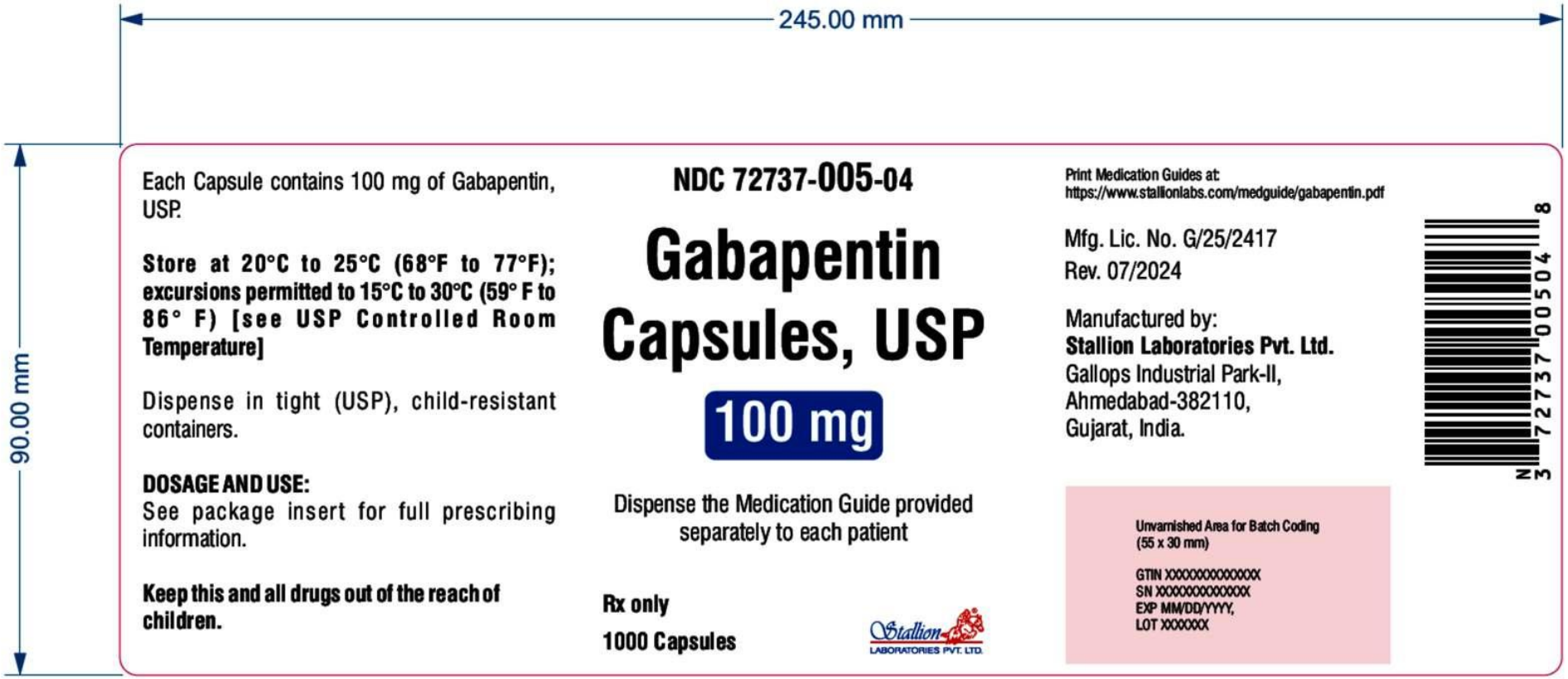
SN XXXXXXXXXXXXX
EXP MM/DD/YYYY,
LOT XXXXXX
N 3 72737 00503 1


245.00 mm
90.00 mm
Each Capsule contains 100 mg of Gabapentin, USP.
Store at 20°C to 25°C (68°F to 77°F); excursions permitted to 15°C to 30°C (59° F to 86° F) [see USP Controlled Room Temperature]
Dispense in tight (USP), child-resistant containers.
DOSAGE AND USE:
See package insert for full prescribing information.
Keep this and all drugs out of the reach of children.
NDC 72737-005-04
Gabapentin Capsules, USP
100 mg
Dispense the Medication Guide provided separately to each patient
Rx only
1000 Capsules
Stallion LABORATORIES PVT. LTD.
Print Medication Guides at:
https://www.stallionlabs.com/medguide/gabapentin.pdf
Mfg. Lic. No. G/25/2417
Rev. 07/2024
Manufactured by:
Stallion Laboratories Pvt. Ltd.
Gallops Industrial Park-II,
Ahmedabad-382110,
Gujarat, India.
Unvarnished Area for Batch Coding
(55 x 30 mm)
GTIN XXXXXXXXXXXXX
SN XXXXXXXXXXXXX
EXP MM/DD/YYYY,
LOT XXXXXX
N 3 72737 00504 8

Actual Size


100.00 mm
27.00 mm
Each Capsule contains 300 mg of Gabapentin, USP.
Store at 20°C to 25°C (68°F to 77°F); excursions permitted to 15°C to 30°C (59°F to 86°F) [see USP Controlled Room Temperature].
Dispense in tight (USP), child resistant containers.
DOSAGE AND USE:
See package insert for full prescribing information.
This package is child resistant.
Keep this and all drugs out of the reach of children.
NDC 72737-006-01
Gabapentin Capsules, USP
300 mg
Dispense the Medication Guide provided separately to each patient
Rx only
30 Capsules
Print Medication Guide at:
https://www.stallionlabs.com/medguide/gabapentin.pdf
Mfg. Lic. No. G/25/2417
Rev. 07/2024
Manufactured by: Stallion Laboratories Pvt. Ltd.
Galtipa Industrial Park II, Ahmedabad 382110, Gujarat, India.
Unvarnished Area for Batch Coding
(41 x 17 mm)
GTIN XXXXXXXXXXXXXX
SN XXXXXXXXXXXXXX
EXP MM/DD/YYYY,
LOT XXXXXX
3 72737 00601 4

Actual Size


145.00 mm
50.00 mm
Each Capsule contains 300 mg of Gabapentin, USP.
Store at 20°C to 25°C (68°F to 77°F); excursions permitted to 15°C to 30°C (59° F to 86° F) [see USP Controlled Room Temperature]
Dispense in tight (USP), child-resistant containers.
DOSAGE AND USE:
See package insert for full prescribing information.
This package is child-resistant.
Keep this and all drugs out of the reach of children.
NDC 72737-006-02
Gabapentin Capsules, USP
300 mg
Dispense the Medication Guide provided separately to each patient
Rx only
100 Capsules
Print Medication Guides at:
https://www.stallionlabs.com/medguide/gabapentin.pdf
Mfg. Lic. No. G/25/2417
Rev. 07/2024
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Stallion Laboratories Pvt. Ltd.
Gallops Industrial Park-II, Ahmedabad-382110, Gujarat, India.
Unvarnished Area for Batch Coding (41 x 17 mm)
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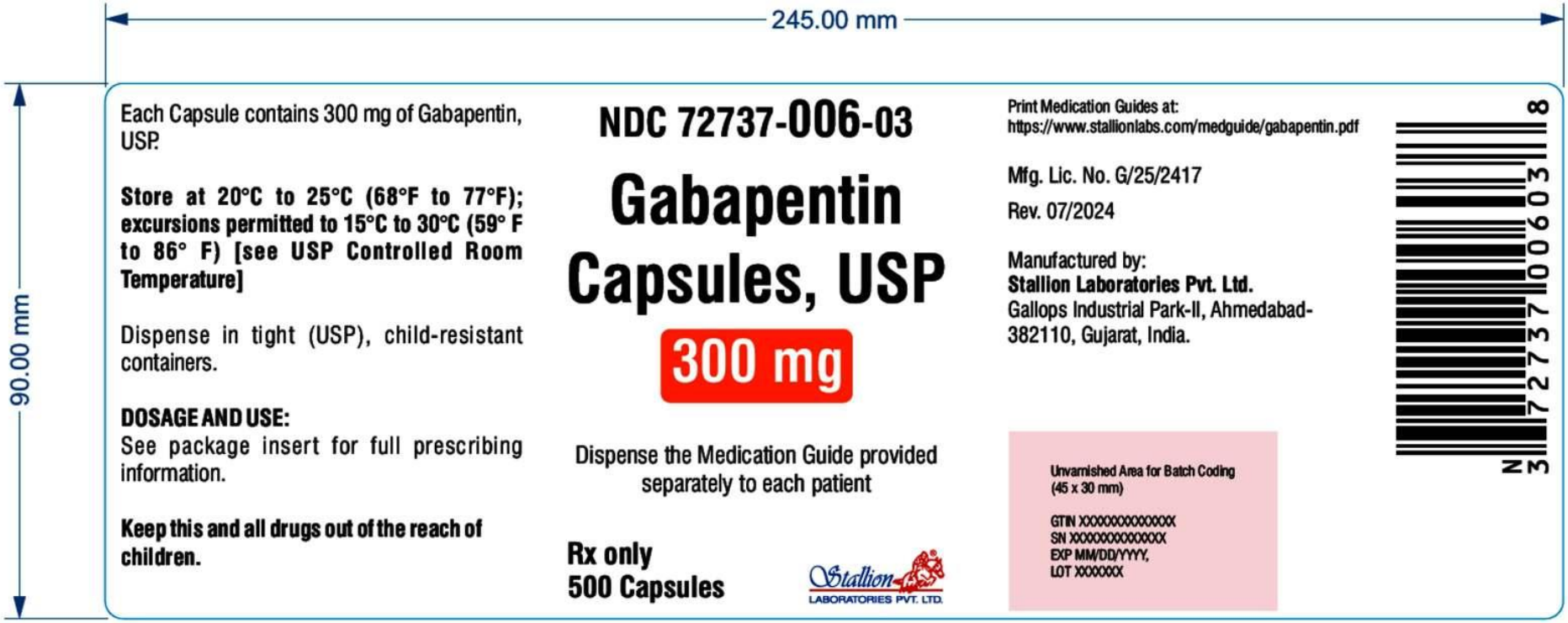
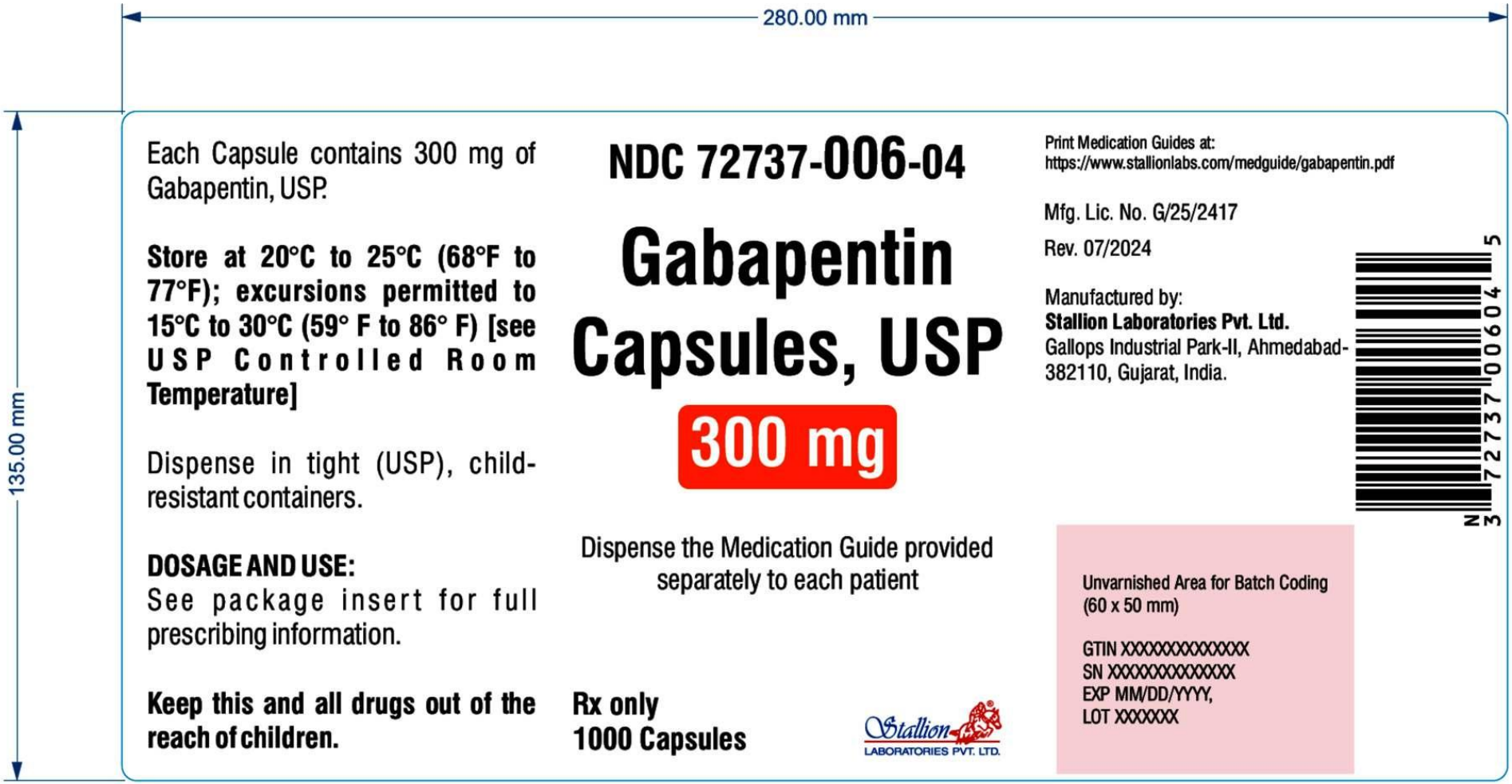
3 72737 00602 1


245.00 mm
90.00 mm
Each Capsule contains 300 mg of Gabapentin, USP.
Store at 20°C to 25°C (68°F to 77°F); excursions permitted to 15°C to 30°C (59° F to 86° F) [see USP Controlled Room Temperature]
Dispense in tight (USP), child-resistant containers.
DOSAGE AND USE:
See package insert for full prescribing information.
Keep this and all drugs out of the reach of children.
NDC 72737-006-03
Gabapentin Capsules, USP
300 mg
Dispense the Medication Guide provided separately to each patient
Rx only
500 Capsules
Stallion LABORATORIES PVT. LTD.
Print Medication Guides at:
https://www.stallionlabs.com/medguide/gabapentin.pdf
Mfg. Lic. No. G/25/2417
Rev. 07/2024
Manufactured by:
Stallion Laboratories Pvt. Ltd.
Gallops Industrial Park-II, Ahmedabad-382110, Gujarat, India.
Unvarnished Area for Batch Coding
(45 x 30 mm)
GTIN XXXXXXXXXXXXX
SN XXXXXXXXXXXXX
EXP MM/DD/YYYY,
LOT XXXXXX
N 3 72737 00603 8


280.00 mm
135.00 mm
Each Capsule contains 300 mg of Gabapentin, USP.
Store at 20°C to 25°C (68°F to 77°F); excursions permitted to 15°C to 30°C (59° F to 86° F) [see USP Controlled Room Temperature]
Dispense in tight (USP), child-resistant containers.
DOSAGE AND USE:
See package insert for full prescribing information.
Keep this and all drugs out of the reach of children.
NDC 72737-006-04
Gabapentin Capsules, USP
300 mg
Dispense the Medication Guide provided separately to each patient
Rx only
1000 Capsules
Stallion LABORATORIES PVT. LTD.
Print Medication Guides at:
https://www.stallionlabs.com/medguide/gabapentin.pdf
Mfg. Lic. No. G/25/2417
Rev. 07/2024
Manufactured by:
Stallion Laboratories Pvt. Ltd.
Gallops Industrial Park-II, Ahmedabad-382110, Gujarat, India.
N 3 72737 00604 5
Unvarnished Area for Batch Coding
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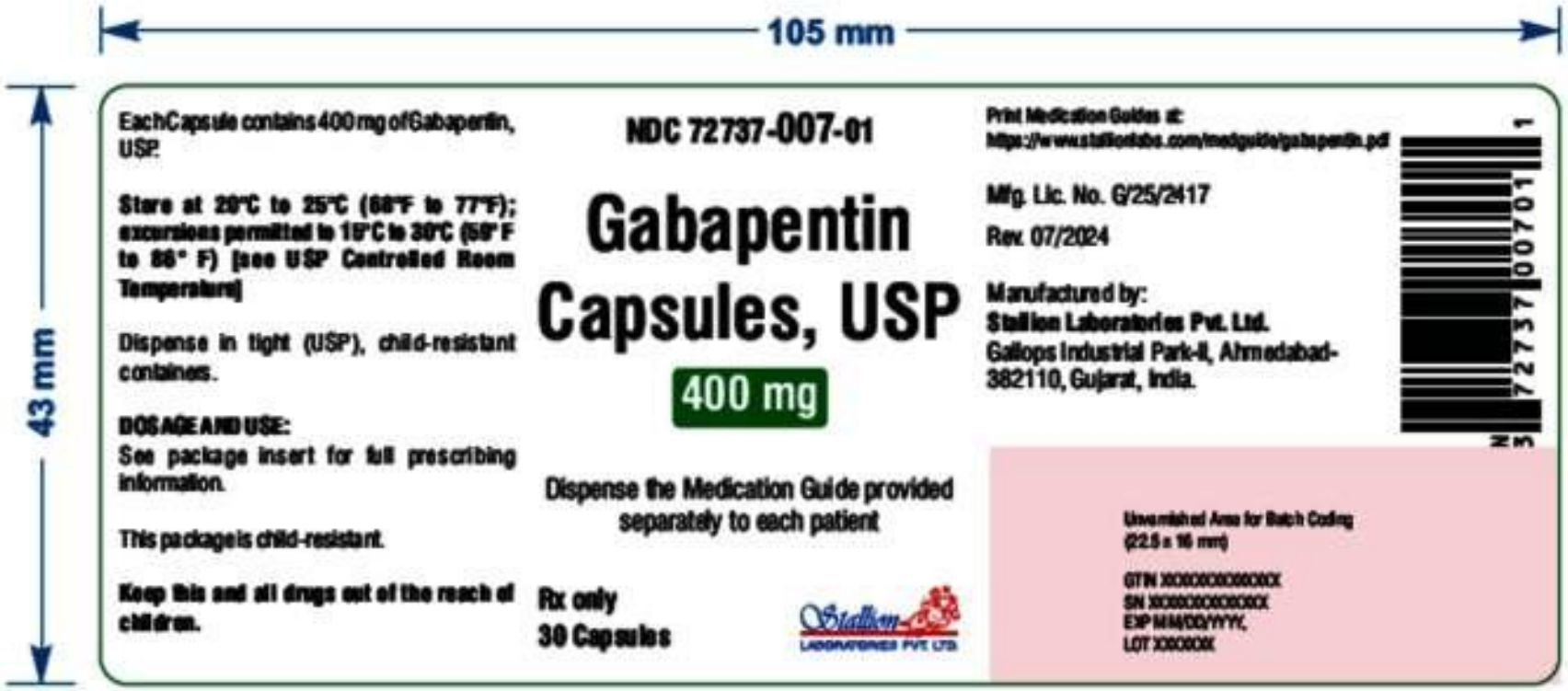
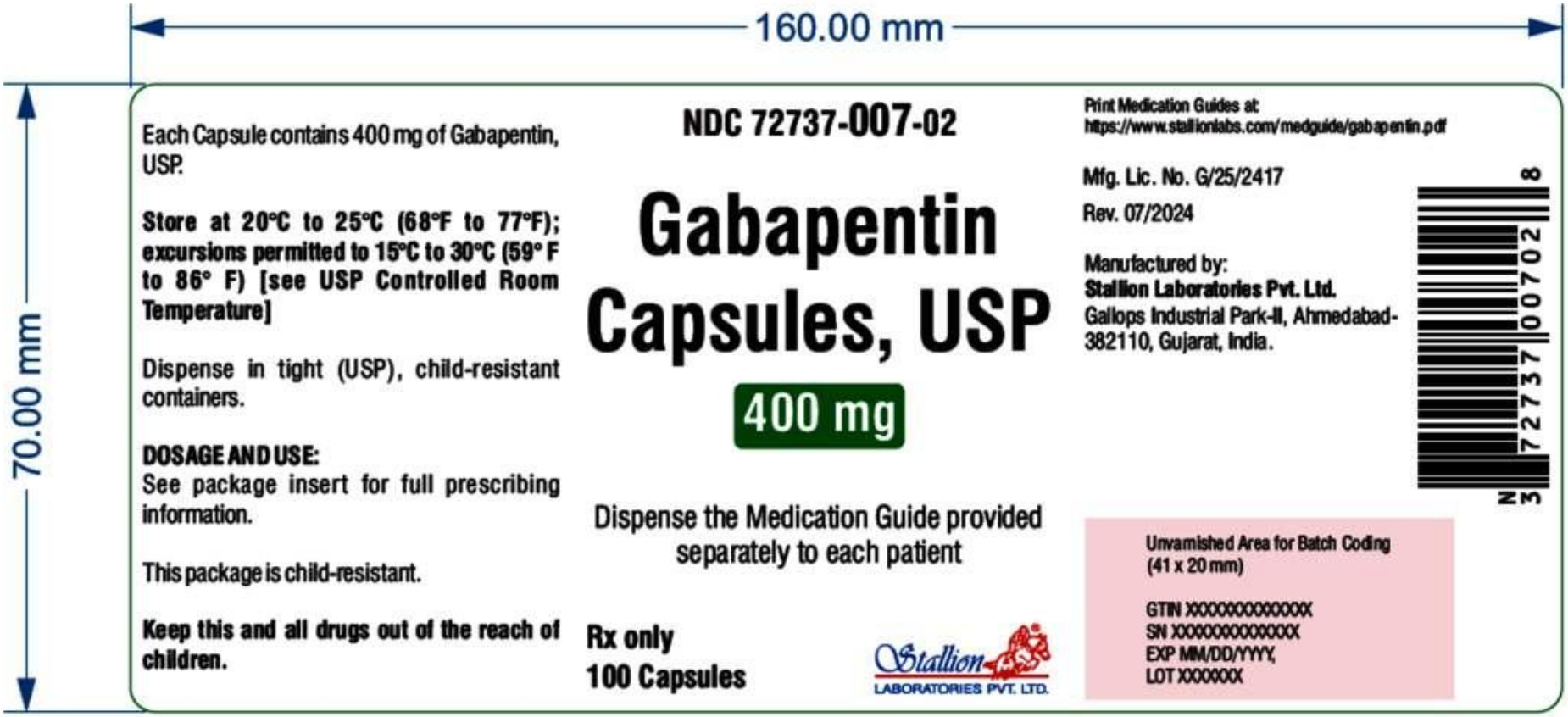
SN XXXXXXXXXXXXX
EXP MM/DD/YYYY,
LOT XXXXXXX


105 mm
43 mm
Each Capsule contains 400 mg of Gabapentin, USP.
Store at 20°C to 25°C (68°F to 77°F); excursions permitted to 15°C to 30°C (59°F to 86° F) [see USP Controlled Room Temperature]
Dispense in tight (USP), child-resistant containers.
DOSAGE AND USE:
See package insert for full prescribing information.
This package is child-resistant.
Keep this and all drugs out of the reach of children.
NDC 72737-007-01
Gabapentin Capsules, USP
400 mg
Dispense the Medication Guide provided separately to each patient
Rx only
30 Capsules
Print Medication Guides at:
https://www.stallionlabs.com/mediguide/gabapentin.pdf
Mfg. Lic. No. G/25/2417
Rev. 07/2024
Manufactured by:
Stallion Laboratories Pvt. Ltd.
Gallops Industrial Park-II, Ahmedabad-382110, Gujarat, India.
Unvarnished Area for Batch Coding
(22.5 x 16 mm)
GTIN XXXXXXXXXXXXX
SN XXXXXXXXXXXXX
EXP MM/DD/YYYY,
LOT XXXXXX


160.00 mm
70.00 mm
Each Capsule contains 400 mg of Gabapentin, USP.
Store at 20°C to 25°C (68°F to 77°F); excursions permitted to 15°C to 30°C (59° F to 86° F) [see USP Controlled Room Temperature]
Dispense in tight (USP), child-resistant containers.
DOSAGE AND USE:
See package insert for full prescribing information.
This package is child-resistant.
Keep this and all drugs out of the reach of children.
NDC 72737-007-02
Gabapentin Capsules, USP
400 mg
Dispense the Medication Guide provided separately to each patient
Rx only
100 Capsules
Stallion
LABORATORIES PVT. LTD.
Print Medication Guides at:
https://www.stallionlabs.com/medguide/gabapentin.pdf
Mfg. Lic. No. G/25/2417
Rev. 07/2024
Manufactured by:
Stallion Laboratories Pvt. Ltd.
Gallops Industrial Park-II, Ahmedabad-382110, Gujarat, India.
N 3 72737 00702 8
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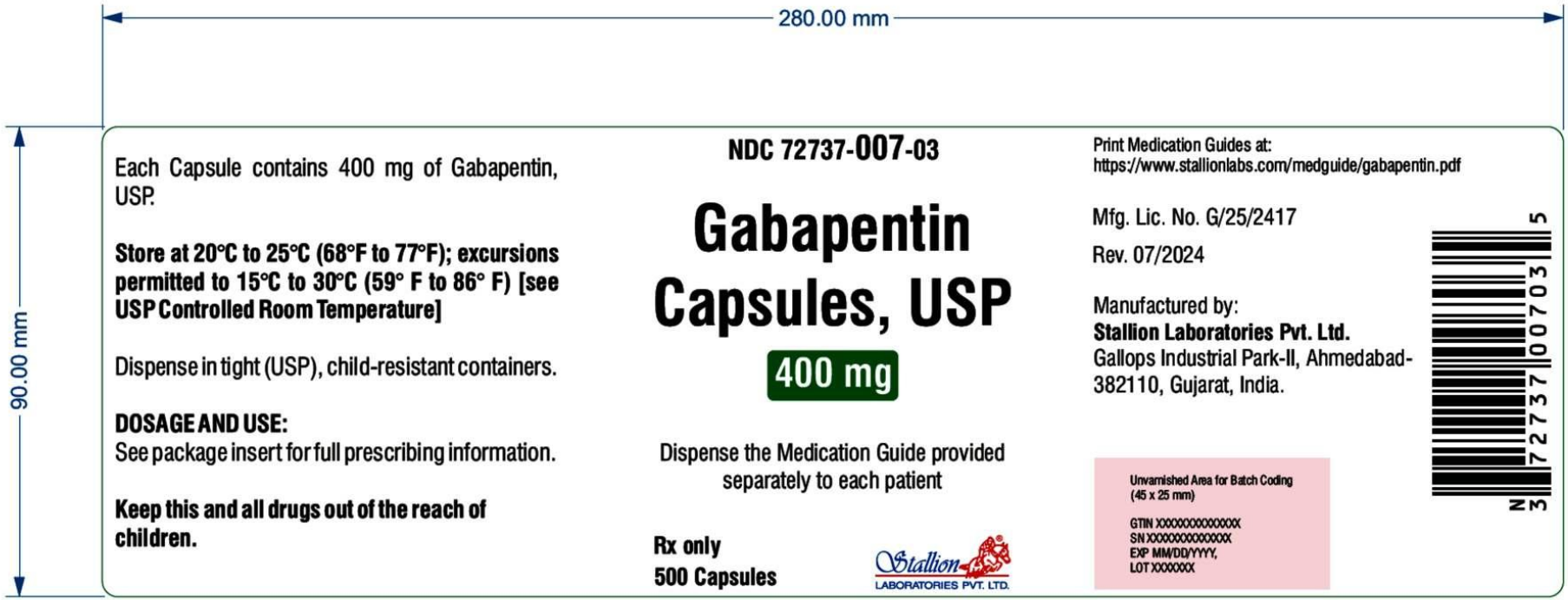
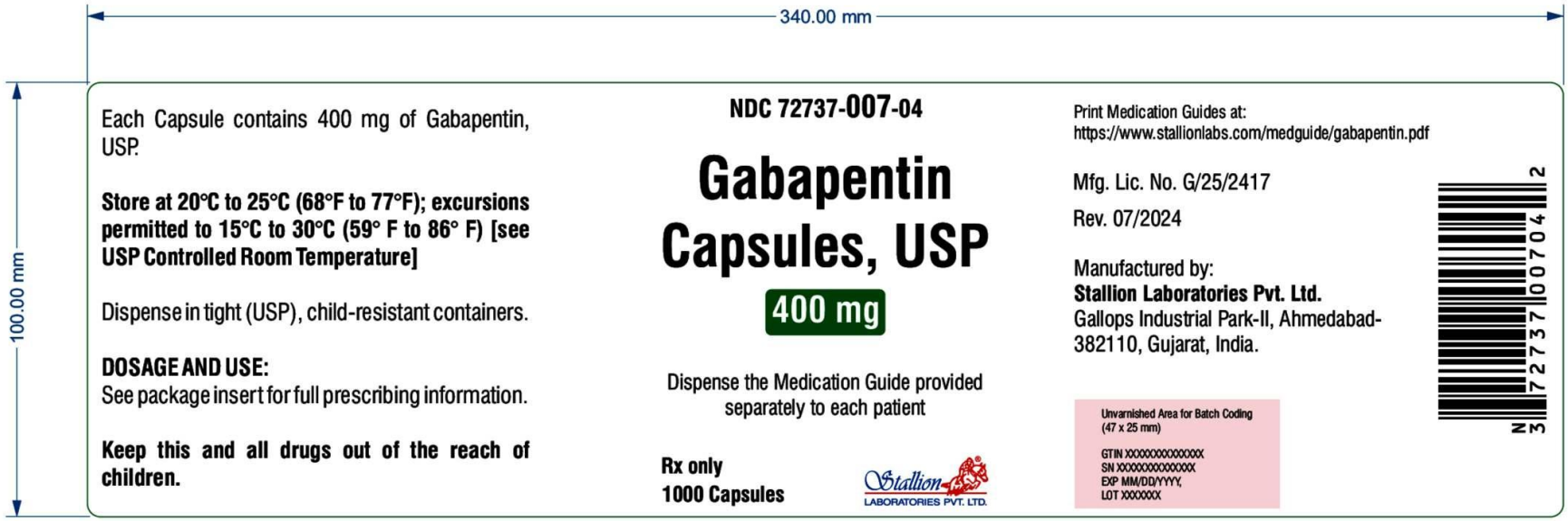
GTIN XXXXXXXXXXXXX
SN XXXXXXXXXXXXX
EXP MM/DD/YYYY,
LOT XXXXXX


280.00 mm
90.00 mm
Each Capsule contains 400 mg of Gabapentin, USP.
Store at 20°C to 25°C (68°F to 77°F); excursions permitted to 15°C to 30°C (59° F to 86° F) [see USP Controlled Room Temperature]
Dispense in tight (USP), child-resistant containers.
DOSAGE AND USE:
See package insert for full prescribing information.
Keep this and all drugs out of the reach of children.
NDC 72737-007-03
Gabapentin Capsules, USP
400 mg
Dispense the Medication Guide provided separately to each patient
Rx only
500 Capsules
Stallion LABORATORIES PVT. LTD.
Print Medication Guides at:
https://www.stallionlabs.com/medguide/gabapentin.pdf
Mfg. Lic. No. G/25/2417
Rev. 07/2024
Manufactured by:
Stallion Laboratories Pvt. Ltd.
Gallops Industrial Park-II, Ahmedabad-382110, Gujarat, India.
Unvarnished Area for Batch Coding (45 x 25 mm)
GTIN XXXXXXXXXXXXX
SN XXXXXXXXXXXXX
EXP MM/DD/YYYY,
LOT XXXXXXX
N 72737 00703 5

Actual Size


340.00 mm
100.00 mm
Each Capsule contains 400 mg of Gabapentin, USP.
Store at 20°C to 25°C (68°F to 77°F); excursions permitted to 15°C to 30°C (59° F to 86° F) [see USP Controlled Room Temperature]
Dispense in tight (USP), child-resistant containers.
DOSAGE AND USE:
See package insert for full prescribing information.
Keep this and all drugs out of the reach of children.
NDC 72737-007-04
Gabapentin Capsules, USP
400 mg
Dispense the Medication Guide provided separately to each patient
Rx only
1000 Capsules
Stallion LABORATORIES PVT. LTD.
Print Medication Guides at:
https://www.stallionlabs.com/medguide/gabapentin.pdf
Mfg. Lic. No. G/25/2417
Rev. 07/2024
Manufactured by:
Stallion Laboratories Pvt. Ltd.
Gallops Industrial Park-II, Ahmedabad-382110, Gujarat, India.
Unvarnished Area for Batch Coding (47 x 25 mm)
GTIN XXXXXXXXXXXXX
SN XXXXXXXXXXXXX
EXP MM/DD/YYYY,
LOT XXXXXXX
N 3 72737 00704 2

Actual Size

CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER:

ANDA 219319

LABELING REVIEW(s)

Labeling Review

Division of Labeling Review
Office of Regulatory Operations
Office of Generic Drugs (OGD)
Center for Drug Evaluation and Research (CDER)

Date of This Review	July 25, 2025
ANDA Number(s)	219319
Review Number	4
Applicant Name	Stallion Laboratories Private Limited
Established Name & Strength(s) [Add "(OTC)" after strength if applicable]	Gabapentin Capsules USP, 100 mg, 300 mg and 400 mg
Proposed Proprietary Name	N/A
Submission Received Date	May 12, 2025
Primary Labeling Reviewer	Jessica Menachery
Secondary Labeling Reviewer	Eunjung Chuh

Review Conclusion

☒ Acceptable - No Comments
☐ Acceptable - Include Post Approval Comments
☐ Minor Deficiency* - Refer to Labeling Deficiencies and Comments for Letter to Applicant
☐ Major Deficiency** - Refer to Labeling Deficiencies and Comments for Letter to Applicant

On Drug Product Alert List	☐ Yes	☒ No
Acceptable For Filing	☒ Yes	☐ No
Combined Insert/Outsert	☐ Yes	☒ No

TABLE OF CONTENTS

1 LABELING COMMENTS (C4)

1.1 LABELING DEFICIENCIES AND COMMENTS FOR LETTER TO APPLICANT (C4)

1.2 COMMENTS FOR LETTER TO APPLICANT WHEN LABELING IS ACCEPTABLE (C4)

The Division of Labeling has no further questions/comments at this time based on your labeling submission received May 12, 2025.

Additionally, we remind you that it is your responsibility to continually monitor available labeling resources such as DRUGS@FDA, the Electronic Orange Book (OB), and the United States Pharmacopeia – National Formulary (USP-NF) online for recent updates, and make any necessary revisions to your labels and labeling.

It is also your responsibility to ensure your ANDA addresses all listed exclusivities that claim the approved drug product. Please ensure that all exclusivities and patents listed in the electronic OB are addressed and updated in your application. Ensure your labeling aligns with your patent and exclusivity statements.

1.3 POST-APPROVAL REVISIONS (C4)

These comments will be addressed post approval (in the first labeling supplement review).

2 INSTRUCTIONS FOR ASSESSMENT (C4)

General Comments:

Select the "no deficiency" or "deficiency" radio button as appropriate for each row. If a "Deficiency Comments" appears, ensure it is appropriate for your situation, edit, or enter "Reviewer Comments" if necessary.

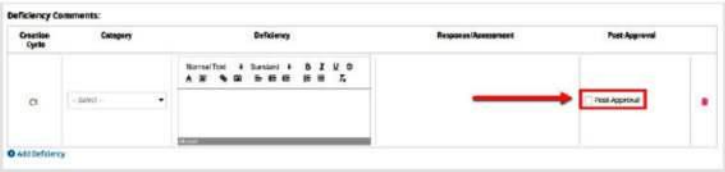
If there is no issue/concern, or if the question is not applicable. No "Deficiency Comments" will appear but reviewers can still enter "Reviewer Comments" if desired.

☐	☒	There is information in the Orange Book that the applicant needs to address.
☒	☐	Information in the Orange Book has **expired** and the applicant needs to revise labeling.

Reviewer Comments:
Enter free text in this section as necessary.

Deficiency Comments:

- Standardized comments/deficiencies are available for certain questions. For a complete list of standardized comments, reference the DLR Standardized Comments SharePoint.
- Reviewers can modify standardized comments/deficiencies for their situation.
- Deficiencies will have a review number, deficiency number, and roman numeral in the user interface. For first original reviews the review number and iteration numeral will align; however, older reviews may have review numbers and iteration numerals that differ due to some reviews being completed under past practices.
- Deficiency comments will populate by default to the Labeling Comments deficiency section unless you select the Post-Approval checkbox. Assessors also have the option to move all comments to the Post-Approval Revisions section or vice versa from the Labeling Comments tab.



3 OVERALL ASSESSMENT OF MATERIALS REVIEWED (C4)

Table 1: Review Summary of Container Label and Carton Labeling				
	Final or Draft or N/A	**Packaging Sizes**	**Submission Received Date(s)**	**Recommendation**
Container	Draft	100 mg, 300 mg, and 400 mg: Bottles of 30 capsules, 100 capsules, 500 capsules, and 1000 capsules	8/5/2024	Satisfactory
Blister	N/A	N/A		
Carton	N/A	N/A		

Table 2: Review Summary of Prescribing Information and Patient Labeling				
	Final or Draft or N/A	**Revision Date and/or Code**	**Submission Received Date(s)**	**Recommendation**
Prescribing Information	Draft	Revised: 05/2025	5/12/2025	Satisfactory
Medication Guide	Draft	Revised: 05/2025	5/12/2025	Satisfactory
Patient Information	N/A	N/A		
Instructions for Use	N/A	N/A		
SPL Data Elements		N/A		

4 LABELING REVIEW INFORMATION(C4)

4.1 REGULATORY INFORMATION (C4)

Yes	No	
☒	☐	Are there any applicable issues in DLR's SharePoint Drug Facts ? *Antiepileptic drug pregnancy registry (PR)_North American Antiepileptic Drugs (NAAED) PR*, updated 4/26/2023 Brief Description This April 2023 update supersedes previous information: • Pregnancy Registry (PR) is a third party's PR o Add comment for Cycle 1 or if the PR is new in the NDA labeling o If ANDA included the PR in labeling, we should comment for the ANDA applicant to ensure the accuracy of the PR in their labeling. The applicant should reach out to third party and verify that the data for the generic product will be accepted and if the applicant

Yes	No	

joins/intends to join the PR, the ANDA applicant can continue to include the PR in labeling. If the applicant does not intend to join the PR, the ANDA applicant should remove the PR in labeling.

- Example comment to include in SCD: *The reference listed drug (RLD) for your drug product contains third party pregnancy registry information in its labeling. Please reach out to the third party to verify if the data for your generic drug product will be accepted as part of their pregnancy registry. If it is verified that the data for your generic drug product will be accepted by the third party and you intend to join the pregnancy registry, you can continue including the pregnancy registry information in your labeling. If it is determined that the data for your generic drug product will not be accepted by the third party or if you do not intend to join the pregnancy registry, please remove the pregnancy registry information in your labeling.*

- If ANDA did not include PR in labeling, we should encourage the applicant to reach out to third party and verify that the data for the generic product will be accepted and if the applicant joins/intends to join the PR, the ANDA applicant can continue to include the PR in labeling. If the applicant does not intend to join the PR, the ANDA applicant should remove the PR in labeling.

  - Example comment to include in SCD: *The reference listed drug (RLD) for your drug product contains third party pregnancy registry information in its labeling. Please reach out to the third party to verify if the data for your generic drug product will be accepted as part of their pregnancy registry. If it is verified that the data for your generic drug product will be accepted by the third party and you intend to join the pregnancy registry, please include the pregnancy registry information in your labeling. If it is determined that the data for your generic drug product will not be accepted by the third party or if you do not intend to join the pregnancy registry, you can continue excluding the pregnancy registry information in your labeling.*

End of April 2023 update

****

Update 7/2/2019: A meeting was held with DPMH on 6/17/2019 to discuss the NAAED and whether ANDAs should continue to include the information about the NAAED PR in their insert labeling. DPMH confirmed that this is a disease-based PR that is run by a well respected organization and has been around for a while. The NDAs are required to include this PR information in their insert labeling by DPMH. We will continue to ask ANDAs to include this PR information to be the same as the RLD. However, we do not need to ask the ANDA holder to confirm that they are registered with this organization for the PR.

There is a pregnancy registry established for the antiepileptic drugs -North American Antiepileptic Drug (NAAED) Pregnancy Registry. It is an independent program and was not established as a result of a PMR. But given that this pregnancy registry handled by a third party and well respected and well used, ANDAs should have the same information in insert labeling (note the website is updated to http://www.aedpregnancyregistry.org from the old one which is http://www.massgeneral.org/aed/):

Patients should be encouraged to enroll in the North American Antiepileptic Drug (NAAED) Pregnancy Registry if they become pregnant. This registry is collecting information about the safety of antiepileptic drugs during pregnancy. To enroll, patients can call the toll-free number 1-888-233-2334$_{Cal}$. Information about the North American Drug Pregnancy Registry can be found at http://www.aedpregnancyregistry.org.

Updated 4/14/2021: added active ingredients for antiepileptics. Please update as needed.

The applicant stated that they intend to include the PR information and has retained this

Yes	No	
		information in the PI and MG. The following entries do not apply to this ANDA as the Orange Book does not currently list any exclusivities for the RLD: *GABAPENTIN EXCLUSIVITY STATEMENT*, dated 11/6/2015 *Gabapentin ODE letter*, dated 7/17/2015 *Gabapentin Email*, dated 7/17/2015 *Neurontin Post Herpetic Neuralgia (ODE) carve out template*, updated 2/26/2021.
☐	☒	Is the drug product listed in the OGD Drug Product Alert List (OGD DPAL) on OGD's SharePoint?

4.2 MODEL PRESCRIBING INFORMATION (C4)

Table 3: Review Model Labeling for Prescribing Information/Patient Labeling (Check the box used as the Model Labeling)

☒ **MOST RECENTLY APPROVED NDA MODEL LABELING**

(If NDA is listed in the discontinued section of the Orange Book, indicate whether the application has been withdrawn and if so, enter the most recently approved ANDA labeling information as applicable.)

NDA#/Supplement# (S-000 if original): NDA020235 / S-079

Supplement Approval Date: 04/25/2025

Proprietary Name: Neurontin

Established Name: gabapentin capsules

Description of Supplement:

We also refer to our letter dated January 15, 2025, notifying you, under Section 505(o)(4) of the FDCA, of new safety information that we have determined should be included in the labeling for gabapentinoid products. This information pertains to the risks of neonatal withdrawal and withdrawal in treated patients.

This sNDA provides for revisions to the labeling for Neurontin, consistent with our January 15, 2025, letter.

Link: https://darrts.fda.gov/darrts/ViewDocument?documentId=090140af807b30a7

☐ **MOST RECENTLY APPROVED ANDA MODEL LABELING**

☐ **OTHER/TEMPLATE (e.g., Pending Supplements, BPCA, PREA, Carve-out):**

Reviewer Assessment:

Deficiency	No Deficiency	
☐	☒	ANDA is **up-to-date** with the RLD/Model labeling.

Reviewer Comments:

Cycle 4 Comments:

- The 5/12/2025 submission is an unsolicited amendment which provides for revised PI and MG labeling in accordance with the most recent RLD update (NDA020235/S-079).

Cycle 3 Comments:

- The applicant has submitted point-by point responses to the Prescribing Information comments and Medication Guide comments identified in Labeling Review C2.

- The proposed labeling remains up-to-date with the most current RLD labeling (NDA020235/S-076).

Cycle 2 Comments:

- The applicant has submitted a point-by point response to the General Comment, container label comments, Prescribing Information comments, and Medication Guide comments identified in Labeling Review C1 based on the original submission.
- The proposed labeling has been revised to be in accordance with the most up-to-date RLD labeling (NDA020235/S-076).

Cycle 1 Comments:

- The applicant used NDA020235/S-069 as the model labeling; however, the most up-to-date RLD labeling is NDA020235/S-076. A comment will be issued to request for revision.

Deficiency Comments:

4.3 PATENTS AND EXCLUSIVITIES (C4)

The Orange Book was searched on 07/25/2025

Table 4 provides Orange Book patents for the Model Labeling (NDA020235) and ANDA patent certifications. (For applications that have no patents, N/A is entered in the patent number column.)

Table 4: Impact of Model Labeling Patents on ANDA Labeling

Strengths	Patent Number	Patent Expiration	Patent Use Code	Patent Use Code Definition	Patent Certification	Date of Patent Cert Submission	Labeling Impact
	N/A						

Table 5 provides Orange Book exclusivities for the Model Labeling and ANDA exclusivity statements.

Table 5: Impact of Model Labeling Exclusivities on ANDA Labels and Labeling

Strengths	Exclusivity Code	Exclusivity Expiration	Exclusivity Code Definition	Exclusivity Statement	Date of Exclusivity Submission	Labeling Impact
	N/A					

Reviewer Assessment:

Deficiency	No Deficiency	
☐	☒	There is information in the Orange Book that the applicant needs to address.
☐	☒	Information in the Orange Book has expired and the applicant needs to revise labeling.

Reviewer Comments:

Cycle 4 Comments:

No changes noted.

Cycle 3 Comments:

No changes noted.

Cycle 2 Comments:
No changes noted.

Cycle 1 Comments:
There are no unexpired patents or exclusivities listed in the Orange Book.

Deficiency Comments:

4.4 UNITED STATES PHARMACOPEIA (USP) (C4)

The USP was searched on 07/25/2025

Table 6: USP

	YES or NO	Date	Monograph Title (N/A if no monograph)	Packaging and Storage/Labeling Statements (N/A if no monograph)
Currently Official	Yes		Gabapentin Capsules	Packaging and Storage: Preserve in well-closed containers. Store at controlled room temperature.
Not Yet Official	No		N/A	N/A

Reviewer Assessment:

Deficiency	No Deficiency	
☐	☒	**Established name** is acceptable with regard to the USP monograph or the RLD's nonproprietary name.
☐	☒	RLD's non-proprietary **name is different from USP** established name.
☐	☒	**USP descriptor** is correctly used in the appropriate sections of the prescribing information.
USP RECOMMENDATIONS and/or DIFFERENCES IN TEST METHODS (QUALITY):		
☐	☒	**DISSOLUTION**: The applicant's dissolution statement is appropriate.
☐	☒	**ORGANIC IMPURITIES**: Drug product meets USP acceptance criteria for organic impurities.
☐	☒	**ASSAY**: Drug product meets USP acceptance criteria for assay.

Reviewer Comments:

Cycle 4 Comments:

- No changes noted.

Cycle 3 Comments:

- No changes noted.

Cycle 2 Comments:

- Dissolution: The Biopharmaceutics assessment is complete and found the proposed dissolution method acceptable (see below). It is noted that in the 9/27/2024 DRL-Quality, the Biopharmaceutics team requested the addition of the statement, "FDA approved dissolution test specifications differ from the USP" to the DESCRIPTION section of the PI. The applicant provided the requested revision in the 10/28/2024 submission. See Section 5.1.2 for further details.

  219319-ORIG_1_Biopharm Assessment-R01_AQ, completed 12/9/2024

Biopharmaceutics Executive Summary	
This Biopharmaceutics Review evaluates data supporting the adequacy of the proposed in-vitro dissolution method and the acceptance criterion as a quality control test (QC) for the proposed drug product. The FDA dissolution methods database, last updated 07/02/2020, recommends referring to FDA's 2018 Dissolution Guidance for the dissolution of the proposed drug product. However, the Applicant [redacted]. Since the Applicant has adequate data to show that the FDA's 2018 Guidance for drug products containing high solubility (HS) drug substances can be implemented for the proposed drug product, the Applicant was recommended to revise the dissolution test method to [500mL of 0.1 N HCl using USP Apparatus 2 (paddle) at 50 rpm] for the highly soluble gabapentin in DRL[1] dated 09/27/2024 In their response[2] on 10/28/2024, the Applicant accepted FDA's recommendations to adopt the standard dissolution method as per 2018 FDA's dissolution guidance for gabapentin based on the newly provided dissolution data using 500 mL of 0.1 N HCl using USP Apparatus II (paddle) at 50 rpm. Overall, the revised dissolution method and standard acceptance criterion of "NLT [redacted]%(Q) in 30 minutes" as tabulated below are acceptable as a QC test for the proposed drug product at batch release and for stability testing. **Recommendation:** From a Biopharmaceutics perspective, **ANDA 219319** for the proposed Gabapentin Capsule USP, 100 mg, 300 mg and 400 mg is recommended for **APPROVAL.**	
Has OGD deemed the drug product BE to the RLD?	Yes[3]
Drug Substance	**The method in USP**
GABAPENTIN (Capsule IR)	Single test in USP

Proposed Dissolution Testing	
FDA Dissolution Database	
Is the dissolution analytical quantification method acceptable to OLDP assessors?	Yes[3]
Description of Links for Dissolution Methods	**URL Link**
Dissolution method for the 100 mg strength	\\CDSESUB1\EVSPROD\anda219319\0001\m3\32-body-data\32p-drug-prod\gaba-capsu e-capsules-stallion\32p5-contr-drug-prod\32p52-analyt-proc\stp-100mg.pdf
Dissolution method for the 300 mg strength	\\CDSESUB1\EVSPROD\anda219319\0001\m3\32-body-data\32p-drug-prod\gaba-capsu e-capsules-stallion\32p5-contr-drug-prod\32p52-analyt-proc\stp-300mg.pdf
Dissolution for the 400 mg strength	\\CDSESUB1\EVSPROD\anda219319\0001\m3\32-body-data\32p-drug-prod\gaba-capsu e-capsules-stallion\32p5-contr-drug-prod\32p52-analyt-proc\stp-400mg.pdf
Variability in the dissolution results meet the recommendations (e.g. %CV < 20% at early time points (<15 minutes) and <10% at other time points)	Yes
Number of units tested meets the requirements (e.g. 12 units)	Yes
Source of Dissolution Test Method	USP Monograph
Does the proposed drug product meet the USP Monograph standards?	Yes
The Test in USP	Single test in USP
Reviewer Evaluation	It should be noted that after implementing the dissolution method per 2018 FDA dissolution guidance, the Applicant was recommended in FDA DRL dated 9/27/2024 to i) initiate a petition to the USP for inclusion of the dissolution method specification in the official monograph for Gabapentin Capsules under the USP Pending Monograph Process and ii) include a statement in the labeling description section "FDA approved dissolution test specifications differ from the USP" until the product is in alignment with the dissolution specifications (dissolution method and acceptance criterion) in the USP monograph. In this response dated 10/28/2024, the Applicant informed FDA that a revision was initiated[9] for the petition to the USP for the inclusion of the dissolution method and acceptance criterion in the official monograph for Gabapentin Capsules under the USP Pending Monograph Process and that an update to the label description section to include "FDA approved dissolution test specifications differ from the USP" was done. This Reviewer finds the Applicant's response acceptable and notes that the update to adequacy of the update to the label is under the labelling Reviewer.

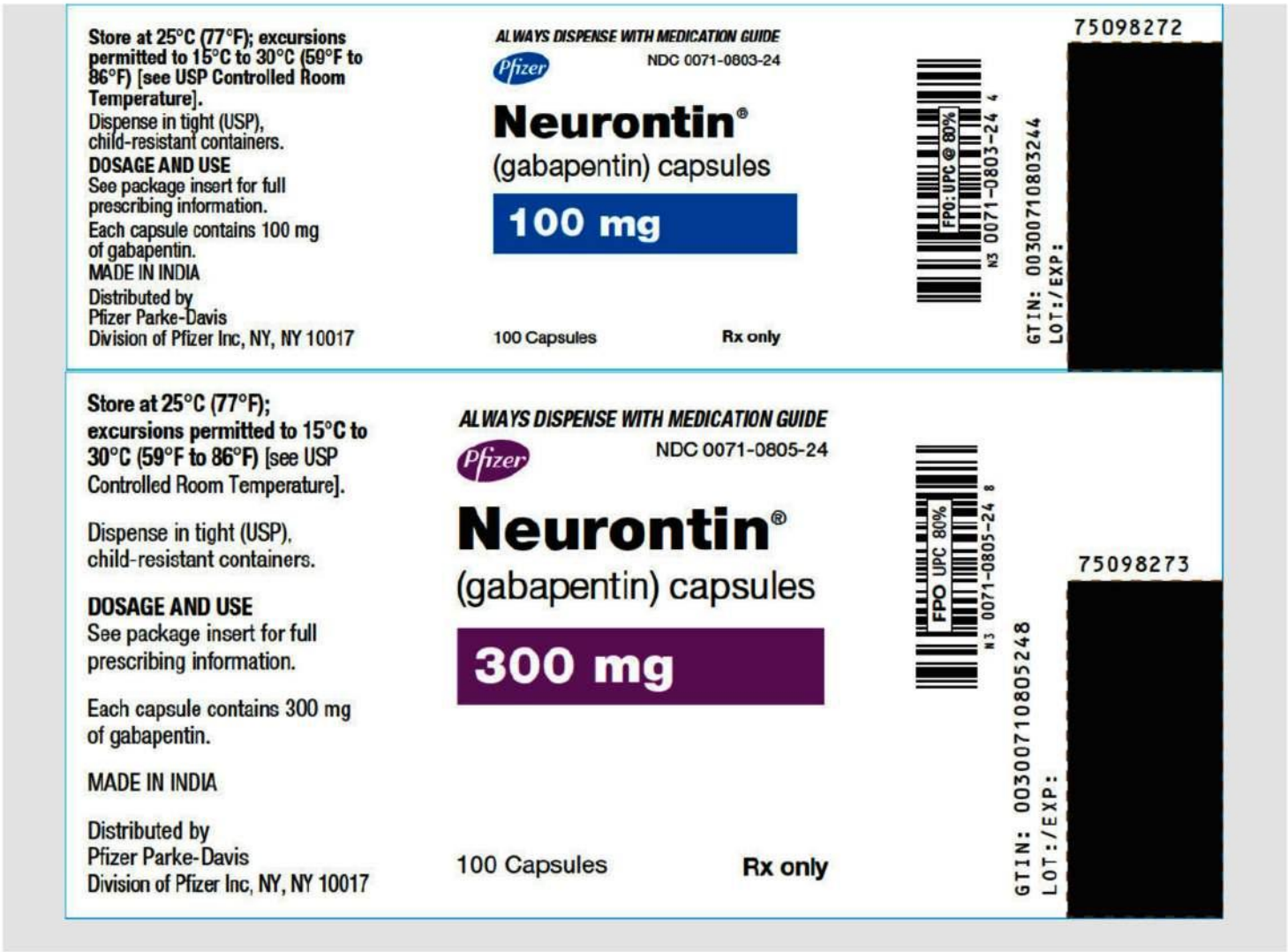
Cycle 1 Comments:

- The applicant appropriately uses USP descriptors in the Quality sections of the PI (DESCRIPTION and HOW SUPPLIED).
- Dissolution: The DESCRIPTION section of the PI labeling does not include a dissolution test statement; however, DLR will defer to the Division of Biopharmaceutics. As the Biopharmaceutics review is currently pending, we will update accordingly in the next cycle, if needed.

Deficiency Comments:

4.5 MODEL CONTAINER LABELS (C4)

Model container/carton/blister labels (Source: NDA020235 ANRPT-30, submitted 4/29/2024 **)**



5 ASSESSMENT OF ANDA LABELING AND LABELS (C4)

5.1 QUALITY INFORMATION (DRUG PRODUCT MOU & BIOPHARMACEUTICS) (C4)

5.1.1 DRUG PRODUCT REVIEW (C4)

Insert screenshot of Labeling portion from drug product review if completed:
Drug Product Review complete

A219319_It3_4_11_2025_Drug Product Assessment, completed 7/15/2025

Labeling	
Description Section	
Is the information accurate?	Yes
Is the drug product subject of a USP monograph?	Yes
Does the labeling need a special USP statement in the Description?	No

How Supplied Section	
Is the information accurate?	Yes
Are the storage conditions acceptable?	No
Comment	
A minor typo is noted in the package insert (submission dated 08/05/2024). (b) (4) The labeling reviewer has been notified in Panorama.	

Dosage and Administration Section	
For OTC Drugs and Controlled Substances	
Is tamper evident feature provided in the container/closure?	N/A

For Solid Oral Drug Product:		
ANDA Strength	**Length(mm)**	**Imprint Code**
GABAPENTIN 100mg	15.91	Cap imprinted with 'G 100' and body imprinted with 'S C' in blue ink
GABAPENTIN 300mg	19.53	Cap imprinted with 'G 300' and body imprinted with 'S C' in blue ink
GABAPENTIN 400mg	21.57	Cap imprinted with 'G 400' and body imprinted with 'S C' in blue ink
Is the imprint code consistent with the labeling?	Yes	

Any issue(s) sent to and/or received from the OGD Labeling Reviewer?	**Yes**
AD	**Reviewer Evaluation**
Yes	An issue (Ref # 61045761) was created in Panorama for the labeling reviewer on 09/23/2024 regarding the typo noted in the package insert. In the submission dated 10/28/2024, a minor typo is still noted in the package insert (b) (4) The applicant will be requested to revise.

The DPQ review notes a typo (b) (4) applicant revised this typo in the 3/10/2025 submission in response to a Labeling comment.

5.1.2 DESCRIPTION (C4)

Table 7: Comparison of Inactive Ingredients Contained in Model Product and ANDA Description Section

Table 7: Comparison of Inactive Ingredients Contained in Model Product and ANDA Description Section	
Model Labeling	Each NEURONTIN capsule contains 100 mg, 300 mg, or 400 mg of gabapentin and the following inactive ingredients: cornstarch, FD&C Blue No. 2, gelatin, lactose, red iron oxide (400 mg only), talc, titanium dioxide, and yellow iron oxide (300 mg and 400 mg only).
Previous ANDA Labeling	Each gabapentin capsule contains 100 mg, 300 mg, or 400 mg of gabapentin and the following inactive ingredients: Pregelatinized maize starch, talc, magnesium stearate, gelatin, titanium dioxide, yellow iron oxide (300 mg and 400 mg only), red iron oxide (400 mg only). Ingredient of imprinting ink (TekPrintTM SB-6018 Blue Ink) are Shellac NF, Dehydrated Alcohol USP, Isopropyl Alcohol USP, Butyl Alcohol NF, Propylene Glycol USP, Strong Ammonia Solution NF, FD & C Blue # 2 Aluminum Lake. FDA approved dissolution test specifications differ from the USP.
Current ANDA Labeling	Each gabapentin capsule contains 100 mg, 300 mg, or 400 mg of gabapentin and the following inactive ingredients: Pregelatinized maize starch, talc, magnesium stearate, gelatin, titanium dioxide, yellow iron oxide (300 mg and 400 mg only), red iron oxide (400 mg only). Ingredient of imprinting ink (TekPrintTM SB-6018 Blue Ink) are Shellac NF, Dehydrated Alcohol USP, Isopropyl Alcohol USP, Butyl Alcohol NF, Propylene Glycol USP, Strong Ammonia Solution NF, FD & C Blue # 2 Aluminum Lake. FDA approved dissolution test specifications differ from the USP. Assessment: No changes noted.

5.1.3 HOW SUPPLIED/STORAGE AND HANDLING (C4)

Table 8: Comparison of Model Labeling to ANDA Labeling	
Model Labeling	**16 HOW SUPPLIED/STORAGE AND HANDLING** NEURONTIN (gabapentin) capsules, tablets, and oral solution are supplied as follows: 100 mg capsules: White hard gelatin capsules printed with "VLE" on the body and "Neurontin/100 mg" on the cap; available in: Bottles of 100: NDC 58151-281-01 300 mg capsules: Yellow hard gelatin capsules printed with "VLE" on the body and "Neurontin/300 mg" on the cap; available in: Bottles of 100: NDC 58151-282-01 400 mg capsules: Orange hard gelatin capsules printed with "VLE" on the body and "Neurontin/400 mg" on the cap; available in: Bottles of 100: NDC 58151-283-01

Table 8: Comparison of Model Labeling to ANDA Labeling	
	Store NEURONTIN Tablets and Capsules at 25°C (77°F); excursions permitted between 15°C to 30°C (59°F to 86°F) [see USP Controlled Room Temperature].
Previous ANDA Labeling	**16 HOW SUPPLIED/STORAGE AND HANDLING** Gabapentin Capsules USP are supplied as follows: **100 mg capsules:** Size "3" hard gelatin capsule, white opaque cap imprinted as "**G 100**" with blue ink and white opaque body imprinted as "**S C**" with blue ink containing white to off white powder. Bottle of 30 Capsules with child-resistant closure, NDC 72737-005-01 Bottle of 100 Capsules with child-resistant closure, NDC 72737-005-02 Bottle of 500 Capsules, NDC 72737-005-03 Bottle of 1000 Capsules, NDC 72737-005-04 **300 mg capsules:** Size "1" hard gelatin capsule, yellow opaque cap imprinted as "**G 300**" with blue ink and yellow opaque body imprinted as "**S C**" with blue ink containing white to off white powder. Bottle of 30 Capsules with child-resistant closure, NDC 72737-006-01 Bottle of 100 Capsules with child-resistant closure, NDC 72737-006-02 Bottle of 500 Capsules, NDC 72737-006-03 Bottle of 1000 Capsules, NDC 72737-006-04 **400 mg capsules:** Size "0" hard gelatin capsule, orange opaque cap imprinted as "**G 400**" with blue ink and orange opaque body imprinted as "**S C**" with blue ink containing white to off white powder. Bottle of 30 Capsules with child-resistant closure, NDC 72737-007-01 Bottle of 100 Capsules with child-resistant closure, NDC 72737-007-02 Bottle of 500 Capsules, NDC 72737-007-03 Bottle of 1000 Capsules, NDC 72737-007-04 Store at 20° to 25° C (68° to 77° F); excursions permitted to 15° to 30°C (59° to 86°F). [See USP Controlled Room Temperature]
Current ANDA Labeling	**16 HOW SUPPLIED/STORAGE AND HANDLING** Gabapentin Capsules USP are supplied as follows: **100 mg capsules:** Size "3" hard gelatin capsule, white opaque cap imprinted as "G 100" with blue ink and white opaque body imprinted as "S C" with blue ink containing white to off white powder. Bottle of 30 Capsules with child-resistant closure, NDC 72737-005-01 Bottle of 100 Capsules with child-resistant closure, NDC 72737-005-02 Bottle of 500 Capsules, NDC 72737-005-03 Bottle of 1000 Capsules, NDC 72737-005-04 **300 mg capsules:** Size "1" hard gelatin capsule, yellow opaque cap imprinted as "G 300" with blue ink and yellow opaque body imprinted as "S C" with blue ink containing white to off white powder.

Table 8: Comparison of Model Labeling to ANDA Labeling	
	Bottle of 30 Capsules with child-resistant closure, NDC 72737-006-01 Bottle of 100 Capsules with child-resistant closure, NDC 72737-006-02 Bottle of 500 Capsules, NDC 72737-006-03 Bottle of 1000 Capsules, NDC 72737-006-04 **400 mg capsules:** Size "0" hard gelatin capsule, orange opaque cap imprinted as "G 400" with blue ink and orange opaque body imprinted as "S C" with blue ink containing white to off white powder. Bottle of 30 Capsules with child-resistant closure, NDC 72737-007-01 Bottle of 100 Capsules with child-resistant closure, NDC 72737-007-02 Bottle of 500 Capsules, NDC 72737-007-03 Bottle of 1000 Capsules, NDC 72737-007-04 Store at 20° to 25° C (68° to 77° F); excursions permitted to 15° to 30°C (59° to 86°F). [See USP Controlled Room Temperature] Assessment: No changes noted.

5.1.4 MANUFACTURER, DISTRIBUTOR, AND/OR PACKER (C4)

Table 9: Comparison of Manufacturer/Distributor/Packer Labeling Statements	
Previous ANDA Labeling	
Name and Address on ANDA Prescribing Information	Manufactured by: **Stallion Laboratories Private Limited** Gallops Industrial Park-II, Ahmedabad-382110, Gujarat, India
Current ANDA Labeling	
Name and Address on ANDA Prescribing Information	Manufactured by: **Stallion Laboratories Private Limited** Gallops Industrial Park-II, Ahmedabad-382110, Gujarat, India Assessment: No changes noted.

5.2 CONTAINER LABEL (FOR BLISTERS GO TO UNIT-DOSE BLISTERS) (C4)

Reviewer Assessment:

Deficiency	No Deficiency	
☐	☒	Container meets the **too small exemption** [21 CFR 201.10(i)]. Please enter Reviewer/Deficiency Comments if you select Deficiency.
ESTABLISHED/PROPRIETARY NAME and STRENGTH:		
☐	☒	**Tall Man** lettering complies with recommendations found on FDA webpage.
☐	☒	Established/proprietary **name and strength are the most prominent** information on the Principal Display Panel.
☐	☒	No **intervening text**(written, printed, or graphic matter) between established name and strength.

Deficiency	No Deficiency	
		THE FOLLOWING COMPONENTS ARE PROPERLY DISPLAYED:
☐	☒	**Net quantity** statement. Please enter Reviewer/Deficiency Comments if you select Deficiency.
☐	☒	**Dosage** statement.
☐	☒	**NDC number**: prominence, linear bar code, and its orientation.
☐	☒	**Expiration date and lot number** (or placeholder).
☐	☒	**Equivalency statement** (product strength).
☐	☒	**Medication Guide** Pharmacist instructions [21 CFR 208.24(d)].
☐	☒	Controlled Substance Symbol.
☐	☒	**Image of drug product** represents the true size, color, and imprint.
☐	☒	**Yellow #5** (tartrazine) warning statement is properly displayed.
☐	☒	**Alcohol** is properly listed [21 CFR 201.10(d)(2)].
☐	☒	**Latex** warning statement is properly displayed [21 CFR 801.437.].
☐	☒	**Gluten** statement is appropriately stated.
		PRODUCT DIFFERENTIATION:
☐	☒	ANDA is the **same color** as the RLD labels as required (e.g. warfarin, levothyroxine, enoxaparin). Please enter Reviewer/Deficiency Comments if you select Deficiency.
☐	☒	Multiple **strengths are differentiated** by use of different color or other acceptable means.
☐	☒	Labels of proposed product is differentiated from **related products**.
		STORAGE, DISPENSING, MANUFACTURER, and PACKAGING:
☐	☒	**Storage/dispensing** statement is consistent with the How Supplied section of the insert/RLD/USP. Please enter Reviewer/Deficiency Comments if you select Deficiency.
☐	☒	**Manufacturer/Distributor/Packager** statement is acceptable [21 CFR 201.1(h)(5) or (6) or 21 CFR 201.1(j)].
☐	☒	Tamper evident (controlled substances) requirements are met.
☐	☒	Use of child-resistant closure (CRC) or non-CRC is appropriate. Describe **container closure**, cite source, and any issues in Reviewer Comments below.
		OVERALL ASSESSMENT:
☐	☒	Requirements met for the required label statements (21 CFR 201.15 and 21 CFR 201.100). Please enter Reviewer/Deficiency Comments if you select Deficiency.

Reviewer Comments:

Cycle 4 Comments:

The container labels were found acceptable in a previous cycle. The applicant did not submit container labels in the 5/12/2025 submission.

Cycle 3 Comments:

It is noted that the applicant did not submit container labels in the 3/10/2025 submission as the labels were found acceptable in the previous cycle.

Cycle 2 Comments:

The container labels are acceptable.

- The applicant provided the following responses to the C1 container label comments. See below.
- Per Module 1.2 *Cover-letter-DRL-Labeling-Seq0003-08052024,* a URL was added to the container labels for online availability of the Medication Guide. The applicant added the statement, "Print Medications at..." to the side panel. Acceptable.

Previous Label:

(b) (4)

Current Label:

Cycle 1 Comments:

The container labels are inadequate. See comments below.

- (b) (4) See comment below.
- Related Drug Products: Per a search in CDEROne, the applicant does not have any other related products.
- The applicant (b) (4) .
- The applicant added the statement, "This package is child-resistant" (b) (4) except the 1000 count bottles and added, "Keep this and all drugs out of the reach of children." to all container labels. Acceptable.
- Container Closure System: (b) (4)

3.2.P.7 Container Closure System

(b) (4)

2 Pages have been held in full as b4

Reviewer Assessment:

Deficiency	No Deficiency	
	HIGHLIGHTS:	
☐	☒	**Contact information** for applicant and FDA are listed correctly.
☐	☒	**Revision date** appears at the end of HIGHLIGHTS section (PLR) or end of prescribing information (non-PLR).
	DESCRIPTION/INACTIVE INGREDIENTS:	
	Appropriate **warning/precaution** statements for inactive ingredients are present (21 CFR 201) Check only if applicable:	
☐	☒	☐ Sulfite (21 CFR 201.22) ☐ Yellow #5 (Tartrazine) (21 CFR 201.20) ☐ Phenylalanine/aspartame (21 CFR 201.21) ☐ Latex (21 CFR 801.437).
☐	☒	**Sterile** product statement [21 CFR 201.57(c)(12)(i)(D)].
☐	☒	☐ **Alcohol** is properly listed [21 CFR 201.10(d)(2)].
☐	☒	☐ **Gluten** statement is appropriately stated.
☐	☒	**Dosage form, pharmacologic/therapeutic class, and route** of administration properly listed [21 CFR 201.57(c)(12)(i)(B)] and[21 CFR 201.57(c)(12)(i)(E)].
	HOW SUPPLIED/STORAGE and HANDLING/MANUFACTURER:	
☐	☒	All **submitted labels** and labeling are consistent with the HOW SUPPLIED section.
☐	☒	**Physical description** (e.g. scoring, color, imprint, capsule size, nozzle tip, cap color) of the finished product in the HOW SUPPLIED section are appropriately displayed.
☐	☒	**NDC** numbers are present.
☐	☒	Drug product is the **same color** as the RLD's drug product as required (e.g. warfarin, levothyroxine, enoxaparin).
☐	☒	**Storage or dispensing** statement is acceptable compared to the RLD/USP monograph. Please enter Reviewer/Deficiency Comments if you select Deficiency.
☐	☒	**"Discard unused portion"** for single-dose products.
☐	☒	**Manufacturer/Distributor/Packager** statement is acceptable [21 CFR 201.1(h)(5) or (6) or 21 CFR 201.1(i)].
	REGULATORY/OVERALL ASSESSMENT:	
☐	☒	STIC requirements addressed appropriately.
☐	☒	Intent to join the **Antiretroviral Pregnancy Registry** (APR) upon full approval.
☐	☒	**Pregnancy registry** information is appropriately included/excluded as required for the RLD.
☐	☒	**Patent/exclusivity** carve out is acceptable. Please enter Reviewer/Deficiency Comments if you select Deficiency.
☒	☐	**Dosage form/strength** carve out (RLD combined labeling): justification for retaining information for safety/efficacy.
☐	☒	Prescribing information meets **formatting requirements** [21 CFR 201.57 (PLR) or 21 CFR 201.80 (non-PLR)].
☐	☒	Prescribing Information is the same as the model labeling, except for differences allowed under 21 CFR 314.94(a)(8). Please enter Reviewer/Deficiency Comments if you select Deficiency.

Reviewer Comments:

**Not to be sent to applicant – [redacted (b) (5)]

[redacted (b) (5)]

(b) (5)

OGD has determined that the inclusion of the following information described in combined labeling for the RLD in the ANDA labeling is necessary for the safe and effective use of this product. Therefore, the section(s) listed below is/are retained in the ANDA labeling.

See Cycle 1 Comments for an explanation for each section of the labeling where combined dosage form information will be retained.

Cycle 4 Comments:
The Prescribing Information is acceptable.

- The PI was found acceptable in the previous cycle; however, the applicant submitted an unsolicited amendment due to the recent RLD update (NDA020235/S-079). The applicant adequately updated the PI in accordance with the RLD.

Cycle 3 Comments:
The Prescribing Information is acceptable.

- The applicant provided the following responses to C2 Prescribing Information comments. See below.

Cycle 2 Comments:
The Prescribing Information is inadequate.

- The applicant provided the following responses to C1 Prescribing Information comments. See below.
- [redacted] (b) (4)

Cycle 1 Comments:
The Prescribing Information is inadequate. See comments below.

- The RLD has combined labeling consisting of capsules (NDA 020235, available in strengths of 100 mg, 300 mg, and 400 mg), tablets (NDA 020882, available in strengths of 600 mg and 800 mg), and oral solution (NDA 021129, available in strength of 250 mg/5mL). As the proposed labeling is only proposing the capsule formulation (available in strengths of 100 mg, 300 mg, and 400 mg), the applicant has appropriately carved out information pertaining to the tablet and oral solution formulations.
- RLD labeling: The PI is not up-to-date with the current RLD labeling (NDA020235/S-076). A comment will be issued for revision.
- [redacted] (b) (4) See comment below.
- Pregnancy Registry: The applicant has included the third-party pregnancy registry (PR) information in the labeling. Since the RLD PR is not a post-marketing requirement, the applicant can add this information; however, verification of enrollment into the PR is needed in order to retain the information in the PI. A deficiency comment has been issued.
- Trademark Statement: As the labeling includes references to proprietary names of drug products from different NDAs (i.e., Maalox®, Mylanta®, Gelusil®, Gaviscon®, and Di-Gel®), a comment will be made to add a trademark statement at the end of the PI.
- Drug Substance versus Drug Product: The applicant uses the drug substance "gabapentin" throughout the labeling in place of references to "NEURONTIN" in the RLD labeling. This is acceptable when referring to trials, as the RLD does not specify that drug formulation used; however, a comment will be made to ensure any references to treatment or dosing utilize the established name "gabapentin capsules" (dosage form included). See comment below.
- OGD has determined that the inclusion of the following information described in combined labeling for the RLD in the ANDA labeling is necessary for the safe and effective use of this product. Therefore, the section(s) listed below is/are retained in the ANDA labeling.
- 2.2 Dosage for Epilepsy with Partial Onset Seizures/ Pediatric Patients Age 3 to 11 years: DLR will request that the applicant revise the fourth sentence to retain references to the other drug formulations, as this is information common to all dosage forms and pertains to the safe and effective use of the proposed drug product. The revised statement will read as follows: "Gabapentin may be administered as the oral solution, capsule, or tablet, or using combinations of these formulations."

Deficiency Comments:

5.4 MEDICATION GUIDE (C4)

Reviewer Assessment:

Deficiency	No Deficiency	
☐	☒	Medication Guide is **up-to-date** with model labeling.
☐	☒	Medication Guide meets **content, format, and font size.**
☐	☒	**Phonetic spelling** of the established/proprietary name is present and correct.
☐	☒	Description of **child-resistant feature**(if also present in HOW SUPPLIED/STORAGE AND

Deficiency	No Deficiency	
		HANDLING).
☐	☒	**Revision date and approval statement** appear at the end of the Medication Guide correctly.
☐	☒	Applicant committed to provide a **sufficient number** of Medication Guides.
☐	☒	Applicant included the **1-800-FDA-1088** phone number.
☐	☒	Statement to print **electronic Medication Guide** is appropriately excluded from the prescribing information and medication guide.
☐	☒	Medication Guide is the same as the model labeling, except for allowable differences. Please enter Reviewer/Deficiency Comments if you select Deficiency.

Reviewer Comments:

Cycle 4 Comments:

The Medication Guide is acceptable.

- The MG was found acceptable in the previous cycle; however, the applicant submitted an unsolicited amendment due to the recent RLD update (NDA020235/S-079). The applicant adequately updated the MG in accordance with the RLD.

Cycle 3 Comments:

The Medication Guide is acceptable.

- The applicant provided the following responses to the C2 Medication Guide comments. See below.

Cycle 2 Comments:

The Medication Guide is inadequate.

- The applicant provided the following responses to the C1 Medication Guide comments. See below.
- The MG has been revised in accordance with the most up-to-date model labeling (NDA020235/S-076) as requested in the previous cycle.
- It is noted that the applicant added the statement, "Dispense with Medication Guide available at:..." to the beginning of the MG.

Cycle 1 Comments:

The Medication Guide is inadequate. See comments below.

- The MG is not up-to-date with the current model labeling (NDA020235/S-076). See comment below.
- Sufficient Number of MGs: Per module 1.14.3.1 *annotated-comparison-listed-drug, t*he applicant attests that they will provide a sufficient number of MGs by stating, "According to the 21 CFR 208.24, we confirm that sufficient number of Medication Guide will be included in each package size and Distributed according."
- Pregnancy Registry: Refer to Section 5.3 Reviewer Comments.
- Trademark Statement: As multiple proprietary names of different NDAs (i.e., Maalox®, Mylanta®, Gelusil®, Gaviscon®, and Di-Gel®) are mentioned in the MG, a comment will be issued to add a trademark statement at the end of the MG.

Deficiency Comments:

6 COMMENTS/CONSULTS FOR OTHER DISCIPLINES (C4)

A labeling statement required verification from another division discipline. Check only if applicable.

Reviewer Assessment:

☐	Ghost tablet/capsule (i.e. solid or semi-solid mass in stool)
☐	Rubber
☐	Latex
☐	Gluten
☐	Alcohol (ethanol)
☐	Aluminum (small/large volume parenteral and pharmacy bulk package)
☐	Sulfite
☐	Phenylalanine (aspartame) - content calculation
☐	Red #3 (erythrosine)
☐	Yellow #5 (tartrazine)
☒	Other

Describe questions/issue(s) sent to and/or received from other discipline(s) (e.g., OPQ, OB): (For Issues, include the following information: discipline and description of issue, issue reference number or link, and date of issue)

Reviewer Comments:

The DPQ team sent the following issue (issue# 61045761) to DLR on 9/23/2024:

For this ANDA, a minor typo is noted in the package insert [redacted] (b) (4)

Deficiency Comments:

Jessica Menachery

Digitally signed by Jessica Menachery
Date: 7/30/2025 07:02:22AM
GUID: 64bebec300108d32633cf11a46ac0537

Esther Chuh

Digitally signed by Esther Chuh
Date: 7/30/2025 08:06:12AM
GUID: 508da70700028b78f2f9ebd95bfb4a18

Labeling Review

Division of Labeling Review
Office of Regulatory Operations
Office of Generic Drugs (OGD)
Center for Drug Evaluation and Research (CDER)

Date of This Review	April 2, 2025
ANDA Number(s)	219319
Review Number	3
Applicant Name	Stallion Laboratories Private Limited
Established Name & Strength(s) [Add "(OTC)" after strength if applicable]	Gabapentin Capsules USP, 100 mg, 300 mg and 400 mg
Proposed Proprietary Name	N/A
Submission Received Date	March 10, 2025
Primary Labeling Reviewer	Jessica Menachery
Secondary Labeling Reviewer	Eunjung Chuh

Review Conclusion

☒ Acceptable - No Comments
☐ Acceptable - Include Post Approval Comments
☐ Minor Deficiency* - Refer to Labeling Deficiencies and Comments for Letter to Applicant
☐ Major Deficiency** - Refer to Labeling Deficiencies and Comments for Letter to Applicant

On Policy Alert List	☐ Yes	☒ No
Acceptable For Filing	☒ Yes	☐ No
Combined Insert/Outsert	☐ Yes	☒ No

TABLE OF CONTENTS

1 LABELING COMMENTS (C3)

1.1 LABELING DEFICIENCIES AND COMMENTS FOR LETTER TO APPLICANT (C3)

1.2 COMMENTS FOR LETTER TO APPLICANT WHEN LABELING IS ACCEPTABLE (C3)

The Division of Labeling has no further questions/comments at this time based on your labeling submission received March 10, 2025.

Additionally, we remind you that it is your responsibility to continually monitor available labeling resources such as DRUGS@FDA, the Electronic Orange Book (OB), and the United States Pharmacopeia – National Formulary (USP-NF) online for recent updates, and make any necessary revisions to your labels and labeling.

It is also your responsibility to ensure your ANDA addresses all listed exclusivities that claim the approved drug product. Please ensure that all exclusivities and patents listed in the electronic OB are addressed and updated in your application. Ensure your labeling aligns with your patent and exclusivity statements.

1.3 POST-APPROVAL REVISIONS (C3)

These comments will be addressed post approval (in the first labeling supplement review).

2 INSTRUCTIONS FOR ASSESSMENT (C3)

General Comments:

Select the "no deficiency" or "deficiency" radio button as appropriate for each row. If a "Deficiency Comments" appears, ensure it is appropriate for your situation, edit, or enter "Reviewer Comments" if necessary.

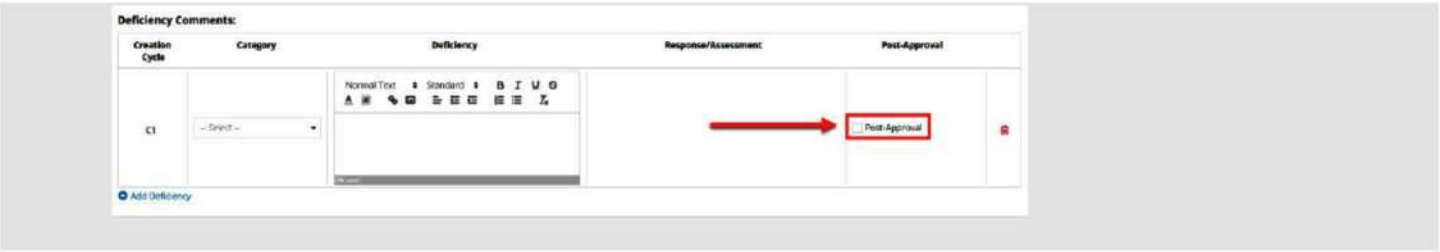
If there is no issue/concern, or if the question is not applicable. No "Deficiency Comments" will appear but reviewers can still enter "Reviewer Comments" if desired.

☐	☒	There is information in the Orange Book that the applicant needs to address.
☒	☐	Information in the Orange Book has **expired** and the applicant needs to revise labeling.

Reviewer Comments:
Enter free text in this section as necessary.

Deficiency Comments:

- Standardized comments/deficiencies are available for certain questions. For a complete list of standardized comments, reference the DLR Standardized Comments SharePoint.
- Reviewers can modify standardized comments/deficiencies for their situation.
- Deficiencies will have a review number, deficiency number, and roman numeral in the user interface. For first original reviews the review number and iteration numeral will align; however, older reviews may have review numbers and iteration numerals that differ due to some reviews being completed under past practices.
- Deficiency comments will populate by default to the Labeling Comments deficiency section unless you select the Post-Approval checkbox. Assessors also have the option to move all comments to the Post-Approval Revisions section or vice versa from the Labeling Comments tab.



3 OVERALL ASSESSMENT OF MATERIALS REVIEWED (C3)

Table 1: Review Summary of Container Label and Carton Labeling				
	Final or Draft or NA	**Packaging Sizes**	**Submission Received Date**	**Recommendation**
Container	Draft	100 mg, 300 mg, and 400 mg: bottles of 30 capsules, 100 capsules, 500 capsules, and 1000 capsules	8/5/2024	Satisfactory
Blister	N/A	N/A		
Carton	N/A	N/A		

Table 2: Review Summary of Prescribing Information and Patient Labeling				
	Final or Draft or NA	**Revision Date and/or Code**	**Submission Received Date**	**Recommendation**
Prescribing Information	Draft	Revised: 02/2025	3/10/2025	Satisfactory
Medication Guide	Draft	Revised: 02/2025	3/10/2025	Satisfactory
Patient Information	N/A	N/A		
Instructions for Use	N/A	N/A		
SPL Data Elements				

4 LABELING REVIEW INFORMATION(C3)

4.1 REGULATORY INFORMATION (C3)

Yes	No	
☒	☐	Are there any applicable issues in DLR's SharePoint Drug Facts ? *Antiepileptic drug pregnancy registry (PR)_North American Antiepileptic Drugs (NAAED) PR*, updated 4/26/2023 Brief Description This April 2023 update supersedes previous information: • Pregnancy Registry (PR) is a third party's PR o Add comment for Cycle 1 or if the PR is new in the NDA labeling o If ANDA included the PR in labeling, we should comment for the ANDA applicant to ensure the accuracy of the PR in their labeling. The applicant should reach out to third party and verify that the data for the generic product will be accepted and if the applicant joins/intends to join the PR, the ANDA applicant can continue to include the PR in labeling. If the applicant does not intend to join the PR, the ANDA applicant should remove the PR in labeling.

Yes	No	

- Example comment to include in SCD: *The reference listed drug (RLD) for your drug product contains third party pregnancy registry information in its labeling. Please reach out to the third party to verify if the data for your generic drug product will be accepted as part of their pregnancy registry. If it is verified that the data for your generic drug product will be accepted by the third party and you intend to join the pregnancy registry, you can continue including the pregnancy registry information in your labeling. If it is determined that the data for your generic drug product will not be accepted by the third party or if you do not intend to join the pregnancy registry, please remove the pregnancy registry information in your labeling.*

- If ANDA did not include PR in labeling, we should encourage the applicant to reach out to third party and verify that the data for the generic product will be accepted and if the applicant joins/intends to join the PR, the ANDA applicant can continue to include the PR in labeling. If the applicant does not intend to join the PR, the ANDA applicant should remove the PR in labeling.

  - Example comment to include in SCD: *The reference listed drug (RLD) for your drug product contains third party pregnancy registry information in its labeling. Please reach out to the third party to verify if the data for your generic drug product will be accepted as part of their pregnancy registry. If it is verified that the data for your generic drug product will be accepted by the third party and you intend to join the pregnancy registry, please include the pregnancy registry information in your labeling. If it is determined that the data for your generic drug product will not be accepted by the third party or if you do not intend to join the pregnancy registry, you can continue excluding the pregnancy registry information in your labeling.*

End of April 2023 update

****

Update 7/2/2019: A meeting was held with DPMH on 6/17/2019 to discuss the NAAED and whether ANDAs should continue to include the information about the NAAED PR in their insert labeling. DPMH confirmed that this is a disease-based PR that is run by a well respected organization and has been around for a while. The NDAs are required to include this PR information in their insert labeling by DPMH. We will continue to ask ANDAs to include this PR information to be the same as the RLD. However, we do not need to ask the ANDA holder to confirm that they are registered with this organization for the PR.

There is a pregnancy registry established for the antiepileptic drugs -North American Antiepileptic Drug (NAAED) Pregnancy Registry. It is an independent program and was not established as a result of a PMR. But given that this pregnancy registry handled by a third party and well respected and well used, ANDAs should have the same information in insert labeling (note the website is updated to http://www.aedpregnancyregistry.org from the old one which is http://www.massgeneral.org/aed/):

Patients should be encouraged to enroll in the North American Antiepileptic Drug (NAAED) Pregnancy Registry if they become pregnant. This registry is collecting information about the safety of antiepileptic drugs during pregnancy. To enroll, patients can call the toll-free number 1-888-233-2334Cal. Information about the North American Drug Pregnancy Registry can be found at http://www.aedpregnancyregistry.org.

Updated 4/14/2021: added active ingredients for antiepileptics. Please update as needed.

The applicant stated that they intend to include the PR information and has retained this information in the PI and MG.

Yes	No	
		The following entries do not apply to this ANDA as the Orange Book does not currently list any exclusivities for the RLD: *GABAPENTIN EXCLUSIVITY STATEMENT*, dated 11/6/2015 *Gabapentin ODE letter*, dated 7/17/2015 *Gabapentin Email*, dated 7/17/2015 *Neurontin Post Herpetic Neuralgia (ODE) carve out template*, updated 2/26/2021.
☐	☒	Is the drug product listed in the Policy Alert Tracker on OGD's SharePoint?

4.2 MODEL PRESCRIBING INFORMATION (C3)

Table 3: Review Model Labeling for Prescribing Information/Patient Labeling (Check the box used as the Model Labeling)

☒ **MOST RECENTLY APPROVED NDA MODEL LABELING**

(If NDA is listed in the discontinued section of the Orange Book, indicate whether the application has been withdrawn and if so, enter the most recently approved ANDA labeling information as applicable.)

NDA#/Supplement# (S-000 if original): NDA020235 / S-076

Supplement Approval Date: 07/12/2024

Proprietary Name: Neurontin

Established Name: gabapentin capsules

Description of Supplement:

This Prior Approval sNDA provides for revisions to the Prescribing Information (PI) in Subsection 8.1 (Use in Specific Populations; Pregnancy), regarding findings from observational studies pertaining to the use of gabapentin during pregnancy. In addition, the Medication Guide was updated to the currently preferred format, and revisions were made to align with the content of the PI.

Link: https://darrts.fda.gov/darrts/ViewDocument?documentId=090140af807572d9

☐ **MOST RECENTLY APPROVED ANDA MODEL LABELING**

☒ **OTHER/TEMPLATE (e.g., Pending Supplements, BPCA, PREA, Carve-out):**

- (b) (4)
- **NDA020235/S-079** (pending as of 2/14/2025) is a prior approval supplement submitted in response to the Agency's January 15, 2025 correspondence (b) (4) .

There will be labeling impact.

Reviewer Assessment:

Deficiency	No Deficiency	
☐	☒	ANDA is **up-to-date** with the RLD/Model labeling.

Reviewer Comments:

Cycle 3 Comments:

- The applicant has submitted point-by point responses to the Prescribing Information comments and Medication Guide comments identified in Labeling Review C2.
- The proposed labeling remains up-to-date with the most current RLD labeling (NDA020235/S-076).

Cycle 2 Comments:

- The applicant has submitted a point-by point response to the General Comment, container label comments, Prescribing Information comments, and Medication Guide comments identified in Labeling Review C1 based on the original submission.
- The proposed labeling has been revised to be in accordance with the most up-to-date RLD labeling (NDA020235/S-076).

Cycle 1 Comments:

- The applicant used NDA020235/S-069 as the model labeling; however, the most up-to-date RLD labeling is NDA020235/S-076. A comment will be issued to request for revision.

Deficiency Comments:

4.3 PATENTS AND EXCLUSIVITIES (C3)

The Orange Book was searched on 04/02/2025

Table 4 provides Orange Book patents for the Model Labeling (NDA020235) and ANDA patent certifications. (For applications that have no patents, N/A is entered in the patent number column.)

Table 4: Impact of Model Labeling Patents on ANDA Labeling

Strengths	Patent Number	Patent Expiration	Patent Use Code	Patent Use Code Definition	Patent Certification	Date of Patent Cert Submission	Labeling Impact
	N/A						

Table 5 provides Orange Book exclusivities for the Model Labeling and ANDA exclusivity statements.

Table 5: Impact of Model Labeling Exclusivities on ANDA Labels and Labeling

Strengths	Exclusivity Code	Exclusivity Expiration	Exclusivity Code Definition	Exclusivity Statement	Date of Exclusivity Submission	Labeling Impact
	N/A					

Reviewer Assessment:

Deficiency	No Deficiency	
☐	☒	There is information in the Orange Book that the applicant needs to address.
☐	☒	Information in the Orange Book has expired and the applicant needs to revise labeling.

Reviewer Comments:

Cycle 3 Comments:

No changes noted.

Cycle 2 Comments:

No changes noted.

Cycle 1 Comments:

There are no unexpired patents or exclusivities listed in the Orange Book.

Deficiency Comments:

4.4 UNITED STATES PHARMACOPEIA (USP) (C3)

The USP was searched on 04/02/2025

Table 6: USP

	YES or NO	Date	Monograph Title (N/A if no monograph)	Packaging and Storage/Labeling Statements (N/A if no monograph)
Currently Official	Yes		Gabapentin Capsules	Packaging and Storage: Preserve in well-closed containers. Store at controlled room temperature.
Not Yet Official	No		N/A	N/A

Reviewer Assessment:

Deficiency	No Deficiency	
☐	☒	**Established name** is acceptable with regard to the USP monograph or the RLD's nonproprietary name.
☐	☒	RLD's non-proprietary **name is different from USP** established name.
☐	☒	**USP descriptor** is correctly used in the appropriate sections of the prescribing information.
USP RECOMMENDATIONS and/or DIFFERENCES IN TEST METHODS (QUALITY):		
☐	☒	**DISSOLUTION**: The applicant's dissolution statement is appropriate.
☐	☒	**ORGANIC IMPURITIES**: Drug product meets USP acceptance criteria for organic impurities.
☐	☒	**ASSAY**: Drug product meets USP acceptance criteria for assay.

Reviewer Comments:

Cycle 3 Comments:

- No changes noted.

Cycle 2 Comments:

- Dissolution: The Biopharmaceutics assessment is complete and found the proposed dissolution method acceptable (see below). It is noted that in the 9/27/2024 DRL-Quality, the Biopharmaceutics team requested the addition of the statement, "FDA approved dissolution test specifications differ from the USP" to the DESCRIPTION section of the PI. The applicant provided the requested revision in the 10/28/2024 submission. See Section 5.1.2 for further details.

219319-ORIG_1_Biopharm Assessment-R01_AQ, completed 12/9/2024

Biopharmaceutics Executive Summary	
This Biopharmaceutics Review evaluates data supporting the adequacy of the proposed in-vitro dissolution method and the acceptance criterion as a quality control test (QC) for the proposed drug product. The FDA dissolution methods database, last updated 07/02/2020, recommends referring to FDA's 2018 Dissolution Guidance for the dissolution of the proposed drug product. However, the Applicant [redacted] (b) (4). Since the Applicant has adequate data to show that the FDA's 2018 Guidance for drug products containing high solubility (HS) drug substances can be implemented for the proposed drug product, the Applicant was recommended to revise the dissolution test method to [500mL of 0.1 N HCl using USP Apparatus 2 (paddle) at 50 rpm] for the highly soluble gabapentin in DRL[1] dated 09/27/2024 In their response[2] on 10/28/2024, the Applicant accepted FDA's recommendations to adopt the standard dissolution method as per 2018 FDA's dissolution guidance for gabapentin based on the newly provided dissolution data using 500 mL of 0.1 N HCl using USP Apparatus II (paddle) at 50 rpm. Overall, the revised dissolution method and standard acceptance criterion of "NLT [redacted] (b) (4) %(Q) in 30 minutes" as tabulated below are acceptable as a QC test for the proposed drug product at batch release and for stability testing. **Recommendation:** From a Biopharmaceutics perspective, **ANDA 219319** for the proposed Gabapentin Capsule USP, 100 mg, 300 mg and 400 mg is recommended for **APPROVAL.**	
Has OGD deemed the drug product BE to the RLD?	Yes[3]
Drug Substance	**The method in USP**
GABAPENTIN (Capsule IR)	Single test in USP

Proposed Dissolution Testing	
FDA Dissolution Database	
Is the dissolution analytical quantification method acceptable to OLDP assessors?	Yes[8]
Description of Links for Dissolution Methods	**URL Link**
Dissolution method for the 100 mg strength	\\CDSESUB1\EVSPROD\anda219319\0001\m3\32-body-data\32p-drug-prod\gaba-capsule-capsules-stallion\32p5-contr-drug-prod\32p52-analyt-proc\stp-100mg.pdf
Dissolution method for the 300 mg strength	\\CDSESUB1\EVSPROD\anda219319\0001\m3\32-body-data\32p-drug-prod\gaba-capsule-capsules-stallion\32p5-contr-drug-prod\32p52-analyt-proc\stp-300mg.pdf
Dissolution for the 400 mg strength	\\CDSESUB1\EVSPROD\anda219319\0001\m3\32-body-data\32p-drug-prod\gaba-capsule-capsules-stallion\32p5-contr-drug-prod\32p52-analyt-proc\stp-400mg.pdf
Variability in the dissolution results meet the recommendations (e.g. %CV < 20% at early time points (<15 minutes) and <10% at other time points)	Yes
Number of units tested meets the requirements (e.g. 12 units)	Yes
Source of Dissolution Test Method	USP Monograph
Does the proposed drug product meet the USP Monograph standards?	Yes
The Test in USP	Single test in USP

Reviewer Evaluation	It should be noted that after implementing the dissolution method per 2018 FDA dissolution guidance, the Applicant was recommended in FDA DRL dated 9/27/2024 to i) initiate a petition to the USP for inclusion of the dissolution method specification in the official monograph for Gabapentin Capsules under the USP Pending Monograph Process and ii) include a statement in the labeling description section "FDA approved dissolution test specifications differ from the USP" until the product is in alignment with the dissolution specifications (dissolution method and acceptance criterion) in the USP monograph. In this response dated 10/28/2024, the Applicant informed FDA that a revision was initiated[9] for the petition to the USP for the inclusion of the dissolution method and acceptance criterion in the official monograph for Gabapentin Capsules under the USP Pending Monograph Process and that an update to the label description section to include "FDA approved dissolution test specifications differ from the USP" was done. This Reviewer finds the Applicant's response acceptable and notes that the update to adequacy of the update to the label is under the labelling Reviewer.

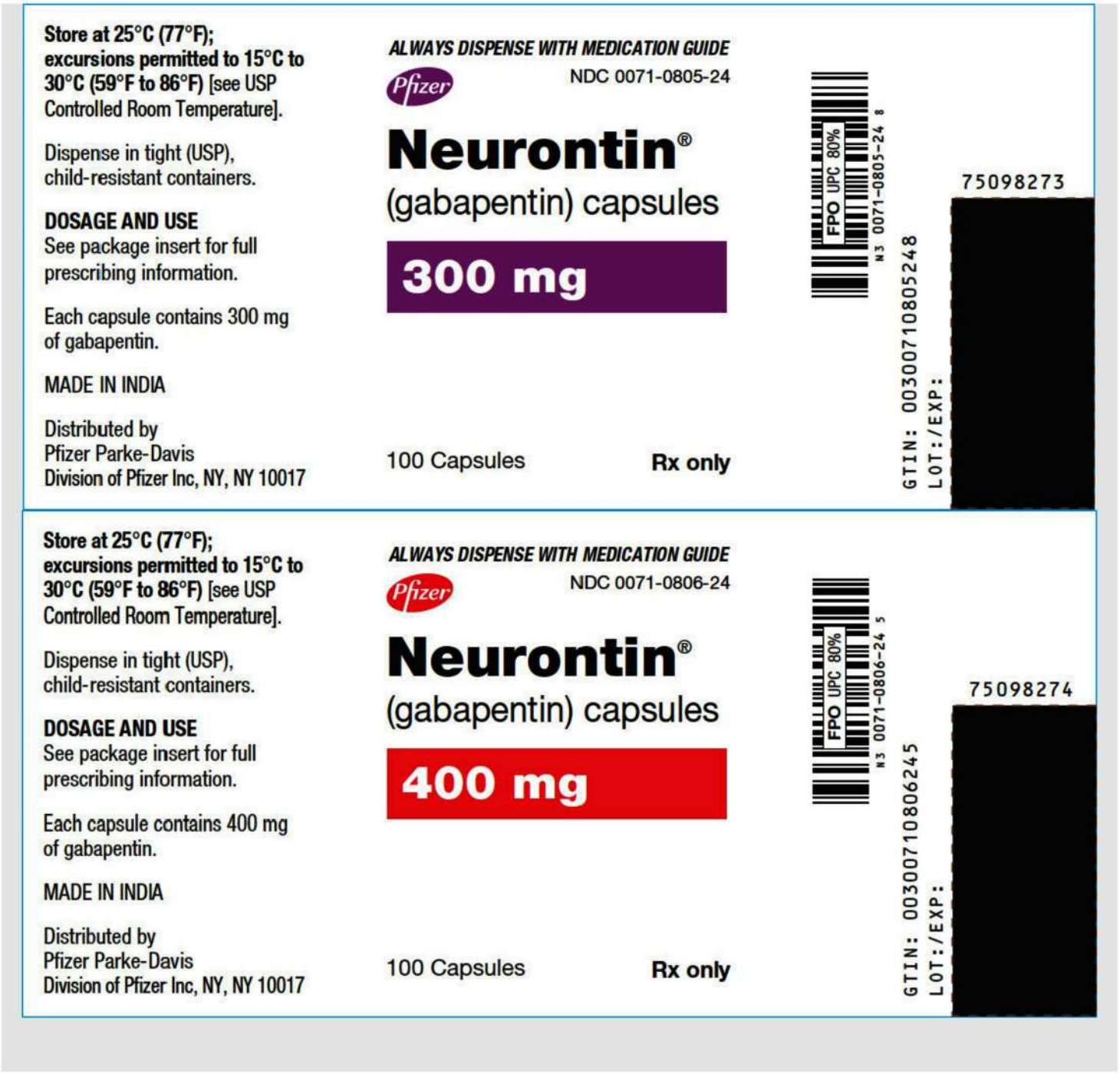
Cycle 1 Comments:

- The applicant appropriately uses USP descriptors in the Quality sections of the PI (DESCRIPTION and HOW SUPPLIED).
- Dissolution: The DESCRIPTION section of the PI labeling does not include a dissolution test statement; however, DLR will defer to the Division of Biopharmaceutics. As the Biopharmaceutics review is currently pending, we will update accordingly in the next cycle, if needed.

Deficiency Comments:

4.5 MODEL CONTAINER LABELS (C3)

Model container/carton/blister labels (Source: NDA020235 ANRPT-30, submitted 4/29/2024 **)**



5 ASSESSMENT OF ANDA LABELING AND LABELS (C3)

5.1 QUALITY INFORMATION (DRUG PRODUCT MOU & BIOPHARMACEUTICS) (C3)

5.1.1 DRUG PRODUCT REVIEW (C3)

Insert screenshot of Labeling portion from drug product review if completed:
Drug Product Review complete

A219319_It2_12_31_2024_Drug Product Assessment, completed 12/31/2024

Labeling	
Description Section	
Is the information accurate?	Yes

Is the drug product subject of a USP monograph?	Yes
Does the labeling need a special USP statement in the Description?	No

How Supplied Section	
Is the information accurate?	Yes
Are the storage conditions acceptable?	No

Comment
A minor typo is noted in the package insert (submission dated 08/05/2024). (b) (4) The labeling reviewer has been notified in Panorama.

Dosage and Administration Section	
For OTC Drugs and Controlled Substances	
Is tamper evident feature provided in the container/closure?	N/A

For Solid Oral Drug Product:		
ANDA Strength	**Length(mm)**	**Imprint Code**
GABAPENTIN 100mg	15.91	Cap imprinted with 'G 100' and body imprinted with 'S C' in blue ink
GABAPENTIN 300mg	19.53	Cap imprinted with 'G 300' and body imprinted with 'S C' in blue ink
GABAPENTIN 400mg	21.57	Cap imprinted with 'G 400' and body imprinted with 'S C' in blue ink
Is the imprint code consistent with the labeling?	Yes	

Any issue(s) sent to and/or received from the OGD Labeling Reviewer?	**Yes**

AD	**Reviewer Evaluation**
No	An issue (Ref # 61045761) was created in Panorama for the labeling reviewer on 09/23/2024 regarding the typo noted in the package insert. In the submission dated 10/28/2024, a minor typo is still noted in the package insert (b) (4). The applicant will be requested to revise.

Deficiencies

L.1 Labeling

Iteration	Status	ID	[Issue Topic]
DRL Response	New	1	
			[Deficiency/IR]
			In the submission dated 10/28/2024, in the package insert provided (b) (4) [redacted]. Please revise.
			[Summary of the applicant's response and reviewer comment]

(b) (4) [redacted] **however, it is noted that the Biopharmaceutics team has requested the addition of the statement, "FDA approved dissolution test specifications differ from the USP" in this section. See Section 4.4 for further detail.**

5.1.2 DESCRIPTION (C3)

Table 7: Comparison of Inactive Ingredients Contained in Model Product and ANDA Description Section	
Model Labeling	Each NEURONTIN capsule contains 100 mg, 300 mg, or 400 mg of gabapentin and the following inactive ingredients: cornstarch, FD&C Blue No. 2, gelatin, lactose, red iron oxide (400 mg only), talc, titanium dioxide, and yellow iron oxide (300 mg and 400 mg only).
Previous ANDA Labeling	Each gabapentin capsule contains 100 mg, 300 mg, or 400 mg of gabapentin and the following inactive ingredients: Pregelatinized maize starch, talc, magnesium stearate, gelatin, titanium dioxide, yellow iron oxide (300 mg and 400 mg only), red iron oxide (400 mg only). Ingredient of imprinting ink (TekPrintTM SB-6018 Blue Ink) are Shellac NF, Dehydrated Alcohol USP, Isopropyl Alcohol USP, Butyl Alcohol NF, Propylene Glycol USP, Strong Ammonia Solution NF, FD & C Blue # 2 Aluminum Lake. **FDA approved dissolution test specifications differ from the USP.**
Current ANDA Labeling	Each gabapentin capsule contains 100 mg, 300 mg, or 400 mg of gabapentin and the following inactive ingredients: Pregelatinized maize starch, talc, magnesium stearate, gelatin, titanium dioxide, yellow iron oxide (300 mg and 400 mg only), red iron oxide (400 mg only). Ingredient of imprinting ink (TekPrintTM SB-6018 Blue Ink) are Shellac NF, Dehydrated Alcohol USP, Isopropyl Alcohol USP, Butyl Alcohol NF, Propylene Glycol USP, Strong Ammonia Solution NF, FD & C Blue # 2 Aluminum Lake. FDA approved dissolution test specifications differ from the USP. Assessment: No changes noted.

5.1.3 HOW SUPPLIED/STORAGE AND HANDLING (C3)

Table 8: Comparison of Model Labeling to ANDA Labeling	
Model Labeling	**16 HOW SUPPLIED/STORAGE AND HANDLING** NEURONTIN (gabapentin) capsules, tablets, and oral solution are supplied as follows:

Table 8: Comparison of Model Labeling to ANDA Labeling	
	100 mg capsules: White hard gelatin capsules printed with "VLE" on the body and "Neurontin/100 mg" on the cap; available in: Bottles of 100: NDC 58151-281-01 300 mg capsules: Yellow hard gelatin capsules printed with "VLE" on the body and "Neurontin/300 mg" on the cap; available in: Bottles of 100: NDC 58151-282-01 400 mg capsules: Orange hard gelatin capsules printed with "VLE" on the body and "Neurontin/400 mg" on the cap; available in: Bottles of 100: NDC 58151-283-01 Store NEURONTIN Tablets and Capsules at 25°C (77°F); excursions permitted between 15°C to 30°C (59°F to 86°F) [see USP Controlled Room Temperature].
Previous ANDA Labeling	(b) (4) [redacted]

Table 8: Comparison of Model Labeling to ANDA Labeling	
	(b) (4) [redacted]
Current ANDA Labeling	**16 HOW SUPPLIED/STORAGE AND HANDLING** Gabapentin Capsules USP are supplied as follows: **100 mg capsules:** Size "3" hard gelatin capsule, white opaque cap imprinted as "**G 100**" with blue ink and white opaque body imprinted as "**C**" with blue ink containing white to off white powder. Bottle of 30 Capsules with child-resistant closure, NDC 72737-005-01 Bottle of 100 Capsules with child-resistant closure, NDC 72737-005-02 Bottle of 500 Capsules, NDC 72737-005-03 Bottle of 1000 Capsules, NDC 72737-005-04 **300 mg capsules:** Size "1" hard gelatin capsule, yellow opaque cap imprinted as "**G 300**" with blue ink and yellow opaque body imprinted as "**C**" with blue ink containing white to off white powder. Bottle of 30 Capsules with child-resistant closure, NDC 72737-006-01 Bottle of 100 Capsules with child-resistant closure, NDC 72737-006-02 Bottle of 500 Capsules, NDC 72737-006-03 Bottle of 1000 Capsules, NDC 72737-006-04 **400 mg capsules:** Size "0" hard gelatin capsule, orange opaque cap imprinted as "**G 400**" with blue ink and orange opaque body imprinted as "**C**" with blue ink containing white to off white powder. Bottle of 30 Capsules with child-resistant closure, NDC 72737-007-01 Bottle of 100 Capsules with child-resistant closure, NDC 72737-007-02 Bottle of 500 Capsules, NDC 72737-007-03 Bottle of 1000 Capsules, NDC 72737-007-04 Store at 20° to 25° C (68° to 77° F); excursions permitted to 15° to 30°C (59° to 86°F). [See USP Controlled Room Temperature] Assessment: The applicant revised (b) (4) [redacted]. Acceptable.

5.1.4 **MANUFACTURER, DISTRIBUTOR, AND/OR PACKER (C3)**

Table 9: Comparison of Manufacturer/Distributor/Packer Labeling Statements	
Previous ANDA Labeling	
Name and Address on ANDA Prescribing Information	Manufactured by: **Stallion Laboratories Private Limited** Gallops Industrial Park-II, Ahmedabad-382110, Gujarat, India
Current ANDA Labeling	
Name and Address on ANDA Prescribing Information	Manufactured by: **Stallion Laboratories Private Limited** Gallops Industrial Park-II, Ahmedabad-382110, Gujarat, India Assessment: No changes noted.

5.2 CONTAINER LABEL (FOR BLISTERS GO TO UNIT-DOSE BLISTERS) (C3)

Reviewer Assessment:

Deficiency	No Deficiency	
☐	☒	Container meets the **too small exemption** [21 CFR 201.10(i)]. Please enter Reviewer/Deficiency Comments if you select Deficiency.
		ESTABLISHED/PROPRIETARY NAME and STRENGTH:
☐	☒	**Tall Man** lettering complies with recommendations found on FDA webpage.
☐	☒	Established/proprietary **name and strength are the most prominent** information on the Principal Display Panel.
☐	☒	No **intervening text**(written, printed, or graphic matter) between established name and strength.
		THE FOLLOWING COMPONENTS ARE PROPERLY DISPLAYED:
☐	☒	**Net quantity** statement. Please enter Reviewer/Deficiency Comments if you select Deficiency.
☐	☒	**Dosage** statement.
☐	☒	**NDC number**: prominence, linear bar code, and its orientation.
☐	☒	**Expiration date and lot number** (or placeholder).
☐	☒	**Equivalency statement** (product strength).
☐	☒	**Medication Guide** Pharmacist instructions [21 CFR 208.24(d)].
☐	☒	Controlled Substance Symbol.
☐	☒	**Image of drug product** represents the true size, color, and imprint.
☐	☒	**Yellow #5** (tartrazine) warning statement is properly displayed.
☐	☒	**Alcohol** is properly listed [21 CFR 201.10(d)(2)].
☐	☒	**Latex** warning statement is properly displayed [21 CFR 801.437.].
☐	☒	**Gluten** statement is appropriately stated.
		PRODUCT DIFFERENTIATION:
☐	☒	ANDA is the **same color** as the RLD labels as required (e.g. warfarin, levothyroxine, enoxaparin). Please enter Reviewer/Deficiency Comments if you select Deficiency.
☐	☒	Multiple **strengths are differentiated** by use of different color or other acceptable means.
☐	☒	Labels of proposed product is differentiated from **related products**.
		STORAGE, DISPENSING, MANUFACTURER, and PACKAGING:
☐	☒	**Storage/dispensing** statement is consistent with the How Supplied section of the insert/RLD/USP. Please enter Reviewer/Deficiency Comments if you select Deficiency.
☐	☒	**Manufacturer/Distributor/Packager** statement is acceptable [21 CFR 201.1(h)(5) or (6) or 21 CFR 201.1(i)].

Deficiency	No Deficiency	
☐	☒	Tamper evident (controlled substances) requirements are met.
☐	☒	Use of child-resistant closure (CRC) or non-CRC is appropriate. Describe **container closure**, cite source, and any issues in Reviewer Comments below.
OVERALL ASSESSMENT:		
☐	☒	Requirements met for the required label statements (21 CFR 201.15 and 21 CFR 201.100). Please enter Reviewer/Deficiency Comments if you select Deficiency.

Reviewer Comments:

Cycle 3 Comments:

It is noted that the applicant did not submit container labels in the 3/10/2025 submission as the labels were found acceptable in the previous cycle.

Cycle 2 Comments:

The container labels are acceptable.

- The applicant provided the following responses to the C1 container label comments. See below.
- Per Module 1.2 *Cover-letter-DRL-Labeling-Seq0003-08052024,* a URL was added to the container labels for online availability of the Medication Guide. The applicant added the statement, "Print Medications at..." to the side panel. Acceptable.

Previous Label:

(b) (4)

[redacted]

Current Label:

Cycle 1 Comments:

The container labels are inadequate. See comments below.

- [redacted] (b) (4) See comment below.
- Related Drug Products: Per a search in CDEROne, the applicant does not have any other related products.
- The applicant [redacted] (b) (4)

(b) (4)

.

- The applicant added the statement, "This package is child-resistant" (b) (4) except the 1000 count bottles and added, "Keep this and all drugs out of the reach of children." to all container labels. Acceptable.
- Container Closure System: (b) (4)

3.2.P.7 Container Closure System

(b) (4)

2 Pages have been held in full as b4

Reviewer Assessment:

Deficiency	No Deficiency	
	HIGHLIGHTS:	
☐	☒	**Contact information** for applicant and FDA are listed correctly.
☐	☒	**Revision date** appears at the end of HIGHLIGHTS section (PLR) or end of prescribing information (non-PLR).
	DESCRIPTION/INACTIVE INGREDIENTS:	
	Appropriate **warning/precaution** statements for inactive ingredients are present (21 CFR 201) Check only if applicable:	
☐	☒	☐ Sulfite (21 CFR 201.22) ☐ Yellow #5 (Tartrazine) (21 CFR 201.20) ☐ Phenylalanine/aspartame (21 CFR 201.21) ☐ Latex (21 CFR 801.437).
☐	☒	**Sterile** product statement [21 CFR 201.57(c)(12)(i)(D)].
☐	☒	☐ **Alcohol** is properly listed [21 CFR 201.10(d)(2)].
☐	☒	☐ **Gluten** statement is appropriately stated.
☐	☒	**Dosage form, pharmacologic/therapeutic class, and route** of administration properly listed [21 CFR 201.57(c)(12)(i)(B)] and[21 CFR 201.57(c)(12)(i)(E)].
	HOW SUPPLIED/STORAGE and HANDLING/MANUFACTURER:	
☐	☒	All **submitted labels** and labeling are consistent with the HOW SUPPLIED section.
☐	☒	**Physical description** (e.g. scoring, color, imprint, capsule size, nozzle tip, cap color) of the finished product in the HOW SUPPLIED section are appropriately displayed.
☐	☒	**NDC** numbers are present.
☐	☒	Drug product is the **same color** as the RLD's drug product as required (e.g. warfarin, levothyroxine, enoxaparin).
☐	☒	**Storage or dispensing** statement is acceptable compared to the RLD/USP monograph. Please enter Reviewer/Deficiency Comments if you select Deficiency.
☐	☒	**"Discard unused portion"** for single-dose products.
☐	☒	**Manufacturer/Distributor/Packager** statement is acceptable [21 CFR 201.1(h)(5) or (6) or 21 CFR 201.1(i)].
	REGULATORY/OVERALL ASSESSMENT:	
☐	☒	STIC requirements addressed appropriately.
☐	☒	Intent to join the **Antiretroviral Pregnancy Registry** (APR) upon full approval.
☐	☒	**Pregnancy registry** information is appropriately included/excluded as required for the RLD.
☐	☒	**Patent/exclusivity** carve out is acceptable. Please enter Reviewer/Deficiency Comments if you select Deficiency.
☒	☐	**Dosage form/strength** carve out (RLD combined labeling): justification for retaining information for safety/efficacy.
☐	☒	Prescribing information meets **formatting requirements** [21 CFR 201.57 (PLR) or 21 CFR 201.80 (non-PLR)].
☐	☒	Prescribing Information is the same as the model labeling, except for differences allowed under 21 CFR 314.94(a)(8). Please enter Reviewer/Deficiency Comments if you select Deficiency.

Reviewer Comments:

**Not to be sent to applicant – [redacted] (b) (5)

[redacted] (b) (5)

(b) (5)

OGD has determined that the inclusion of the following information described in combined labeling for the RLD in the ANDA labeling is necessary for the safe and effective use of this product. Therefore, the section(s) listed below is/are retained in the ANDA labeling.

See Cycle 1 Comments for an explanation for each section of the labeling where combined dosage form information will be retained.

Cycle 3 Comments:
The Prescribing Information is acceptable.

- The applicant provided the following responses to C2 Prescribing Information comments. See below.

Cycle 2 Comments:
The Prescribing Information is inadequate.

- The applicant provided the following responses to C1 Prescribing Information comments. See below.
- (b) (4)

Cycle 1 Comments:
The Prescribing Information is inadequate. See comments below.

- The RLD has combined labeling consisting of capsules (NDA 020235, available in strengths of 100 mg, 300 mg, and 400 mg), tablets (NDA 020882, available in strengths of 600 mg and 800 mg), and oral solution (NDA 021129, available in strength of 250 mg/5mL). As the proposed labeling is only proposing the capsule formulation (available in strengths of 100 mg, 300 mg, and 400 mg), the applicant has appropriately carved out information pertaining to the tablet and oral solution formulations.
- RLD labeling: The PI is not up-to-date with the current RLD labeling (NDA020235/S-076). A comment will be issued for revision.
- [redacted] (b) (4) See comment below.
- Pregnancy Registry: The applicant has included the third-party pregnancy registry (PR) information in the labeling. Since the RLD PR is not a post-marketing requirement, the applicant can add this information; however, verification of enrollment into the PR is needed in order to retain the information in the PI. A deficiency comment has been issued.
- Trademark Statement: As the labeling includes references to proprietary names of drug products from different NDAs (i.e., Maalox®, Mylanta®, Gelusil®, Gaviscon®, and Di-Gel®), a comment will be made to add a trademark statement at the end of the PI.
- Drug Substance versus Drug Product: The applicant uses the drug substance "gabapentin" throughout the labeling in place of references to "NEURONTIN" in the RLD labeling. This is acceptable when referring to trials, as the RLD does not specify that drug formulation used; however, a comment will be made to ensure any references to treatment or dosing utilize the established name "gabapentin capsules" (dosage form included). See comment below.
- OGD has determined that the inclusion of the following information described in combined labeling for the RLD in the ANDA labeling is necessary for the safe and effective use of this product. Therefore, the section(s) listed below is/are retained in the ANDA labeling.
    - 2.2 Dosage for Epilepsy with Partial Onset Seizures/ Pediatric Patients Age 3 to 11 years: DLR will request that the applicant revise the fourth sentence to retain references to the other drug formulations, as this is information common to all dosage forms and pertains to the safe and effective use of the proposed drug product. The revised statement will read as follows: "Gabapentin may be administered as the oral solution, capsule, or tablet, or using combinations of these formulations."

Deficiency Comments:

Deficiency # 1 Created in C2 Prescribing Information	8.1 Pregnancy: Revise the following: • Revise the subheading "*Human Data*" to read as "*Human Data*" (i.e., remove the underlining) to be consistent with other subheadings in the labeling. • Remove the second instance of the heading "Data" prior to the subheading "*Animal Data*" to be the same as the RLD.
Response / Assessment:	The applicant revised as requested. **Acceptable.**
Deficiency # 2 Created in C2	16 HOW SUPPLIED: [redacted] (b) (4)

Prescribing Information Response / Assessment:	The applicant revised as requested. **Acceptable.**
Deficiency # 3 Created in C2 Prescribing Information Response / Assessment:	Add a horizontal line between the HIGHLIGHTS section and the FULL PRESCRIBING INFORMATION: CONTENTS* section, and also between the FULL PRESCRIBING INFORMATION: CONTENTS* section and the FULL PRESCRIBING INFORMATION section, in accordance with 21 CFR 201.57(d)(2). The applicant revised as requested. **Acceptable.**
Deficiency # 4 Created in C2 Prescribing Information Response / Assessment:	HIGHLIGHTS, ADVERSE REACTIONS: We note that contact information was added to the, (b) (4) [redacted]. We acknowledge the Agency's comment, accordingly updated the contact information. **Acceptable.**

5.4 MEDICATION GUIDE (C3)

Reviewer Assessment:

Deficiency	No Deficiency	
☐	☒	Medication Guide is **up-to-date** with model labeling.
☐	☒	Medication Guide meets **content, format, and font size**.
☐	☒	**Phonetic spelling** of the established/proprietary name is present and correct.
☐	☒	Description of **child-resistant feature**(if also present in HOW SUPPLIED/STORAGE AND HANDLING).
☐	☒	**Revision date and approval statement** appear at the end of the Medication Guide correctly.
☐	☒	Applicant committed to provide a **sufficient number** of Medication Guides.
☐	☒	Applicant included the **1-800-FDA-1088** phone number.
☐	☒	Applicant included statement to print **electronic Medication Guide** if applicable.
☐	☒	Medication Guide is the same as the model labeling, except for allowable differences. Please enter Reviewer/Deficiency Comments if you select Deficiency.

Reviewer Comments:

Cycle 3 Comments:

The Medication Guide is acceptable.

- The applicant provided the following responses to the C2 Medication Guide comments. See below.

Cycle 2 Comments:

The Medication Guide is inadequate.

- The applicant provided the following responses to the C1 Medication Guide comments. See below.
- The MG has been revised in accordance with the most up-to-date model labeling (NDA020235/S-

076) as requested in the previous cycle.

- It is noted that the applicant added the statement, "Dispense with Medication Guide available at:..." to the beginning of the MG.

Cycle 1 Comments:

The Medication Guide is inadequate. See comments below.

- The MG is not up-to-date with the current model labeling (NDA020235/S-076). See comment below.
- Sufficient Number of MGs: Per module 1.14.3.1 *annotated-comparison-listed-drug, t*he applicant attests that they will provide a sufficient number of MGs by stating, "According to the 21 CFR 208.24, we confirm that sufficient number of Medication Guide will be included in each package size and Distributed according."
- Pregnancy Registry: Refer to Section 5.3 Reviewer Comments.
- Trademark Statement: As multiple proprietary names of different NDAs (i.e., Maalox®, Mylanta®, Gelusil®, Gaviscon®, and Di-Gel®) are mentioned in the MG, a comment will be issued to add a trademark statement at the end of the MG.

Deficiency Comments:

Deficiency # 1 Created in C2 Medication Guide Response / Assessment:	**Gabapentin capsules can cause serious side effects including/ 2. Changes in behavior and thinking**: Revise the statement to read as follows to be the same as the RLD [redacted (b) (4)] "...can cause emotional changes, aggressive behavior, problems with concentration, changes in school performance, restlessness, and hyperactivity." The applicant revised as requested. **Acceptable.**
Deficiency # 2 Created in C2 Medication Guide Response / Assessment:	**What are the ingredients in gabapentin capsules?/Inactive ingredients in the capsules**: Ensure that the inactive ingredients listed match that of 11 DESCRIPTION in the proposed Prescribing Information and your Quality submission [redacted (b) (4)] The applicant revised as requested. **Acceptable.**

6 COMMENTS/CONSULTS FOR OTHER DISCIPLINES (C3)

A labeling statement required verification from another division discipline. Check only if applicable.

Reviewer Assessment:

☐	Rubber
☐	Latex
☐	Gluten
☐	Alcohol (ethanol)
☐	Aluminum (small/large volume parenteral and pharmacy bulk package)
☐	Sulfite
☐	Phenylalanine (aspartame) - content calculation
☐	Yellow #5 (tartrazine)
☐	Ghost tablet/capsule (i.e. solid or semi-solid mass in stool)

☒	Other

Describe questions/issue(s) sent to and/or received from other discipline(s) (e.g., OPQ, OB): (For Issues, include the following information: discipline and description of issue, issue reference number or link, and date of issue)

Reviewer Comments:

The DPQ team sent the following issue (issue# 61045761) to DLR on 9/23/2024:

For this ANDA, a minor typo is noted in the package insert (submission dated 08/05/2024) and wanted to bring it to your attention. [redacted] (b) (4)

Deficiency Comments:

Jessica Menachery

Digitally signed by Jessica Menachery
Date: 4/16/2025 02:15:52PM
GUID: 64bebec300108d32633cf11a46ac0537

Esther Chuh

Digitally signed by Esther Chuh
Date: 4/17/2025 08:42:39AM
GUID: 508da70700028b78f2f9ebd95bfb4a18

Labeling Review
Division of Labeling Review
Office of Regulatory Operations
Office of Generic Drugs (OGD)
Center for Drug Evaluation and Research (CDER)

Date of This Review	December 16, 2024
ANDA Number(s)	219319
Review Number	2
Applicant Name	Stallion Laboratories Private Limited
Established Name & Strength(s) [Add "(OTC)" after strength if applicable]	Gabapentin Capsules USP, 100 mg, 300 mg, and 400 mg
Proposed Proprietary Name	N/A
Submission Received Date	August 5, 2024 and October 28, 2024
Primary Labeling Reviewer	Jessica Menachery
Secondary Labeling Reviewer	Charlene Peterson

Review Conclusion

☐ Acceptable - No Comments
☐ Acceptable - Include Post Approval Comments
☒ Minor Deficiency* - Refer to Labeling Deficiencies and Comments for Letter to Applicant
☐ Major Deficiency** - Refer to Labeling Deficiencies and Comments for Letter to Applicant

*Please Note: The Regulatory Project Manager (RPM) may change the recommendation from Minor Deficiency to Discipline Review Letter/Information Request (DRL/IR) if all other OGD reviews are acceptable. Otherwise, the labeling minor and major deficiencies will be included in the Complete Response Letter (CRL) letter to the applicant.

On Policy Alert List	☐ Yes	☒ No
Acceptable For Filing	☒ Yes	☐ No
Combined Insert/Outsert	☐ Yes	☒ No

TABLE OF CONTENTS

1 LABELING COMMENTS (C2)

1.1 LABELING DEFICIENCIES AND COMMENTS FOR LETTER TO APPLICANT (C2)

The following comments have been identified by the Division of Labeling Review (DLR) based on your submission(s) on August 5, 2024 and October 28, 2024.

Prior to final approval, the proposed labeling should be clear and precise (grammar, spelling, and formatting) for end users, and accurately reflect the Reference Listed Drug (RLD) information to comply with FDA policies, laws, regulations (i.e., 21 CFR 314.94(a)(8)), official compendia, and relevant guidance.

1. PRESCRIBING INFORMATION
    a. HIGHLIGHTS, ADVERSE REACTIONS: We note that contact information was added to the, "To report SUSPECTED ADVERSE REACTIONS..." statement as requested in the previous cycle; (b) (4)
    b. Add a horizontal line between the HIGHLIGHTS section and the FULL PRESCRIBING INFORMATION: CONTENTS* section, and also between the FULL PRESCRIBING INFORMATION: CONTENTS* section and the FULL PRESCRIBING INFORMATION section, in accordance with 21 CFR 201.57(d)(2).
    c. 8.1 Pregnancy: Revise the following:
        - Revise the subheading "*Human Data*" to read as "*Human Data*" (i.e., remove the underlining) to be consistent with other subheadings in the labeling.
        - Remove the second instance of the heading "Data" prior to the subheading "*Animal Data*" to be the same as the RLD.
    d. 16 HOW SUPPLIED: (b) (4)

2. MEDICATION GUIDE
    a. **Gabapentin capsules can cause serious side effects including/ 2. Changes in behavior and thinking**: Revise the statement to read as follows to be the same as the RLD (b) (4) "...can cause emotional changes, aggressive behavior, problems with concentration, changes in school performance, restlessness, and hyperactivity."
    b. **What are the ingredients in gabapentin capsules?/Inactive ingredients in the capsules**: Ensure that the inactive ingredients listed match that of 11 DESCRIPTION in the proposed Prescribing Information and your Quality submission (b) (4)

Submit your revised labeling electronically. The prescribing information and any patient labeling should reflect the full content of the labeling as well as the planned ordering of the content of the labeling. The container label and any outer packaging should reflect the content as well as an accurate representation of the layout, color, text size, and style.

To facilitate review of your next submission, please provide a side-by-side comparison of your proposed labeling with your last submitted labeling with all differences annotated and explained. We also advise that you only address the deficiencies noted in this communication.

Additionally, we remind you that it is your responsibility to continually monitor available labeling resources such as DRUGS@FDA, the Electronic Orange Book (OB), and the United States

Pharmacopeia – National Formulary (USP-NF) online for recent updates and make any necessary revisions to your labels and labeling.

It is also your responsibility to ensure your ANDA addresses all listed exclusivities that claim the approved drug product. Please ensure that all exclusivities and patents listed in the electronic OB are addressed and updated in your application. Ensure your labeling aligns with your patent and exclusivity statements.

1.2 COMMENTS FOR LETTER TO APPLICANT WHEN LABELING IS ACCEPTABLE (C2)

1.3 POST-APPROVAL REVISIONS (C2)

These comments will be addressed post approval (in the first labeling supplement review).

2 INSTRUCTIONS FOR ASSESSMENT (C2)

General Comments:

Select the "no deficiency" or "deficiency" radio button as appropriate for each row. If a "Deficiency Comments" appears, ensure it is appropriate for your situation, edit, or enter "Reviewer Comments" if necessary.

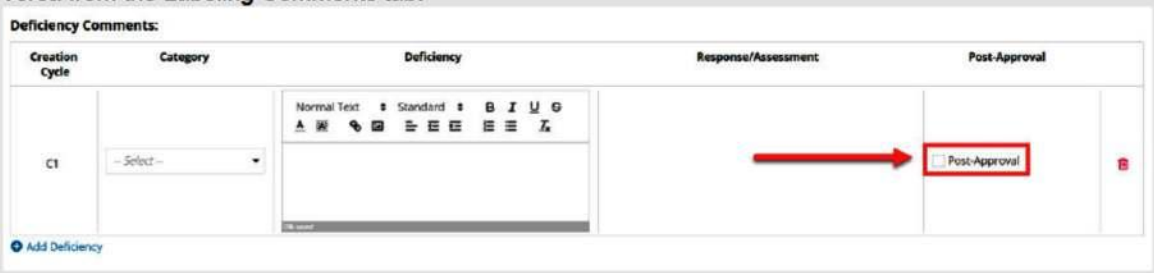
If there is no issue/concern, or if the question is not applicable. No "Deficiency Comments" will appear but reviewers can still enter "Reviewer Comments" if desired.

☐	☒	There is information in the Orange Book that the applicant needs to address.
☒	☐	Information in the Orange Book has **expired** and the applicant needs to revise labeling.

Reviewer Comments:
Enter free text in this section as necessary.

Deficiency Comments:

- Standardized comments/deficiencies are available for certain questions. For a complete list of standardized comments, reference the DLR Standardized Comments SharePoint.
- Reviewers can modify standardized comments/deficiencies for their situation.
- Deficiencies will have a review number, deficiency number, and roman numeral in the user interface. For first original reviews the review number and iteration numeral will align; however, older reviews may have review numbers and iteration numerals that differ due to some reviews being completed under past practices.
- Deficiency comments will populate by default to the Labeling Comments deficiency section unless you select the Post-Approval checkbox. Assessors also have the option to move all comments to the Post-Approval Revisions section or vice versa from the Labeling Comments tab.



3 OVERALL ASSESSMENT OF MATERIALS REVIEWED (C2)

Table 1: Review Summary of Container Label and Carton Labeling

	Final or Draft or NA	Packaging Sizes	Submission Received Date	Recommendation
Container	Draft	100 mg, 300 mg, and 400 mg: bottles of 30 capsules, 100 capsules, 500 capsules, and 1000 capsules	8/5/2024	Satisfactory
Blister	N/A	N/A		
Carton	N/A	N/A		

Table 2: Review Summary of Prescribing Information and Patient Labeling

	Final or Draft or NA	Revision Date and/or Code	Submission Received Date	Recommendation
Prescribing Information	Draft	Revised: 10/2024	10/28/2024	Revise
Medication Guide	Draft	Revised: 07/2024	10/28/2024	Revise
Patient Information	N/A	N/A		
Instructions for Use	N/A	N/A		
SPL Data Elements				

4 LABELING REVIEW INFORMATION(C2)

4.1 REGULATORY INFORMATION (C2)

Yes	No	
☒	☐	Are there any applicable issues in DLR's SharePoint Drug Facts ? *Antiepileptic drug pregnancy registry (PR)_North American Antiepileptic Drugs (NAAED) PR*, updated 4/26/2023

Brief Description	This April 2023 update supersedes previous information:
	• Pregnancy Registry (PR) is a third party's PR
	  ○ Add comment for Cycle 1 or if the PR is new in the NDA labeling
	  ○ If ANDA included the PR in labeling, we should comment for the ANDA applicant to ensure the accuracy of the PR in their labeling. The applicant should reach out to third party and verify that the data for the generic product will be accepted and if the applicant joins/intends to join the PR, the ANDA applicant can continue to include the PR in labeling. If the applicant does not intend to join the PR, the ANDA applicant should remove the PR in labeling.
	  ▪ Example comment to include in SCD: *The reference listed drug (RLD) for your drug product contains third party pregnancy registry information in its labeling. Please reach out to the third party to verify if the data for your generic drug product will be accepted as part of their pregnancy registry. If it is verified that the data for your generic drug product will be accepted by the third party and you intend to join the pregnancy registry, you can continue including the pregnancy registry information in your labeling. If it is determined that the data for your generic drug product will not be accepted by the third party or if you do not intend to join the pregnancy registry, please remove the pregnancy registry information in your labeling.*

Yes	No	
		○ If ANDA did not include PR in labeling, we should encourage the applicant to reach out to third party and verify that the data for the generic product will be accepted and if the applicant joins/intends to join the PR, the ANDA applicant can continue to include the PR in labeling. If the applicant does not intend to join the PR, the ANDA applicant should remove the PR in labeling. ▪ Example comment to include in SCD: *The reference listed drug (RLD) for your drug product contains third party pregnancy registry information in its labeling. Please reach out to the third party to verify if the data for your generic drug product will be accepted as part of their pregnancy registry. If it is verified that the data for your generic drug product will be accepted by the third party and you intend to join the pregnancy registry, please include the pregnancy registry information in your labeling. If it is determined that the data for your generic drug product will not be accepted by the third party or if you do not intend to join the pregnancy registry, you can continue excluding the pregnancy registry information in your labeling.* End of April 2023 update ********** Update 7/2/2019: A meeting was held with DPMH on 6/17/2019 to discuss the NAAED and whether ANDAs should continue to include the information about the NAAED PR in their insert labeling. DPMH confirmed that this is a disease-based PR that is run by a well respected organization and has been around for a while. The NDAs are required to include this PR information in their insert labeling by DPMH. We will continue to ask ANDAs to include this PR information to be the same as the RLD. However, we do not need to ask the ANDA holder to confirm that they are registered with this organization for the PR. --- There is a pregnancy registry established for the antiepileptic drugs -North American Antiepileptic Drug (NAAED) Pregnancy Registry. It is an independent program and was not established as a result of a PMR. But given that this pregnancy registry handled by a third party and well respected and well used, ANDAs should have the same information in insert labeling (note the website is updated to http://www.aedpregnancyregistry.org from the old one which is http://www.massgeneral.org/aed/): Patients should be encouraged to enroll in the North American Antiepileptic Drug (NAAED) Pregnancy Registry if they become pregnant. This registry is collecting information about the safety of antiepileptic drugs during pregnancy. To enroll, patients can call the toll-free number 1-888-233-2334Cal. Information about the North American Drug Pregnancy Registry can be found at http://www.aedpregnancyregistry.org. **Updated 4/14/2021: added active ingredients for antiepileptics. Please update as needed.** The applicant stated that they intend to include the PR information and has retained this information in the PI and MG. The following entries do not apply to this ANDA as the Orange Book does not currently list any exclusivities for the RLD: *GABAPENTIN EXCLUSIVITY STATEMENT*, dated 11/6/2015 *Gabapentin ODE letter*, dated 7/17/2015 *Gabapentin Email*, dated 7/17/2015 *Neurontin Post Herpetic Neuralgia (ODE) carve out template*, updated 2/26/2021.
☐	☒	Is the drug product listed in the Policy Alert Tracker on **OGD's SharePoint**?

4.2 MODEL PRESCRIBING INFORMATION (C2)

Table 3: Review Model Labeling for Prescribing Information/Patient Labeling (Check the box used as the Model Labeling)

☒ **MOST RECENTLY APPROVED NDA MODEL LABELING**

(If NDA is listed in the discontinued section of the Orange Book, indicate whether the application has been withdrawn and if so, enter the most recently approved ANDA labeling information as applicable.)

NDA#/Supplement# (S-000 if original): NDA020235 / S-076

Supplement Approval Date: 07/12/2024

Proprietary Name: Neurontin

Established Name: gabapentin capsules

Description of Supplement:

This Prior Approval sNDA provides for revisions to the Prescribing Information (PI) in Subsection 8.1 (Use in Specific Populations; Pregnancy), regarding findings from observational studies pertaining to the use of gabapentin during pregnancy. In addition, the Medication Guide was updated to the currently preferred format, and revisions were made to align with the content of the PI.

Link: https://darrts.fda.gov/darrts/ViewDocument?documentId=090140af807572d9

☐ **MOST RECENTLY APPROVED ANDA MODEL LABELING**

☒ **OTHER/TEMPLATE (e.g., Pending Supplements, BPCA, PREA, Carve-out):**

(b) (4)

[redacted]

Reviewer Assessment:

Deficiency	No Deficiency	
☐	☒	ANDA is **up-to-date** with the RLD/Model labeling.

Reviewer Comments:

Cycle 2 Comments:

- The applicant has submitted a point-by point response to the General Comment, container label comments, Prescribing Information comments, and Medication Guide comments identified in Labeling Review C1 based on the original submission.
- The proposed labeling has been revised to be in accordance with the most up-to-date RLD labeling (NDA020235/S-076).

Cycle 1 Comments:

The applicant used NDA020235/S-069 as the model labeling; however, the most up-to-date RLD labeling is NDA020235/S-076. A comment will be issued to request for revision.

Deficiency Comments:	
Deficiency # 1 Created in C1	Revise your labeling to be in accordance with the labeling for the reference listed drug (RLD), Neurontin, NDA020235/S-076 approved on July 12, 2024 found on the Drugs@FDA website.
General Comments Response / Assessment:	The applicant revised as requested. **Acceptable.**

4.3 PATENTS AND EXCLUSIVITIES (C2)

The Orange Book was searched on 12/16/2024

Table 4 provides Orange Book patents for the Model Labeling (NDA020235) and ANDA patent certifications. (For applications that have no patents, N/A is entered in the patent number column.)

Table 4: Impact of Model Labeling Patents on ANDA Labeling

Strengths	Patent Number	Patent Expiration	Patent Use Code	Patent Use Code Definition	Patent Certification	Date of Patent Cert Submission	Labeling Impact
	N/A						

Table 5 provides Orange Book exclusivities for the Model Labeling and ANDA exclusivity statements.

Table 5: Impact of Model Labeling Exclusivities on ANDA Labels and Labeling

Strengths	Exclusivity Code	Exclusivity Expiration	Exclusivity Code Definition	Exclusivity Statement	Date of Exclusivity Submission	Labeling Impact
	N/A					

Reviewer Assessment:

Deficiency	No Deficiency	
☐	☒	There is information in the Orange Book that the applicant needs to address.
☐	☒	Information in the Orange Book has **expired** and the applicant needs to revise labeling.

Reviewer Comments:

Cycle 2 Comments:

No changes noted.

Cycle 1 Comments:

There are no unexpired patents or exclusivities listed in the Orange Book.

Deficiency Comments:

4.4 UNITED STATES PHARMACOPEIA (USP) (C2)

The USP was searched on 12/18/2024

Table 6: USP				
	YES or NO	Date	Monograph Title (N/A if no monograph)	Packaging and Storage/Labeling Statements (N/A if no monograph)
Currently Official	Yes	[redacted]	Gabapentin Capsules	Packaging and Storage: Preserve in well-closed containers. Store at controlled room temperature.
Not Yet Official	No	[redacted]	N/A	N/A

Reviewer Assessment:

Deficiency	No Deficiency	
☐	☒	**Established name** is acceptable with regard to the USP monograph or the RLD's nonproprietary name.
☐	☒	RLD's non-proprietary **name is different from USP** established name.
☐	☒	**USP descriptor** is correctly used in the appropriate sections of the prescribing information.
USP RECOMMENDATIONS and/or DIFFERENCES IN TEST METHODS (QUALITY):		
☐	☒	**DISSOLUTION**: The applicant's dissolution statement is appropriate.
☐	☒	**ORGANIC IMPURITIES**: Drug product meets USP acceptance criteria for organic impurities.
☐	☒	**ASSAY**: Drug product meets USP acceptance criteria for assay.

Reviewer Comments:

Cycle 2 Comments:

- Dissolution: The Biopharmaceutics assessment is complete and found the proposed dissolution method acceptable (see below). It is noted that in the 9/27/2024 DRL-Quality, the Biopharmaceutics team requested the addition of the statement, "FDA approved dissolution test specifications differ from the USP" to the DESCRIPTION section of the PI. The applicant provided the requested revision in the 10/28/2024 submission. See Section 5.1.2 for further details.

219319-ORIG_1_Biopharm Assessment-R01_AQ, completed 12/9/2024

Biopharmaceutics Executive Summary
This Biopharmaceutics Review evaluates data supporting the adequacy of the proposed in-vitro dissolution method and the acceptance criterion as a quality control test (QC) for the proposed drug product. The FDA dissolution methods database, last updated 07/02/2020, recommends referring to FDA's 2018 Dissolution Guidance for the dissolution of the proposed drug product. However, the Applicant [redacted] (b) (4) . Since the Applicant has adequate data to show that the FDA's 2018 Guidance for drug products containing high solubility (HS) drug substances can be implemented for the proposed drug product, the Applicant was recommended to revise the dissolution test method to [500mL of 0.1 N HCl using USP Apparatus 2 (paddle) at 50 rpm] for the highly soluble gabapentin in DRL[1] dated 09/27/2024 In their response[2] on 10/28/2024, the Applicant accepted FDA's recommendations to adopt the standard dissolution method as per 2018 FDA's dissolution guidance for gabapentin based on the newly provided dissolution data using 500 mL of 0.1 N HCl using USP Apparatus II (paddle) at 50 rpm. Overall, the revised dissolution method and standard acceptance criterion of "NLT [redacted]%(Q) in 30 minutes" as tabulated below are acceptable as a QC test for the proposed drug product at batch release and for stability testing. **Recommendation:** From a Biopharmaceutics perspective, **ANDA 219319** for the proposed Gabapentin Capsule USP, 100 mg, 300 mg and 400 mg is recommended for **APPROVAL.**

Has OGD deemed the drug product BE to the RLD?	Yes[3]
Drug Substance	**The method in USP**
GABAPENTIN (Capsule IR)	Single test in USP

Proposed Dissolution Testing	
FDA Dissolution Database	
Is the dissolution analytical quantification method acceptable to OLDP assessors?	Yes[8]
Description of Links for Dissolution Methods	**URL Link**

Dissolution method for the 100 mg strength	\\CDSESUB1\EVSPROD\anda219319\0001\m3\32-body-data\32p-drug-prod\gaba-capsu e-capsules-stallion\32p5-contr-drug-prod\32p52-analyt-proc\stp-100mg.pdf
Dissolution method for the 300 mg strength	\\CDSESUB1\EVSPROD\anda219319\0001\m3\32-body-data\32p-drug-prod\gaba-capsu e-capsules-stallion\32p5-contr-drug-prod\32p52-analyt-proc\stp-300mg.pdf
Dissolution for the 400 mg strength	\\CDSESUB1\EVSPROD\anda219319\0001\m3\32-body-data\32p-drug-prod\gaba-capsu e-capsules-stallion\32p5-contr-drug-prod\32p52-analyt-proc\stp-400mg.pdf
Variability in the dissolution results meet the recommendations (e.g. %CV < 20% at early time points (<15 minutes) and <10% at other time points)	Yes
Number of units tested meets the requirements (e.g. 12 units)	Yes
Source of Dissolution Test Method	USP Monograph
Does the proposed drug product meet the USP Monograph standards?	Yes
The Test in USP	Single test in USP
Reviewer Evaluation	It should be noted that after implementing the dissolution method per 2018 FDA dissolution guidance, the Applicant was recommended in FDA DRL dated 9/27/2024 to i) initiate a petition to the USP for inclusion of the dissolution method specification in the official monograph for Gabapentin Capsules under the USP Pending Monograph Process and ii) include a statement in the labeling description section "FDA approved dissolution test specifications differ from the USP" until the product is in alignment with the dissolution specifications (dissolution method and acceptance criterion) in the USP monograph. In this response dated 10/28/2024, the Applicant informed FDA that a revision was initiated[9] for the petition to the USP for the inclusion of the dissolution method and acceptance criterion in the official monograph for Gabapentin Capsules under the USP Pending Monograph Process and that an update to the label description section to include "FDA approved dissolution test specifications differ from the USP" was done. This Reviewer finds the Applicant's response acceptable and notes that the update to adequacy of the update to the label is under the labelling Reviewer.

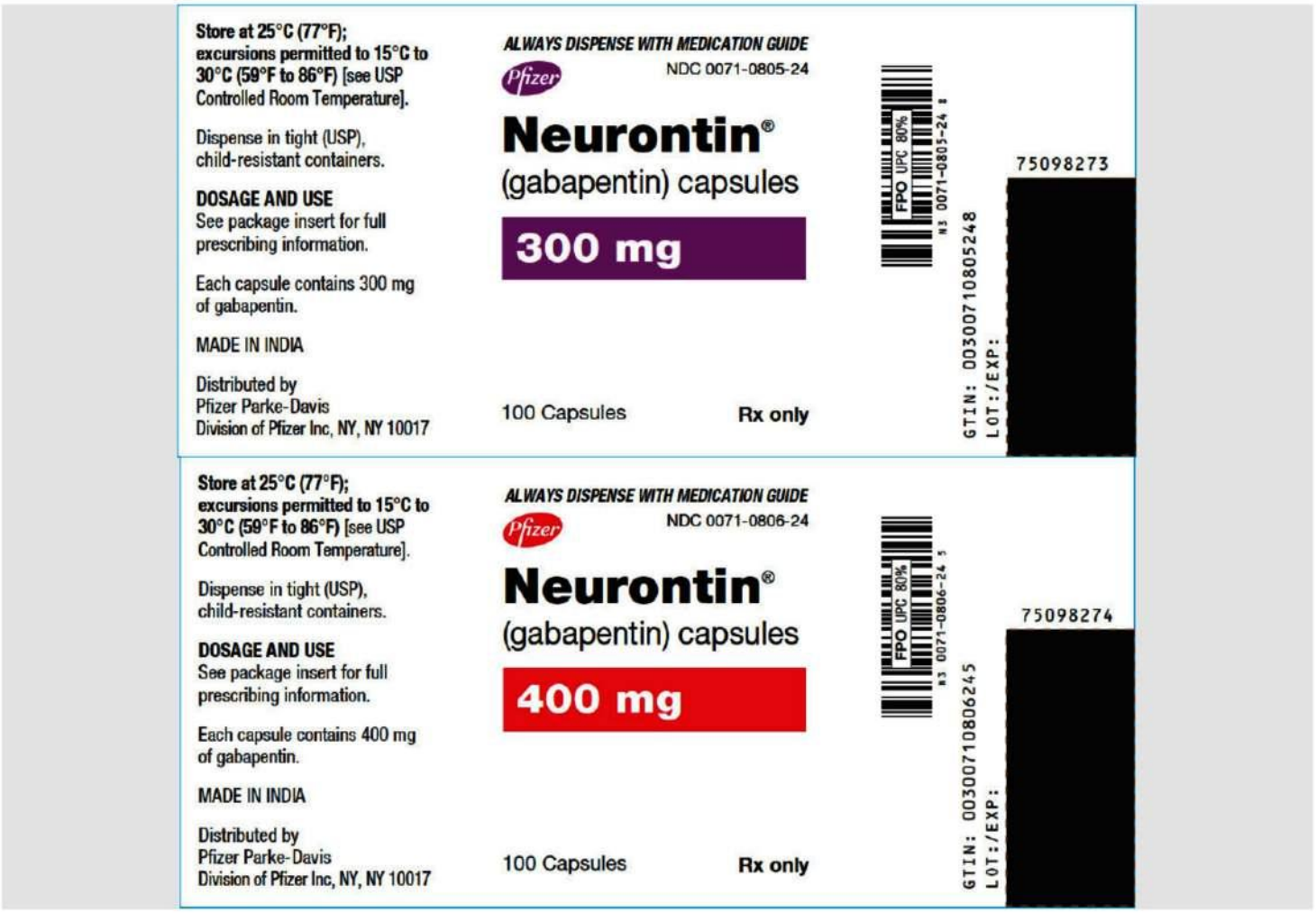
Cycle 1 Comments:

- The applicant appropriately uses USP descriptors in the Quality sections of the PI (DESCRIPTION and HOW SUPPLIED).
- Dissolution: The DESCRIPTION section of the PI labeling does not include a dissolution test statement; however, DLR will defer to the Division of Biopharmaceutics. As the Biopharmaceutics review is currently pending, we will update accordingly in the next cycle, if needed.

Deficiency Comments:

4.5 MODEL CONTAINER LABELS (C2)

Model container/carton/blister labels (Source: NDA020235 ANRPT-30, submitted 4/29/2024 **)**



5 ASSESSMENT OF ANDA LABELING AND LABELS (C2)

5.1 QUALITY INFORMATION (DRUG PRODUCT MOU & BIOPHARMACEUTICS) (C2)

5.1.1 DRUG PRODUCT REVIEW (C2)

Insert screenshot of Labeling portion from drug product review if completed:
Drug Product Review complete

A219319_It2_12_31_2024_Drug Product Assessment, completed 12/31/2024

Labeling	
Description Section	
Is the information accurate?	Yes

Is the drug product subject of a USP monograph?	Yes

Does the labeling need a special USP statement in the Description?	No

How Supplied Section	
Is the information accurate?	Yes

Are the storage conditions acceptable?	No

Comment
A minor typo is noted in the package insert (submission dated 08/05/2024). [redacted] (b) (4) [redacted] The labeling reviewer has been notified in Panorama.

Dosage and Administration Section	
For OTC Drugs and Controlled Substances	
Is tamper evident feature provided in the container/closure?	N/A

For Solid Oral Drug Product:		
ANDA Strength	**Length(mm)**	**Imprint Code**
GABAPENTIN 100mg	15.91	Cap imprinted with 'G 100' and body imprinted with 'S C' in blue ink
GABAPENTIN 300mg	19.53	Cap imprinted with 'G 300' and body imprinted with 'S C' in blue ink
GABAPENTIN 400mg	21.57	Cap imprinted with 'G 400' and body imprinted with 'S C' in blue ink

Is the imprint code consistent with the labeling?	Yes

Any issue(s) sent to and/or received from the OGD Labeling Reviewer?	**Yes**

AD	**Reviewer Evaluation**
No	An issue (Ref # 61045761) was created in Panorama for the labeling reviewer on 09/23/2024 regarding the typo noted in the package insert. In the submission dated 10/28/2024, a minor typo is still noted in the package inser[redacted] (b) (4) [redacted]. The applicant will be requested to revise.

Deficiencies

L.1 Labeling

Iteration	Status	ID	[Issue Topic]
DRL Response	New	1	
			[Deficiency/IR]
			In the submission dated 10/28/2024, in the package insert provided [redacted] (b) (4) [redacted]. Please revise.
			[Summary of the applicant's response and reviewer comment]

(b) (4)

however, it is noted that the Biopharmaceutics team has requested the addition of the statement, "FDA approved dissolution test specifications differ from the USP" in this section. See Section 4.4 for further detail.

5.1.2 DESCRIPTION (C2)

Table 7: Comparison of Inactive Ingredients Contained in Model Product and ANDA Description Section	
Model Labeling	Each NEURONTIN capsule contains 100 mg, 300 mg, or 400 mg of gabapentin and the following inactive ingredients: cornstarch, FD&C Blue No. 2, gelatin, lactose, red iron oxide (400 mg only), talc, titanium dioxide, and yellow iron oxide (300 mg and 400 mg only).
Previous ANDA Labeling	(b) (4)
Current ANDA Labeling	Each gabapentin capsule contains 100 mg, 300 mg, or 400 mg of gabapentin and the following inactive ingredients: Pregelatinized maize starch, talc, magnesium stearate, gelatin, titanium dioxide, yellow iron oxide (300 mg and 400 mg only), red iron oxide (400 mg only). Ingredient of imprinting ink (TekPrintTM SB-6018 Blue Ink) are Shellac NF, Dehydrated Alcohol USP, Isopropyl Alcohol USP, Butyl Alcohol NF, Propylene Glycol USP, Strong Ammonia Solution NF, FD & C Blue # 2 Aluminum Lake. **FDA approved dissolution test specifications differ from the USP.** Assessment: The applicant added a dissolution statement to the end of the DESCRIPTION section. Acceptable. • The applicant added the dissolution statement in response to a comment issued by the Biopharmaceutics team in the 9/27/2024 DRL-Quality (see below). In the Biopharmaceutics review, the assessor stated that they found the update adequate from a Quality perspective (see Section 4.4 for further details). 2. Based on FDA recommendation above, the revised dissolution method for your proposed product Gabapentin Capsules will differ from the current USP monograph method for Gabapentin Capsules. Therefore, after implementing the dissolution method per 2018 FDA dissolution guidance, we also recommend that i) you initiate a petition to the USP for inclusion the dissolution method and acceptance criterion in the official monograph for Gabapentin Capsules under the USP Pending Monograph Process and ii) include a statement in the labeling description section "FDA approved dissolution test specifications differ from the USP" until the product is in alignment with the dissolution specifications (dissolution method and acceptance criterion) in the USP monograph.

5.1.3 HOW SUPPLIED/STORAGE AND HANDLING (C2)

Table 8: Comparison of Model Labeling to ANDA Labeling	
Model Labeling	**16 HOW SUPPLIED/STORAGE AND HANDLING** NEURONTIN (gabapentin) capsules, tablets, and oral solution are supplied as follows: 100 mg capsules: White hard gelatin capsules printed with "VLE" on the body and "Neurontin/100 mg" on the cap; available in: Bottles of 100: NDC 58151-281-01 300 mg capsules: Yellow hard gelatin capsules printed with "VLE" on the body and "Neurontin/300 mg" on the cap; available in: Bottles of 100: NDC 58151-282-01 400 mg capsules: Orange hard gelatin capsules printed with "VLE" on the body and "Neurontin/400 mg" on the cap; available in: Bottles of 100: NDC 58151-283-01 Store NEURONTIN Tablets and Capsules at 25°C (77°F); excursions permitted between 15°C to 30°C (59°F to 86°F) [see USP Controlled Room Temperature].
Previous ANDA Labeling	(b) (4)

Table 8: Comparison of Model Labeling to ANDA Labeling	
	(b) (4)
Current ANDA Labeling	(b) (4)

5.1.4 MANUFACTURER, DISTRIBUTOR, AND/OR PACKER (C2)

Table 9: Comparison of Manufacturer/Distributor/Packer Labeling Statements	
Previous ANDA Labeling	
Name and Address on ANDA Prescribing Information	Manufactured by: **Stallion Laboratories Private Limited** Gallops Industrial Park-II, Ahmedabad-382110, Gujarat, India
Current ANDA Labeling	
Name and Address on ANDA Prescribing Information	Manufactured by: **Stallion Laboratories Private Limited** Gallops Industrial Park-II, Ahmedabad-382110, Gujarat, India Assessment: No changes noted.

5.2 CONTAINER LABEL (FOR BLISTERS GO TO UNIT-DOSE BLISTERS) (C2)

Reviewer Assessment:

Deficiency	No Deficiency	
☐	☒	Container meets the **too small exemption** [21 CFR 201.10(i)]. Please enter Reviewer/Deficiency Comments if you select Deficiency.
		ESTABLISHED/PROPRIETARY NAME and STRENGTH:
☐	☒	**Tall Man** lettering complies with recommendations found on FDA webpage.
☐	☒	Established/proprietary **name and strength are the most prominent** information on the Principal Display Panel.
☐	☒	No **intervening text**(written, printed, or graphic matter) between established name and strength.
		THE FOLLOWING COMPONENTS ARE PROPERLY DISPLAYED:
☐	☒	**Net quantity** statement. Please enter Reviewer/Deficiency Comments if you select Deficiency.
☐	☒	**Dosage** statement.
☐	☒	**NDC number**: prominence, linear bar code, and its orientation.
☐	☒	**Expiration date and lot number** (or placeholder).
☐	☒	**Equivalency statement** (product strength).
☐	☒	**Medication Guide** Pharmacist instructions [21 CFR 208.24(d)].
☐	☒	Controlled Substance Symbol.
☐	☒	**Image of drug product** represents the true size, color, and imprint.
☐	☒	**Yellow #5** (tartrazine) warning statement is properly displayed.
☐	☒	**Alcohol** is properly listed [21 CFR 201.10(d)(2)].
☐	☒	**Latex** warning statement is properly displayed [21 CFR 801.437.].
☐	☒	**Gluten** statement is appropriately stated.
		PRODUCT DIFFERENTIATION:
☐	☒	ANDA is the **same color** as the RLD labels as required (e.g. warfarin, levothyroxine, enoxaparin). Please enter Reviewer/Deficiency Comments if you select Deficiency.
☐	☒	Multiple **strengths are differentiated** by use of different color or other acceptable means.
☐	☒	Labels of proposed product is differentiated from **related products**.
		STORAGE, DISPENSING, MANUFACTURER, and PACKAGING:
☐	☒	**Storage/dispensing** statement is consistent with the How Supplied section of the insert/RLD/USP. Please enter Reviewer/Deficiency Comments if you select Deficiency.
☐	☒	**Manufacturer/Distributor/Packager** statement is acceptable [21 CFR 201.1(h)(5) or (6) or 21 CFR 201.1(i)].

Deficiency	No Deficiency	
☐	☒	Tamper evident (controlled substances) requirements are met.
☐	☒	Use of child-resistant closure (CRC) or non-CRC is appropriate. Describe **container closure**, cite source, and any issues in Reviewer Comments below.
OVERALL ASSESSMENT:		
☐	☒	Requirements met for the required label statements (21 CFR 201.15 and 21 CFR 201.100). Please enter Reviewer/Deficiency Comments if you select Deficiency.

Reviewer Comments:

Cycle 2 Comments:

The container labels are acceptable.

- The applicant provided the following responses to the C1 container label comments. See below.
- Per Module 1.2 *Cover-letter-DRL-Labeling-Seq0003-08052024,* a URL was added to the container labels for online availability of the Medication Guide. The applicant added the statement, "Print Medications at..." to the side panel. Acceptable.

Previous Label:

(b) (4)

[redacted]

Current Label:

Cycle 1 Comments:

The container labels are inadequate. See comments below.

- [redacted] (b) (4) See comment below.
- Related Drug Products: Per a search in CDEROne, the applicant does not have any other related products.
- The applicant [redacted] (b) (4)
- The applicant added the statement, "This package is child-resistant" [redacted] (b) (4) except the 1000 count bottles and added, "Keep this and all drugs out of the reach of children." to all container labels. Acceptable.
- Container Closure System: [redacted] (b) (4)

2 Pages have been held in full as b4

(b) (4)

[redacted]

Deficiency Comments:

Deficiency # 1	Revise the Medication Guide statement to state how it is provided to the dispenser, as required per 21 CFR 208.24(d), such as
Created in C1 Container Label	(b) (4) [redacted]
Response / Assessment:	The applicant revised as requested. **Acceptable.**
Deficiency # 2	(b) (4) [redacted]
Created in C1	
Container Label	
Response / Assessment:	The applicant revised as requested. **Acceptable.**

5.3 PRESCRIBING INFORMATION (C2)

Reviewer Assessment:

Deficiency	No Deficiency	
	HIGHLIGHTS:	
☐	☒	**Contact information** for applicant and FDA are listed correctly.
☐	☒	**Revision date** appears at the end of HIGHLIGHTS section (PLR) or end of prescribing information (non-PLR).
	DESCRIPTION/INACTIVE INGREDIENTS:	
	Appropriate **warning/precaution** statements for inactive ingredients are present (21 CFR 201) Check only if applicable:	

Deficiency	No Deficiency	
☐	☒	☐Sulfite (21 CFR 201.22) ☐Yellow #5 (Tartrazine) (21 CFR 201.20) ☐Phenylalanine/aspartame (21 CFR 201.21) ☐latex (21 CFR 801.437).
☐	☒	**Sterile** product statement [21 CFR 201.57(c)(12)(i)(D)].
☐	☒	☐**Alcohol** is properly listed [21 CFR 201.10(d)(2)].
☐	☒	☐**Gluten** statement is appropriately stated.
☐	☒	**Dosage form, pharmacologic/therapeutic class, and route** of administration properly listed [21 CFR 201.57(c)(12)(i)(B)] and[21 CFR 201.57(c)(12)(i)(E)].
	HOW SUPPLIED/STORAGE and HANDLING/MANUFACTURER:	
☐	☒	All **submitted labels** and labeling are consistent with the HOW SUPPLIED section.
☐	☒	**Physical description** (e.g. scoring, color, imprint, capsule size, nozzle tip, cap color) of the finished product in the HOW SUPPLIED section are appropriately displayed.
☐	☒	**NDC** numbers are present.
☐	☒	Drug product is the **same color** as the RLD's drug product as required (e.g. warfarin, levothyroxine, enoxaparin).
☒	☐	**Storage or dispensing** statement is acceptable compared to the RLD/USP monograph. Please enter Reviewer/Deficiency Comments if you select Deficiency.
☐	☒	**"Discard unused portion"** for single-dose products.
☐	☒	**Manufacturer/Distributor/Packager** statement is acceptable [21 CFR 201.1(h)(5) or (6) or 21 CFR 201.1(i)].
	REGULATORY/OVERALL ASSESSMENT:	
☐	☒	STIC requirements addressed appropriately.
☐	☒	Intent to join the **Antiretroviral Pregnancy Registry** (APR) upon full approval.
☐	☒	**Pregnancy registry** information is appropriately included/excluded as required for the RLD.
☐	☒	**Patent/exclusivity** carve out is acceptable. Please enter Reviewer/Deficiency Comments if you select Deficiency.
☒	☐	**Dosage form/strength** carve out (RLD combined labeling): justification for retaining information for safety/efficacy.
☐	☒	Prescribing information meets **formatting requirements** [21 CFR 201.57 (PLR) or 21 CFR 201.80 (non-PLR)].
☒	☐	Prescribing Information is the same as the model labeling, except for differences allowed under 21 CFR 314.94(a)(8). Please enter Reviewer/Deficiency Comments if you select Deficiency.

Reviewer Comments:

**Not to be sent to applicant – [redacted] (b) (5)

(b) (5)

OGD has determined that the inclusion of the following information described in combined labeling for the RLD in the ANDA labeling is necessary for the safe and effective use of this product. Therefore, the section(s) listed below is/are retained in the ANDA labeling.

Refer to Cycle 1 Comments for an explanation for each section of the labeling where combined dosage form information will be retained.

Cycle 2 Comments:
The Prescribing Information is inadequate.

- The applicant provided the following responses to C1 Prescribing Information comments. See below.
- It is noted that the statement, "Dispense with Medication Guide available at:..." was added to the end of the PI prior to the trademark statement.

Cycle 1 Comments:
The Prescribing Information is inadequate. See comments below.

- The RLD has combined labeling consisting of capsules (NDA 020235, available in strengths of 100 mg, 300 mg, and 400 mg), tablets (NDA 020882, available in strengths of 600 mg and 800 mg), and oral solution (NDA 021129, available in strength of 250 mg/5mL). As the proposed labeling is only proposing the capsule formulation (available in strengths of 100 mg, 300 mg, and 400 mg), the applicant has appropriately carved out information pertaining to the tablet and oral solution formulations.
- RLD labeling: The PI is not up-to-date with the current RLD labeling (NDA020235/S-076). A comment will be issued for revision.
- (b) (4) See comment below.
- Pregnancy Registry: The applicant has included the third-party pregnancy registry (PR) information

in the labeling. Since the RLD PR is not a post-marketing requirement, the applicant can add this information; however, verification of enrollment into the PR is needed in order to retain the information in the PI. A deficiency comment has been issued.

- Trademark Statement: As the labeling includes references to proprietary names of drug products from different NDAs (i.e., Maalox®, Mylanta®, Gelusil®, Gaviscon®, and Di-Gel®), a comment will be made to add a trademark statement at the end of the PI.
- Drug Substance versus Drug Product: The applicant uses the drug substance "gabapentin" throughout the labeling in place of references to "NEURONTIN" in the RLD labeling. This is acceptable when referring to trials, as the RLD does not specify that drug formulation used; however, a comment will be made to ensure any references to treatment or dosing utilize the established name "gabapentin capsules" (dosage form included). See comment below.
- OGD has determined that the inclusion of the following information described in combined labeling for the RLD in the ANDA labeling is necessary for the safe and effective use of this product. Therefore, the section(s) listed below is/are retained in the ANDA labeling.
    - 2.2 Dosage for Epilepsy with Partial Onset Seizures/ Pediatric Patients Age 3 to 11 years: DLR will request that the applicant revise the fourth sentence to retain references to the other drug formulations, as this is information common to all dosage forms and pertains to the safe and effective use of the proposed drug product. The revised statement will read as follows: "Gabapentin may be administered as the oral solution, capsule, or tablet, or using combinations of these formulations."

Deficiency Comments:

Deficiency # 1 Created in C1 Prescribing Information Response / Assessment:	HIGHLIGHTS, ADVERSE REACTIONS: To report SUSPECTED ADVERSE REACTIONS – Include your contact information in addition to the FDA toll free number and website per 21 CFR 201.57(a)(11)(ii). The applicant provided contact information as requested; (b) (4) [redacted] **Further clarification will be requested.** See comment below.
Deficiency # 2 Created in C1 Prescribing Information Response / Assessment:	2.2 Dosage for Epilepsy with Partial Onset Seizures/ Pediatric Patients Age 3 to 11 years, fourth sentence: Revise the statement to the following, as it pertains to the safe and effective use of the proposed drug product: "Gabapentin may be administered as the oral solution, capsule, or tablet, or using combinations of these formulations." The applicant revised as requested. **Acceptable.**
Deficiency # 3 Created in C1 Prescribing Information	The reference listed drug (RLD) for your drug product contains third party pregnancy registry information in its labeling. Please reach out to the third party to verify if the data for your generic drug product will be accepted as part of their pregnancy registry. If it is verified that the data for your generic drug product will be accepted by the third party and you intend to join the pregnancy registry, you can continue including the pregnancy registry information in your labeling. If it is determined that the data for your generic drug product will not be accepted by the third party or if you do not intend to join the pregnancy registry, please remove the pregnancy registry information in your labeling.

Response / Assessment:	We acknowledge the Agency's comment. Stallion would intend to include the pregnancy registry information in labelling. **Acceptable.**
Deficiency # 4 Created in C1 Prescribing Information Response / Assessment:	11 DESCRIPTION, fourth paragraph: Revise the statement to read as follows: "Each gabapentin capsule contains..." Note the revision of "capsule" (singular noun) and the use of lower case in "gabapentin". The applicant revised as requested. **Acceptable.**
Deficiency # 5 Created in C1 Prescribing Information Response / Assessment:	12.1 Mechanism of Action, third sentence: Revise [redacted] (b) (4) to read as "α2δ subunit" to be the same as the RLD. [redacted] (b) (4) The applicant revised as requested. **Acceptable.**
Deficiency # 6 Created in C1 Prescribing Information Response / Assessment:	Add the following statement at the end of the Prescribing Information: "Trademarks are the property of their respective owners." The applicant revised as requested. **Acceptable.**
Deficiency # 7 Created in C1 Prescribing Information Response / Assessment:	Please note that USAN names (i.e., gabapentin and gabapentin capsules) are common nouns and should be treated as such in the text of labeling (i.e., lower case). Upper case may be used when the USAN name stands alone as on labels or in the title of the Prescribing Information. The applicant revised as requested. **Acceptable.**
Deficiency # 8 Created in C1 Prescribing Information Response / Assessment:	Ensure reference to the drug substance and drug product are consistent throughout the Prescribing Information. Ensure to use the established name "gabapentin capsule" or "gabapentin capsules" (dosage form included) when referring to the drug product (i.e., when referencing dosing or treatment with the drug product). Continue to use the drug substance "gabapentin" when referencing trials and studies, as the RLD labeling does not specify which drug formulation was used. The applicant revised as requested. **Acceptable.**
Deficiency # 9 Created in C2 Prescribing Information	8.1 Pregnancy: Revise the following: • Revise the subheading "*Human Data*" to read as "*Human Data*" (i.e., remove the underlining) to be consistent with other subheadings in the labeling.

	• Remove the second instance of the heading "Data" prior to the subheading "*Animal Data*" to be the same as the RLD.
Response / Assessment:	
Deficiency # 10 Created in C2 Prescribing Information Response / Assessment:	[redacted] (b) (4)
Deficiency # 11 Created in C2 Prescribing Information Response / Assessment:	Add a horizontal line between the HIGHLIGHTS section and the FULL PRESCRIBING INFORMATION: CONTENTS* section, and also between the FULL PRESCRIBING INFORMATION: CONTENTS* section and the FULL PRESCRIBING INFORMATION section, in accordance with 21 CFR 201.57(d)(2).
Deficiency # 12 Created in C2 Prescribing Information Response / Assessment:	HIGHLIGHTS, ADVERSE REACTIONS: We note that contact information was added to the, "To report SUSPECTED ADVERSE REACTIONS..." statement as requested in the previous cycle; however, the company name listed is not present in your submission. Please verify the contact information provided in this statement.

5.4 MEDICATION GUIDE (C2)

Reviewer Assessment:

Deficiency	No Deficiency	
☐	☒	Medication Guide is **up-to-date** with model labeling.
☐	☒	Medication Guide meets **content, format, and font size**.
☐	☒	**Phonetic spelling** of the established/proprietary name is present and correct.
☐	☒	Description of **child-resistant feature**(if also present in HOW SUPPLIED/STORAGE AND HANDLING).
☐	☒	**Revision date and approval statement** appear at the end of the Medication Guide correctly.
☐	☒	Applicant committed to provide a **sufficient number** of Medication Guides.
☐	☒	Applicant included the **1-800-FDA-1088** phone number.
☐	☒	Applicant included statement to print **electronic Medication Guide** if applicable.
☒	☐	Medication Guide is the same as the model labeling, except for allowable differences. Please enter Reviewer/Deficiency Comments if you select Deficiency.

Reviewer Comments:

Cycle 2 Comments:

The Medication Guide is inadequate.

- The applicant provided the following responses to the C1 Medication Guide comments. See below.
- The MG has been revised in accordance with the most up-to-date model labeling (NDA020235/S-076) as requested in the previous cycle.
- It is noted that the applicant added the statement, "Dispense with Medication Guide available at:..." to

the beginning of the MG.

Cycle 1 Comments:

The Medication Guide is inadequate. See comments below.

- The MG is not up-to-date with the current model labeling (NDA020235/S-076). See comment below.
- Sufficient Number of MGs: Per module 1.14.3.1 *annotated-comparison-listed-drug, t*he applicant attests that they will provide a sufficient number of MGs by stating, "According to the 21 CFR 208.24, we confirm that sufficient number of Medication Guide will be included in each package size and Distributed according."
- Pregnancy Registry: Refer to Section 5.3 Reviewer Comments.
- Trademark Statement: As multiple proprietary names of different NDAs (i.e., Maalox®, Mylanta®, Gelusil®, Gaviscon®, and Di-Gel®) are mentioned in the MG, a comment will be issued to add a trademark statement at the end of the MG.

Deficiency Comments:	
Deficiency # 1 Created in C1 Medication Guide Response / Assessment:	Revise your Medication Guide to be in accordance with the Medication Guide for the reference listed drug (RLD), Neurontin, NDA020235/S-076 approved on July 12, 2024 found on the Drugs@FDA website. The applicant revised as requested. **Acceptable.**
Deficiency # 2 Created in C1 Medication Guide Response / Assessment:	Revise title to read, "Gabapentin (gab″ a pen′ tin) Capsules, USP". Note the placement of the phonetic spelling after "Gabapentin". The applicant revised as requested. **Acceptable.**
Deficiency # 3 Created in C1 Medication Guide Response / Assessment:	Refer to comment 3(c). We acknowledge the Agency's comment. Stallion would intend to include the pregnancy registry information in labelling. **Acceptable.**
Deficiency # 4 Created in C1 Medication Guide Response / Assessment:	**How should I store Gabapentin Capsules?**: Revise the statement to read, "Store gabapentin capsules between 68°F to 77°F (20°C to 25°C)." Note the revision of "capsule" to "capsules". The applicant revised as requested. **Acceptable.**
Deficiency # 5 Created in C1	Under " **How should I store Gabapentin Capsules**" subsection, as a bullet, add a statement regarding the child-resistant feature of your

Medication Guide	proposed container closure system that you have chosen to add to the HOW SUPPLIED/STORAGE AND HANDLING section of the Prescribing Information [(e.g., "Gabapentin capsules that come in bottles of 30 capsules and 100 capsules have child-resistant closures.")]. We refer you to the Guidance for Industry - Child-Resistant Packaging Statements in Drug Product Labeling Guidance for Industry. Response / Assessment: The applicant revised as requested. **Acceptable.**
Deficiency # 6 Created in C1 Medication Guide Response / Assessment:	Add the following statement to the end of the Medication Guide: "Trademarks are the property of their respective owners." The applicant revised as requested. **Acceptable.**
Deficiency # 7 Created in C1 Medication Guide Response / Assessment:	Refer to comment 3(g). The applicant revised as requested. **Acceptable.**
Deficiency # 8 Created in C2 Medication Guide Response / Assessment:	**Gabapentin capsules can cause serious side effects including/ 2. Changes in behavior and thinking**: Revise the statement to read as follows to be the same as the RLD [redacted] (b) (4) [redacted] "...can cause emotional changes, aggressive behavior, problems with concentration, changes in school performance, restlessness, and hyperactivity."
Deficiency # 9 Created in C2 Medication Guide Response / Assessment:	**What are the ingredients in gabapentin capsules?/Inactive ingredients in the capsules**: Ensure that the inactive ingredients listed match that of 11 DESCRIPTION in the proposed Prescribing Information and your Quality submission [redacted] (b) (4) [redacted]

6 COMMENTS/CONSULTS FOR OTHER DISCIPLINES (C2)

A labeling statement required verification from another division discipline. Check only if applicable.

Reviewer Assessment:

☐	Rubber
☐	Latex
☐	Gluten
☐	Alcohol (ethanol)

☐	Aluminum (small/large volume parenteral and pharmacy bulk package)
☐	Sulfite
☐	Phenylalanine (aspartame) - content calculation
☐	Yellow #5 (tartrazine)
☐	Ghost tablet/capsule (i.e. solid or semi-solid mass in stool)
☒	Other

Describe questions/issue(s) sent to and/or received from other discipline(s) (e.g., OPQ, OB): (For Issues, include the following information: discipline and description of issue, issue reference number or link, and date of issue)

Reviewer Comments:

The DPQ team sent the following issue (issue# 61045761) to DLR on 9/23/2024:

For this ANDA, a minor typo is noted in the package insert (submission dated 08/05/2024) and wanted to bring it to your attention. (b) (4)

Deficiency Comments:

Jessica Menachery

Digitally signed by Jessica Menachery
Date: 1/22/2025 12:46:07PM
GUID: 64bebec300108d32633cf11a46ac0537

Charlene Peterson

Digitally signed by Charlene Peterson
Date: 1/22/2025 02:21:44PM
GUID: 5423006c00721f95e6563eed63495a75

Labeling Review

Division of Labeling Review
Office of Regulatory Operations
Office of Generic Drugs (OGD)
Center for Drug Evaluation and Research (CDER)

Date of This Review	July 3, 2024
ANDA Number(s)	219319
Review Number	1
Applicant Name	Stallion Laboratories Private Limited
Established Name & Strength(s) [Add "(OTC)" after strength if applicable]	Gabapentin Capsules USP, 100 mg, 300 mg, and 400 mg
Proposed Proprietary Name	N/A
Submission Received Date	April 9, 2024
Primary Labeling Reviewer	Jessica Menachery
Secondary Labeling Reviewer	Dinaxi Jetton

Review Conclusion

☐ Acceptable - No Comments
☐ Acceptable - Include Post Approval Comments
☒ Minor Deficiency* - Refer to Labeling Deficiencies and Comments for Letter to Applicant
☐ Major Deficiency** - Refer to Labeling Deficiencies and Comments for Letter to Applicant

*Please Note: The Regulatory Project Manager (RPM) may change the recommendation from Minor Deficiency to Discipline Review Letter/Information Request (DRL/IR) if all other OGD reviews are acceptable. Otherwise, the labeling minor and major deficiencies will be included in the Complete Response Letter (CRL) letter to the applicant.

On Policy Alert List	☐ Yes	☒ No
Acceptable For Filing	☒ Yes	☐ No
Combined Insert/Outsert	☐ Yes	☒ No

TABLE OF CONTENTS

1 LABELING COMMENTS

1.1 LABELING DEFICIENCIES AND COMMENTS FOR LETTER TO APPLICANT

The following comments have been identified by the Division of Labeling Review (DLR) based on your submission on April 9, 2024.

Prior to final approval, the proposed labeling should be clear and precise (grammar, spelling, and formatting) for end users, and accurately reflect the Reference Listed Drug (RLD) information to comply with FDA policies, laws, regulations (i.e., 21 CFR 314.94(a)(8)), official compendia, and relevant guidance.

1. GENERAL COMMENTS
   Revise your labeling to be in accordance with the labeling for the reference listed drug (RLD), Neurontin, NDA020235/S-076 approved on July 12, 2024, found on the Drugs@FDA website.

2. CONTAINER LABEL
   a. Revise the Medication Guide statement to state how it is provided to the dispenser, as required per 21 CFR 208.24(d), such as
   b (b) (4)

3. PRESCRIBING INFORMATION
   a. HIGHLIGHTS, ADVERSE REACTIONS: To report SUSPECTED ADVERSE REACTIONS – Include your contact information in addition to the FDA toll free number and website per 21 CFR 201.57(a)(11)(ii).
   b. 2.2 Dosage for Epilepsy with Partial Onset Seizures/ Pediatric Patients Age 3 to 11 years, fourth sentence: Revise the statement to the following, as it pertains to the safe and effective use of the proposed drug product:
   "Gabapentin may be administered as the oral solution, capsule, or tablet, or using combinations of these formulations."
   c. The reference listed drug (RLD) for your drug product contains third party pregnancy registry information in its labeling. Please reach out to the third party to verify if the data for your generic drug product will be accepted as part of their pregnancy registry. If it is verified that the data for your generic drug product will be accepted by the third party and you intend to join the pregnancy registry, you can continue including the pregnancy registry information in your labeling. If it is determined that the data for your generic drug product will not be accepted by the third party or if you do not intend to join the pregnancy registry, please remove the pregnancy registry information in your labeling.
   d. 11 DESCRIPTION, fourth paragraph: Revise the statement to read as follows: "Each gabapentin capsule contains..."
   Note the revision of "capsule" (singular noun) and the use of lower case in "gabapentin".

e. 12.1 Mechanism of Action, third sentence: Revise [redacted] (b) (4) to read as "α2δ subunit" to be the same as the RLD. [redacted] (b) (4)
f. Add the following statement at the end of the Prescribing Information: "Trademarks are the property of their respective owners."
g. Please note that USAN names (i.e., gabapentin and gabapentin capsules) are common nouns and should be treated as such in the text of labeling (i.e., lower case). Upper case may be used when the USAN name stands alone as on labels or in the title of the Prescribing Information.
h. Ensure reference to the drug substance and drug product are consistent throughout the Prescribing Information. Ensure to use the established name "gabapentin capsule" or "gabapentin capsules" (dosage form included) when referring to the drug product (i.e., when referencing dosing or treatment with the drug product). Continue to use the drug substance "gabapentin" when referencing trials and studies, as the RLD labeling does not specify which drug formulation was used.

4. MEDICATION GUIDE
   a. Revise your Medication Guide to be in accordance with the Medication Guide for the reference listed drug (RLD), Neurontin, NDA020235/S-076 approved on July 12, 2024, found on the Drugs@FDA website.
   b. Revise title to read, "Gabapentin (gab″ a pen′ tin) Capsules, USP". Note the placement of the phonetic spelling after "Gabapentin".
   c. Refer to comment 3(c).
   d. **How should I store Gabapentin Capsules?**: Revise the statement to read, "Store gabapentin capsules between 68°F to 77°F (20°C to 25°C)." Note the revision of "capsule" to "capsules".
   e. Under " **How should I store Gabapentin Capsules**" subsection, as a bullet, add a statement regarding the child-resistant feature of your proposed container closure system that you have chosen to add to the HOW SUPPLIED/STORAGE AND HANDLING section of the Prescribing Information [(e.g., "Gabapentin capsules that come in bottles of 30 capsules and 100 capsules have child-resistant closures.")]. We refer you to the Guidance for Industry - Child-Resistant Packaging Statements in Drug Product Labeling Guidance for Industry.
   f. Add the following statement to the end of the Medication Guide: "Trademarks are the property of their respective owners."
   g. Refer to comment 3(g).

Submit your revised labeling electronically. The prescribing information and any patient labeling should reflect the full content of the labeling as well as the planned ordering of the content of the labeling. The container label and any outer packaging should reflect the content as well as an accurate representation of the layout, color, text size, and style.

To facilitate review of your next submission, please provide a side-by-side comparison of your proposed labeling with your last submitted labeling with all differences annotated and explained. We also advise that you only address the deficiencies noted in this communication.

Additionally, we remind you that it is your responsibility to continually monitor available labeling resources such as DRUGS@FDA, the Electronic Orange Book (OB), and the United States Pharmacopeia – National Formulary (USP-NF) online for recent updates and make any necessary revisions to your labels and labeling.

It is also your responsibility to ensure your ANDA addresses all listed exclusivities that claim the

approved drug product. Please ensure that all exclusivities and patents listed in the electronic OB are addressed and updated in your application. Ensure your labeling aligns with your patent and exclusivity statements.

1.2 COMMENTS FOR LETTER TO APPLICANT WHEN LABELING IS ACCEPTABLE

1.3 POST-APPROVAL REVISIONS

These comments will be addressed post approval (in the first labeling supplement review).

2 INSTRUCTIONS FOR ASSESSMENT

General Comments:

Select the "no deficiency" or "deficiency" radio button as appropriate for each row. If a "Deficiency Comments" appears, ensure it is appropriate for your situation, edit, or enter "Reviewer Comments" if necessary.

If there is no issue/concern, or if the question is not applicable. No "Deficiency Comments" will appear, but reviewers can still enter "Reviewer Comments" if desired.

☐	☒	There is information in the Orange Book that the applicant needs to address.
☒	☐	Information in the Orange Book has **expired**, and the applicant needs to revise labeling.

Reviewer Comments:
Enter free text in this section as necessary.

Deficiency Comments:

- Standardized comments/deficiencies are available for certain questions. For a complete list of standardized comments, reference the DLR Standardized Comments SharePoint.
- Reviewers can modify standardized comments/deficiencies for their situation.
- Deficiencies will have a review number, deficiency number, and roman numeral in the user interface. For first original reviews the review number and iteration numeral will align; however, older reviews may have review numbers and iteration numerals that differ due to some reviews being completed under past practices.
- Deficiency comments will populate by default to the Labeling Comments deficiency section unless you select the Post-Approval checkbox. Assessors also have the option to move all comments to the Post-Approval Revisions section or vice versa from the Labeling Comments tab.

3 OVERALL ASSESSMENT OF MATERIALS REVIEWED

Table 1: Review Summary of Container Label and Carton Labeling

	Final or Draft or NA	Packaging Sizes	Submission Received Date	Recommendation
Container	Draft	100 mg, 300 mg, and 400 mg: bottles of 30 capsules, 100 capsules, 500 capsules, and 1000 capsules	4/9/2024	Revise
Blister	N/A	N/A		
Carton	N/A	N/A		

Table 2: Review Summary of Prescribing Information and Patient Labeling				
	Final or Draft or NA	Revision Date and/or Code	Submission Received Date	Recommendation
Prescribing Information	Draft	Revised: 02/2024	4/9/2024	Revise
Medication Guide	Draft	Revised: 02/2024	4/9/2024	Revise
Patient Information	N/A	N/A		
Instructions for Use	N/A	N/A		
SPL Data Elements				

4 LABELING REVIEW INFORMATION

4.1 REGULATORY INFORMATION

Yes	No	
☒	☐	Are there any applicable issues in DLR's SharePoint Drug Facts ? *Antiepileptic drug pregnancy registry (PR)_North American Antiepileptic Drugs (NAAED) PR*, updated 4/26/2023

Brief Description

This April 2023 update supersedes previous information:

- Pregnancy Registry (PR) is a third party's PR
  - Add comment for Cycle 1 or if the PR is new in the NDA labeling
  - If ANDA included the PR in labeling, we should comment for the ANDA applicant to ensure the accuracy of the PR in their labeling. The applicant should reach out to third party and verify that the data for the generic product will be accepted and if the applicant joins/intends to join the PR, the ANDA applicant can continue to include the PR in labeling. If the applicant does not intend to join the PR, the ANDA applicant should remove the PR in labeling.
    - Example comment to include in SCD: *The reference listed drug (RLD) for your drug product contains third party pregnancy registry information in its labeling. Please reach out to the third party to verify if the data for your generic drug product will be accepted as part of their pregnancy registry. If it is verified that the data for your generic drug product will be accepted by the third party and you intend to join the pregnancy registry, you can continue including the pregnancy registry information in your labeling. If it is determined that the data for your generic drug product will not be accepted by the third party or if you do not intend to join the pregnancy registry, please remove the pregnancy registry information in your labeling.*
  - If ANDA did not include PR in labeling, we should encourage the applicant to reach out to third party and verify that the data for the generic product will be accepted and if the applicant joins/intends to join the PR, the ANDA applicant can continue to include the PR in labeling. If the applicant does not intend to join the PR, the ANDA applicant should remove the PR in labeling.
    - Example comment to include in SCD: *The reference listed drug (RLD) for your drug product contains third party pregnancy registry information in its labeling. Please reach out to the third party to verify if the data for your generic drug product will be accepted as part of their pregnancy registry. If it is verified that the data for your generic drug product will be accepted by the third party and you intend to join the pregnancy registry, please include the pregnancy registry information in your labeling. If it is determined that the data for your generic drug product will not be accepted by the third party or if you do not intend to join the pregnancy registry, you can continue excluding the pregnancy registry information in your labeling.*

End of April 2023 update

Yes	No	
		********** Update 7/1/2019: A meeting was held with DPMH on 6/17/2019 to discuss the NAAED and whether ANDAs should continue to include the information about the NAAED PR in their insert labeling. DPMH confirmed that this is a disease-based PR that is run by a well respected organization and has been around for a while. The NDAs are required to include this PR information in their insert labeling by DPMH. We will continue to ask ANDAs to include this PR information to be the same as the RLD. However, we do not need to ask the ANDA holder to confirm that they are registered with this organization for the PR. ---------- There is a pregnancy registry established for the antiepileptic drugs -North American Antiepileptic Drug (NAAED) Pregnancy Registry. It is an independent program and was not established as a result of a PMR. But given that this pregnancy registry handled by a third party and well respected and well used, ANDAs should have the same information in insert labeling (note the website is updated to http://www.aedpregnancyregistry.org from the old one which is http://www.massgeneral.org/aed/): Patients should be encouraged to enroll in the North American Antiepileptic Drug (NAAED) Pregnancy Registry if they become pregnant. This registry is collecting information about the safety of antiepileptic drugs during pregnancy. To enroll, patients can call the toll-free number 1-888-233-2334Cal. Information about the North American Drug Pregnancy Registry can be found at http://www.aedpregnancyregistry.org. **Updated 4/14/2021: added active ingredients for antiepileptics. Please update as needed.** The applicant has included third party pregnancy registry information in the PI and MG. A comment will be issued to verify the applicant's enrollment in the pregnancy registry. The following entries do not apply to this ANDA as the Orange Book does not currently list any exclusivities for the RLD: *GABAPENTIN EXCLUSIVITY STATEMENT*, dated 11/6/2015 *Gabapentin ODE letter*, dated 7/17/2015 *Gabapentin Email*, dated 7/17/2015 *Neurontin Post Herpetic Neuralgia (ODE) carve out template*, updated 2/26/2021
☐	☒	Is the drug product listed in the Policy Alert Tracker on OGD's SharePoint?

4.2 MODEL PRESCRIBING INFORMATION

Table 3: Review Model Labeling for Prescribing Information/Patient Labeling (Check the box used as the Model Labeling)

☒ MOST RECENTLY APPROVED NDA MODEL LABELING

(If NDA is listed in the discontinued section of the Orange Book, indicate whether the application has been withdrawn and if so, enter the most recently approved ANDA labeling information as applicable.)

NDA#/Supplement# (S-000 if original): NDA020235 / S-076

Supplement Approval Date: 07/12/2024

Proprietary Name: Neurontin

Established Name: gabapentin capsules

Description of Supplement:

This Prior Approval sNDA provides for revisions to the Prescribing Information (PI) in Subsection 8.1 (Use in Specific Populations; Pregnancy), regarding findings from observational studies pertaining to the use of gabapentin during pregnancy. In addition, the Medication Guide was updated to the currently preferred format, and revisions were made to align with the content of the PI.

Link: https://darrts.fda.gov/darrts/ViewDocument?documentId=090140af805bb930

Table 3: Review Model Labeling for Prescribing Information/Patient Labeling (Check the box used as the Model Labeling)
☐ MOST RECENTLY APPROVED ANDA MODEL LABELING
☒ OTHER/TEMPLATE (e.g., Pending Supplements, BPCA, PREA, Carve-out): (b) (4) [redacted]

Reviewer Assessment:

Deficiency	No Deficiency	
☒	☐	ANDA is **up-to-date** with the RLD/Model labeling.

Reviewer Comments:

Cycle 1 Comments:

The applicant used NDA020235/S-069 as the model labeling; however, the most up-to-date RLD labeling is NDA020235/S-076. A comment will be issued to request for revision.

Deficiency Comments:

Deficiency # 1

Created in C1

Revise your labeling to be in accordance with the labeling for the reference listed drug (RLD), Neurontin, NDA020235/S-076 approved on July 12, 2024, found on the Drugs@FDA website.

General Comments
Response / Assessment:

4.3 PATENTS AND EXCLUSIVITIES

The Orange Book was searched on 07/03/2024

Table 4 provides Orange Book patents for the Model Labeling (NDA020235) and ANDA patent certifications. (For applications that have no patents, N/A is entered in the patent number column.)

Table 4: Impact of Model Labeling Patents on ANDA Labeling

Strengths	Patent Number	Patent Expiration	Patent Use Code	Patent Use Code Definition	Patent Certification	Date of Patent Cert Submission	Labeling Impact
	N/A						

Table 5 provides Orange Book exclusivities for the Model Labeling and ANDA exclusivity statements.

Table 5: Impact of Model Labeling Exclusivities on ANDA Labels and Labeling

Strengths	Exclusivity Code	Exclusivity Expiration	Exclusivity Code Definition	Exclusivity Statement	Date of Exclusivity Submission	Labeling Impact
	N/A					

Reviewer Assessment:

Deficiency	No Deficiency	
☐	☒	There is information in the Orange Book that the applicant needs to address.
☐	☒	Information in the Orange Book has **expired**, and the applicant needs to revise labeling.

Reviewer Comments:
There are no unexpired patents or exclusivities listed in the Orange Book.

Deficiency Comments:

4.4 UNITED STATES PHARMACOPEIA (USP)

The USP was searched on 07/03/2024

Table 6: USP

	YES or NO	Date	Monograph Title (N/A if no monograph)	Packaging and Storage/Labeling Statements (N/A if no monograph)
Currently Official	Yes		Gabapentin Capsules	Packaging and Storage: Preserve in well-closed containers. Store at controlled room temperature.
Not Yet Official	No		N/A	N/A

Reviewer Assessment:

Deficiency	No Deficiency	
☐	☒	**Established name** is acceptable with regard to the USP monograph or the RLD's nonproprietary name.
☐	☒	RLD's non-proprietary **name is different from USP** established name.
☒	☐	**USP descriptor** is correctly used in the appropriate sections of the prescribing information.
USP RECOMMENDATIONS and/or DIFFERENCES IN TEST METHODS (QUALITY):		
☐	☒	**DISSOLUTION**: The applicant's dissolution statement is appropriate.
☐	☒	**ORGANIC IMPURITIES**: Drug product meets USP acceptance criteria for organic impurities.
☐	☒	**ASSAY**: Drug product meets USP acceptance criteria for assay.

Reviewer Comments:

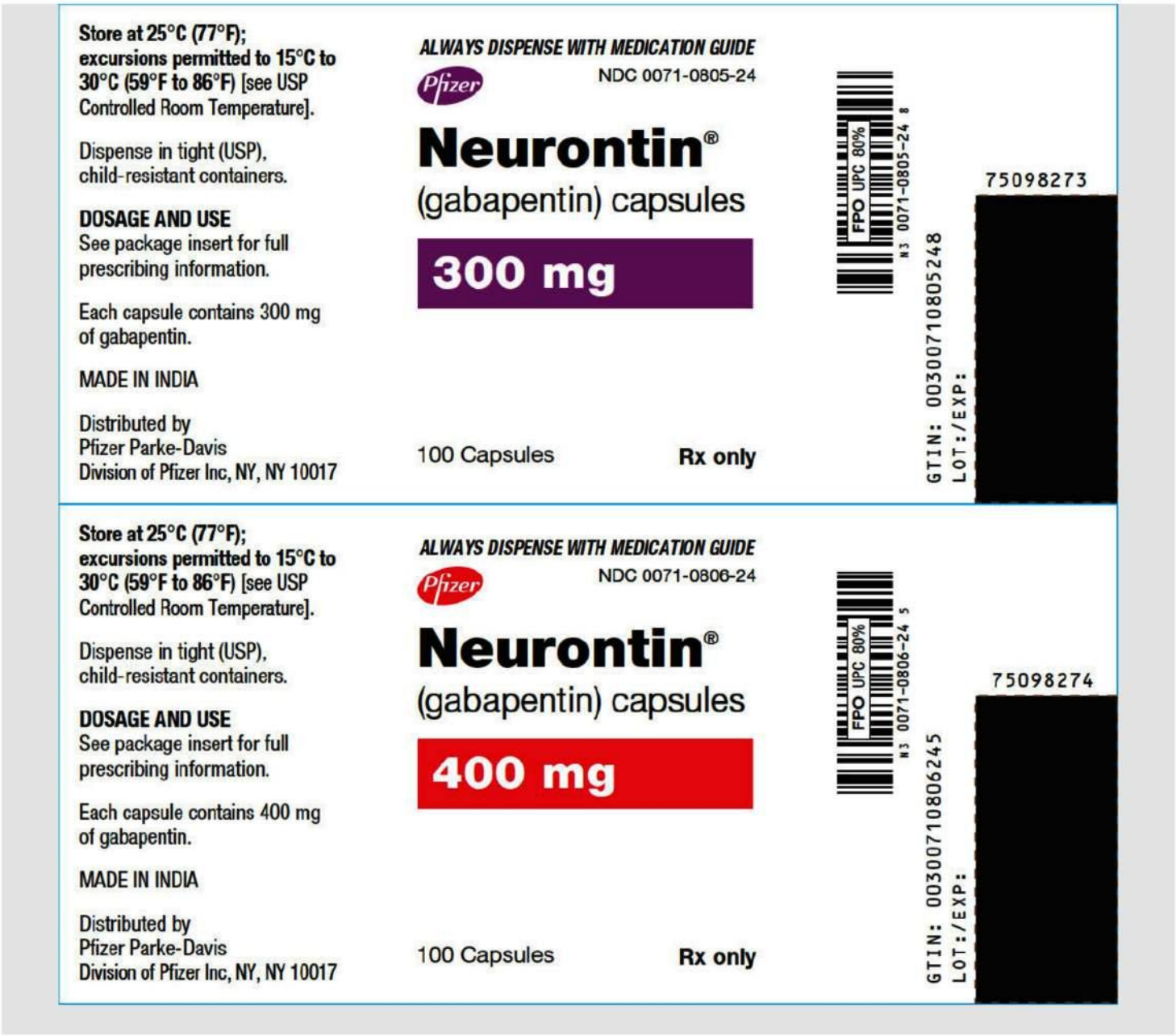
Cycle 1 Comments:

- The applicant appropriately uses USP descriptors in the Quality sections of the PI (DESCRIPTION and HOW SUPPLIED).
- Dissolution: The DESCRIPTION section of the PI labeling does not include a dissolution test statement; however, DLR will defer to the Division of Biopharmaceutics. As the Biopharmaceutics review is currently pending, we will update accordingly in the next cycle, if needed.

Deficiency Comments:

4.5 MODEL CONTAINER LABELS

Model container/carton/blister labels (Source: NDA020235 ANRPT-30, submitted 4/29/2024 **)**



5 ASSESSMENT OF ANDA LABELING AND LABELS

5.1 QUALITY INFORMATION (DRUG PRODUCT MOU & BIOPHARMACEUTICS)

5.1.1 DRUG PRODUCT REVIEW

Insert screenshot of Labeling portion from drug product review if completed:
Drug Product Review pending

DPQ review is pending as of 7/16/2024.

5.1.2 DESCRIPTION

Table 7: Comparison of Inactive Ingredients Contained in Model Product and ANDA Description Section

Table 7: Comparison of Inactive Ingredients Contained in Model Product and ANDA Description Section	
Model Labeling	Each NEURONTIN capsule contains 100 mg, 300 mg, or 400 mg of gabapentin and the following inactive ingredients: cornstarch, FD&C Blue No. 2, gelatin, lactose, red iron oxide (400 mg only), talc, titanium dioxide, and yellow iron oxide (300 mg and 400 mg only).
Previous ANDA Labeling	N/A - Review Cycle 1
Current ANDA Labeling	(b) (4) [redacted] Assessment: Acceptable

5.1.3 HOW SUPPLIED/STORAGE AND HANDLING

Table 8: Comparison of Model Labeling to ANDA Labeling	
Model Labeling	**16 HOW SUPPLIED/STORAGE AND HANDLING** NEURONTIN (gabapentin) capsules, tablets, and oral solution are supplied as follows: 100 mg capsules: White hard gelatin capsules printed with "VLE" on the body and "Neurontin/100 mg" on the cap; available in: Bottles of 100: NDC 58151-281-01 300 mg capsules: Yellow hard gelatin capsules printed with "VLE" on the body and "Neurontin/300 mg" on the cap; available in: Bottles of 100: NDC 58151-282-01 400 mg capsules: Orange hard gelatin capsules printed with "VLE" on the body and "Neurontin/400 mg" on the cap; available in: Bottles of 100: NDC 58151-283-01 Store NEURONTIN Tablets and Capsules at 25°C (77°F); excursions permitted between 15°C to 30°C (59°F to 86°F) [see USP Controlled Room Temperature].
Previous ANDA Labeling	N/A - Review Cycle 1

Table 8: Comparison of Model Labeling to ANDA Labeling	
Current ANDA Labeling	(b) (4)

5.1.4 MANUFACTURER, DISTRIBUTOR, AND/OR PACKER

Table 9: Comparison of Manufacturer/Distributor/Packer Labeling Statements	
Previous ANDA Labeling	
Name and Address of ANDA Manufacturer/Distributor/Packer (cite source as applicable)	N/A - Review Cycle 1

Table 9: Comparison of Manufacturer/Distributor/Packer Labeling Statements	
Name and Address on ANDA Container/Carton	N/A - Review Cycle 1
Name and Address on ANDA Prescribing Information	N/A - Review Cycle 1
Current ANDA Labeling	
Name and Address of ANDA Manufacturer/Distributor/Packer (cite source as applicable)	(b) (4)
Name and Address on ANDA Container/Carton	Manufactured by: **Stallion Laboratories Pvt. Ltd.** Gallops Industrial Park-II, Ahmedabad-382110, Gujarat, India.
Name and Address on ANDA Prescribing Information	Manufactured by: **Stallion Laboratories Private Limited** Gallops Industrial Park-II, Ahmedabad-382110, Gujarat, India

5.2 CONTAINER LABEL (FOR BLISTERS GO TO UNIT-DOSE BLISTERS)

Reviewer Assessment:

Deficiency	No Deficiency	
☐	☒	Container meets the **too small exemption** [21 CFR 201.10(i)]. Please enter Reviewer/Deficiency Comments if you select Deficiency.
		ESTABLISHED/PROPRIETARY NAME and STRENGTH:
☐	☒	**Tall Man** lettering complies with recommendations found on FDA webpage.
☐	☒	Established/proprietary **name and strength are the most prominent** information on the Principal Display Panel.
☐	☒	No **intervening text**(written, printed, or graphic matter) between established name and strength.
		THE FOLLOWING COMPONENTS ARE PROPERLY DISPLAYED:
☐	☒	**Net quantity** statement. Please enter Reviewer/Deficiency Comments if you select Deficiency.
☐	☒	**Dosage** statement.
☐	☒	**NDC number**: prominence, linear bar code, and its orientation.
☐	☒	**Expiration date and lot number** (or placeholder).
☐	☒	**Equivalency statement** (product strength).
☒	☐	**Medication Guide** Pharmacist instructions [21 CFR 208.24(d)].
☐	☒	Controlled Substance Symbol.
☐	☒	**Image of drug product** represents the true size, color, and imprint.
☐	☒	**Yellow #5** (tartrazine) warning statement is properly displayed.
☐	☒	**Alcohol** is properly listed [21 CFR 201.10(d)(2)].
☐	☒	**Latex** warning statement is properly displayed [21 CFR 801.437.].
☐	☒	**Gluten** statement is appropriately stated.
		PRODUCT DIFFERENTIATION:
☐	☒	ANDA is the **same color** as the RLD labels as required (e.g. warfarin, levothyroxine, enoxaparin).

Deficiency	No Deficiency	
		Please enter Reviewer/Deficiency Comments if you select Deficiency.
☐	☒	Multiple **strengths are differentiated** by use of different color or other acceptable means.
☐	☒	Labels of proposed product is differentiated from **related products**.
		STORAGE, DISPENSING, MANUFACTURER, and PACKAGING:
☐	☒	**Storage/dispensing** statement is consistent with the How Supplied section of the insert/RLD/USP. Please enter Reviewer/Deficiency Comments if you select Deficiency.
☐	☒	**Manufacturer/Distributor/Packager** statement is acceptable [21 CFR 201.1(h)(5) or (6) or 21 CFR 201.1(i)].
☐	☒	Tamper evident (controlled substances) requirements are met.
☐	☒	Use of child-resistant closure (CRC) or non-CRC is appropriate. Describe **container closure**, cite source, and any issues in Reviewer Comments below.
		OVERALL ASSESSMENT:
☒	☐	Requirements met for the required label statements (21 CFR 201.15 and 21 CFR 201.100). Please enter Reviewer/Deficiency Comments if you select Deficiency.

Reviewer Comments:

Cycle 1 Comments:

The container labels are inadequate. See comments below.

- Medication Guide Statement: The applicant added an MG statement that is similar to the RLD ("PHARMACIST: ALWAYS DISPENSE WITH MEDICATION GUIDE"); however, this statement does specify who the MG is dispensed to, as required by 21 CFR 208.24(d). See comment below.
- Related Drug Products: Per a search in CDEROne, the applicant does not have any other related products.
- The applicant [redacted] (b) (4)
- The applicant added the statement, "This package is child-resistant" [redacted] (b) (4) except the 1000 count bottles and added, "Keep this and all drugs out of the reach of children." to all container labels. Acceptable.
- Container Closure System: [redacted] (b) (4)

2 Pages have been held in full as b4

(b) (4)

[redacted]

Deficiency Comments:

Deficiency # 1

Created in C1

Container Label

Revise the Medication Guide statement to state how it is provided to the dispenser, as required per 21 CFR 208.24(d), such as

(b) (4)

[redacted]

Response / Assessment:	
Deficiency # 2	(b) (4) [redacted]
Created in C1	[redacted]
Container Label	[redacted]
Response / Assessment:	

5.3 PRESCRIBING INFORMATION

Reviewer Assessment:

Deficiency	No Deficiency	
		HIGHLIGHTS:
☒	☐	**Contact information** for applicant and FDA are listed correctly.
☐	☒	**Revision date** appears at the end of HIGHLIGHTS section (PLR) or end of prescribing information (non-PLR).
		DESCRIPTION/INACTIVE INGREDIENTS:
		Appropriate **warning/precaution** statements for inactive ingredients are present (21 CFR 201) Check only if applicable:
☐	☒	☐ Sulfite (21 CFR 201.22) ☐ Yellow #5 (Tartrazine) (21 CFR 201.20) ☐ Phenylalanine/aspartame (21 CFR 201.21) ☐ Latex (21 CFR 801.437).
☐	☒	**Sterile** product statement [21 CFR 201.57(c)(12)(i)(D)].
☐	☒	☐ **Alcohol** is properly listed [21 CFR 201.10(d)(2)].
☐	☒	☐ **Gluten** statement is appropriately stated.
☐	☒	**Dosage form, pharmacologic/therapeutic class, and route** of administration properly listed [21 CFR 201.57(c)(12)(i)(B)] and[21 CFR 201.57(c)(12)(i)(E)].
		HOW SUPPLIED/STORAGE and HANDLING/MANUFACTURER:
☐	☒	All **submitted labels** and labeling are consistent with the HOW SUPPLIED section.
☐	☒	**Physical description** (e.g. scoring, color, imprint, capsule size, nozzle tip, cap color) of the finished product in the HOW SUPPLIED section are appropriately displayed.
☐	☒	**NDC** numbers are present.
☐	☒	Drug product is the **same color** as the RLD's drug product as required (e.g. warfarin, levothyroxine, enoxaparin).
☐	☒	**Storage or dispensing** statement is acceptable compared to the RLD/USP monograph. Please enter Reviewer/Deficiency Comments if you select Deficiency.
☐	☒	**"Discard unused portion"** for single-dose products.
☐	☒	**Manufacturer/Distributor/Packager** statement is acceptable [21 CFR 201.1(h)(5) or (6) or 21 CFR 201.1(j)].
		REGULATORY/OVERALL ASSESSMENT:
☐	☒	STIC requirements addressed appropriately.
☐	☒	Intent to join the **Antiretroviral Pregnancy Registry** (APR) upon full approval.
☒	☐	**Pregnancy registry** information is appropriately included/excluded as required for the RLD.
☐	☒	**Patent/exclusivity** carve out is acceptable. Please enter Reviewer/Deficiency Comments if you select Deficiency.
☒	☐	**Dosage form/strength** carve out (RLD combined labeling): justification for retaining information for safety/efficacy.
☐	☒	Prescribing information meets **formatting requirements** [21 CFR 201.57 (PLR) or 21 CFR 201.80

Deficiency	No Deficiency	
		(non-PLR)].
☒	☐	Prescribing Information is the same as the model labeling, except for differences allowed under 21 CFR 314.94(a)(8). Please enter Reviewer/Deficiency Comments if you select Deficiency.

Reviewer Comments:

**Not to be sent to applicant – [redacted] (b) (5)

[redacted]

OGD has determined that the inclusion of the following information described in combined labeling for the RLD in the ANDA labeling is necessary for the safe and effective use of this product. Therefore, the section(s) listed below is/are retained in the ANDA labeling.

[Refer to Cycle 1 Reviewer Comments for an explanation for each section of the labeling where combined dosage form information will be retained.

Cycle 1 Comments:

The Prescribing Information is inadequate. See comments below.

- The RLD has combined labeling consisting of capsules (NDA 020235, available in strengths of 100 mg, 300 mg, and 400 mg), tablets (NDA 020882, available in strengths of 600 mg and 800 mg), and oral solution (NDA 021129, available in strength of 250 mg/5mL). As the proposed labeling is only proposing the capsule formulation (available in strengths of 100 mg, 300 mg, and 400 mg), the applicant has appropriately carved out information pertaining to the tablet and oral solution formulations.
- RLD labeling: The PI is not up-to-date with the current RLD labeling (NDA020235/S-076). A comment will be issued for revision.
- [redacted] (b) (4) See comment below.
- Pregnancy Registry: The applicant has included the third-party pregnancy registry (PR) information in the labeling. Since the RLD PR is not a post-marketing requirement, the applicant can add this information; however, verification of enrollment into the PR is needed in order to retain the information in the PI. A deficiency comment has been issued.
- Trademark Statement: As the labeling includes references to proprietary names of drug products from different NDAs (i.e., Maalox®, Mylanta®, Gelusil®, Gaviscon®, and Di-Gel®), a comment will be made to add a trademark statement at the end of the PI.
- Drug Substance versus Drug Product: The applicant uses the drug substance "gabapentin" throughout the labeling in place of references to "NEURONTIN" in the RLD labeling. This is acceptable when referring to trials, as the RLD does not specify that drug formulation used; however, a comment will be made to ensure any references to treatment or dosing utilize the established name "gabapentin capsules" (dosage form included). See comment below.
- OGD has determined that the inclusion of the following information described in combined labeling for the RLD in the ANDA labeling is necessary for the safe and effective use of this product. Therefore, the section(s) listed below is/are retained in the ANDA labeling.
    - 2.2 Dosage for Epilepsy with Partial Onset Seizures/ Pediatric Patients Age 3 to 11 years: DLR will request that the applicant revise the fourth sentence to retain references to the other drug formulations, as this is information common to all dosage forms and pertains to the safe and effective use of the proposed drug product. The revised statement will read as follows: "Gabapentin may be administered as the oral solution, capsule, or tablet, or using combinations of these formulations."

Deficiency Comments:

Deficiency # 1 Created in C1 Prescribing Information Response / Assessment:	HIGHLIGHTS, ADVERSE REACTIONS: To report SUSPECTED ADVERSE REACTIONS – Include your contact information in addition to the FDA toll free number and website per 21 CFR 201.57(a)(11)(ii).
Deficiency # 2 Created in C1 Prescribing Information	2.2 Dosage for Epilepsy with Partial Onset Seizures/ Pediatric Patients Age 3 to 11 years, fourth sentence: Revise the statement to the following, as it pertains to the safe and effective use of the proposed drug product: "Gabapentin may be administered as the oral solution, capsule, or tablet, or using combinations of these formulations."

Response / Assessment:	
Deficiency # 3 Created in C1 Prescribing Information Response / Assessment:	The reference listed drug (RLD) for your drug product contains third party pregnancy registry information in its labeling. Please reach out to the third party to verify if the data for your generic drug product will be accepted as part of their pregnancy registry. If it is verified that the data for your generic drug product will be accepted by the third party and you intend to join the pregnancy registry, you can continue including the pregnancy registry information in your labeling. If it is determined that the data for your generic drug product will not be accepted by the third party or if you do not intend to join the pregnancy registry, please remove the pregnancy registry information in your labeling.
Deficiency # 4 Created in C1 Prescribing Information Response / Assessment:	11 DESCRIPTION, fourth paragraph: Revise the statement to read as follows: "Each gabapentin capsule contains..." Note the revision of "capsule" (singular noun) and the use of lower case in "gabapentin".
Deficiency # 5 Created in C1 Prescribing Information Response / Assessment:	12.1 Mechanism of Action, third sentence: Revise [redacted] (b) (4) " to read as "α2δ subunit" to be the same as the RLD. Note the revision of β (beta) to δ (delta).
Deficiency # 6 Created in C1 Prescribing Information Response / Assessment:	Add the following statement at the end of the Prescribing Information: "Trademarks are the property of their respective owners."
Deficiency # 7 Created in C1 Prescribing Information Response / Assessment:	Please note that USAN names (i.e., gabapentin and gabapentin capsules) are common nouns and should be treated as such in the text of labeling (i.e., lower case). Upper case may be used when the USAN name stands alone as on labels or in the title of the Prescribing Information.
Deficiency # 8 Created in C1 Prescribing Information	Ensure reference to the drug substance and drug product are consistent throughout the Prescribing Information. Ensure to use the established name "gabapentin capsule" or "gabapentin capsules" (dosage form included) when referring to the drug product (i.e., when referencing dosing or treatment with the drug product). Continue to use the drug substance "gabapentin" when referencing trials and studies, as the RLD labeling does not specify which drug formulation was used.

Response / Assessment:

5.4 MEDICATION GUIDE

Reviewer Assessment:

Deficiency	No Deficiency	
☒	☐	Medication Guide is **up-to-date** with model labeling.
☐	☒	Medication Guide meets **content, format, and font size**.
☐	☒	**Phonetic spelling** of the established/proprietary name is present and correct.
☒	☐	Description of **child-resistant feature**(if also present in HOW SUPPLIED/STORAGE AND HANDLING).
☐	☒	**Revision date and approval statement** appear at the end of the Medication Guide correctly.
☐	☒	Applicant committed to provide a **sufficient number** of Medication Guides.
☐	☒	Applicant included the **1-800-FDA-1088** phone number.
☐	☒	Applicant included statement to print **electronic Medication Guide** if applicable.
☒	☐	Medication Guide is the same as the model labeling, except for allowable differences. Please enter Reviewer/Deficiency Comments if you select Deficiency.

Reviewer Comments:

Cycle 1 Comments:

The Medication Guide is inadequate. See comments below.

- The MG is not up-to-date with the current model labeling (NDA020235/S-076). See comment below.
- Sufficient Number of MGs: Per module 1.14.3.1 *annotated-comparison-listed-drug, t*he applicant attests that they will provide a sufficient number of MGs by stating, "According to the 21 CFR 208.24, we confirm that sufficient number of Medication Guide will be included in each package size and Distributed according."
- Pregnancy Registry: Refer to Section 5.3 Reviewer Comments.
- Trademark Statement: As multiple proprietary names of different NDAs (i.e., Maalox®, Mylanta®, Gelusil®, Gaviscon®, and Di-Gel®) are mentioned in the MG, a comment will be issued to add a trademark statement at the end of the MG.

Deficiency Comments:

Deficiency # 1 Created in C1 Medication Guide Response / Assessment:	Revise your Medication Guide to be in accordance with the Medication Guide for the reference listed drug (RLD), Neurontin, NDA020235/S-076 approved on July 12, 2024, found on the Drugs@FDA website.
Deficiency # 2 Created in C1 Medication Guide Response / Assessment:	Revise title to read, "Gabapentin (gab″ a pen′ tin) Capsules, USP". Note the placement of the phonetic spelling after "Gabapentin".
Deficiency # 3	Refer to comment 3(c).

Created in C1 Medication Guide Response / Assessment:	
Deficiency # 4 Created in C1 Medication Guide Response / Assessment:	**How should I store Gabapentin Capsules?**: Revise the statement to read, "Store gabapentin capsules between 68°F to 77°F (20°C to 25°C)." Note the revision of "capsule" to "capsules".
Deficiency # 5 Created in C1 Medication Guide Response / Assessment:	Under " **How should I store Gabapentin Capsules**" subsection, as a bullet, add a statement regarding the child-resistant feature of your proposed container closure system that you have chosen to add to the HOW SUPPLIED/STORAGE AND HANDLING section of the Prescribing Information [(e.g., "Gabapentin capsules that come in bottles of 30 capsules and 100 capsules have child-resistant closures.")]. We refer you to the Guidance for Industry - Child-Resistant Packaging Statements in Drug Product Labeling Guidance for Industry.
Deficiency # 6 Created in C1 Medication Guide Response / Assessment:	Add the following statement to the end of the Medication Guide: "Trademarks are the property of their respective owners."
Deficiency # 7 Created in C1 Medication Guide Response / Assessment:	Refer to comment 3(g).

6 COMMENTS/CONSULTS FOR OTHER DISCIPLINES

A labeling statement required verification from another division discipline. Check only if applicable.

Reviewer Assessment:

☐	Rubber
☐	Latex
☐	Gluten
☐	Alcohol (ethanol)
☐	Aluminum (small/large volume parenteral and pharmacy bulk package)
☐	Sulfite
☐	Phenylalanine (aspartame) - content calculation
☐	Yellow #5 (tartrazine)
☐	Ghost tablet/capsule (i.e. solid or semi-solid mass in stool)

☐	Other
Describe questions/issue(s) sent to and/or received from other discipline(s) (e.g., OPQ, OB): (For Issues, include the following information: discipline and description of issue, issue reference number or link, and date of issue)	
Reviewer Comments: **Deficiency Comments:**	

Jessica Menachery

Digitally signed by Jessica Menachery
Date: 7/17/2024 02:25:02PM
GUID: 64bebec300108d32633cf11a46ac0537

Dinaxi Jetton

Digitally signed by Dinaxi Jetton
Date: 7/17/2024 04:36:01PM
GUID: 53b417e400011b164ae1b5ff9ebbb351

CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER:

ANDA 219319

CHEMISTRY REVIEW(s)

ANDA Executive Summary

1. Application/Product Information

ANDA Number	219319
Review Cycle #	2
Applicant Name	STALLION LABORATORIES PRIVATE LIMITED
Drug Product Name	GABAPENTIN
Dosage Form	Capsule (b) (4)
Proposed Strength(s)	• GABAPENTIN (300mg) • GABAPENTIN (100mg) • GABAPENTIN (400mg)
Route of Administration	Oral
Maximum Daily Dose	• GABAPENTIN 3600 mg
Rx/OTC Dispensed	RX
Proposed Indication	Gabapentin capsules are indicated for Postherpetic neuralgia in adults ;Adjunctive therapy in the treatment of partial onset seizures, with and without secondary generalization, in adults and pediatric patients 3 years and older with epilepsy
Drug Product Description	GABAPENTIN 100 mg: Size "3" hard gelatin capsule, white opaque cap imprinted as "G 100" with blue ink and white opaque body imprinted as “S C” with blue ink containing white to off white powder and capsules are free from physical defects. GABAPENTIN 300 mg: Size "1" hard gelatin capsule, yellow opaque cap imprinted as "G 300" with blue ink and yellow opaque body imprinted as “S C” with blue ink containing white to off white powder and capsules are free from physical defects. GABAPENTIN 400 mg: Size "0" hard gelatin capsule, orange opaque cap imprinted as "G 400" with blue ink and orange opaque body imprinted as “S C” with blue ink containing white to off white powder and capsules are free from physical defects.
Co-packaged product information	N/A
Device information, if any:	N/A

Storage Temperature/ Conditions	Store at 20°-25°C (68°F-77°F); excursions allowed between 15° and 30°C (59° and 86°F) [see USP Controlled Room Temperature];

Review Team		
Discipline	**Primary**	**Secondary**
Drug Product Assessment	Xinming liu	Yogeeta Narkar
Manufacturing Integrated Assessment	Quamrul Majumder	Christine Falabella
Biopharmaceutics Assessment	Annie Fomene	Elsbeth Chikhale
RBPM	Bryant Watson	
ATL	Yogeeta Narkar	

Consults			
Consulting Discipline	**Discipline Consulted**	**Recommendation**	**Date**

2. Submission Document(s) Reviewed

Submission(s) Assessed	Category	Documents Date	Disciplines Affected		
			DPA	MIA	BA
1 (eCTD 0001)	Form 3674; New	04/09/2024	X	X	X
2 (eCTD 0002)	Amendment Correspondence; Bioequivalence	08/05/2024	X		
4 (eCTD 0004)	Amendment Correspondence; Quality	10/28/2024	X	X	X
5 (eCTD 0005)	Amendment Correspondence; Labeling; Quality; Resubmission	03/10/2025	X		

3. Related/Supporting Documents

a. DMFs:

DMF #	Type	Holder	Item Referenced	Status	Date Assessment Completed	Assessor/ Comments
(b) (4)	II	(b) (4)	GABAPENTIN	Adequate	09/12/2024	

b. Other Documents: ***IND, RLD, RS, Approved ANDA***

Document	Application Number	Description
RLD	020235	NEURONTIN

4. Final Overall recommendation - Approval

Drug Substance Deficiencies

MF (b) (4) || GABAPENTIN

No Deficiencies to display

Drug Product Deficiencies

No Deficiencies to display

Labeling Deficiencies

No Deficiencies to display

Manufacturing Deficiencies

No Deficiencies to display

Biopharmaceutics Deficiencies

No Deficiencies to display

Microbiology Deficiencies

N/A

Other Deficiencies

OLDP Consults

No Deficiencies to display

OPMA Consults

No Deficiencies to display

Additional Comments

N/A

5. Basis for Recommendation

a. Summary of Rationale for Recommendation:

ANDA 219319 is recommended for approval. Refer to individual discipline summary section for basis for approval.

b. Recommendation by Subdiscipline:

Drug Substance: Adequate

Drug Product: Adequate

Quality Labeling: Adequate

Manufacturing: Adequate

Biopharmaceutics: Adequate

Microbiology: N/A

Environmental: N/A

6. Life-Cycle Considerations

Established Conditions per ICH Q12:No

Comments:

N/A

Comparability Protocols (PACMP):No

Comments:

N/A

Additional Comments:

N/A

Knowledge-aided Assessment and Structured Application
OLDP Product Overview

ANDA Basic Information	
ANDA No.	219319
RLD/RS No.	020235 / NA
Applicant	STALLION LABORATORIES PRIVATE LIMITED
Dosage	Capsule (b) (4)
Route	Oral
DP Name	GABAPENTIN
Primary Assessor	Xinming liu
Secondary Assessor	Yogeeta Narkar

Discipline Executive Summary
The drug substance and drug product are compendial. The drug product is an (b) (4) capsule. The drug product is manufactured by (b) (4) [redacted]. No potential risks are identified for the drug product. [redacted] (b) (4)

Drug Substance(s) and Drug Product						
	DS Name	Strength Name (Active Moiety or Salt)	USP Monograph	DMF#	Status	Date of Complete
1	GABAPENTIN	GABAPENTIN	Compendial	(b) (4)	Adequate	09/12/2024

USP Monograph for DP	Note
Compendial	NA

DP Strength List	
	DS 1
	mg
Strength 1	300
Strength 2	100
Strength 3	400

Recommendations	
Drug Substance Recommendation	Adequate
Drug Product Recommendation	Adequate
Quality Labeling Recommendation	Adequate

Review Iteration						
	Review Iteration	Assessor Decision	Date Finalized	Submission(s) To Be Reviewed	Supporting Document	Submission Date
1	Original Review	IR Minor	9/24/2024	Form 3674; New Amendment Correspondence; Bioequivalence	1 2	4/9/2024 8/5/2024
2	DRL Response	Inadequate Minor	12/31/2024	Amendment Correspondence; Quality	4	10/28/2024

3	CR Response	Adequate		Amendment Correspondence; Labeling; Quality; Resubmission	5	3/10/2025

OLDP Consults

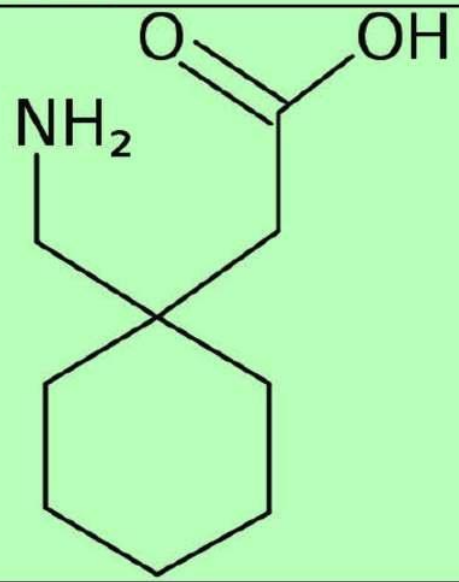
Consults			
Discipline Consulted	**Recommendation**	**Reviewer Evaluation**	**Date Finalized**

Deficiencies

Consults

Knowledge-aided Assessment and Structured Application

S4. Drug Substance

DMF	[redacted] (b) (4)	GABAPENTIN
UNII	6CW7F3G59X	
DMF Status	Adequate	

DS Specifications				
Specification	Release	Justification	Evaluation	AD
Description	White to off white crystalline solid		Consistent with DMF. (b) (4) [redacted]	Yes

(b) (4)

[redacted]

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Knowledge-aided Assessment and Structured Application

P1 Drug Product Description

Capsule (b) (4)		
Comparison of Drug Product Design		
RLD/RS Product Design		
Configuration	(b) (4)	
Release Mechanism		
Functional Components		
Components	**Type**	**Brief Description**
#1 (b) (4)		
CCS	**Counts**	
Bottles	100	
ANDA Product Design		
Configuration	(b) (4)	
Release Mechanism		
Functional Components		
Components	**Type**	**Description (Optional)**
#1 (b) (4)		
CCS	**Counts**	
Bottles	30, 100, 500, 1000	

AD	Reviewer Evaluation
Yes	The ANDA product design is same as the RLD.

DP Component Composition of ANDA Drug Product
ANDA Product Design

Ingredient	Excipient Grade	Function	Quantity	Percentage	Function Location
Strength #1: GABAPENTIN 300 mg					
[redacted]					
GABAPENTIN	USP		300	[redacted]	
STARCH	[redacted]				
TALC					
MAGNESIUM STEARATE					
TITANIUM DIOXIDE					
[redacted] OXIDE YELLOW					
GELATIN, [redacted]					
[redacted]					
Total:				100%	
Strength #2: GABAPENTIN 100 mg					
[redacted]					
GABAPENTIN	USP	API	100.000	[redacted]	
STARCH	[redacted]				
TALC					
MAGNESIUM STEARATE					
TITANIUM DIOXIDE					
GELATIN, [redacted]					
[redacted]					
Total:				100%	
Strength #3: GABAPENTIN 400 mg					
[redacted]					
GABAPENTIN	USP	API	400	[redacted]	
STARCH	[redacted]				
TALC					
MAGNESIUM STEARATE					
GELATIN, [redacted]					
[redacted] OXIDE YELLOW					
TITANIUM DIOXIDE					
[redacted] OXIDE RED					
[redacted]					
Total:				100%	
Are there any DMFs with drug product intermediate (DPI)?				No	

Overall Evaluation of Components Composition	
Reviewer Evaluation	The formulation of the generic product is similar to the RLD. Minor differences are observed [redacted]. We will defer to the Division of Bioequivalence regarding excipient acceptance limits. [redacted] The drug product complies with 21 CFR 73.1200.

Material of Capsule Shell	
What is the capsule shell material?	Gelatin
AD	**Reviewer Evaluation**

Safety Concern of Other Excipient in Capsule Shell	
Is there any other excipient used in the capsule shell that may cause safety concern?	No

AD	Reviewer Evaluation

Patient-Product Interface		
URL Description	**URL**	**Init. Page**
Images of the test and RLD products	\\CDSESUB1\EVSPROD\anda219319\0001\m3\32-body-data\32p-drug-prod\gaba-capsule-capsules-stallion\32p1-desc-comp\description-and-composition.pdf	6

Strength #1: GABAPENTIN 300 mg		
Property	**RLD**	**ANDA**
Capsule shell size	1	1

Strength #2: GABAPENTIN 100 mg		
Property	**RLD**	**ANDA**
Capsule shell size	3	3

Strength #3: GABAPENTIN 400 mg		
Property	**RLD**	**ANDA**
Capsule shell size	0	0

Reviewer Evaluation
The physical characteristics of the RLD and generic product are similar.

Color and Size	
For multiple strength drug products, do all strengths have the same color and size?	No
AD	**Reviewer Evaluation**
Yes	Three strengths of generic drug product have different sizes and colors.

Size of Beads in Drug Products labeled for Sprinkle	
If the drug products are labeled to be administered via sprinkling, does the maximum bead size comply with FDA guidance (no more than 10% variation over 2.5mm to a maximum size of 2.8mm)?	Not Applicable

Unique Situations	
Any Unique Situations Not Covered by KASA?	No
Narrative	

Labeling	
Description Section	
Is the information accurate?	Yes

Is the drug product subject of a USP monograph?	Yes

Does the labeling need a special USP statement in the Description?	No

How Supplied Section	
Is the information accurate?	Yes

Are the storage conditions acceptable?	No
Comment	
A minor typo is noted in the package insert (submission dated 08/05/2024). [redacted] (b) (4) The labeling reviewer has been notified in Panorama.	

Dosage and Administration Section	
For OTC Drugs and Controlled Substances	
Is tamper evident feature provided in the container/closure?	N/A

For Solid Oral Drug Product:		
ANDA Strength	**Length(mm)**	**Imprint Code**
GABAPENTIN 100mg	15.91	Cap imprinted with 'G 100' and body imprinted with 'S C' in blue ink
GABAPENTIN 300mg	19.53	Cap imprinted with 'G 300' and body imprinted with 'S C' in blue ink
GABAPENTIN 400mg	21.57	Cap imprinted with 'G 400' and body imprinted with 'S C' in blue ink
Is the imprint code consistent with the labeling?	Yes	

Any issue(s) sent to and/or received from the OGD Labeling Reviewer?	Yes
AD	**Reviewer Evaluation**
Yes	An issue (Ref # 61045761) was created in Panorama for the labeling reviewer on 09/23/2024 regarding the typo noted in the package insert. In the submission dated 10/28/2024, a minor typo is still noted in the package insert [redacted] (b) (4) . The applicant will be requested to revise.

Deficiencies

P.1.1 Overall Drug Product Design

P.1.2 Component Composition of ANDA Drug Product

P.1.3 Formulation of Overage Assessment

P.1.4 Patient- Product Interface

P.1.5 Unique Situations

L.1 Labeling

Iteration	Status	ID	[Issue Topic]
DRL Response	New	1	**[Deficiency/IR]**
			In the submission dated 10/28/2024, in the package insert provided in Section 1.14.2.3, (b) (4) [redacted]. Please revise.
			[Summary of the applicant's response and reviewer comment]
CR Response	Solved	1	**[Summary of the applicant's response and reviewer comment]**
			In the amendment dated 03/10/2025, (b) (4) [redacted]" in the labeling documents in Section 1.14.
			[Deficiency/IR Previous Iteration]

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Knowledge-aided Assessment and Structured Application

K.R.1 Comparability Protocol

Comparability Protocol					
Total number of CPs approved: 0					
ID	Topic	Reporting Category	Description of Comparability Protocol	Status	AD
1					

Deficiencies

K.R.1 Comparability Protocol

Knowledge-Aided Assessment and Structured Application

DEFICIENCIES

Drug Substance

GABAPENTIN

No deficiencies to display

Xinming Liu

Digitally signed by Xinming Liu
Date: 4/11/2025 11:22:55AM
GUID: 5447e28e0006484b1a123e4a8e532989

Yogeeta Narkar

Digitally signed by Yogeeta Narkar
Date: 7/15/2025 03:55:47PM
GUID: 57472f8b007fbf5c22e1487fdfc87cde

Manufacturing Integrated Assessment

Overview

ANDA Basic Information	
ANDA No.	219319
Drug Product Name	GABAPENTIN
Drug Product Strength(s)	GABAPENTIN 300mg ; GABAPENTIN 100mg ; GABAPENTIN 400mg
RLD/RS Number.	020235
Applicant Name	STALLION LABORATORIES PRIVATE LIMITED
Dosage Form	Capsule (b) (4)
Administration Route	Oral
Indication	Gabapentin capsules are indicated for Postherpetic neuralgia in adults ;Adjunctive therapy in the treatment of partial onset seizures, with and without secondary generalization, in adults and pediatric patients 3 years and older with epilepsy
Primary Assessor	Quamrul Majumder
Secondary Assessor	Christine Falabella

I. Manufacturing Summary	
Manufacturing Assessment Recommendation	Adequate
Facility Assessment Recommendation	Adequate
Process Assessment Recommendation	Adequate

Discipline Assessment Summary
Gabapentin is (b) (4). It is formulated (b) (4) . The applicant (b) (4) (b) (4) approval is recommended based on compliance history. (b) (4) .

Drug Substance(s) and Drug Product				
	Drug Substance Name	**Strength Name (Active Moiety or Salt)**	**DMF#**	**Note for Convenience**
1	GABAPENTIN	GABAPENTIN	(b) (4)	

Drug Product Strength List	
	DS 1

	mg
Strength 1	300
Strength 2	100
Strength 3	400

Review Iteration							
Review Iteration		Process	Facility	Date Finalized	Submission(s) To Be Reviewed	Supporting Document	Submission Date
1	Original Review	IR Minor	Adequate	9/3/2024	Form 3674; New	1	4/9/2024
2	DRL Response	Adequate	Adequate	12/17/2024	Amendment Correspondence; Quality	4	10/28/2024

Highlight Key Issues from Last Cycle and Their Resolution
CU sampling plan was not clear.

Concise Description of Outstanding Issues
None

Lifecycle Management Considerations	
Post-approval inspection?	No
Lifecycle Consideration	No

Facilities Table

Facilities			
Facility name and address	FEI	Responsibilities and profile code(s)	Status
[redacted] (b) (4)			Approve - Based on Previous History
[redacted]			Approve - Based on Previous History
[redacted]			Approve - Based on PAI

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Consults

V. List of outstanding Information Request/Deficiencies

No deficiencies to display

List of Comments

No comments to display

Quamrul Majumder

Digitally signed by Quamrul Majumder
Date: 12/17/2024 11:20:55AM
GUID: 508da70300028851b973bfb454352bb3

Christine Falabella

Digitally signed by Christine Falabella
Date: 12/17/2024 02:18:49PM
GUID: 53b44f29000133dc0402c48649d4d56a

Knowledge-Aided Assessment and Structured Application Biopharmaceutics Assessment

ANDA Basic Information	
ANDA No.	219319
DP Name	Gabapentin Capsule USP, 100 mg, 300 mg and 400 mg
RLD/RS No.	NDA 020235
Applicant	Stallion Laboratories Private Limited
Dosage Form	Capsule (b) (4)
Route	Oral
Primary Assessor	Annie Fomene, Pharm.D.
Secondary Assessor	Elsbeth Chikhale, Ph.D.
Overall review outcome	Adequate

Biopharmaceutics Executive Summary	
This Biopharmaceutics Review evaluates data supporting the adequacy of the proposed in-vitro dissolution method and the acceptance criterion as a quality control test (QC) for the proposed drug product. (b) (4) Applicant conducted dissolution testing with (b) (4). Since the Applicant has adequate data to show that the FDA's 2018 Guidance for drug products containing high solubility (HS) drug substances can be implemented for the proposed drug product, the Applicant was recommended to revise the dissolution test method to [500mL of 0.1 N HCl using USP Apparatus 2 (paddle) at 50 rpm] for the highly soluble gabapentin in DRL[1] dated 09/27/2024 In their response[2] on 10/28/2024, the Applicant accepted FDA's recommendations to adopt the standard dissolution method as per 2018 FDA's dissolution guidance for gabapentin based on the newly provided dissolution data using 500 mL of 0.1 N HCl using USP Apparatus II (paddle) at 50 rpm. Overall, the revised dissolution method and standard acceptance criterion of "NLT (b) (4) %(Q) in 30 minutes" as tabulated below are acceptable as a QC test for the proposed drug product at batch release and for stability testing. **Recommendation:** From a Biopharmaceutics perspective, **ANDA 219319** for the proposed Gabapentin Capsule USP, 100 mg, 300 mg and 400 mg is recommended for **APPROVAL.**	
Has OGD deemed the drug product BE to the RLD?	Yes[3]
Drug Substance	**The method in USP**
GABAPENTIN (Capsule IR)	Single test in USP

Drug Substance(s) and Drug Product				
	DS Name	**Strength Name (Active Moiety or Salt)**	**Therapeutic Area**	**Therapeutic Sub-Category**
1	GABAPENTIN	GABAPENTIN	Neurology 2	Epilepsy

DP Strength List	
	DS 1
	mg

[1] **DRL dated 9/27/2024**
\\CDSESUB1\EVSPROD\anda219319\0004\m1\us\drl-quality-letter.pdf
[2] **Applicant's response on 10/28/2024**
\\CDSESUB1\EVSPROD\anda219319\0004\m1\us\cover-letter-drl-quality-seq0004-10282024.pdf, refer to page to pages 13-
[3] **BE Assessor review**
https://panorama.fda.gov/internal/document/preview?versionID=66bd0d2200298569f4a708dac70a59f3&ID=66bcec0d003370d42b5ffb8de3433248

Strength 1	300
Strength 2	100
Strength 3	400

Additional Notes
The proposed drug product is a hard gelatin capsule is manufactured by [redacted] (b) (4).

Review Iteration				
Review Iteration		**Assessor Decision**	**Comments**	**Submission Date**
1	**Original review**	DRL Minor	DRL Minor/IR comments will be issued in the DRL regarding revising the dissolution test method to follow the 2018 FDA dissolution guidance for drug products containing high solubility drug substances and initiate revisions to the pending USP Monograph for Gabapentin Capsule USP.	04/09/2024
2	**Applicant's response to DRL**	Adequate	In their response, the Applicant accepted FDA's recommendations. This Reviewer finds the Applicant's response acceptable.	10/28/2024

Reference Biopharmaceutics Properties

RLD Basic Information	
NDA No.	020235
Non-proprietary DP Name	Gabapentin Capsules
Proprietary DP Name	NEURONTIN® (gabapentin) Capsules

RLD Reference Information	
Dosage and Administration	Per NDA 020235 label, the recommended dose for postherpetic neuralgia can be titrated up as needed to 1800 mg/day (day 1: 300 mg, day 2: 300 mg po bid, day 3: 300 mg po TID); for epilepsy for patients 12 years and older: 300 mg TID, may be titrated up to 600 mg TID. Note that the recommended dose is reached by upward titration over 3 days.
Equilibrium Solubility	Per NDA 020235 label, gabapentin is freely soluble in water and both basic and acidic aqueous solutions.
pKa	Per NDA 020235 label, gabapentin has a pKa1 of 3.7 and a pKa2 of 10.7.
Bioavailability	Per NDA 020235 label, gabapentin bioavailability decreases as dose is increased. Bioavailability of gabapentin is approximately 60%, 47%, 34%, 33%, and 27% following 900 mg, 1200 mg, 2400 mg, 3600 mg, and 4800 mg/day given in 3 divided doses, respectively.
Pharmacokinetics	Per NDA 020235 label, the mean gabapentin half-life ranged from about 6.5 hours (patients with creatinine clearance >60 mL/min) to 52 hours (creatinine clearance <30 mL/min). Gabapentin is eliminated from the systemic circulation by renal excretion as unchanged drug. Gabapentin is not appreciably metabolized in humans.
BCS Classification	This Reviewer could not locate this information.
DS/DP Characterization	Per NDA 020235 label, gabapentin is a white to off-white crystalline solid.
Other Relevant Biopharm Information	None

Reference Documents		
URL Description	**URL**	**Init. Page**
RLD label	https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/020235s069,020882050,021129s050lbl.pdf	1

NDA 020235 packet link	\\CDSESUB1\EVSPROD\nda020235\0173\m1\us\114-labeling\draft\labeling\draft-l beling-text-prescribing-information-withdrawal-sympt.pdf	1

RLD Drug Substance(s) and Drug Product		
DS Name		Strength Name (Active Moiety or Salt)
1	GABAPENTIN	GABAPENTIN

RLD DP Strength List	
	DS 1
	mg
Strength 1	400
Strength 2	300
Strength 3	100

Pilot BE Studies

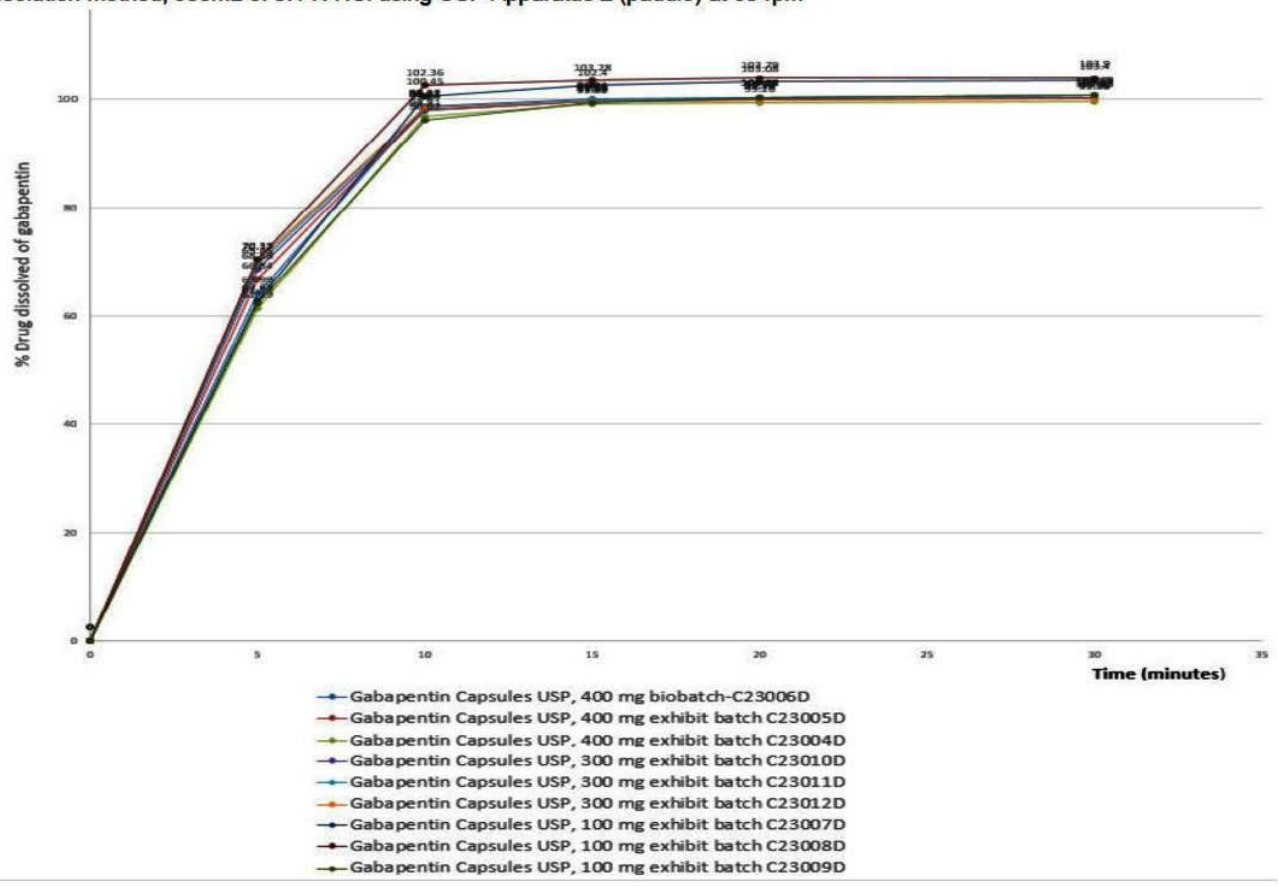
Are there any submitted pilot studies evaluating the BE of several formulation variants for the test product?	No
Reviewer Evaluation	The Applicant did not provide this information.

Drug Substance Information

GABAPENTIN (IR)	
Drug Substance Information	
High Risk drug substance	Yes
BCS Solubility	High
BCS Class Reported by Applicant	I or III
BCS Class Reported by WHO	n/a
BCS Class Evaluated by Reviewer	I or III
Is Tmax Critical?	No
Dissolution Plot(s)	

(b) (4)

Figure 2: Dissolution plot of Gabapentin from Gabapentin Capsule USP, 100 mg, 300 mg and 400 mg using the 2018 standard HS dissolution method, 500mL of 0.1 N HCl using USP Apparatus 2 (paddle) at 50 rpm



[redacted] (b) (4)

Reviewer Evaluation	According to the solubility data provided in Table 1 above, the solubility meets the BCS high solubility criteria for gabapentin [redacted] (b) (4) Therefore, this Reviewer agrees with the Applicant's classification of high solubility for the drug substance gabapentin.

Initial Risk Assessment

GABAPENTIN (IR) / BCS Solubility: High	
Is the in vitro dissolution rapid in 500 mL of 0.1N HCl in aqueous medium (without surfactant)?	Yes
Initial Risk Ranking	Very Low

Mitigation Strategies

GABAPENTIN (IR) / BCS Solubility: High / Initial Risk: Very Low	
Does the Applicant provide sufficient justification to demonstrate the drug substance in the drug product is highly soluble per BCS Guidance?	Yes
Does the dissolution test use the FDA guidance recommended dissolution conditions for BCS Class 1 and 3 drug products?	No

Drug Product Dissolution Method and Acceptance Criterion

GABAPENTIN (Capsule IR)						
Applicant's proposed dissolution method and acceptance criterion						
Strength	**Apparatus**	**Rotation Speed**	**Temp (°C)**	**Medium/Volume (mL)**	**Acceptance Criterion**	**Adequate**
[redacted] (b) (4)						No
FDA recommended dissolution method and acceptance criterion						
Strength	**Apparatus**	**Rotation Speed**	**Temp (°C)**	**Medium/Volume (mL)**	**Acceptance Criterion**	
All Strengths	2-Paddle	50 rpm	37	0.1 N HCl - Volume: 500 mL	Q = [redacted] (b) (4) % in 30 minutes	
Reviewer Evaluation	There is a USP monograph for Gabapentin Capsules. [redacted] (b) (4), the Applicant was requested to revise the dissolution method based on the 2018 FDA dissolution guidance. See deficiency section below. In their response on 10/28/2024, the Applicant submitted[5] the dissolution data of three exhibit batches stability samples for each proposed strength at 37°C under long-term storage conditions at 12 months for all three proposed strengths showing that there is no observed trend in dissolution and that using the standard dissolution method, the proposed drug test product can meet the revised dissolution acceptance criterion as recommended per 2018 Guidance of NLT [redacted] (b) (4) % (Q) in 30 minutes. Hence, the Applicant accepted FDA's recommendations to revise the dissolution method as per the dissolution guidance. In addition, the Applicant a) updated the drug product batch release and stability specifications, b) initiated[6] the petition to the USP for the inclusion of the dissolution method and acceptance criterion in the official monograph for Gabapentin Capsules under the USP Pending Monograph Process and c) updated the description section[7] of the label. This Reviewer finds the Applicant's response acceptable. Description of drug product Dissolution data link Dissolution method report					
Unique Situations						
Any unique situations not covered by KASA?	No					
Adequate	Yes					
Reviewer Evaluation	Refer to drug substance mitigation section.					
Proposed Dissolution Testing						
FDA Dissolution Database						
Is the dissolution analytical quantification method acceptable to OLDP assessors?	Yes[8]					
Description of Links for Dissolution Methods	**URL Link**					

[4] **Comparative dissolution profiles using the dissolution method recommended in FDA dissolution methods database**
\\CDSESUB1\EVSPROD\anda219319\0001\m2\27-clin-sum\summary-biopharm-cdp-100mg-ogd-media.pdf
\\CDSESUB1\EVSPROD\anda219319\0001\m2\27-clin-sum\summary-biopharm-cdp-300mg-ogd-media.pdf
\\CDSESUB1\EVSPROD\anda219319\0001\m2\27-clin-sum\summary-biopharm-cdp-400mg-ogd-media.pdf

[5] **Updated dissolution data with revised dissolution method on 10/28/2024**
\\CDSESUB1\EVSPROD\anda219319\0004\m3\32-body-data\32p-drug-prod\gaba-capsule-capsules-stallion\32p5-contr-drug-prod\32p54-batch-analys\batch-analyses.pdf

[6] **Copy of Applicant's communication to USP**
\\CDSESUB1\EVSPROD\anda219319\0004\m1\us\usp-communication.pdf

[7] **Updated description section of the label**
\\CDSESUB1\EVSPROD\anda219319\0004\m1\us\package-insert-pdf.pdf, refer to page 23 of 41

[8] **OLDP Assessor review**
https://panorama.fda.gov/internal/document/preview?versionID=66f2b10100028322225155 4f63d6195f&ID=66f2b10100028321201f8aedb42514ef

Dissolution method for the 100 mg strength	\\CDSESUB1\EVSPROD\anda219319\0001\m3\32-body-data\32p-drug-prod\gaba-capsule-capsules-stallion\32p5-contr-drug-prod\32p52-analyt-proc\stp-100mg.pdf
Dissolution method for the 300 mg strength	\\CDSESUB1\EVSPROD\anda219319\0001\m3\32-body-data\32p-drug-prod\gaba-capsule-capsules-stallion\32p5-contr-drug-prod\32p52-analyt-proc\stp-300mg.pdf
Dissolution for the 400 mg strength	\\CDSESUB1\EVSPROD\anda219319\0001\m3\32-body-data\32p-drug-prod\gaba-capsule-capsules-stallion\32p5-contr-drug-prod\32p52-analyt-proc\stp-400mg.pdf
Variability in the dissolution results meet the recommendations (e.g. %CV < 20% at early time points (<15 minutes) and <10% at other time points)	Yes
Number of units tested meets the requirements (e.g. 12 units)	Yes
Source of Dissolution Test Method	(b) (4)
Does the proposed drug product meet the USP Monograph standards?	Yes
The Test in USP	Single test in USP
Reviewer Evaluation	It should be noted that after implementing the dissolution method per 2018 FDA dissolution guidance, the Applicant was recommended in FDA DRL dated 9/27/2024 to i) initiate a petition to the USP for inclusion of the dissolution method specification in the official monograph for Gabapentin Capsules under the USP Pending Monograph Process and ii) include a statement in the labeling description section "FDA approved dissolution test specifications differ from the USP" until the product is in alignment with the dissolution specifications (dissolution method and acceptance criterion) in the USP monograph. In this response dated 10/28/2024, the Applicant informed FDA that a revision was initiated[9] for the petition to the USP for the inclusion of the dissolution method and acceptance criterion in the official monograph for Gabapentin Capsules under the USP Pending Monograph Process and that an update to the label description section to include "FDA approved dissolution test specifications differ from the USP" was done. This Reviewer finds the Applicant's response acceptable and notes that the update to adequacy of the update to the label is under the labelling Reviewer.

Drug Product Exhibit Batch Dissolution Testing

Commercial batch size is within a factor of ten times the size of the biobatch?	Yes
Testing was conducted using unexpired and/or fresh lots?	Yes
Is the RLD drug product scored?	No
The manufacturing site for the biobatch and commercial batches is the same?	Yes
Is the Exhibit batch dissolution testing acceptable?	yes
Reviewer Evaluation	Refer to Reviewer's Assessment

[9] **Copy of Applicant's communication to USP submitted on 10/28/2024**
\\CDSESUB1\EVSPROD\anda219319\0004\m1\us\usp-communication.pdf

The following Biopharmaceutics Information Request (IR) comments were conveyed to the Applicant in the DRL dated 09/27/2024 and Applicant responded on 10/28/2024.

Iteration	Status	ID	[Issue Topic]
Original Review		1	Dissolution method and acceptance criterion
			[Deficiency/IR]
			The provided solubility data indicate that gabapentin is a highly soluble drug substance per BCS. The 2018 FDA guidance for Industry titled "Dissolution Testing and Acceptance Criteria for Immediate-Release Solid Oral Dosage Form Drug Products Containing High Solubility Drug Substances" establishes standard dissolution methodology and acceptance criteria to facilitate development and evaluation for drug products that meet the conditions outlined. Based on our evaluation of the data and information provided, we recommend the following: 1. Implement the following dissolution specifications (method and acceptance criterion) for quality control of your drug product, Gabapentin Capsule USP, 100 mg, 300 mg and 400 mg: Method: 500 mL of 0.1 N HCl using USP Apparatus II (paddle) at 50 rpm Acceptance criterion: Q=[redacted]% in 30 minutes Update your drug product batch release and stability specifications accordingly and update other sections of your submission as appropriate. 2. Based on FDA recommendation above, [redacted (b) (4)]. Therefore, after implementing the dissolution method per 2018 FDA dissolution guidance, we also recommend that i) you initiate a petition to the USP for inclusion the dissolution method and acceptance criterion in the official monograph for Gabapentin Capsules under the USP Pending Monograph Process and ii) include a statement in the labeling description section "FDA approved dissolution test specifications differ from the USP" until the product is in alignment with the dissolution specifications (dissolution method and acceptance criterion) in the USP monograph.
			[Summary of the Applicant's response and Reviewer's comment]
			In their response[10] on 10/28/2024, the Applicant provided the dissolution data of 12 months long term stability samples[11] at 37°C from all 3 exhibit batches for all proposed strengths showing that using the standard dissolution method, the proposed drug test product can meet the proposed dissolution acceptance criterion of "NLT[redacted]% (Q) in 30 minutes" as recommended in the 2018 dissolution guidance. Hence, the Applicant accepted FDA's recommendations to revise the dissolution method as per the FDA's 2018 Dissolution Guidance for gabapentin. The Applicant updated[12] the drug product batch release and stability specifications. In addition, the Applicant informed FDA that a petition was initiated to the USP for inclusion of the newly found acceptable (dissolution method and acceptance criterion) in the official monograph for Gabapentin Capsules and an update to the labeling description section as requested by FDA was done. This Reviewer finds the Applicant's response acceptable and notes that the adequacy of the update to the label is under the purview of the Labelling Reviewer.

[10] **Applicant's response dated 10/28/2024**
\\CDSESUB1\EVSPROD\anda219319\0004\m1\us\cover-letter-drl-quality-seq0004-10282024.pdf, refer to pages 13-17
[11] **Long term stability data at 12 months**
\\CDSESUB1\EVSPROD\anda219319\0004\m3\32-body-data\32p-drug-prod\gaba-capsule-capsules-stallion\32p8-stab\stability-data.pdf, refer to page 1
[12] **Updated DP specifications on 10/28/2024**
\\CDSESUB1\EVSPROD\anda219319\0004\m3\32-body-data\32p-drug-prod\gaba-capsule-capsules-stallion\32p5-contr-drug-prod\32p51-spec\specifications.pdf, refer to page 2

Annie Fomene

Digitally signed by Annie Fomene
Date: 12/09/2024 09:52:46AM
GUID: 5d7a51f7001d6309e25d4c665e6ebb58

Elsbeth Chikhale

Digitally signed by Elsbeth Chikhale
Date: 12/09/2024 10:25:50AM
GUID: 50743ccc000031928b54eba1769a5df9

ANDA Executive Summary

1. Application/Product Information

ANDA Number	219319
Review Cycle #	2
Applicant Name	STALLION LABORATORIES PRIVATE LIMITED
Drug Product Name	GABAPENTIN
Dosage Form	Capsule (b) (4)
Proposed Strength(s)	• GABAPENTIN (300mg) • GABAPENTIN (100mg) • GABAPENTIN (400mg)
Route of Administration	Oral
Maximum Daily Dose	• GABAPENTIN 3600 mg
Rx/OTC Dispensed	RX
Proposed Indication	Gabapentin capsules are indicated for Postherpetic neuralgia in adults ;Adjunctive therapy in the treatment of partial onset seizures, with and without secondary generalization, in adults and pediatric patients 3 years and older with epilepsy
Drug Product Description	GABAPENTIN 100 mg: Size "3" hard gelatin capsule, white opaque cap imprinted as "G 100" with blue ink and white opaque body imprinted as “S C” with blue ink containing white to off white powder and capsules are free from physical defects. GABAPENTIN 300 mg: Size "1" hard gelatin capsule, yellow opaque cap imprinted as "G 300" with blue ink and yellow opaque body imprinted as “S C” with blue ink containing white to off white powder and capsules are free from physical defects. GABAPENTIN 400 mg: Size "0" hard gelatin capsule, orange opaque cap imprinted as "G 400" with blue ink and orange opaque body imprinted as “S C” with blue ink containing white to off white powder and capsules are free from physical defects.
Co-packaged product information	N/A
Device information, if any:	N/A

Storage Temperature/ Conditions	Store at 20°-25°C (68°F-77°F); excursions allowed between 15° and 30°C (59° and 86°F) [see USP Controlled Room Temperature];

Review Team		
Discipline	**Primary**	**Secondary**
Drug Product Assessment	Xinming liu	Yogeeta Narkar
Manufacturing Integrated Assessment	Quamrul Majumder	Christine Falabella
Biopharmaceutics Assessment	Annie Fomene	Elsbeth Chikhale
RBPM	Bryant Watson	
ATL	Yogeeta Narkar	

Consults			
Consulting Discipline	**Discipline Consulted**	**Recommendation**	**Date**

2. Submission Document(s) Reviewed

Submission(s) Assessed	Category	Documents Date	Disciplines Affected		
			DPA	MIA	BA
1 (eCTD 0001)	Form 3674; New	04/09/2024	X	X	X
2 (eCTD 0002)	Amendment Correspondence; Bioequivalence	08/05/2024	X		
4 (eCTD 0004)	Amendment Correspondence; Quality	10/28/2024	X	X	X
5 (eCTD 0005)	Amendment Correspondence; Labeling; Quality; Resubmission	03/10/2025	X		

3. Related/Supporting Documents

a. DMFs:

DMF #	Type	Holder	Item Referenced	Status	Date Assessment Completed	Assessor/ Comments
(b) (4)	II	(b) (4)	GABAPENTIN	Adequate	09/12/2024	

b. Other Documents: *IND, RLD, RS, Approved ANDA*

Document	Application Number	Description
RLD	020235	NEURONTIN

4. Final Overall recommendation - Approval

Drug Substance Deficiencies

MF (b) (4) || GABAPENTIN

No Deficiencies to display

Drug Product Deficiencies

No Deficiencies to display

Labeling Deficiencies

No Deficiencies to display

Manufacturing Deficiencies

No Deficiencies to display

Biopharmaceutics Deficiencies

No Deficiencies to display

Microbiology Deficiencies

N/A

Other Deficiencies

OLDP Consults

No Deficiencies to display

OPMA Consults

No Deficiencies to display

Additional Comments
N/A

5. Basis for Recommendation

a. Summary of Rationale for Recommendation:

ANDA 219319 is recommended for approval. Refer to individual discipline summary section for basis for approval.

b. Recommendation by Subdiscipline:

Drug Substance: Adequate

Drug Product: Adequate

Quality Labeling: Adequate

Manufacturing: Adequate

Biopharmaceutics: Adequate

Microbiology: N/A

Environmental: N/A

6. Life-Cycle Considerations

Established Conditions per ICH Q12:No

Comments:

N/A

Comparability Protocols (PACMP):No

Comments:

N/A

Additional Comments:

N/A

Knowledge-aided Assessment and Structured Application
OLDP Product Overview

ANDA Basic Information	
ANDA No.	219319
RLD/RS No.	020235 / NA
Applicant	STALLION LABORATORIES PRIVATE LIMITED
Dosage	Capsule (b) (4)
Route	Oral
DP Name	GABAPENTIN
Primary Assessor	Xinming liu
Secondary Assessor	Yogeeta Narkar

Discipline Executive Summary
The drug substance and drug product are compendial. The drug product is an (b) (4) capsule. The drug product is manufactured by (b) (4) [redacted]. No potential risks are identified for the drug product. [redacted] (b) (4)

Drug Substance(s) and Drug Product						
	DS Name	Strength Name (Active Moiety or Salt)	USP Monograph	DMF#	Status	Date of Complete
1	GABAPENTIN	GABAPENTIN	Compendial	(b) (4)	Adequate	09/12/2024

USP Monograph for DP	Note
Compendial	NA

DP Strength List	
	DS 1
	mg
Strength 1	300
Strength 2	100
Strength 3	400

Recommendations	
Drug Substance Recommendation	Adequate
Drug Product Recommendation	Adequate
Quality Labeling Recommendation	Adequate

Review Iteration						
	Review Iteration	Assessor Decision	Date Finalized	Submission(s) To Be Reviewed	Supporting Document	Submission Date
1	Original Review	IR Minor	9/24/2024	Form 3674; New Amendment Correspondence; Bioequivalence	1 2	4/9/2024 8/5/2024
2	DRL Response	Inadequate Minor	12/31/2024	Amendment Correspondence; Quality	4	10/28/2024

3	CR Response	Adequate		Amendment Correspondence; Labeling; Quality; Resubmission	5	3/10/2025

OLDP Consults

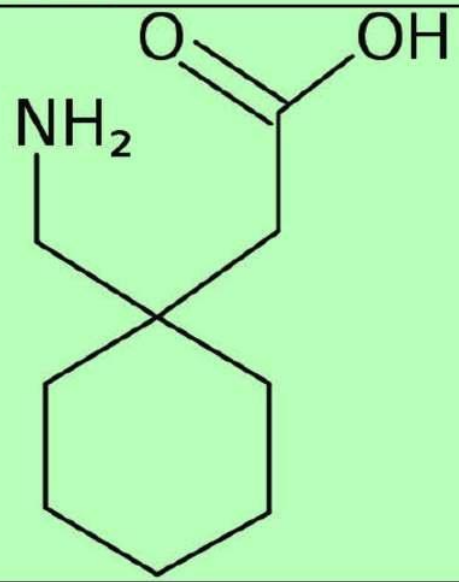
Consults			
Discipline Consulted	**Recommendation**	**Reviewer Evaluation**	**Date Finalized**

Deficiencies

Consults

Knowledge-aided Assessment and Structured Application

S4. Drug Substance

DMF	(b) (4)	GABAPENTIN
UNII	6CW7F3G59X	
DMF Status	Adequate	

DS Specifications				
Specification	Release	Justification	Evaluation	AD
Description	White to off white crystalline solid		Consistent with DMF (b) (4)	Yes

(b) (4)

7 Pages have been held in full as b4

Knowledge-aided Assessment and Structured Application

P1 Drug Product Description

Capsule (b) (4)		
Comparison of Drug Product Design		
RLD/RS Product Design		
Configuration	(b) (4)	
Release Mechanism		
Functional Components		
Components	**Type**	**Brief Description**
#1 (b) (4)		
CCS	**Counts**	
Bottles	100	
ANDA Product Design		
Configuration	(b) (4)	
Release Mechanism		
Functional Components		
Components	**Type**	**Description (Optional)**
#1 (b) (4)		
CCS	**Counts**	
Bottles	30, 100, 500, 1000	

AD	Reviewer Evaluation
Yes	The ANDA product design is same as the RLD.

DP Component Composition of ANDA Drug Product
ANDA Product Design

Ingredient	Excipient Grade	Function	Quantity	Percentage	Function Location
Strength #1: GABAPENTIN 300 mg					
		[redacted]			
GABAPENTIN	USP	API	300	[redacted]	
STARCH [redacted]	[redacted]	[redacted]			
TALC					
MAGNESIUM STEARATE					
TITANIUM DIOXIDE					
[redacted] OXIDE YELLOW					
GELATIN, [redacted]					
[redacted]					
Total:			[redacted]	100%	
Strength #2: GABAPENTIN 100 mg					
		[redacted]			
GABAPENTIN	USP	API	100.000	[redacted]	
STARCH [redacted]	[redacted]	[redacted]			
TALC					
MAGNESIUM STEARATE					
TITANIUM DIOXIDE					
GELATIN [redacted]					
[redacted]					
Total:			[redacted]	100%	
Strength #3: GABAPENTIN 400 mg					
		[redacted]			
GABAPENTIN	USP	API	400	[redacted]	
STARCH [redacted]	[redacted]	[redacted]			
TALC					
MAGNESIUM STEARATE					
GELATIN, [redacted]					
[redacted] OXIDE YELLOW					
TITANIUM DIOXIDE					
[redacted] OXIDE RED					
[redacted]					
Total:			[redacted]	100%	
Are there any DMFs with drug product intermediate (DPI)?				No	

Overall Evaluation of Components Composition	
Reviewer Evaluation	The formulation of the generic product is similar to the RLD. Minor differences are observed [redacted]. We will defer to the Division of Bioequivalence regarding excipient acceptance limits. [redacted] The drug product complies with 21 CFR 73.1200.

Material of Capsule Shell	
What is the capsule shell material?	Gelatin
AD	**Reviewer Evaluation**
Safety Concern of Other Excipient in Capsule Shell	
Is there any other excipient used in the capsule shell that may cause safety concern?	No

AD	Reviewer Evaluation

Patient-Product Interface		
URL Description	**URL**	**Init. Page**
Images of the test and RLD products	\\CDSESUB1\EVSPROD\anda219319\0001\m3\32-body-data\32p-drug-prod\gaba-capsule-capsules-stallion\32p1-desc-comp\description-and-composition.pdf	6

Strength #1: GABAPENTIN 300 mg		
Property	**RLD**	**ANDA**
Capsule shell size	1	1

Strength #2: GABAPENTIN 100 mg		
Property	**RLD**	**ANDA**
Capsule shell size	3	3

Strength #3: GABAPENTIN 400 mg		
Property	**RLD**	**ANDA**
Capsule shell size	0	0

Reviewer Evaluation
The physical characteristics of the RLD and generic product are similar.

Color and Size	
For multiple strength drug products, do all strengths have the same color and size?	No
AD	**Reviewer Evaluation**
Yes	Three strengths of generic drug product have different sizes and colors.

Size of Beads in Drug Products labeled for Sprinkle	
If the drug products are labeled to be administered via sprinkling, does the maximum bead size comply with FDA guidance (no more than 10% variation over 2.5mm to a maximum size of 2.8mm)?	Not Applicable

Unique Situations	
Any Unique Situations Not Covered by KASA?	No
Narrative	

Labeling	
Description Section	
Is the information accurate?	Yes

Is the drug product subject of a USP monograph?	Yes

Does the labeling need a special USP statement in the Description?	No

How Supplied Section	
Is the information accurate?	Yes

Are the storage conditions acceptable?	No
Comment	
A minor typo is noted in the package insert (submission dated 08/05/2024). [redacted] (b) (4) The labeling reviewer has been notified in Panorama.	

Dosage and Administration Section	
For OTC Drugs and Controlled Substances	
Is tamper evident feature provided in the container/closure?	N/A

For Solid Oral Drug Product:		
ANDA Strength	Length(mm)	Imprint Code
GABAPENTIN 100mg	15.91	Cap imprinted with 'G 100' and body imprinted with 'S C' in blue ink
GABAPENTIN 300mg	19.53	Cap imprinted with 'G 300' and body imprinted with 'S C' in blue ink
GABAPENTIN 400mg	21.57	Cap imprinted with 'G 400' and body imprinted with 'S C' in blue ink
Is the imprint code consistent with the labeling?	Yes	

Any issue(s) sent to and/or received from the OGD Labeling Reviewer?	Yes
AD	Reviewer Evaluation
Yes	An issue (Ref # 61045761) was created in Panorama for the labeling reviewer on 09/23/2024 regarding the typo noted in the package insert. In the submission dated 10/28/2024, a minor typo is still noted in the package insert [redacted] (b) (4). The applicant will be requested to revise.

Deficiencies

P.1.1 Overall Drug Product Design

P.1.2 Component Composition of ANDA Drug Product

P.1.3 Formulation of Overage Assessment

P.1.4 Patient- Product Interface

P.1.5 Unique Situations

L.1 Labeling

Iteration	Status	ID	[Issue Topic]
DRL Response	New	1	**[Deficiency/IR]**
			In the submission dated 10/28/2024, in the package insert provided in Section 1.14.2.3, (b) (4) [redacted]. Please revise.
			[Summary of the applicant's response and reviewer comment]
CR Response	Solved	1	**[Summary of the applicant's response and reviewer comment]**
			In the amendment dated 03/10/2025, (b) (4) [redacted]" in the labeling documents in Section 1.14.
			[Deficiency/IR Previous Iteration]

19 Pages have been held in full as b4

Knowledge-aided Assessment and Structured Application

K.R.1 Comparability Protocol

Comparability Protocol					
Total number of CPs approved: 0					
ID	Topic	Reporting Category	Description of Comparability Protocol	Status	AD
1					

Deficiencies

K.R.1 Comparability Protocol

Knowledge-Aided Assessment and Structured Application

DEFICIENCIES

Drug Substance

GABAPENTIN

No deficiencies to display

Xinming Liu

Digitally signed by Xinming Liu
Date: 4/11/2025 11:22:55AM
GUID: 5447e28e0006484b1a123e4a8e532989

Yogeeta Narkar

Digitally signed by Yogeeta Narkar
Date: 7/15/2025 03:55:47PM
GUID: 57472f8b007fbf5c22e1487fdfc87cde

ANDA Executive Summary

1. Application/Product Information

ANDA Number	219319
Review Cycle #	1
Applicant Name	STALLION LABORATORIES PRIVATE LIMITED
Drug Product Name	GABAPENTIN
Dosage Form	Capsule (b) (4)
Proposed Strength(s)	• GABAPENTIN (300mg) • GABAPENTIN (100mg) • GABAPENTIN (400mg)
Route of Administration	Oral
Maximum Daily Dose	• GABAPENTIN - No MDD data available
Rx/OTC Dispensed	RX
Proposed Indication	Gabapentin capsules are indicated for Postherpetic neuralgia in adults ;Adjunctive therapy in the treatment of partial onset seizures, with and without secondary generalization, in adults and pediatric patients 3 years and older with epilepsy
Drug Product Description	GABAPENTIN 100 mg: Size "3" hard gelatin capsule, white opaque cap imprinted as "G 100" with blue ink and white opaque body imprinted as “S C” with blue ink containing white to off white powder and capsules are free from physical defects. GABAPENTIN 300 mg: Size "1" hard gelatin capsule, yellow opaque cap imprinted as "G 300" with blue ink and yellow opaque body imprinted as “S C” with blue ink containing white to off white powder and capsules are free from physical defects. GABAPENTIN 400 mg: Size "0" hard gelatin capsule, orange opaque cap imprinted as "G 400" with blue ink and orange opaque body imprinted as “S C” with blue ink containing white to off white powder and capsules are free from physical defects.
Co-packaged product information	N/A
Device information, if any:	N/A

Storage Temperature/ Conditions	Store at 20°-25°C (68°F-77°F); excursions allowed between 15° and 30°C (59° and 86°F) [see USP Controlled Room Temperature];

Review Team		
Discipline	**Primary**	**Secondary**
Drug Product Assessment	Chandrasekar Manoharan	Yogeeta Narkar
Manufacturing Integrated Assessment	Quamrul Majumder	Christine Falabella
Biopharmaceutics Assessment	Annie Fomene	Elsbeth Chikhale
RBPM	Bryant Watson	
ATL	Yogeeta Narkar	

Consults			
Consulting Discipline	**Discipline Consulted**	**Recommendation**	**Date**

2. Submission Document(s) Reviewed

Submission(s) Assessed	Category	Documents Date	Disciplines Affected		
			DPA	MIA	BA
1 (eCTD 0001)	Form 3674; New	04/09/2024	X	X	X
2 (eCTD 0002)	Amendment Correspondence; Bioequivalence	08/05/2024	X		
4 (eCTD 0004)	Amendment Correspondence; Quality	10/28/2024	X	X	X

3. Related/Supporting Documents

a. DMFs:

DMF #	Type	Holder	Item Referenced	Status	Date Assessment Completed	Assessor/ Comments

(b) (4)	II	(b) (4)	GABAPENTIN	Adequate	09/12/2024	

b. Other Documents: *IND, RLD, RS, Approved ANDA*

Document	Application Number	Description
RLD	020235	NEURONTIN

4. Final Overall recommendation - Complete Response-Minor

Drug Substance Deficiencies

MF019000 || GABAPENTIN

No Deficiencies to display

Drug Product Deficiencies

1. We note that the dissolution test method and acceptance criterion have been revised. Please submit all accrued stability data per updated specifications.

Labeling Deficiencies

1. In the submission dated 10/28/2024, in the package insert (b) (4) . Please revise.

Manufacturing Deficiencies

No Deficiencies to display

Biopharmaceutics Deficiencies

No Deficiencies to display

Microbiology Deficiencies

N/A

Other Deficiencies

OLDP Consults

No Deficiencies to display

OPMA Consults

No Deficiencies to display

Additional Comments

5. Basis for Recommendation

a. Summary of Rationale for Recommendation:

ANDA 219319 is not approvable. OPQ recommends CR-Minor.

b. Recommendation by Subdiscipline:

Drug Substance: Adequate

Drug Product: Inadequate Minor

Quality Labeling: Adequate

Manufacturing: Adequate

Biopharmaceutics: Adequate

Microbiology: N/A

Environmental: N/A

6. Life-Cycle Considerations

Established Conditions per ICH Q12:No

Comments:

N/A

Comparability Protocols (PACMP):No

Comments:

N/A

Additional Comments:

N/A

Knowledge-aided Assessment and Structured Application
OLDP Product Overview

ANDA Basic Information	
ANDA No.	219319
RLD/RS No.	020235 / NA
Applicant	STALLION LABORATORIES PRIVATE LIMITED
Dosage	Capsule (b) (4)
Route	Oral
DP Name	GABAPENTIN
Primary Assessor	Chandrasekar Manoharan
Secondary Assessor	Yogeeta Narkar

Discipline Executive Summary
The drug substance and drug product are compendial. The drug product is an (b) (4) capsule. The drug product is manufactured by (b) (4) [redacted]. No potential risks are identified for the drug product. (b) (4) [redacted]

Drug Substance(s) and Drug Product						
	DS Name	Strength Name (Active Moiety or Salt)	USP Monograph	DMF#	Status	Date of Complete
1	GABAPENTIN	GABAPENTIN	Compendial	(b) (4)	Adequate	09/12/2024

USP Monograph for DP	Note
Compendial	NA

DP Strength List	
	DS 1
	mg
Strength 1	300
Strength 2	100
Strength 3	400

Recommendations	
Drug Substance Recommendation	Adequate
Drug Product Recommendation	Inadequate Minor
Quality Labeling Recommendation	Adequate

Review Iteration						
	Review Iteration	Assessor Decision	Date Finalized	Submission(s) To Be Reviewed	Supporting Document	Submission Date
1	Original Review	IR Minor	9/24/2024	Form 3674; New Amendment Correspondence; Bioequivalence	1 2	4/9/2024 8/5/2024
2	DRL Response	Inadequate Minor		Amendment Correspondence; Quality	4	10/28/2024

OLDP Consults

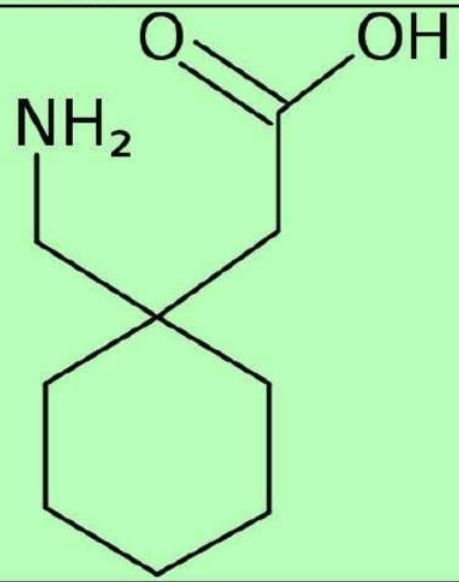
Consults			
Discipline Consulted	Recommendation	Reviewer Evaluation	Date Finalized

Deficiencies

Consults

Knowledge-aided Assessment and Structured Application

S4. Drug Substance

DMF	(b) (4)	GABAPENTIN
UNII	6CW7F3G59X	
DMF Status	Adequate	

DS Specifications				
Specification	Release	Justification	Evaluation	AD
Description	White to off white crystalline solid		Consistent with DMF. (b) (4) [redacted] (b) (4)	Yes

[redacted]

7 Pages have been held in full as b4

Knowledge-aided Assessment and Structured Application

P1 Drug Product Description

(b) (4)		
Comparison of Drug Product Design		
RLD/RS Product Design		
Configuration	(b) (4)	
Release Mechanism		
Functional Components		
Components	**Type**	**Brief Description**
#1 (b) (4)		
CCS	**Counts**	
Bottles	100	
ANDA Product Design		
Configuration	(b) (4)	
Release Mechanism		
Functional Components		
Components	**Type**	**Description (Optional)**
#1 (b) (4)		
CCS	**Counts**	
Bottles	30, 100, 500, 1000	
AD	**Reviewer Evaluation**	
Yes	The ANDA product design is same as the RLD.	

DP Component Composition of ANDA Drug Product
ANDA Product Design

Ingredient	Excipient Grade	Function	Quantity	Percentage	Function Location
Strength #1: GABAPENTIN 300 mg					
[redacted]					
GABAPENTIN	USP	API	300	[redacted]	
STARCH [redacted]	[redacted]	[redacted]	[redacted]		
TALC					
MAGNESIUM STEARATE					
TITANIUM DIOXIDE					
[redacted] OXIDE YELLOW					
GELATIN, [redacted]					
[redacted]					
Total:				100%	
Strength #2: GABAPENTIN 100 mg					
[redacted]					
GABAPENTIN	USP	API	100.000	[redacted]	
STARCH [redacted]	[redacted]	[redacted]	[redacted]		
TALC					
MAGNESIUM STEARATE					
TITANIUM DIOXIDE					
GELATIN, [redacted]					
[redacted]					
Total:				100%	
Strength #3: GABAPENTIN 400 mg					
[redacted]					
GABAPENTIN	USP	API	400	[redacted]	
STARCH 1500, PREGELATINIZED	[redacted]	[redacted]	[redacted]		
TALC					
MAGNESIUM STEARATE					
GELATIN [redacted]					
[redacted] OXIDE YELLOW					
TITANIUM DIOXIDE					
[redacted] OXIDE RED					
[redacted]					
Total:				100%	
Are there any DMFs with drug product intermediate (DPI)?				No	

Overall Evaluation of Components Composition	
Reviewer Evaluation	The formulation of the generic product is similar to the RLD. Minor differences are observed [redacted]. We will defer to the Division of Bioequivalence regarding excipient acceptance limits [redacted]. The drug product complies with 21 CFR 73.1200.

Material of Capsule Shell	
What is the capsule shell material?	Gelatin
AD	**Reviewer Evaluation**
Safety Concern of Other Excipient in Capsule Shell	
Is there any other excipient used in the capsule shell that may cause safety concern?	No

AD	Reviewer Evaluation

Patient-Product Interface		
URL Description	**URL**	**Init. Page**
Images of the test and RLD products	\\CDSESUB1\EVSPROD\anda219319\0001\m3\32-body-data\32p-drug-prod\gaba-capsule-capsules-stallion\32p1-desc-comp\description-and-composition.pdf	6

Strength #1: GABAPENTIN 300 mg		
Property	**RLD**	**ANDA**
Capsule shell size	1	1

Strength #2: GABAPENTIN 100 mg		
Property	**RLD**	**ANDA**
Capsule shell size	3	3

Strength #3: GABAPENTIN 400 mg		
Property	**RLD**	**ANDA**
Capsule shell size	0	0

Reviewer Evaluation
The physical characteristics of the RLD and generic product are similar.

Color and Size	
For multiple strength drug products, do all strengths have the same color and size?	No
AD	**Reviewer Evaluation**
Yes	Three strengths of generic drug product have different sizes and colors.

Size of Beads in Drug Products labeled for Sprinkle	
If the drug products are labeled to be administered via sprinkling, does the maximum bead size comply with FDA guidance (no more than 10% variation over 2.5mm to a maximum size of 2.8mm)?	Not Applicable

Unique Situations	
Any Unique Situations Not Covered by KASA?	No
Narrative	

Labeling	
Description Section	
Is the information accurate?	Yes

Is the drug product subject of a USP monograph?	Yes

Does the labeling need a special USP statement in the Description?	No

How Supplied Section	
Is the information accurate?	Yes

Are the storage conditions acceptable?	No
Comment	
A minor typo is noted in the package insert (submission dated 08/05/2024). [redacted] The labeling reviewer has been notified in Panorama.	

Dosage and Administration Section	
For OTC Drugs and Controlled Substances	
Is tamper evident feature provided in the container/closure?	N/A

For Solid Oral Drug Product:		
ANDA Strength	**Length(mm)**	**Imprint Code**
GABAPENTIN 100mg	15.91	Cap imprinted with 'G 100' and body imprinted with 'S C' in blue ink
GABAPENTIN 300mg	19.53	Cap imprinted with 'G 300' and body imprinted with 'S C' in blue ink
GABAPENTIN 400mg	21.57	Cap imprinted with 'G 400' and body imprinted with 'S C' in blue ink
Is the imprint code consistent with the labeling?	Yes	

Any issue(s) sent to and/or received from the OGD Labeling Reviewer?	Yes
AD	**Reviewer Evaluation**
No	An issue (Ref # 61045761) was created in Panorama for the labeling reviewer on 09/23/2024 regarding the typo noted in the package insert. In the submission dated 10/28/2024, a minor typo is still noted in the package insert [redacted] The applicant will be requested to revise.

Deficiencies

P.1.1 Overall Drug Product Design

P.1.2 Component Composition of ANDA Drug Product

P.1.3 Formulation of Overage Assessment

P.1.4 Patient- Product Interface

P.1.5 Unique Situations

L.1 Labeling

Iteration	Status	ID	[Issue Topic]
DRL Response	New	1	**[Deficiency/IR]**
			In the submission dated 10/28/2024, in the package insert (b) (4) Please revise.
			[Summary of the applicant's response and reviewer comment]

18 Pages have been held in full as b4

Knowledge-aided Assessment and Structured Application

K.R.1 Comparability Protocol

Comparability Protocol					
Total number of CPs approved: 0					
ID	**Topic**	**Reporting Category**	**Description of Comparability Protocol**	**Status**	**AD**
1					

Deficiencies

K.R.1 Comparability Protocol

Knowledge-Aided Assessment and Structured Application

DEFICIENCIES

Drug Substance

GABAPENTIN

No deficiencies to display

Drug Product

1. In the submission dated 10/28/2024, in the package insert [redacted] (b) (4) [redacted]. Please revise.

2. We note that the dissolution test method and acceptance criterion have been revised. Please submit all accrued stability data per updated specifications.

Chandrasekar Manoharan

Digitally signed by Chandrasekar Manoharan
Date: 12/31/2024 01:46:37PM
GUID: 567431f7006e1e99507d87ad28722781

Yogeeta Narkar

Digitally signed by Yogeeta Narkar
Date: 1/23/2025 11:40:01AM
GUID: 57472f8b007fbf5c22e1487fdfc87cde

MEMORANDUM

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION
CENTER FOR DRUG EVALUATION AND RESEARCH

DATE: 8/12/2024

TO: Office of Bioequivalence (OB)
Office of Generic Drugs

FROM: Office of Study Integrity and Surveillance (OSIS)

SUBJECT: **Decline to conduct on-site inspections**

RE:

ANDA (b) (4)	ANDA (b) (4)	ANDA (b) (4)
ANDA	ANDA	ANDA
ANDA	ANDA	ANDA 219319
ANDA	ANDA	ANDA (b) (4)
ANDA	ANDA	ANDA
ANDA	ANDA	ANDA
ANDA	ANDA	ANDA
ANDA	ANDA	ANDA
ANDA	ANDA	ANDA
ANDA	ANDA	ANDA
ANDA	ANDA	ANDA
ANDA	ANDA	

The Office of Study Integrity and Surveillance (OSIS) determined that inspections are not needed for the site listed below. The rationale for this decision is noted below.

Rationale

Cliantha Research, Ahmedabad: The Office of Regulatory Affairs (ORA) conducted an inspection for the clinical site in April 2024. The inspection was conducted under the following submission: ANDA (b) (4).

OSIS concluded that data from the reviewed studies were reliable.

(b) (4): OSIS conducted an inspection for the analytical site in (b) (4). The inspection was conducted under the following submissions: ANDAs (b) (4)

OSIS concluded that data from the reviewed studies were reliable.

Site

Facility Type	Facility Name	Facility Address
Clinical	Cliantha Research, Ltd.	Cliantha Corporate, TP 86, FP 28/1, Off S.P.

Facility Type	Facility Name	Facility Address
		Ring Road, Sarkhej, Ahmedabad, Gujarat, India
Analytical	(b) (4)	

Wendy Ng -S Digitally signed by Wendy Ng -S
Date: 2024.08.12 19:28:53 -04'00'

MEMORANDUM

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION
CENTER FOR DRUG EVALUATION AND RESEARCH

DATE: 8/8/2024

TO: Office of Bioequivalence (OB)
Office of Generic Drugs

FROM: Office of Study Integrity and Surveillance (OSIS)

SUBJECT: **Decline to conduct an on-site inspection**

RE: ANDA (b) (4)
ANDA 219319
ANDA (b) (4)
ANDA
ANDA

The Office of Study Integrity and Surveillance (OSIS) determined that an inspection is not needed for the site listed below. The rationale for this decision is noted below.

Rationale

The Office of Regulatory Affairs (ORA) conducted an inspection for the site in April 2024. The inspection was conducted under the following submissions: ANDAs (b) (4).

OSIS concluded that data from the reviewed studies were reliable.

Site

Facility Type	Facility Name	Facility Address
Clinical	Cliantha Research, Ltd.	Dream Arcadia, Opposite Mayfair Atrium, Vadsar-Kalali Ring Road, Vadodara, Gujarat, India

Folaremi K. Adeyemo -S
Digitally signed by Folaremi K. Adeyemo -S
Date: 2024.08.08 10:15:08 -04'00'

Timely Consults and Early IR Checklist for Type II API DMFs

Result: TCIR-NAI

ANDA#: 219319

Drug Product: Gabapentin Capsules USP

DMF#: (b) (4)

DMF Subject (API name): Gabapentin USP

DMF Holder: (b) (4)

Note: If the DMF is for a mixture of the API and excipient(s) (e.g. stabilizer, buffer), email DMF OGD Mailbox (DMFOGD@fda.hhs.gov) and include the URL to the project; example "this TCIR is for an API excipient mixture".). Note to reviewer: Do not archive the TCIR document as changes may need to be made.

1. Are there any **secondary DMFs** referenced by this DMF? ☐Yes ☒No
   If yes, fill in the following table.

Secondary DMF #	Subject of the DMF	Intermediate/Starting material?

Note: If the secondary DMF is for a regulatory starting material, a review of the secondary DMF may not be needed.

2. **For original DMFs only: Is the regulatory starting material appropriately designated as per ICH Q11 guidelines? ☐Yes ☐No ☒N/A**

   If No, has the firm provided complete facility information?

   ☐Yes. Fill in the following table and send a directed update to the RBPM under the most recent DMF project in Panorama. Use IR comment #1 in TCIR-IR Comments template (SharePoint: DLAPI/TCIR/TCIR-IR Comments).

   ☐No. Fill in what has been provided and send a directed update to the RBPM under the most recent DMF project in Panorama for missing information. Use IR comment in #2 in TCIR-IR Comments template (SharePoint: DLAPI/TCIR/TCIR-IR Comments).

Facility Name and Address#	FEI/DUNS	Intermediate critical (Y/N)**	Justification*

* Re-designation of the KSM may result in a starting material facility becoming an intermediate manufacturing facility, therefore please select a justification(s) from the following:

1. The intermediate is not separated by an adequate number of steps from the final API. The risk to DS quality cannot be adequately mitigated through the intermediate specification and thereby the facility warrants evaluation.

2. The intermediate route of synthesis involves unusual or complex chemistry which presents a risk to DS quality that cannot be adequately mitigated through the intermediate specification.

3. The drug substance is very complex, and the intermediate route of synthesis introduces the most critical structural features and the risk to DS quality cannot be adequately mitigated through the intermediate specification.

4. Intermediate is not deemed critical because the criteria above do not apply.

Note: Add "Pending Evaluation" as the initial assessment. Update this once the response to IR is received.

Note: If intermediate facility is not deemed critical, the facility IR comment is NOT issued to the ANDA applicant.

3. Are there any intermediate facilities **listed in the 356h**? ☐Yes ☒No

If yes, determine if the intermediate facility is critical.

Facility Name and Address	FEI/DUNS	Intermediate critical (Y/N)	Justification*

* If an intermediate facility is identified, please select justification(s) from the following:

1. The intermediate is not separated by an adequate number of steps from the final API. The risk to DS quality cannot be adequately mitigated through the intermediate specification and thereby the facility warrants evaluation.

2. The intermediate route of synthesis involves unusual or complex chemistry which presents a risk to DS quality that cannot be adequately mitigated through the intermediate specification.

3. The drug substance is very complex, and the intermediate route of synthesis introduces the most critical structural features and the risk to DS quality cannot be adequately mitigated through the intermediate specification.

4. Intermediate is not deemed critical because the criteria above do not apply.

4. Does the Type II API DMF list any manufacturing facilities, intermediate facilities, or testing facilities for routine release or stability testing that are **not listed in the facility profile and/or on the 356h** form for the referencing ANDA? ☐Yes ☒No

If yes, include the information identifying each facility and its function below:

Facility Name and Address[#]	Function[$]	Justification if Intermediate facility*	FEI/DUNS[#]

* If an intermediate facility is identified, please select justification(s) from the following:

1. The intermediate is not separated by an adequate number of steps from the final API. The risk to DS quality cannot be adequately mitigated through the intermediate specification and thereby the facility warrants evaluation.

2. The intermediate route of synthesis involves unusual or complex chemistry which presents a risk to DS quality that cannot be adequately mitigated through the intermediate specification.

3. The drug substance is very complex, and the intermediate route of synthesis introduces the most critical structural features and the risk to DS quality cannot be adequately mitigated through the intermediate specification.

4. Intermediate is not deemed critical because the criteria above do not apply.

Note: If intermediate facility is not deemed critical, the facility IR comment is NOT issued to the ANDA applicant.

[$] Facility function codes for hidden and critical intermediate facilities:

CSN: Non-Sterile API by Chemical Synthesis
CSS: Sterile API by Chemical Synthesis
CSP: Chemical Sterilization

LCP: Laboratory, Chemical/Physical Testing
LBI: Laboratory, Biological Testing
LMS: Laboratory, Microbiological – Sterility Testing
LMN: Laboratory, Microbiological – Non-Sterility Testing
CXA: Plant/Animal Extraction Purified API
CFN: Non –Sterile API by Fermentation
CFS: Sterile API by Fermentation
CRU: API Non-Sterile/Intermediate (***Note: The only code to be used for the intermediate facilities***)

#***Note:*** *Not for FOIA boxes (refer to SOP for format) need to be used if the facility information is submitted in a secondary DMF.*

Note to Reviewer: Do not alter this language beyond providing the specifics for the yellow and blue text.

DMF hidden facility language to be issued to ANDA applicant if the site is in primary or secondary DMF:

*There is a facility/are facilities (e.g. DS manufacturing, intermediate, or release/stability testing sites) that is/are included in DMF [primary DMF#] **OR** a DMF that is referenced by DMF [primary DMF#] for [API name] that was/were not listed in your application (i.e. Form FDA 356h and/or in Section 3.2.S.2.1). Please note that the Agency cannot provide to you the status of facilities not listed in your application. Please contact your DMF holder to identify and resolve any discrepancies and clarify which DMF related facilities support your application. We recommend that the DMF related facilities supporting your application be added to your Form FDA 356h and in Section 3.2.S.2.1. If only a subset of the facilities in the DMF will be referenced by your application to support commercial manufacturing and/or testing, your LOA should specify those facilities. Absent this specificity, the Agency intends to assume that all facilities listed in a DMF support your application. Note, there may be an extension of the performance goal date if any facilities have been added to the DMF since the last application assessment cycle.*

5. Does the DMF include any data (e.g. Ames study or cited literature studies) that requires a pharm/tox consult?
   ☐Yes ☒No

   If yes, prepare the consult and send to DCR in Panorama and enter date sent below.

   Consult form date:

6. After examining the labelling for the drug product:

Is a DCR consult required to establish the Maximum Daily Dose (MDD)? ☐Yes ☒No

Is a DCR consult required to establish the product use (i.e. duration and frequency of use, patient population)? ☐Yes ☒No

Is a consult required to determine if the drug product is indicated for the treatment of advanced cancer in the context of ICH S9? ☐Yes ☐No ☒N/A

Is a DCR consult required to determine that the drug substance is carcinogenic? ☐Yes ☒No

If yes to any of the above prepare the appropriate consult and send to DCR in Panorama and enter date sent below.

Consult form date:

Manufacturing Integrated Assessment

Overview

ANDA Basic Information	
ANDA No.	219319
Drug Product Name	GABAPENTIN
Drug Product Strength(s)	GABAPENTIN 300mg ; GABAPENTIN 100mg ; GABAPENTIN 400mg
RLD/RS Number.	020235
Applicant Name	STALLION LABORATORIES PRIVATE LIMITED
Dosage Form	Capsule (b) (4)
Administration Route	Oral
Indication	Gabapentin capsules are indicated for Postherpetic neuralgia in adults ;Adjunctive therapy in the treatment of partial onset seizures, with and without secondary generalization, in adults and pediatric patients 3 years and older with epilepsy
Primary Assessor	Quamrul Majumder
Secondary Assessor	Christine Falabella

I. Manufacturing Summary	
Manufacturing Assessment Recommendation	Adequate
Facility Assessment Recommendation	Adequate
Process Assessment Recommendation	Adequate

Discipline Assessment Summary
Gabapentin is a highly soluble drug substance based on BCS solubility. It is formulated (b) (4) .
The applicant utilized (b) (4)
(b) (4) approval is recommended based on compliance history.
(b) (4) .

Drug Substance(s) and Drug Product				
	Drug Substance Name	**Strength Name (Active Moiety or Salt)**	**DMF#**	**Note for Convenience**
1	GABAPENTIN	GABAPENTIN	(b) (4)	

Drug Product Strength List	
	DS 1

	mg
Strength 1	300
Strength 2	100
Strength 3	400

Review Iteration							
Review Iteration		Process	Facility	Date Finalized	Submission(s) To Be Reviewed	Supporting Document	Submission Date
1	Original Review	IR Minor	Adequate	9/3/2024	Form 3674; New	1	4/9/2024
2	DRL Response	Adequate	Adequate	12/17/2024	Amendment Correspondence; Quality	4	10/28/2024

Highlight Key Issues from Last Cycle and Their Resolution
(b) (4).

Concise Description of Outstanding Issues
None

Lifecycle Management Considerations	
Post-approval inspection?	No
Lifecycle Consideration	No

Facilities Table

Facilities			
Facility name and address	FEI	Responsibilities and profile code(s)	Status
(b) (4)			Approve - Based on Previous History
			Approve - Based on Previous History
			Approve - Based on PAI

Consults

15 Pages have been held in full as b4

V. List of outstanding Information Request/Deficiencies

No deficiencies to display

List of Comments

No comments to display

Quamrul Majumder

Digitally signed by Quamrul Majumder
Date: 12/17/2024 11:20:55AM
GUID: 508da70300028851b973bfb454352bb3

Christine Falabella

Digitally signed by Christine Falabella
Date: 12/17/2024 02:18:49PM
GUID: 53b44f29000133dc0402c48649d4d56a

ANDA:	219319
Company:	Stallion Laboratories Private Limited
Drug product:	Gabapentin Capsules USP, 100 mg, 300 mg, and 400 mg
Indication:	Postherpetic neuralgia in adults; partial onset seizures
Drug product category:	Antiepileptic
RLD:	NDA 020235; Neurontin® (Gabapentin Capsules), 100 mg, 300 mg, and 400 mg; Pfizer
BCS class:	Class III
Risk profile performed by:	Chandrasekar Manoharan

PRODUCT PROPERTY/CQA	PROBABILITY OF OCCURRENCE (O)	SEVERITY OF EFFECT (S)	DETECTABILITY (D)	FMECA RPN	Comments
Physical stability (solid state)	**3**	**1**	**4**	**12**	(b) (4)
Chemical stability	**4**	**3**	**4**	**48**	
Assay	**2**	**3**	**3**	**18**	
Content uniformity	**2**	**2**	**4**	**16**	
Microbial limits	**1 + 1 = 2**	**3**	**3**	**18**	
Dissolution	**3**	**2**	**2**	**12**	
Additional CQA:					

Risk Table for Review Template:

Drug Product CQA	Initial Risk Ranking	Comments	Updated Risk Ranking after Review Cycle #	Comments
Physical stability (solid state)	Low	(b) (4)		
Chemical Stability	Medium			
Assay	Low			
Content uniformity	Low			
Microbial limits	Low			
Dissolution	Low			
Additional CQA:				

ANDA 219319

List of Deficiencies for
Early Information Request/Discipline Review Letter

Justification Statements: https://fda.sharepoint.com/sites/CDER-OPQ-Collaboration/OPQ%20Work%20Aids/Justifications%20for%20Major%20Deficiencies.xlsb

Add justification(s) and deficiencies under respective sub-discipline.

A. Drug Substance Deficiencies

Major Justification (if needed):

1. (b) (4)
2.
3.

B. Drug Product Deficiencies

Major Justification (if needed):

1. (b) (4)
2.
3.
4.

5. (b) (4)

6.

C. Environmental Analysis Deficiencies

Major Justification (if needed):

1.

D. Labeling Deficiencies

Major Justification (if needed):

1.

E. Process Deficiencies

Major Justification (if needed):

1. (b) (4)

2.

3. (b) (4)

4.

F. Facilities Deficiencies

Major Justification (if needed):

1.

G. Biopharmaceutics Deficiencies

The provided solubility data indicate that gabapentin is a highly soluble drug substance per BCS. The 2018 FDA guidance for Industry titled "Dissolution Testing and Acceptance Criteria for Immediate-Release Solid Oral Dosage Form Drug Products Containing High Solubility Drug Substances" establishes standard dissolution methodology and acceptance criteria to facilitate development and evaluation for drug products that meet the conditions outlined. Based on our evaluation of the data and information provided, we recommend the following:

1. Implement the following dissolution specifications (method and acceptance criterion) for quality control of your drug product, Gabapentin Capsule USP, 100 mg, 300 mg and 400 mg:

Method: 500 mL of 0.1 N HCl using USP Apparatus II (paddle) at 50 rpm
Acceptance criterion: Q=(b) (4)% in 30 minutes

Update your drug product batch release and stability specifications accordingly and update other sections of

your submission as appropriate.

2. Based on FDA recommendation above, the revised dissolution method for your proposed product Gabapentin Capsules will differ from the current USP monograph method for Gabapentin Capsules. Therefore, after implementing the dissolution method per 2018 FDA dissolution guidance, we also recommend that i) you initiate a petition to the USP for inclusion the dissolution method and acceptance criterion in the official monograph for Gabapentin Capsules under the USP Pending Monograph Process and ii) include a statement in the labeling description section "FDA approved dissolution test specifications differ from the USP" until the product is in alignment with the dissolution specifications (dissolution method and acceptance criterion) in the USP monograph.

H. Microbiology Deficiencies

Major Justification (if needed):

1.

CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER:

ANDA 219319

BIOEQUIVALENCE REVIEW(s)

Knowledge-Aided Assessment and Structured Application Biopharmaceutics Assessment

ANDA Basic Information	
ANDA No.	219319
DP Name	Gabapentin Capsule USP, 100 mg, 300 mg and 400 mg
RLD/RS No.	NDA 020235
Applicant	Stallion Laboratories Private Limited
Dosage Form	Capsule IR
Route	Oral
Primary Assessor	Annie Fomene, Pharm.D.
Secondary Assessor	Elsbeth Chikhale, Ph.D.
Overall review outcome	Adequate

Biopharmaceutics Executive Summary	
This Biopharmaceutics Review evaluates data supporting the adequacy of the proposed in-vitro dissolution method and the acceptance criterion as a quality control test (QC) for the proposed drug product. (b) (4) Applicant conducted dissolution testing with (b) (4). Since the Applicant has adequate data to show that the FDA's 2018 Guidance for drug products containing high solubility (HS) drug substances can be implemented for the proposed drug product, the Applicant was recommended to revise the dissolution test method to [500mL of 0.1 N HCl using USP Apparatus 2 (paddle) at 50 rpm] for the highly soluble gabapentin in DRL[1] dated 09/27/2024 In their response[2] on 10/28/2024, the Applicant accepted FDA's recommendations to adopt the standard dissolution method as per 2018 FDA's dissolution guidance for gabapentin based on the newly provided dissolution data using 500 mL of 0.1 N HCl using USP Apparatus II (paddle) at 50 rpm. Overall, the revised dissolution method and standard acceptance criterion of "NLT (b) (4)%(Q) in 30 minutes" as tabulated below are acceptable as a QC test for the proposed drug product at batch release and for stability testing. **Recommendation:** From a Biopharmaceutics perspective, **ANDA 219319** for the proposed Gabapentin Capsule USP, 100 mg, 300 mg and 400 mg is recommended for **APPROVAL.**	
Has OGD deemed the drug product BE to the RLD?	Yes[3]
Drug Substance	**The method in USP**
GABAPENTIN (Capsule IR)	Single test in USP

Drug Substance(s) and Drug Product				
	DS Name	**Strength Name (Active Moiety or Salt)**	**Therapeutic Area**	**Therapeutic Sub-Category**
1	GABAPENTIN	GABAPENTIN	Neurology 2	Epilepsy

DP Strength List	
	DS 1
	mg

[1] **DRL dated 9/27/2024**
\\CDSESUB1\EVSPROD\anda219319\0004\m1\us\drl-quality-letter.pdf
[2] **Applicant's response on 10/28/2024**
\\CDSESUB1\EVSPROD\anda219319\0004\m1\us\cover-letter-drl-quality-seq0004-10282024.pdf, refer to page to pages 13-
[3] **BE Assessor review**
https://panorama.fda.gov/internal/document/preview?versionID=66bd0d2200298569f4a708dac70a59f3&ID=66bcec0d003370d42b5ffb8de3433248

Strength 1	300
Strength 2	100
Strength 3	400

Additional Notes
The proposed drug product is a hard gelatin capsule is manufactured by [redacted] (b) (4)

Review Iteration				
Review Iteration		**Assessor Decision**	**Comments**	**Submission Date**
1	**Original review**	DRL Minor	DRL Minor/IR comments will be issued in the DRL regarding revising the dissolution test method to follow the 2018 FDA dissolution guidance for drug products containing high solubility drug substances and initiate revisions to the pending USP Monograph for Gabapentin Capsule USP.	04/09/2024
2	**Applicant's response to DRL**	Adequate	In their response, the Applicant accepted FDA's recommendations. This Reviewer finds the Applicant's response acceptable.	10/28/2024

Reference Biopharmaceutics Properties

RLD Basic Information	
NDA No.	020235
Non-proprietary DP Name	Gabapentin Capsules
Proprietary DP Name	NEURONTIN® (gabapentin) Capsules

RLD Reference Information	
Dosage and Administration	Per NDA 020235 label, the recommended dose for postherpetic neuralgia can be titrated up as needed to 1800 mg/day (day 1: 300 mg, day 2: 300 mg po bid, day 3: 300 mg po TID); for epilepsy for patients 12 years and older: 300 mg TID, may be titrated up to 600 mg TID. Note that the recommended dose is reached by upward titration over 3 days.
Equilibrium Solubility	Per NDA 020235 label, gabapentin is freely soluble in water and both basic and acidic aqueous solutions.
pKa	Per NDA 020235 label, gabapentin has a pKa1 of 3.7 and a pKa2 of 10.7.
Bioavailability	Per NDA 020235 label, gabapentin bioavailability decreases as dose is increased. Bioavailability of gabapentin is approximately 60%, 47%, 34%, 33%, and 27% following 900 mg, 1200 mg, 2400 mg, 3600 mg, and 4800 mg/day given in 3 divided doses, respectively.
Pharmacokinetics	Per NDA 020235 label, the mean gabapentin half-life ranged from about 6.5 hours (patients with creatinine clearance >60 mL/min) to 52 hours (creatinine clearance <30 mL/min). Gabapentin is eliminated from the systemic circulation by renal excretion as unchanged drug. Gabapentin is not appreciably metabolized in humans.
BCS Classification	This Reviewer could not locate this information.
DS/DP Characterization	Per NDA 020235 label, gabapentin is a white to off-white crystalline solid.
Other Relevant Biopharm Information	None

Reference Documents		
URL Description	**URL**	**Init. Page**
RLD label	https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/020235s069,020882050,021129s050lbl.pdf	1

NDA 020235 packet link	\\CDSESUB1\EVSPROD\nda020235\0173\m1\us\114-labeling\draft\labeling\draft-l beling-text-prescribing-information-withdrawal-sympt.pdf	1

RLD Drug Substance(s) and Drug Product		
DS Name		Strength Name (Active Moiety or Salt)
1	GABAPENTIN	GABAPENTIN

RLD DP Strength List	
	DS 1
	mg
Strength 1	400
Strength 2	300
Strength 3	100

Pilot BE Studies

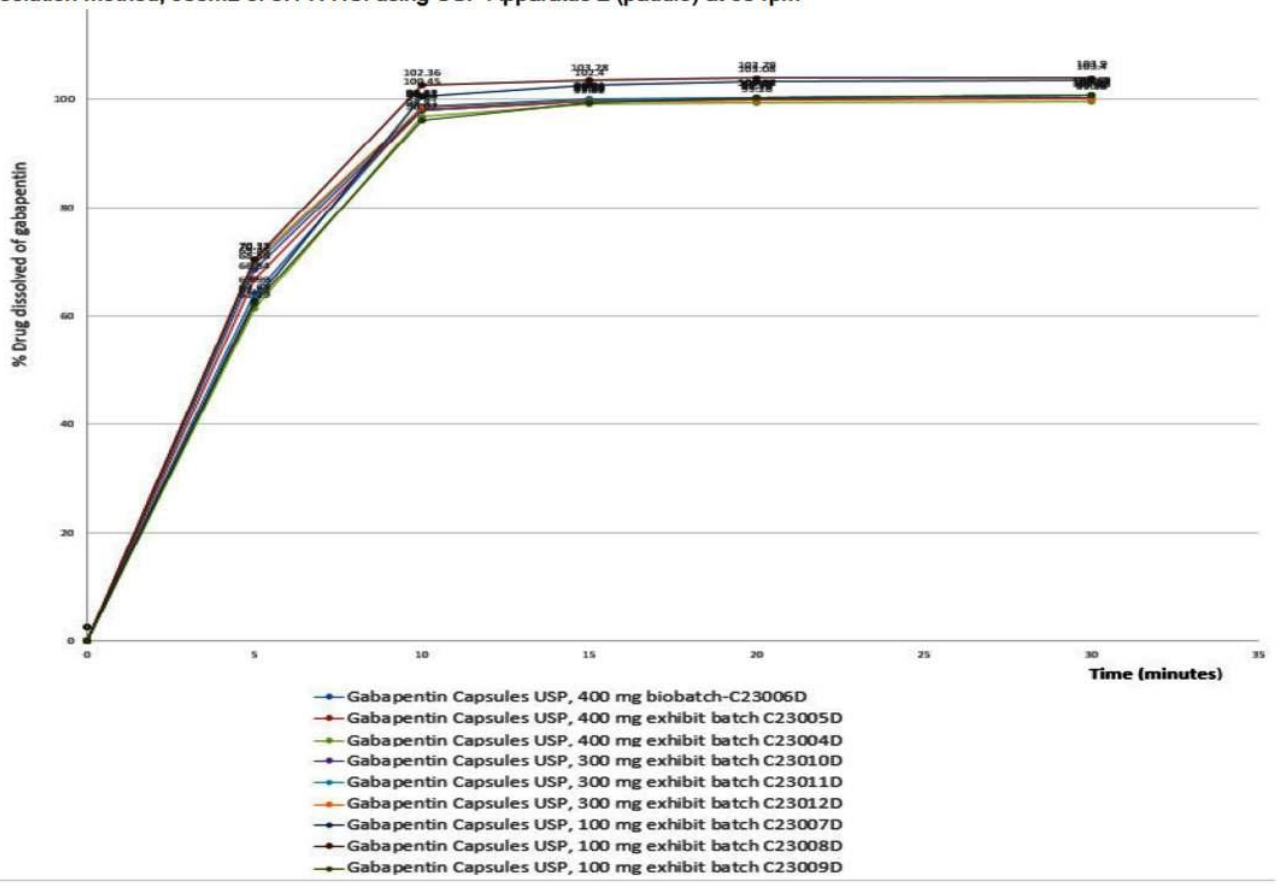
Are there any submitted pilot studies evaluating the BE of several formulation variants for the test product?	No
Reviewer Evaluation	The Applicant did not provide this information.

Drug Substance Information

GABAPENTIN (IR)	
Drug Substance Information	
High Risk drug substance	Yes
BCS Solubility	High
BCS Class Reported by Applicant	I or III
BCS Class Reported by WHO	n/a
BCS Class Evaluated by Reviewer	I or III
Is Tmax Critical?	No
Dissolution Plot(s)	

(b) (4)

Figure 2: Dissolution plot of Gabapentin from Gabapentin Capsule USP, 100 mg, 300 mg and 400 mg using the 2018 standard HS dissolution method, 500mL of 0.1 N HCl using USP Apparatus 2 (paddle) at 50 rpm



[redacted] (b) (4)

Reviewer Evaluation	According to the solubility data provided in Table 1 above, the solubility meets the BCS high solubility criteria for gabapentin [redacted] (b) (4) Therefore, this Reviewer agrees with the Applicant's classification of high solubility for the drug substance gabapentin.

Initial Risk Assessment

GABAPENTIN (IR) / BCS Solubility: High	
Is the in vitro dissolution rapid in 500 mL of 0.1N HCl in aqueous medium (without surfactant)?	Yes
Initial Risk Ranking	Very Low

Mitigation Strategies

GABAPENTIN (IR) / BCS Solubility: High / Initial Risk: Very Low	
Does the Applicant provide sufficient justification to demonstrate the drug substance in the drug product is highly soluble per BCS Guidance?	Yes
Does the dissolution test use the FDA guidance recommended dissolution conditions for BCS Class 1 and 3 drug products?	No

Drug Product Dissolution Method and Acceptance Criterion

GABAPENTIN (Capsule IR)						
Applicant's proposed dissolution method and acceptance criterion						
Strength	**Apparatus**	**Rotation Speed**	**Temp (°C)**	**Medium/Volume (mL)**	**Acceptance Criterion**	**Adequate**
[redacted] (b) (4)						No
FDA recommended dissolution method and acceptance criterion						
Strength	**Apparatus**	**Rotation Speed**	**Temp (°C)**	**Medium/Volume (mL)**	**Acceptance Criterion**	
All Strengths	2-Paddle	50 rpm	37	0.1 N HCl - Volume: 500 mL	Q = [redacted] (b) (4) % in 30 minutes	
Reviewer Evaluation	There is a USP monograph for Gabapentin Capsules. [redacted] (b) (4) the Applicant was requested to revise the dissolution method based on the 2018 FDA dissolution guidance. See deficiency section below. In their response on 10/28/2024, the Applicant submitted[5] the dissolution data of three exhibit batches stability samples for each proposed strength at 37°C under long-term storage conditions at 12 months for all three proposed strengths showing that there is no observed trend in dissolution and that using the standard dissolution method, the proposed drug test product can meet the revised dissolution acceptance criterion as recommended per 2018 Guidance of NLT [redacted] (b) (4) % (Q) in 30 minutes. Hence, the Applicant accepted FDA's recommendations to revise the dissolution method as per the dissolution guidance. In addition, the Applicant a) updated the drug product batch release and stability specifications, b) initiated[6] the petition to the USP for the inclusion of the dissolution method and acceptance criterion in the official monograph for Gabapentin Capsules under the USP Pending Monograph Process and c) updated the description section[7] of the label. This Reviewer finds the Applicant's response acceptable. Description of drug product Dissolution data link Dissolution method report				
Unique Situations						
Any unique situations not covered by KASA?	No					
Adequate	Yes					
Reviewer Evaluation	Refer to drug substance mitigation section.					
Proposed Dissolution Testing						
FDA Dissolution Database						
Is the dissolution analytical quantification method acceptable to OLDP assessors?	Yes[8]					
Description of Links for Dissolution Methods	**URL Link**					

[4] **Comparative dissolution profiles using the dissolution method recommended in FDA dissolution methods database**
\\CDSESUB1\EVSPROD\anda219319\0001\m2\27-clin-sum\summary-biopharm-cdp-100mg-ogd-media.pdf
\\CDSESUB1\EVSPROD\anda219319\0001\m2\27-clin-sum\summary-biopharm-cdp-300mg-ogd-media.pdf
\\CDSESUB1\EVSPROD\anda219319\0001\m2\27-clin-sum\summary-biopharm-cdp-400mg-ogd-media.pdf

[5] **Updated dissolution data with revised dissolution method on 10/28/2024**
\\CDSESUB1\EVSPROD\anda219319\0004\m3\32-body-data\32p-drug-prod\gaba-capsule-capsules-stallion\32p5-contr-drug-prod\32p54-batch-analys\batch-analyses.pdf

[6] **Copy of Applicant's communication to USP**
\\CDSESUB1\EVSPROD\anda219319\0004\m1\us\usp-communication.pdf

[7] **Updated description section of the label**
\\CDSESUB1\EVSPROD\anda219319\0004\m1\us\package-insert-pdf.pdf, refer to page 23 of 41

[8] **OLDP Assessor review**
https://panorama.fda.gov/internal/document/preview?versionID=66f2b10100028322225155 4f63d6195f&ID=66f2b10100028321201f8aedb42514ef

Dissolution method for the 100 mg strength	\\CDSESUB1\EVSPROD\anda219319\0001\m3\32-body-data\32p-drug-prod\gaba-capsule-capsules-stallion\32p5-contr-drug-prod\32p52-analyt-proc\stp-100mg.pdf
Dissolution method for the 300 mg strength	\\CDSESUB1\EVSPROD\anda219319\0001\m3\32-body-data\32p-drug-prod\gaba-capsule-capsules-stallion\32p5-contr-drug-prod\32p52-analyt-proc\stp-300mg.pdf
Dissolution for the 400 mg strength	\\CDSESUB1\EVSPROD\anda219319\0001\m3\32-body-data\32p-drug-prod\gaba-capsule-capsules-stallion\32p5-contr-drug-prod\32p52-analyt-proc\stp-400mg.pdf
Variability in the dissolution results meet the recommendations (e.g. %CV < 20% at early time points (<15 minutes) and <10% at other time points)	Yes
Number of units tested meets the requirements (e.g. 12 units)	Yes
Source of Dissolution Test Method	(b) (4)
Does the proposed drug product meet the USP Monograph standards?	Yes
The Test in USP	Single test in USP
Reviewer Evaluation	It should be noted that after implementing the dissolution method per 2018 FDA dissolution guidance, the Applicant was recommended in FDA DRL dated 9/27/2024 to i) initiate a petition to the USP for inclusion of the dissolution method specification in the official monograph for Gabapentin Capsules under the USP Pending Monograph Process and ii) include a statement in the labeling description section "FDA approved dissolution test specifications differ from the USP" until the product is in alignment with the dissolution specifications (dissolution method and acceptance criterion) in the USP monograph. In this response dated 10/28/2024, the Applicant informed FDA that a revision was initiated[9] for the petition to the USP for the inclusion of the dissolution method and acceptance criterion in the official monograph for Gabapentin Capsules under the USP Pending Monograph Process and that an update to the label description section to include "FDA approved dissolution test specifications differ from the USP" was done. This Reviewer finds the Applicant's response acceptable and notes that the update to adequacy of the update to the label is under the labelling Reviewer.

Drug Product Exhibit Batch Dissolution Testing

Commercial batch size is within a factor of ten times the size of the biobatch?	Yes
Testing was conducted using unexpired and/or fresh lots?	Yes
Is the RLD drug product scored?	No
The manufacturing site for the biobatch and commercial batches is the same?	Yes
Is the Exhibit batch dissolution testing acceptable?	yes
Reviewer Evaluation	Refer to Reviewer's Assessment

[9] **Copy of Applicant's communication to USP submitted on 10/28/2024**
\\CDSESUB1\EVSPROD\anda219319\0004\m1\us\usp-communication.pdf

The following Biopharmaceutics Information Request (IR) comments were conveyed to the Applicant in the DRL dated 09/27/2024 and Applicant responded on 10/28/2024.

Iteration	Status	ID	[Issue Topic]
Original Review		1	Dissolution method and acceptance criterion
			[Deficiency/IR]
			The provided solubility data indicate that gabapentin is a highly soluble drug substance per BCS. The 2018 FDA guidance for Industry titled "Dissolution Testing and Acceptance Criteria for Immediate-Release Solid Oral Dosage Form Drug Products Containing High Solubility Drug Substances" establishes standard dissolution methodology and acceptance criteria to facilitate development and evaluation for drug products that meet the conditions outlined. Based on our evaluation of the data and information provided, we recommend the following: 1. Implement the following dissolution specifications (method and acceptance criterion) for quality control of your drug product, Gabapentin Capsule USP, 100 mg, 300 mg and 400 mg: Method: 500 mL of 0.1 N HCl using USP Apparatus II (paddle) at 50 rpm Acceptance criterion: Q=80% in 30 minutes Update your drug product batch release and stability specifications accordingly and update other sections of your submission as appropriate. 2. Based on FDA recommendation above [redacted (b) (4)] Therefore, after implementing the dissolution method per 2018 FDA dissolution guidance, we also recommend that i) you initiate a petition to the USP for inclusion the dissolution method and acceptance criterion in the official monograph for Gabapentin Capsules under the USP Pending Monograph Process and ii) include a statement in the labeling description section "FDA approved dissolution test specifications differ from the USP" until the product is in alignment with the dissolution specifications (dissolution method and acceptance criterion) in the USP monograph.
			[Summary of the Applicant's response and Reviewer's comment]
			In their response[10] on 10/28/2024, the Applicant provided the dissolution data of 12 months long term stability samples[11] at 37°C from all 3 exhibit batches for all proposed strengths showing that using the standard dissolution method, the proposed drug test product can meet the proposed dissolution acceptance criterion of "NLT [redacted (b) (4)]% (Q) in 30 minutes" as recommended in the 2018 dissolution guidance. Hence, the Applicant accepted FDA's recommendations to revise the dissolution method as per the FDA's 2018 Dissolution Guidance for gabapentin. The Applicant updated[12] the drug product batch release and stability specifications. In addition, the Applicant informed FDA that a petition was initiated to the USP for inclusion of the newly found acceptable (dissolution method and acceptance criterion) in the official monograph for Gabapentin Capsules and an update to the labeling description section as requested by FDA was done. This Reviewer finds the Applicant's response acceptable and notes that the adequacy of the update to the label is under the purview of the Labelling Reviewer.

[10] **Applicant's response dated 10/28/2024**
\\CDSESUB1\EVSPROD\anda219319\0004\m1\us\cover-letter-drl-quality-seq0004-10282024.pdf, refer to pages 13-17
[11] **Long term stability data at 12 months**
\\CDSESUB1\EVSPROD\anda219319\0004\m3\32-body-data\32p-drug-prod\gaba-capsule-capsules-stallion\32p8-stab\stability-data.pdf, refer to page 1
[12] **Updated DP specifications on 10/28/2024**
\\CDSESUB1\EVSPROD\anda219319\0004\m3\32-body-data\32p-drug-prod\gaba-capsule-capsules-stallion\32p5-contr-drug-prod\32p51-spec\specifications.pdf, refer to page 2

Annie Fomene

Digitally signed by Annie Fomene
Date: 12/09/2024 09:52:46AM
GUID: 5d7a51f7001d6309e25d4c665e6ebb58

Elsbeth Chikhale

Digitally signed by Elsbeth Chikhale
Date: 12/09/2024 10:25:50AM
GUID: 50743ccc000031928b54eba1769a5df9

OFFICE OF BIOEQUIVALENCE REVIEW

ANDA No.	219319
Drug Product Name	GABAPENTIN CAPSULE
Strength(s)	300mg;400mg;100mg
Applicant Name	STALLION LABORATORIES PRIVATE LIMITED
Applicant Address	OFFICE 17 8TH FLOOR DEV PATH BEHIND LAL BUNGLOW OFF CG RD;AHMEDABAD - 380006;INDIA
Applicant's Point of Contact Details	JERRY DOANE 15815 SW 11TH COURT RD. OCALA, FLORIDA 34473-8916 US Phone: (b) (6) Fax: +1-352-634-8334 Email: JDOANE@USAGENT-TOBIAS.COM
Submission Date(s)	April 09, 2024 - Form 3674;New/ANDA
RLD Number	NDA 020235
Primary Assessor	Ilya Senatorov
Secondary Assessor	Svetlana Cherstniakova

Bioequivalence Studies Sites and OSIS Status

Study Number(s)	Study Type(s)	Strength(s)	Study Site(s)	Name/Address(es)	OSIS Status
#C1B03335	Fasting	400 mg	Clinical	Cliantha Research Limited Dream Arcadia, Opp. Mayfair Atrium, Vadsar-Kalali Ring Road, Vadodara – 390012 Gujarat, India, Tel# +91-265-2324376	Complete
#C1B03335	Fasting	400 mg	Analytical	(b) (4)	Complete

Bioequivalence Studies Sites and OSIS Status					
Study Number(s)	**Study Type(s)**	**Strength(s)**	**Study Site(s)**	**Name/Address(es)**	**OSIS Status**
				(b) (4) [redacted]	
#C1B03336	Fed	400 mg	Clinical	Cliantha Research Limited Dream Arcadia, Opp. Mayfair Atrium, Vadsar-Kalali Ring Road, Vadodara – 390012 Gujarat, India, Tel# +91-265-2324376	Complete
#C1B03336	Fed	400 mg	Analytical	(b) (4) [redacted]	Complete

Waiver/Deem Bioequivalent	☒ Granted ☐ Not Granted ☐ N/A
QC Dissolution	☐ Pending ☒ Adequate ☐ Inadequate ☐ N/A
Formulation	☒ Adequate ☐ Inadequate ☐ Pending
Will Response to CR Result in a Reformulation?	☐ Possibly ☒ No ☐ N/A
Deficiency Classification	☐ Major ☐ Minor/IR
Major Deficiency Theme	
Justification for Major Designation	
Overall Review Result	☒ Adequate ☐ Inadequate
Product Specific Guidance (PSG) Referenced in Assessment	☒ Recommended/Latest Revision Date: 05/01/2007 ☐ N/A (no PSG available at the time of review) ☐ PSG under Development (see Section 3.3)

	Revised PSG Project#:

Bioequivalence Study Outcomes			
Bioequivalence Study Tracking/Supporting Document(s) #	**Study/Test Type(s)**	**Strength(s)**	**Review Result(s)**
1	Fasting	400 mg	Adequate
1	Fed	400 mg	Adequate
1	Waiver	100 mg, 300 mg	Adequate

1 EXECUTIVE SUMMARY

This application contains the results of fasting and fed bioequivalence (BE) studies comparing a test product, Stallion Laboratories Private Limited's Gabapentin Capsules USP, 400 mg to the corresponding reference product and reference listed drug (RLD) Viatris Specialty LLC's NEURONTIN® (gabapentin) capsules, 400 mg.

Each of the BE studies was designed as a single-dose, two-way crossover study in healthy male subjects. The applicant provided adequate justification showing BE results from male-only studies can be extrapolated to the entire population consisting of both sexes and pediatric population, and that the difference in study population will not affect the BE conclusion in their response to an Information Request sent on July 24, 2024, as outlined in Sections 4.1.1.4.4 and 4.1.2.4.4 for the fasting and fed studies, respectively. The applicant's fasting and fed BE studies are **adequate.** The assessor-calculated results are summarized in the tables below.

Gabapentin Capsules, 400 mg
Fasting Bioequivalence Study No. C1B03335, N=36 (Male=36 and Female=0)
Least-Square Geometric Means, Point Estimates and 90% Confidence Intervals

Parameter (units)	Test	Reference	Ratio	90% C.I.	
AUC0-t (ng·hr/mL)	33737.34	36736.19	0.92	85.39	98.77
AUC∞ (ng·hr/mL)	34237.64	37225.44	0.92	85.61	98.81
Cmax (ng/mL)	3111.69	3425.60	0.91	84.36	97.81

Gabapentin Capsules, 400 mg
Fed Bioequivalence Study No. C1B03336, N=36 (Male=36 and Female=0)
Least-Square Geometric Means, Point Estimates and 90% Confidence Intervals

Parameter (units)	Test	Reference	Ratio	90% C.I.	
AUC0-t (ng·hr/mL)	39209.99	40177.73	0.98	91.44	104.16
AUC∞ (ng·hr/mL)	39660.97	40643.20	0.98	91.50	104.08
Cmax (ng/mL)	3544.10	3651.89	0.97	92.18	102.17

All inactive ingredients in the test formulation(s) do not raise safety concerns. The test formulation of the non-bio strength(s) (100 mg. 300 mg) is proportional to the test formulation of the bio-strength (400 mg). The firm adequately corrected inconsistencies found in the submitted composition report in their response to an Information Request from July 24, 2024 as summarized in Section 4.3.3.

Dissolution was performed as per USP-NF Gabapentin Capsule Monography dissolution recommendation. The dissolution data are **adequate** with respect to supporting waiver requests under 21 CFR 320.22 (d)(2) for the lower immediate release strengths 100 mg and 300 mg. The Division of Bioequivalence (DB) grants the waiver request(s) for in vivo BE study requirements for the following 100 mg and 300 mg strengths based on criteria set forth in 21 CFR § 320.22 (d)(2).

Routine inspections of clinical (Cliantha Corporate, Dream Arcadia, Opp. Mayfair Atrium, Vadsar-Kalali Ring Road, Vadodara – 390012 Gujarat, India) and bioanalytical [redacted] (b) (4) [redacted]) sites for ANDA 219319 are complete and a Decline to Inspect Memo for these sites have been uploaded to GDRP. Studies submitted in the current ANDA do not indicate any conduct issue and no data integrity deficiency was identified by the assessor.

The application is **adequate** from the BE perspective.

2 TABLE OF CONTENTS

3 SUBMISSION SUMMARY

3.1 Drug Product Information

Test Drug Product and Strength(s)	Gabapentin Capsules USP 100 mg, 300 mg, 400 mg
Reference Standard (RS) and Strength(s)	NEURONTIN® Capsules 400 mg
RS Holder; NDA/ANDA Number; Approval Date	Viatris Specialty LLC; N020235; Dec 30, 1993
Reference Listed Drug (RLD) and Strength(s)	NEURONTIN® Capsules 100 mg, 300 mg, 400 mg
RLD Holder; NDA/ANDA Number; Approval Date	Viatris Specialty LLC; N020235; Dec 30, 1993

3.2 PK/PD Information

Indication	• Management of postherpetic neuralgia in adults • Adjunctive therapy in the treatment of partial onset seizures, with and without secondary generalization, in adults and pediatric patients 3 years and older with epilepsy [1]
Dosage and Administration	Postherpetic Neuralgia (2.1) • Dose can be titrated up as needed to a dose of 1800 mg/day • Day 1: Single 300 mg dose • Day 2: 600 mg/day (i.e., 300 mg two times a day) • Day 3: 900 mg/day (i.e., 300 mg three times a day) Epilepsy with Partial Onset Seizures (2.2) • Patients 12 years of age and older: starting dose is 300 mg three times daily; may be titrated up to 600 mg three times daily Dose should be adjusted in patients with reduced renal function
Pediatric Use	Patients 3 to 11 years of age: starting dose range is 10 to 15 mg/kg/day, given in three divided doses; recommended dose in patients 3 to 4 years of age is 40 mg/kg/day, given in three divided doses; the recommended dose in patients 5 to 11 years of age is 25 to 35 mg/kg/day, given in three divided doses. The recommended dose is reached by upward titration over a period of approximately 3 days
Boxed warning	None
Bioavailability	Gabapentin bioavailability is not dose proportional; i.e., as dose is increased, bioavailability decreases. Bioavailability of gabapentin is approximately 60%, 47%, 34%, 33%, and 27% following 900, 1200, 2400, 3600, and 4800 mg/day given in 3 divided doses, respectively. Food has only a slight effect on the rate and extent of absorption of gabapentin (14% increase in AUC and Cmax).
Food Effect	(b) (4) [redacted]
Tmax	(b) (4) [redacted]
Metabolism	Not appreciably metabolized in humans

[1] FDALabel, RLD Label Search "020235". Last accessed 6/17/2024:
https://dailymed.nlm.nih.gov/dailymed/downloadpdffile.cfm?setId=ee9ad9ed-6d9f-4ee1-9d7f-cfad438df388

(b) (4) [redacted]

Excretion	Gabapentin is eliminated from the systemic circulation by renal excretion as unchanged drug. Gabapentin is not appreciably metabolized in humans.
Half-life	Gabapentin elimination half-life is 5 to 7 hours and is unaltered by dose or following multiple dosing. Gabapentin elimination rate constant, plasma clearance, and renal clearance are directly proportional to creatinine clearance. In elderly patients, and in patients with impaired renal function, gabapentin plasma clearance is reduced. Gabapentin can be removed from plasma by hemodialysis.
What is the MDD?	3600 mg
OB Assessor's Comments:	
MDD in pediatric population is defined as 2400 mg ages 12-13, up to 50 mg/kg/day ages 3-11	

3.3 OGD Recommendations for Drug Product

Source of most recent recommendations or provide the embedded document to the current draft guidance		Gabapentin_cap_20 235_RC3-05 PSG.pdf Recommended May 2005, Revised May 2007
Summary of OGD or DB History	Approved ANDAs:	Yes A075350, A075477, A077261, A078428, A078787, A090007, A090705, A090858, A204989, A206943, A207099, A208928, A211314, A213603, A214956, A217546, [3]
	Pending/CR ANDAs:	Yes A219319, [4]
	Controls:	No [5], [6]
	Protocols:	No [7]
	Pending Citizen Petitions and other legal and regulatory issues: If yes, please comment.	No [8]

[3] Orange Book. Search "Gabapentin", N020235, last accessed 6/21/2024: https://www.accessdata.fda.gov/scripts/cder/ob/search_product.cfm

[4] DARRTS, Search "Gabapentin", Last accessed 06/21/2024: https://darrts.fda.gov/darrts/faces/ApplicationSearchResultTF/applicationSearchResults?_afrRedirect=1781816525292504&_afrPage=3

[5] Nexus, Search "020235" or "gabapentin", Last accessed 06/17/2024

[6] Panorama, Search "020235", category Controlled Correspondence, Last accessed 06/17/2024

[7] PROTOCOL, search "gabapentin", Last accessed 6/17/2024: https://ogd.fda.gov/QDoc/document/search/Protocols.asp

[8] DLRS policy updates, Last check 6/17/2024: https://fda.sharepoint.com/sites/CDER-OGD-OGDP-OGDPAL/OGD Policy Alert List/Forms/Active Docs.aspx

3.4 Pre-Study Bioanalytical Method Validation

3.4 Pre-Study Bioanalytical Method Validation

Information Requested[9]	Analyte 1 (new column/table for Analyte 2 /metabolite)
Bioanalytical method validation report location	Module 5.3.1.4/Study Reports Chapter/Fast-attachment-1-1-method-val-report
Analyte	Gabapentin
Internal standard (IS)	Gabapentin D6
Method description	Solid-phase extraction with LC/MS/MS detection
Limit of quantitation	20.00 ng/mL
Recovery of drug at each QC (%CV)	Avg.: 73.7(1.7%) HQC: 73.2 (4.15%) MQC-2: 75.7 (2.46%) MQC-1: 74 (1.78%) LQC: 72.28 (2.395%)
Average recovery of IS (%)	71.5% (2.9% CV)
Standard curve concentrations (units/mL)	20, 40, 100, 200, 400, 1000, 2000, 5000, and 6000 ng/mL
QC concentrations (units/mL)	HQC: 4800 ng/mL MQC-2: 2400 ng/mL MQC-1: 540 ng/mL LQC: 60 ng/mL
QC Intraday precision range (%)	0.7 – 3.4%
QC Intraday accuracy range (%)	92.8 – 102.3%
QC Interday precision range (%)	2.2 – 3.5%
QC Interday accuracy range (%)	95.1 – 101.5%
Bench-top stability (hrs)	26 hours at Room Temp
Stock stability (days)	16 days @ 4±6°C
Processed stability (hrs)	71 hours @ room temperature; 95 hours @ 4±6°C
Freeze-thaw stability (cycles)	6 cycles (Tested both Room temperature and 4±6°C samples with freeze storage at -20±10°C
Long-term storage stability (days)	117 days at -20°C ± 7°C temperature
Dilution integrity	DIQC (30000 ng/mL) and DHQC (4800 ng/mL) diluted 10-fold with precision 1.6 - 3.6% and 1.9 - 2.6%, respectively
Selectivity	No interfering peaks noted in blank plasma samples

9

SOP for bioanalytical method validation submitted?	☒ Yes ☐ No
Is the same anticoagulant used in the pre-method validation study and BE sample analysis? If not, was cross	☒ Yes ☐ No

[9] docubridge, A219313, #0001(#1), 04/09/2024, Module 5.3.1.4, Reports of Bioanalytical and Analytical Methods for Human Studes, Fast-attachment-1-1-method-val-report.pdf: \\CDSESUB1\EVSPROD\anda219319\0001\m5\53-clin-stud-rep\531-rep-biopharm-stud\5314-bioanalyt-analyt-met\c1b03335\fast-attachment-1-1-method-val-report.pdf (Fast), \\CDSESUB1\EVSPROD\anda219319\0001\m5\53-clin-stud-rep\531-rep-biopharm-stud\5314-bioanalyt-analyt-met\c1b03336\fed-attachment-1-1-method-val-report.pdf (Fed).

validation study conducted?	
Does the duration of the each of the LTSS stability parameters support the sample preparation/assay duration and clinical study sample storage temperature?	☒ Yes ☐ No
Was the % recovery consistent across QC concentrations?	☒ Yes ☐ No

OB Assessor's Comments: Adequate
Solid phase extraction method was used to recover gabapentin in method validation for fasting and fed BE studies, followed by resolution and detection via LC-MS/MS. Drug recovery was 72.28%, 74%, 75.7%, and 73.2% at LQC, MQC-1, MQC-2, and HQC, respectively, showing there is no concentration dependency for recovery. Precision and accuracy meet criteria for ± 15% (±20% for LLOQ). Long-term sample stability of 117 days at -20°C ± 7°C temperature greatly exceeded sample storage duration of 25 days (Fast)[10] and 22 days (Fed)[11] at same temperature for BE study. Dilution integrity study remained untested as no samples required dilution in Fast and Fed BE studies. 100% chromatograms are submitted for both fasting[12] and fed[13] studies, which show consistency with respect to analyte retention time, baseline, and lack of interfering peaks.

[10] docubridge, A219313, #0001(#1), 04/09/2024, Module 5.3.1.4, Reports of Bioanalytical and Analytical Methods for Human Studies, Fast-sample-anal-report.pdf, page 13: \\CDSESUB1\EVSPROD\anda219319\0001\m5\53-clin-stud-rep\531-rep-biopharm-stud\5314-bioanalyt-analyt-met\c1b03335\fast-sample-anal-report.pdf

[11] docubridge, A219313, #0001(#1), 04/09/2024, Module 5.3.1.4, Reports of Bioanalytical and Analytical Methods for Human Studies, Fast-sample-anal-report.pdf, page 13: \\CDSESUB1\EVSPROD\anda219319\0001\m5\53-clin-stud-rep\531-rep-biopharm-stud\5314-bioanalyt-analyt-met\c1b03336\fed-sample-anal-report.pdf

[12] docubridge, A219313, #0001(#1), 04/09/2024, Module 5.3.1.4, Reports of Bioanalytical and Analytical Methods for Human Studies, Fast-attachment-4-100-batch-sum-chroma-is-trend.pdf: \\CDSESUB1\EVSPROD\anda219319\0001\m5\53-clin-stud-rep\531-rep-biopharm-stud\5314-bioanalyt-analyt-met\c1b03335\fast-attachment-4-100-batch-sum-chroma-is-trend.pdf

[13] docubridge, A218729, #0001(#1), 03/18/2024, Module 5.3.1.4, Reports of Bioanalytical and Analytical Methods for Human Studies, Fed-attachment-4-100-per-run-sum-chroma-is-trend.pdf: \\CDSESUB1\EVSPROD\anda219319\0001\m5\53-clin-stud-rep\531-rep-biopharm-stud\5314-bioanalyt-analyt-met\c1b03336\fed-attachment-4-100-per-run-sum-chroma-is-trend.pdf

3.5 In Vivo Studies

Table 2 Summary of Bioavailability Studies [Fasting Study # C1B03335]

Study Ref. No.	Study Objective	Study Design	Treatment (Dose, Dosage Form, Route) [Product ID]	Subjects (No. (M/F) Type Age: mean (range)	(Mean Parameters ± SD) (%CV)						Study Report Location
					Cmax (ng/mL)	Tmax (hr)	AUCt (ng/mL)*(hr)	AUCi (ng/mL)*(hr)	tHalf (hr)	Kel (1/hr)	
Study # C1B03335	• To compare and evaluate the oral bioavailability of Gabapentin Capsules USP 400 mg with that of 'NEURONTIN®'(Gabapentin) Capsules 400 mg in healthy, adult, human subjects under fasting conditions. • To monitor the safety and tolerability of the subjects.	An open label, randomized, two-period, two-treatment, two-sequence, crossover, balanced, single dose oral bioequivalence study.	**Test Product:** Gabapentin Capsules USP 400 mg, 1 x 400 mg, Capsules, Oral, [Batch No: C23006C]	36 dosed, 36 completed study (36 male) Age: 33 (20-47) years healthy adult human subjects.	3250.139 ±984.538 (30.292)	3.333 (1.500 - 6.000)	35605.397 ±11958.647 (33.587)	36111.803 ±12012.330 (33.264)	6.828 ±1.511 (22.124)	0.106 ±0.019 (18.370)	Module 5.3.1.2 Page no. 01 to 67 of study report
			Reference Product: 'NEURONTIN®' (Gabapentin) Capsules 400 mg, 1 x 400 mg, Capsules, Oral, [Lot No.: FH6519]		3525.917 ±881.253 (24.994)	3.333 (1.500 - 5.500)	38187.547 ±10784.171 (28.240)	38694.447 ±10809.248 (27.935)	6.827 ±1.729 (25.333)	0.106 ±0.020 (19.127)	

Table 2 Summary of Bioavailability Studies [Fed Study # C1B03336]

Study Ref. No.	Study Objective	Study Design	Treatment (Dose, Dosage Form, Route) [Product ID]	Subjects (No. (M/F) Type Age: mean (range)	(Mean Parameters ± SD) (%CV)						Study Report Location
					Cmax (ng/mL)	Tmax (hr)	AUCt (ng/mL)* (hr)	AUCi (ng/mL)* (hr)	tHalf (hr)	Kel (1/hr)	
Study # C1B03336	• To compare and evaluate the oral bioavailability of Gabapentin Capsules USP 400 mg with that of 'NEURONTIN®'(Gabapentin) Capsules 400 mg in healthy, adult, human subjects under fed conditions. • To monitor the safety and tolerability of the subjects.	An open label, randomized, two-period, two-treatment, two-sequence, crossover, balanced, single dose oral bioequivalence study.	**Test Product:** Gabapentin Capsules USP 400 mg, 1 x 400 mg, Capsules, Oral, [Batch No: C23006C]	36 dosed, 36 completed study (36 male) Age: 33 (19-46) years healthy adult human subjects.	3625.139 ± 743.391 (20.507)	3.333 (1.000 - 8.000)	40495.422 ± 10459.002 (25.828)	40936.439 ± 10546.780 (25.764)	6.400 ± 0.926 (14.471)	0.110 ± 0.015 (13.516)	Module 5.3.1.2 Page no. 01 to 67 of study report
			Reference Product: Neurontin® (Gabapentin) Capsules 400 mg, 1 x 400 mg, Capsules, Oral, [Lot No.: FH6519]		3739.111 ± 752.713 (20.131)	3.667 (1.500 - 5.500)	41391.633 ± 8951.197 (21.626)	41832.686 ± 8949.274 (21.393)	6.244 ± 0.816 (13.069)	0.113 ± 0.014 (12.377)	

Note: The mean age is calculated based on completed subjects. Tmax is presented as Median (Range).

3.6 The Office of Study Integrity and Surveillance (OSIS) Status

Routine inspections of clinical[14] and bioanalytical[15] sites ((b) (4) for ANDA 219319 are complete and a Decline to Inspect Memo for these sites have been uploaded to GDRP under ANDA (b) (4), respectively. Studies submitted in the current ANDA do not indicate any conduct issue and no data integrity deficiency was identified by the assessor.

OB Assessor's Comments: Adequate

14 (b) (4)

15 (b) (4)

16 (b) (4)

17 (b) (4)

4 APPENDIX

4.1 Individual Study Reviews

4.1.1 Single-Dose Fasting Bioequivalence Study

4.1.1.1 Study Design

4.1.1.1.1 Study Information

Study Number	C1B03335
Study Title	Single dose oral bioequivalence study of Gabapentin Capsules USP 400 mg and 'NEURONTIN®'(Gabapentin) Capsules 400 mg in healthy adult human subjects under fasting conditions.
Clinical Site (Name & Address)	Cliantha Research Limited Dream Arcadia, Opp. Mayfair Atrium, Vadsar-Kalali Ring Road Vadodara – 390012 Gujarat, India Tel# +91-265-2324376 Fax# +91-265-2324378
Principal Clinical Investigator	Dr. Virendra Solanki, MBBS
Dosing Dates	Dosing Period 1: 16 Sep 23 Dosing Period 2: 19 Sep 23
Analytical Site (Name & Address)	(b) (4)
Analysis Dates	Fasting Sep 29,2023 – Oct 10, 2023 Fed Sep 25, 2023 – Oct 6, 2023
Principal Analytical Investigator	(b) (4)
Sample Storage : **(a) Duration (no. of days from the first day of sample collection to the last day of sample analysis)** **(b) Temperature Range (e.g., -20°C to -80°C)**	(a) 25 days from 16 Sep 23 to 10 Oct 23 (b) -20°C ± 7°C temperature
Long-Term Storage Stability (LTSS) Coverage (no. days @ temp °C)	117 days at -20°C ± 7°C temperature

4.1.1.1.2 Product (Bio-Batch) Information

Product	Test	RLD
Treatment ID	T	R
Product Name	Gabapentin Capsules USP 400 mg	Neurontin® (Gabapentin) Capsules 400 mg
Manufacturer	Stallion Laboratories Pvt. Ltd	(b) (4)
Batch/Lot No.	C23006C	FH6519
Manufacture Date	07 / 2023	NA
Expiration Date	06/2025	2024 Oct 31
Strength	400 mg	400 mg
Dosage Form	Capsules	Capsules
Bio-Batch Size	(b) (4)	NA
Production Batch Size		NA
Potency (Assay)	101.71 %	100.23 %
Content Uniformity (expressed as mean, %CV or per USP)	Mean: 102.12 %CV: 2.14	Mean: 100.57% %CV : 1.39
Dose Administered	1 × 400 mg	1 × 400 mg
Route of Administration	Oral	Oral

Are the test and reference products expired at the time of study? If Yes, please comment.	☐ Yes ☒ No
Is same bio-batch used in the dissolution and all BE studies? If No, please comment.	☒ Yes ☐ No
Is the bio-batch size at least the recommended minimum of 100K or 10% of the production batch (whichever is greater) for oral solid dosage form? If No, please comment.	☒ Yes ☐ No
Is difference of the potency values for the Test and RLD within 5%? If No, please comment.	☒ Yes ☐ No

4.1.1.1.3 Study Design, Single-Dose Fasting Bioequivalence Study

Number of Subjects	Enrolled: 36 + 03 extra Dosed: 36 Completed: 36 Samples Analyzed: 36 Statistically Analyzed:
No. of Sequences	2
No. of Periods	2
No. of Treatments	2
No. of Groups	1
Washout Period	3 days
Randomization	☒ Yes ☐ No
Blood Sampling Times	Blood samples were collected at pre-dose (0.0 hours) and at 0.5, 1.0, 1.5, 2.0, 2.333, 2.667, 3.0,3.333, 3.667, 4.0, 4.333, 4.667, 5.0, 5.5, 6.0, 8.0, 10.0, 12.0, 16.0, 24.0, 36.0 and 48.0 hours post dose in each period after administration of each dose.
IRB Approval	☒ Yes Date: Sep 2, 2023 ☐ No
Informed Consent	☒ Yes Date: August 22, 2023 ☐ No
Length of Fasting	Overnight at least 10 hours
Length of Confinement	At least 11 hours prior to dosing until at least 24 hours post dose in each period.
Was the drug product administered per labeling for specialized dosage forms e.g. ODT)?	☒ Yes ☐ No ☐ N/A
Safety Monitoring	☒ Yes ☐ No

Number of Subjects	Enrolled: 36 + 03 extra Dosed: 36 Completed: 36 Samples Analyzed: 36 Statistically Analyzed: 36
No. of Sequences	2
No. of Periods	2
No. of Treatments	2
No. of Groups	1
Washout Period	3 days
Randomization	☒ Yes ☐ No
Blood Sampling Times	Blood samples were collected at pre-dose (0.0 hours) and at 0.5, 1.0, 1.5, 2.0, 2.333, 2.667, 3.0,3.333, 3.667, 4.0, 4.333, 4.667, 5.0, 5.5, 6.0, 8.0, 10.0, 12.0, 16.0, 24.0, 36.0 and 48.0 hours post dose in each period after administration of each dose.
IRB Approval	☒ Yes Date: 09/02/2023 ☐ No

Informed Consent	☒ Yes Date: 08/22/2023 ☐ No
Length of Fasting	Overnight at least 10 hours
Length of Confinement	At least 11 hours prior to dosing until at least 24 hours post dose in each period.
Was the drug product administered per labeling (for specialized dosage forms e.g. ODT)?	☒ Yes ☐ No ☐ N/A
Safety Monitoring	☒ Yes ☐ No

OB Assessor's Comments: Adequate
Per RLD labeling, elimination half-life of gabapentin is 5 - 7 hours [18]. Accordingly, the study sampling times and duration covering more than 4 half-lives is considered sufficient. The washout period of 3 days exceeded 5 half-lives and is also sufficient. The study population being exclusively healthy adult human males does not match the RLD indication for general population and pediatric ages 3+, however the applicant provided justification quoting RLD statement highlighting a lack of difference in pharmacokinetic parameters between males and females[19].

4.1.1.2 Clinical Results

4.1.1.2.1 Demographic Profile Of Subjects

[18] FDALabel, RLD Label Search "020235". Last accessed 6/17/2024:
https://dailymed.nlm.nih.gov/dailymed/downloadpdffile.cfm?setId=ee9ad9ed-6d9f-4ee1-9d7f-cfad438df388
[19] FDALabel, RLD Label Search "020235". Gender Section, Page 20 Last accessed 6/17/2024:
https://dailymed.nlm.nih.gov/dailymed/downloadpdffile.cfm?setId=ee9ad9ed-6d9f-4ee1-9d7f-cfad438df388

Study No. C1B03335			
		Treatment Groups	
		Test Product N = 36	Reference Product N = 36
Age (years)	Mean ± SD	33 ± 8	33 ± 8
	Range	20 - 47	20 - 47
Age Groups	< 18	0 (0.00%)	0 (0.00%)
	18 – 40	30 (83.33%)	30 (83.33%)
	41 – 64	6 (16.67%)	6 (16.67%)
	65 – 75	0 (0.00%)	0 (0.00%)
	> 75	0 (0.00%)	0 (0.00%)
Sex	Male	36 (100.00%)	36 (100.00%)
	Female	0 (0.00%)	0 (0.00%)
Race	Asian	36 (100.00%)	36 (100.00%)
	Black	0 (0.00%)	0 (0.00%)
	Caucasian	0 (0.00%)	0 (0.00%)
	Hispanic	0 (0.00%)	0 (0.00%)
	Other	0 (0.00%)	0 (0.00%)
BMI (Kg/m^2)	Mean ± SD	23.1 ± 3.3	23.1 ± 3.3
	Range	18.8 – 29.7	18.8 – 29.7
Height (cm)	Mean ± SD	166.9 ± 5.3	166.9 ± 5.3
	Range	153.2 – 181.0	153.2 – 181.0
Weight (kg)	Mean ± SD	64.6 ± 10.8	64.6 ± 10.8
	Range	49.7 – 89.3	49.7 – 89.3

Is the demographics profile of subjects completing the bioequivalence study in agreement with the current drug product recommendation? If no, please comment.	☐ Yes ☒ No The study population being exclusively healthy adult human males does not match the RLD indication for general population and pediatric ages 3+, however the applicant provided justification quoting RLD statement highlighting a lack of difference in pharmacokinetic parameters between males and females[20]. The applicant further provided adequate response to an Information Request for scientific justification supporting that the BE results from male-only studies can be extrapolated to the entire population consisting of both sexes and that the difference in study population will not affect the BE conclusion as noted in section 4.1.1.4.4.

4.1.1.2.2 Dropout Information

No dropouts.

Are dropouts appropriate? If no, please comment.	☒ Yes ☐ No

[20] FDALabel, RLD Label Search "020235". Gender Section, Page 20 Last accessed 6/17/2024: https://dailymed.nlm.nih.gov/dailymed/downloadpdffile.cfm?setId=ee9ad9ed-6d9f-4ee1-9d7f-cfad438df388

4.1.1.2.3 Study Adverse Events

(1) Body System / Adverse Event	Reported Incidence by Treatment Groups Fasting Bioequivalence Study Study No. C1B03335 Test (T) (2) N= 36 (3) n (%)	 Reference (R) (2) N= 36 (3) n (%)
Gastrointestinal disorders		
Nausea	0 (0.00%)	1 (2.78%)
Investigations		
White blood cell count increased	0 (0.00%)	2 (5.56%)
Total Subjects Reporting at Least One Adverse Event	0 (0.00%)	3 (8.33%)

Are any subjects experiencing emesis?	☐ Yes ☒ No

Were subjects who experienced vomiting included in statistical analysis?	☐ Yes ☐ No ☒ N/A
If yes, does the time of emesis exceed two times the median Tmax value (IR products) or the labeled dosing interval (MR products)? Please comment.	☐ Yes ☐ No ☒ N/A
Was the adverse event profile observed comparable for the test and reference product?	☒ Yes ☐ No
Are there any serious adverse events or death?	☐ Yes ☒ No
If yes, then if the study conducted in US, are they reported to the OGD safety committee?	☐ Yes ☐ No ☒ N/A
Are there any other safety concerns based on the adverse event profile?	☐ Yes ☒ No

4.1.1.2.4 Protocol Deviations

Deviation Category	Subject No.	Period No.	Sample time point hour	Deviations (in minutes)	Reason	Impact Assessment
Sampling Deviation	(b) (6)	1	48.0	80	Subject arrived late	Actual sampling time was used during pharmacokinetic and statistical analysis, hence it did not have significant impact on the outcome of the study. No risk to subject safety, data & system.
		1	48.0	82	Subject arrived late	
		1	48.0	105	Subject arrived late	
		1	48.0	79	Subject arrived late	

Did the firm use nominal or actual sampling time points? If the firm used nominal time points, the sampling time deviations (if any) > 5% and 90% CI of any PK parameters is border line, please reanalyze data using actual sampling time.	☒ Actual ☐ Nominal
Is the dropout/withdrawal/exclusion of subjects and protocol deviations as per the criteria mentioned in the IRB approved study protocol?	☒ Yes ☐ No

OB Assessor's Comments: Adequate

No appreciable concerns regarding adverse events are present in Fasting study. No patients experienced emesis, and all protocol deviations involved patients reporting late for the 48 hour time point blood draw. Since actual timepoints were used in pharmacokinetic analysis, these deviations had no effect on study outcome. No concomitant medications used in fasting study.

4.1.1.3 Bioanalytical Results

4.1.1.3.1 SOPs dealing with Sample Analysis including Repeat Analysis

SOP No.	Effective Date of SOP	SOP Title
(b) (4)		Sample Analysis
		System Suitability Assessment of LC/MS/MS Instruments
		Batch Re-injection/Continuation
		Batch Failure
		Incurred Sample Reanalysis
		Sample Reanalysis
		Preparation of Samples in Biological Matrix
		Review of Analytical Run/Experiment
		Internal Standard Response Trend Assessment

All necessary SOPs submitted?	☒ Yes ☐ No

4.1.1.3.2 Sample Analysis Calibration and Quality Control

Fasting Bioequivalence Study No. C1B03335 Gabapentin									
Parameter	**Standard Curve Samples**								
Concentration (ng /mL)	20.00	40.00	100.0	200.0	400.0	1000	2000	5000	6000
Inter day Precision (%CV)	2.5	5.5	3.3	4.3	5.0	2.5	3.0	4.9	2.9
Inter day Accuracy (%Actual)	98.4	103	100	101	99.7	101	102	98.4	96.2
Linearity	0.9851158 – 0.9986738								
Linearity Range (ng/mL)	20 to 6000 ng/mL								
Sensitivity/LOQ (ng /mL)	20 ng/mL								

Parameter	**Quality Control Samples**					
Concentration (ng/mL)	20	60	540	2400	4800	6000
Inter day Precision (%CV)	6.7	2.2	2.6	3.5	2.6	3.6
Inter day Accuracy (%Actual)	106	102	97.8	98.6	95.1	95.6

Are the concentrations of standard curve and QC samples relevant to the concentration of the samples?	☒ Yes ☐ No
Are there any concerns related to sample analysis (including rejected runs, reinjection, sample dilution, etc.)? If yes, comment below or consult TL/tertiary reviewer for additional actions	☐ Yes ☒ No
Were 20% of chromatograms included?	☒ Yes ☐ No 100% chromatograms submitted
Were chromatograms serially or randomly selected?	☒ Serially ☐ Randomly 100% chromatograms submitted
Any interfering peaks in chromatogram?	☐ Yes ☒ No
Were the chromatograms submitted by the firm acceptable?	☒ Yes ☐ No
Were 100% raw analytical data, including failed runs, provided?	☒ Yes ☐ No

4.1.1.3.3 Reanalysis of Study Samples

Fasting Bioequivalence Study No. C1B03335								
Reason why assay was repeated	Number of samples reanalyzed				Number of recalculated values used in reanalysis			
	Actual number		% of total assays		Actual number		% of total assays	
	T	R	T	R	T	R	T	R
Pharmacokinetic	0	0	0	0	0	0	0	0
Peak in Pre-Dose Sample-D1	0	1	0	0.12	0	1	0	0.12
Low Internal Standard-D1	1	2	0.12	0.24	1	2	0.12	0.24
Total	1	3	0.12	0.36	1	3	0.12	0.36

Note: Total samples analyzed: 828 (T) and 828 (R)

Does the reviewer agree with the reanalysis of study samples: analytical and/or PK repeat?	☒ Yes ☐ No
If no, is recalculation of PK parameters necessary?	☐ Yes ☐ No ☒ N/A
Did recalculation of PK parameters change the study outcome?	☐ Yes ☐ No ☒ N/A
Are the PK parameters of reanalysis still within the acceptance limits for the 90% CI?	☒ Yes ☐ No ☐ N/A

OB Assessor's Comments: Adequate

Observed patient sample range was from minimum [redacted] (b) (6) to maximum [redacted] (b) (6), demonstrating an effective IS distribution that covered the entire range of patient samples, and where 4/6 QC samples fell within observed patient concentrations.

Sample Reanalysis: Out of 1656 total samples analyzed, one sample showed a small value ([redacted] (b) (6) in a pre-dose sample, which was larger than LLOQ ([redacted] (b) (6)) and subsequently re-analyzed as per firm [redacted] (b) (4) and was redefined as 0. 3 samples were reanalyzed due to Low Internal Standard[21] as per applicant [redacted] (b) (4) (Variation in Internal Standard Response), accounting for [redacted] (b) (4) % total sample recalculation.

[21] docubridge, A219313, #0001(#1), 04/09/2024, Module 5.3.1.4, Reports of Bioanalytical and Analytical Methods for Human Studies, fast-sample-analysis-report.pdf, page 23: \\CDSESUB1\EVSPROD\anda219319\0001\m5\53-clin-stud-rep\531-rep-biopharm-stud\5314-bioanalyt-analyt-met\c1b03335\fast-sample-anal-report.pdf

[22] docubridge, A219313, #0001(#1), 04/09/2024, Module 5.3.1.4, Reports of Bioanalytical and Analytical Methods for Human Studies, Fast-attachment-2-list-of-sops.pdf, page 68: \\CDSESUB1\EVSPROD\anda219319\0001\m5\53-clin-stud-rep\531-rep-biopharm-stud\5314-bioanalyt-analyt-met\c1b03335\fast-attachment-2-list-of-sops.pdf

OB Assessor's Comments: Adequate

Incurred Sample Analysis: ISR performed as per [redacted] (b) (4) demonstrated 144 out of 144 ISR samples (100%) meeting acceptance criteria of an initial value within ± 20%[24].

4.1.1.4 Pharmacokinetic Results

4.1.1.4.1 Arithmetic Mean Pharmacokinetic Parameters

Fed Bioequivalence Study No. C1B03336									
Parameter (units)	Test				Reference				T/R
	Mean	%CV	Min	Max	Mean	% CV	Min	Max	
AUC0-t (hr *ng/mL)	40495.41	25.83	20927.40	75063.22	41391.63	21.63	12418.87	56911.89	0.98
AUC∞ (hr *ng/mL)	40941.41	25.74	21639.74	76145.08	41831.18	21.38	12945.66	57074.25	0.98
Cmax (ng/mL)	3625.139	20.51	1857.00	4987.00	3739.111	20.13	1404.00	5453.00	0.97
Tmax* (hr)	3.333	.	1.00	8.00	3.667	.	1.50	5.50	0.91
Kel (hr^{-1})	0.110	15.43	0.06	0.14	0.113	12.59	0.08	0.13	0.98
T1/2 (hr)	6.467	19.48	4.96	11.65	6.243	13.45	5.22	8.24	1.04

* Tmax values are presented as median, range

4.1.1.4.2 Geometric Means and 90% Confidence Intervals - Applicant Calculated

Gabapentin 400 mg Least Squares Geometric Means, Ratio of Means, and 90% Confidence Intervals							
Fasting Bioequivalence Study No.							
Parameter (units)	Test	N	RLD	N	Ratio	90% C.I.	
AUC0-t (hr *ng/ml)	33737.342	36	36736.187	36	91.84	85.39	98.77
AUC∞ (hr *ng/ml)	34255.440	36	37254.863	36	91.95	85.58	98.79
Cmax (ng/ml)	3111.686	36	3425.601	36	90.84	84.36	97.81

[23] docubridge, A219313, #0001(#1), 04/09/2024, Module 5.3.1.4, Reports of Bioanalytical and Analytical Methods for Human Studies, Fast-attachment-2-list-of-sops.pdf, page 53: \\CDSESUB1\EVSPROD\anda219319\0001\m5\53-clin-stud-rep\531-rep-biopharm-stud\5314-bioanalyt-analyt-met\c1b03335\fast-attachment-2-list-of-sops.pdf

[24] docubridge, A219313, #0001(#1), 04/09/2024, Module 5.3.1.4, Reports of Bioanalytical and Analytical Methods for Human Studies, fast-sample-analysis-report.pdf, page 23: \\CDSESUB1\EVSPROD\anda219319\0001\m5\53-clin-stud-rep\531-rep-biopharm-stud\5314-bioanalyt-analyt-met\c1b03335\fast-sample-anal-report.pdf

4.1.1.4.3 Geometric Means and 90% Confidence Intervals - Assessor Calculated

Gabapentin 400 mg Least Squares Geometric Means, Ratio of Means, and 90% Confidence Intervals							
Fasting Bioequivalence Study No.							
Parameter (units)	Test	N	RLD	N	Ratio	90% C.I.	
AUC0-t (hr *ng/ml)	33737.34	36	36736.19	36	0.92	85.39	98.77
AUC∞ (hr *ng/ml)	34237.64	36	37225.44	36	0.92	85.61	98.81
Cmax (ng/ml)	3111.69	36	3425.60	36	0.91	84.36	97.81

4.1.1.4.4 Additional Information for the Study

Root Mean Square Error	AUCt: 0.1825 AUCi: 0.1799 Cmax: 0.1857
Is there a Tmax difference between Test and Reference? If yes, please provide brief explanation (for detailed explanation, including Tmax analysis, for substantial difference).	☐ Yes ☒ No
Were the subjects dosed in groups? If yes, was the statistical analysis proper? Is reanalysis by reviewer necessary?	☐ Yes ☒ No
Are there measurable drug concentrations at 0 hr? If yes, please comment (and take necessary action, if needed).	☐ Yes ☒ No
Are there first measurable drug concentration as Cmax? If yes, please comment.	☐ Yes ☒ No
Are there Cmax at the first time point? If yes, is the study (sample) design adequate?	☐ Yes ☒ No

Ratio of AUC0-t/AUC∞[23]				
Treatment	**n**	**Mean**	**Minimum**	**Maximum**
Test	36	0.987	0.965	0.994
Reference	36	0.988	0.955	0.995
If the minimum ratios less than 0.8, were they due to inadequate sampling schedule? Provide additional comments below.				

Group Analysis Consideration; If not applicable, please skip this table and delete this section in the print output

Is the drug product highly variable drug? If yes, please check the current DB policy to evaluate group effect.	☐ Yes ☒ No
If no, is the group*treatment interaction term statistically significant at alpha=0.05 (i.e., p<0.05)? If p≥0.05, no need to consider group effect.	☐ Yes ☐ No ☒ N/A
If yes, did you use the statistical model with group effect included?	☐ Yes ☒ No NA
If yes, specify which PK parameter(s).	
If yes, (i.e. group*treatment term is significant), was each group analyzed separately?	☐ Yes ☒ No NA
If each group was analyzed, did any individual group meet BE criteria?	☐ Yes ☒ No NA
If none of the individual group meet the BE criteria, did you have any other justification for accepting the data? If yes, please provide justifications.	☐ Yes ☒ No NA

OB Assessor's Comments: Adequate
In the fasting study, all 36 assayed samples were included in all statistical analyses, and Cmax, AUC0-t, and AUC0-∞ all met BE margin criteria for 90% confidence interval falling (80.00% - 125.00%). The median Tmax was identical for test and reference product at 3.33 hours. Only males were included in the fasting (Study # C1B03335) bioequivalence (BE) study. Per the labeling of the reference product Viatris Specialty

OB Assessor's Comments: Adequate
LLC's NEURONTIN® (gabapentin) capsules 400 mg, the proposed product is intended for use in both sexes. An information request (IR) was sent to firm July 24, 2024[25] requesting scientific justification to support that the BE results from male-only studies can be extrapolated to the entire population consisting of both sexes and that the difference in study population will not affect the BE conclusion. The applicant provided adequate justification referencing the Clinical Pharmacology and Biopharmaceutics Review of RLD N021216[26].

4.1.2 Single-Dose Fed Bioequivalence Study

4.1.2.1 Study Design

4.1.2.1.1 Study Information

Study Number	C1B03336
Study Title	Single dose oral bioequivalence study of Gabapentin Capsules USP 400 mg and 'NEURONTIN®'(Gabapentin) Capsules 400 mg in healthy adult human subjects under fasting conditions.
Clinical Site (Name & Address)	Cliantha Research Limited Dream Arcadia, Opp. Mayfair Atrium, Vadsar-Kalali Ring Road Vadodara – 390012 Gujarat, India Tel# +91-265-2324376 Fax# +91-265-2324378
Principal Clinical Investigator	Dr. Virendra Solanki, MBBS
Dosing Dates	Dosing Period 1: 16 Sep 23 Dosing Period 2: 19 Sep 23
Analytical Site (Name & Address)	(b) (4)
Analysis Dates	Fasting Sep 29,2023 – Oct 10, 2023 Fed Sep 25, 2023 – Oct 6, 2023
Principal Analytical Investigator	(b) (4)
Sample Storage : **(a) Duration (no. of days from the first day of sample collection to the last day of sample analysis)** **(b) Temperature Range (e.g., -20°C to -80°C)**	(a) 25 days from 16 Sep 23 to 10 Oct 23 (b) -20°C ± 7°C temperature
Long-Term Storage Stability (LTSS) Coverage (no. days @ temp °C)	117 days at -20°C ± 7°C temperature

[25] Panorama, ANDA219319-ORG-1, Tianze Pan, A219319N000DB-InformationRequest01-04092024-PM.pdf: https://panorama.fda.gov/internal/document/preview?versionID=66a1602b003dfb045bb7a95bbc9b286f&ID=66a15fc8002d1f83bd8c4b9f7f398851

[26] docubridge, A219313, #0002(#2), 08/05/2024, Module 1.2, Cover-letter-IR-Bioequivalence-Seq0002-08052024.pdf: \\CDSESUB1\EVSPROD\anda219319\0002\m1\us\cover-letter-ir-bioequivalence-seq0002-0805202.pdf

4.1.2.1.2 Product Information

Same as Fasting study

4.1.2.1.3 Study Design, Single-Dose Fed Bioequivalence Study

Number of Subjects	Enrolled: 36 Dosed: 36 Completed: 36 Samples Analyzed: 36 Statistically Analyzed: 36
No. of Sequences	2
No. of Periods	2
No. of Treatments	2
No. of Groups	1
Washout Period	4 days
Randomization	☒ Yes ☐ No
Blood Sampling Times	Pre-dose (0.0 hour) and at 0.5, 1.0, 1.5, 2.0, 2.333, 2.667, 3.0, 3.333, 3.667, 4.0, 4.333, 4.667, 5.0, 5.5, 6.0, 8.0, 10.0, 12.0, 16.0, 24.0, 36.0 and 48.0 hours post dose in each period.
IRB Approval	☒ Yes Date: Sep 2, 2023 ☐ No
Informed Consent	☒ Yes Date: Aug 22, 2023 ☐ No
Length of Fasting	Overnight fasting of at least 10 hours and at 30 minutes after serving the standardized high-calorie & high-fat breakfast
Length of Confinement	Subjects were housed in the clinic from at least 11 hours prior to dosing until at least 24 hours post in each period.
Was the drug product administered per labeling (for specialized dosage forms e.g. ODT)?	☒ Yes ☐ No ☐ N/A
Safety Monitoring	☒ Yes ☐ No

Standard FDA Meal Used?	☐ Yes ☒ No	
If No, then meal components and composition is listed in the tables below		
Composition of Non-standard FDA Meal Used in Fed Bioequivalence Study		
Composition	**Percent**	**Kcal**
Fat	56.537	523.359
Carbohydrate	27.245	252.204
Protein	16.218	159.124
Total		925.687

Components of Non-standard FDA Meal Used in Fed Bioequivalence Study	
Component	**Kcal**
Milk	221.750
Chicken Dana	249.072
Bread Butter	121.220
Potato Chaat	72.116

Number of Subjects	Enrolled: 36

	Dosed: 36 Completed:36 Samples Analyzed: 36 Statistically Analyzed: 36
No. of Sequences	2
No. of Periods	2
No. of Treatments	2
No. of Groups	1
Washout Period	4 days
Randomization	☒ Yes ☐ No
Blood Sampling Times	Pre-dose (0.0 hour) and at 0.5, 1.0, 1.5, 2.0, 2.333, 2.667, 3.0, 3.333, 3.667, 4.0, 4.333, 4.667, 5.0, 5.5, 6.0, 8.0, 10.0, 12.0, 16.0, 24.0, 36.0 and 48.0 hours post dose in each period.
IRB Approval	☒ Yes Date: 09/02/2023 ☐ No
Informed Consent	☒ Yes Date: 08/22/2023 ☐ No
Length of Fasting	Overnight fasting of at least 10 hours and at 30 minutes after serving the standardized high-calorie & high-fat breakfast
Length of Confinement	Subjects were housed in the clinic from at least 11 hours prior to dosing until at least 24 hours post in each period.
Was the drug product administered per labeling (for specialized dosage forms e.g. ODT)?	☒ Yes ☐ No ☐ N/A
Safety Monitoring	☒ Yes ☐ No

OB Assessor's Comments: Adequate
Per RLD labeling, elimination half-life of gabapentin is 5 - 7 hours[27]. Accordingly, the study sampling times and duration covering more than 4 half-lives is considered sufficient. The washout period of 4 days exceeded 5 half-lives and is also sufficient. The study population being exclusively healthy adult human males does not match the RLD indication for general population and pediatric ages 3+, however the applicant provided

[27] FDALabel, RLD Label Search "020235". Last accessed 6/17/2024: https://dailymed.nlm.nih.gov/dailymed/downloadpdffile.cfm?setId=ee9ad9ed-6d9f-4ee1-9d7f-cfad438df388

OB Assessor's Comments: Adequate
justification quoting RLD statement highlighting a lack of difference in pharmacokinetic parameters between males and females[28]. The High Fat High Calorie breakfast follows FDA Guidance for Industry: Bioequivalence Studies With Pharmacokinetic Endpoints for Drugs Submitted Underan ANDA, having between 800 – 1000 kilocalories (925.687 kcal), with roughly 50% caloric content being fat (56.537%), and administration instructions including a 10 hour fast prior to consuming the meal 30 minutes prior to dosing[29]. The composition of the Study design is adequate.

4.1.2.2 Clinical Results

4.1.2.2.1 Demographic Profile Of Subjects

Study No. C1B03336			
		Treatment Groups	
		Test Product N = 36	Reference Product N = 36
Age (years)	Mean ± SD	33 ± 7	33 ± 7
	Range	19 - 46	19 - 46
Age Groups	< 18	0 (0.00%)	0 (0.00%)
	18 – 40	31 (86.11%)	31 (86.11%)
	41 – 64	5 (13.89%)	5 (13.89%)
	65 – 75	0 (0.00%)	0 (0.00%)
	> 75	0 (0.00%)	0 (0.00%)
Sex	Male	36 (100.00%)	36 (100.00%)
	Female	0 (0.00%)	0 (0.00%)
Race	Asian	36 (100.00%)	36 (100.00%)
	Black	0 (0.00%)	0 (0.00%)
	Caucasian	0 (0.00%)	0 (0.00%)
	Hispanic	0 (0.00%)	0 (0.00%)
	Other	0 (0.00%)	0 (0.00%)
BMI (Kg/m^2)	Mean ± SD	23.6 ± 3.1	23.6 ± 3.1
	Range	18.9 – 29.7	18.9 – 29.7
Height (cm)	Mean ± SD	167.8 ± 4.4	167.8 ± 4.4
	Range	157.5 – 176.0	157.5 – 176.0
Weight (kg)	Mean ± SD	66.6 ± 9.4	66.6 ± 9.4
	Range	46.8 – 90.1	46.8 – 90.1

Is the demographics profile of subjects completing the bioequivalence study in agreement with the current drug product recommendation? If no, please comment.	☐ Yes ☒ No The study population being exclusively healthy adult human males does not match the RLD indication for general population and pediatric ages 3+, however the applicant provided justification quoting RLD statement highlighting a lack of

[28] FDALabel, RLD Label Search "020235". Gender Section, Page 20 Last accessed 6/17/2024: https://dailymed.nlm.nih.gov/dailymed/downloadpdffile.cfm?setId=ee9ad9ed-6d9f-4ee1-9d7f-cfad438df388

[29] docubridge, A219313, #0001(#1), 04/09/2024, Module 5.3.1.2, Comparative BA and Bioequivalence (BE) Study Reports, Study c1b03336: Fed study for Gabapentin Capsules USP 400 mg, Fed-study-report.pdf: \\CDSESUB1\EVSPROD\anda219319\0001\m5\53-clin-stud-rep\531-rep-biopharm-stud\5312-compar-ba-be-stud-rep\c1b03336\fed-study-report.pdf

	difference in pharmacokinetic parameters between males and females[30]. The applicant further provided adequate response to an Information Request for scientific justification supporting that the BE results from male-only studies can be extrapolated to the entire population consisting of both sexes and that the difference in study population will not affect the BE conclusion as noted in section 4.1.2.4.4.

4.1.2.2.2 Dropout Information

No dropouts

Are dropouts appropriate? If no, please comment.	☒ Yes ☐ No No dropouts

4.1.2.2.3 Study Adverse Events

(1) Body System / Adverse Event	Reported Incidence by Treatment Groups Fed Bioequivalence Study Study No. C1B03336 Test (T) (2) N= 36 (3) n (%)	 Reference (R) (2) N= 36 (3) n (%)
Investigations		
White blood cell count decreased	0 (0.00%)	1 (2.78%)
Total Subjects Reporting at Least One Adverse Event	0 (0.00%)	1 (2.78%)

Are any subjects experiencing emesis?	☐ Yes ☒ No

Were subjects who experienced vomiting included in statistical analysis?	☐ Yes ☐ No ☒ N/A
If yes, does the time of emesis exceed two times the median Tmax value (IR products) or the labeled dosing interval (MR products)? Please comment.	☐ Yes ☐ No ☒ N/A
Was the adverse event profile	☒ Yes ☐ No

[30] FDALabel, RLD Label Search "020235". Gender Section, Page 20 Last accessed 6/17/2024: https://dailymed.nlm.nih.gov/dailymed/downloadpdffile.cfm?setId=ee9ad9ed-6d9f-4ee1-9d7f-cfad438df388

observed comparable for the test and reference product?	
Are there any serious adverse events or death?	☐ Yes ☒ No
If yes, then if the study conducted in US, are they reported to the OGD safety committee?	☐ Yes ☐ No ☒ N/A
Are there any other safety concerns based on the adverse event profile?	☐ Yes ☒ No

4.1.2.2.4 Protocol Deviations

No protocol deviations reported for Fed study.

Did the firm use nominal or actual sampling time points? If the firm used nominal time points, the sampling time deviations (if any) > 5% and 90% CI of any PK parameters is border line, please reanalyze data using actual sampling time.	☒ Actual ☐ Nominal
Is the dropout/withdrawal/exclusion of subjects and protocol deviations as per the criteria mentioned in the IRB approved study protocol?	☒ Yes ☐ No

OB Assessor's Comments: Adequate

4.1.2.3 Bioanalytical Results

4.1.2.3.1 SOPs dealing with Sample Analysis including Repeat Analysis

Same as Fasting study

All necessary SOPs submitted?	☒ Yes ☐ No

4.1.2.3.2 Sample Analysis Calibration and Quality Control

Fasting Bioequivalence Study No. C1B03336 Gabapentin									
Parameter	**Standard Curve Samples**								
Concentration (ng /mL)	20.00	40.00	100.0	200.0	400.0	1000	2000	5000	6000
Inter day Precision (%CV)	2.5	5.5	3.3	4.3	5.0	2.5	3.0	4.9	2.9
Inter day Accuracy (%Actual)	98.4	103	100	101	99.7	101	102	98.4	96.2
Linearity	0.9851158 – 0.9986738								
Linearity Range (ng/mL)	20 to 6000 ng/mL								
Sensitivity/LOQ (ng /mL)	20 ng/mL								

Parameter	**Quality Control Samples**					
Concentration (ng/mL)	20	60	540	2400	4800	6000
Inter day Precision (%CV)	6.7	2.2	2.6	3.5	2.6	3.6
Inter day Accuracy (%Actual)	106	102	97.8	98.6	95.1	95.6

Are the concentrations of standard curve and QC samples relevant to the concentration of the samples?	☒ Yes ☐ No
Are there any concerns related to sample analysis (including rejected runs, reinjection, sample dilution, etc.)? If yes, comment below or consult TL/tertiary reviewer for additional actions	☐ Yes ☒ No
Were 20% of chromatograms included?	☒ Yes ☐ No
Were chromatograms serially or randomly selected?	☒ Serially ☐ Randomly 100% chromatograms were submitted
Any interfering peaks in chromatogram?	☐ Yes ☒ No
Were the chromatograms submitted by the firm acceptable?	☒ Yes ☐ No
Were 100% raw analytical data, including failed runs, provided?	☒ Yes ☐ No

4.1.2.3.3 Reanalysis of Study Samples

Fed Bioequivalence Study No. C1B03336								
Reason why assay was repeated	Number of samples reanalyzed				Number of recalculated values used in reanalysis			
	Actual number		% of total assays		Actual number		% of total assays	
	T	R	T	R	T	R	T	R
Pharmacokinetic	0	0	0	0	0	0	0	0
Low Internal Standard-D1	2	1	0.24	0.12	2	1	0.24	0.12
Sample Processing Error-D1	1	0	0.12	0	1	0	0.12	0
Total	3	1	0.36	.012	3	1	0.36	0.12

Does the reviewer agree with the reanalysis of study samples: analytical and/or PK repeat?	☒ Yes ☐ No
If no, is recalculation of PK parameters necessary?	☐ Yes ☐ No ☒ N/A
Did recalculation of PK parameters change the study outcome?	☐ Yes ☐ No ☒ N/A
Are the PK parameters of reanalysis still within the acceptance limits for the 90% CI?	☒ Yes ☐ No ☐ N/A

OB Assessor's Comments: Adequate

Observed patient sample range was from minimum [redacted] (b) (6) to maximum [redacted] (b) (6), demonstrating an effective IS distribution that covered the entire range of patient samples, and where 4/6 QC samples fell within observed patient concentrations.

Sample Reanalysis: Out of 1656 total samples analyzed, one sample lacked peaks and was deemed as a processing error, and subsequently reprocessed analyzed as per applicant SOP , and 3 samples were reanalyzed due to Low Internal Standard[31] as per applicant [redacted] (b) (4) (Variation in Internal Standard Response), accounting for 0.24% total sample recalculation.

Incurred Sample Analysis: ISR performed as per [redacted] (b) (4) demonstrated 138 out of 144 ISR samples (95.83%) meeting acceptance criteria of an initial value within ± 20%[34].

[31] docubridge, A219313, #0001(#1), 04/09/2024, Module 5.3.1.4, Reports of Bioanalytical and Analytical Methods for Human Studies, fed-sample-anal-report.pdf, page 26: \\CDSESUB1\EVSPROD\anda219319\0001\m5\53-clin-stud-rep\531-rep-biopharm-stud\5314-bioanalyt-analyt-met\c1b03336\fed-sample-anal-report.pdf

[32] docubridge, A219313, #0001(#1), 04/09/2024, Module 5.3.1.4, Reports of Bioanalytical and Analytical Methods for Human Studies, Fed-attachment-2-list-of-sops.pdf, page 68: \\CDSESUB1\EVSPROD\anda219319\0001\m5\53-clin-stud-rep\531-rep-biopharm-stud\5314-bioanalyt-analyt-met\c1b03336\fed-attachment-2-list-of-sops.pdf

[33] docubridge, A219313, #0001(#1), 04/09/2024, Module 5.3.1.4, Reports of Bioanalytical and Analytical Methods for Human Studies, Fed-attachment-2-list-of-sops.pdf, page 53: \\CDSESUB1\EVSPROD\anda219319\0001\m5\53-clin-stud-rep\531-rep-biopharm-stud\5314-bioanalyt-analyt-met\c1b03336\fed-attachment-2-list-of-sops.pdf

[34] docubridge, A219313, #0001(#1), 04/09/2024, Module 5.3.1.4, Reports of Bioanalytical and Analytical Methods for Human Studies, fed-sample-anal-report.pdf, page 27: \\CDSESUB1\EVSPROD\anda219319\0001\m5\53-clin-stud-rep\531-rep-biopharm-stud\5314-bioanalyt-analyt-met\c1b03336\fed-sample-anal-report.pdf

4.1.2.4 Pharmacokinetic Results

4.1.2.4.1 Arithmetic Mean Pharmacokinetic Parameters

Fed Bioequivalence Study No. C1B03336									
Parameter (units)	Test				Reference				T/R
	Mean	%CV	Min	Max	Mean	% CV	Min	Max	
AUC0-t (hr *ng/mL)	40495.41	25.83	20927.40	75063.22	41391.63	21.63	12418.87	56911.89	0.98
AUC∞ (hr *ng/mL)	40941.41	25.74	21639.74	76145.08	41831.18	21.38	12945.66	57074.25	0.98
Cmax (ng/mL)	3625.139	20.51	1857.00	4987.00	3739.111	20.13	1404.00	5453.00	0.97
Tmax* (hr)	3.333	.	1.00	8.00	3.667	.	1.50	5.50	0.91
Kel (hr^{-1})	0.110	15.43	0.06	0.14	0.113	12.59	0.08	0.13	0.98
T1/2 (hr)	6.467	19.48	4.96	11.65	6.243	13.45	5.22	8.24	1.04

* Tmax values are presented as median, range

4.1.2.4.2 Geometric Means and 90% Confidence Intervals - Applicant Calculated

Gabapentin 400 mg Least Squares Geometric Means, Ratio of Means, and 90% Confidence Intervals							
Fed Bioequivalence Study No. C1B03336							
Parameter (units)	Test	N	RLD	N	Ratio	90% C.I.	
AUC0-t (hr *ng/mL)	39210.000	36	40177.733	36	97.59	91.44	104.16
AUC∞ (hr *ng/mL)	39651.532	36	40641.413	36	97.56	91.49	104.04
Cmax (ng/mL)	3544.101	36	3651.889	36	97.05	92.18	102.17

4.1.2.4.3 Geometric Means and 90% Confidence Intervals - Assessor Calculated

Gabapentin 400 mg Least Squares Geometric Means, Ratio of Means, and 90% Confidence Intervals							
Fed Bioequivalence Study No. C1B03336							
Parameter (units)	Test	N	RLD	N	Ratio	90% C.I.	
AUC0-t (hr *ng/mL)	39209.99	36	40177.73	36	0.98	91.44	104.16
AUC∞ (hr *ng/mL)	39660.97	36	40643.20	36	0.98	91.50	104.08
Cmax (ng/mL)	3544.10	36	3651.89	36	0.97	92.18	102.17

4.1.2.4.4 Additional Information for the Study

Root Mean Square Error	AUCt: 0.1634 AUCi: 0.1616 Cmax: 0.1290
Is there a Tmax difference between Test and Reference? If yes, please provide brief explanation (for detailed explanation, including Tmax analysis, for substantial difference).	☒ Yes ☐ No
Were the subjects dosed in groups? If yes, was the statistical analysis proper? Is reanalysis by reviewer necessary?	☐ Yes ☒ No
Are there measurable drug concentrations at 0 hr? If yes, please comment (and take necessary action, if needed).	☐ Yes ☒ No
Are there first measurable drug concentration as Cmax? If yes, please comment.	☐ Yes ☒ No
Are there Cmax at the first time point? If yes, is the study (sample) design adequate?	☐ Yes ☒ No

Ratio of AUC0-t/AUC∞[31]				
Treatment	**n**	**Mean**	**Minimum**	**Maximum**
Test	36	0.99	0.97	1.00
Reference	36	0.99	0.96	1.00
If the minimum ratios less than 0.8, were they due to inadequate sampling schedule? Provide additional comments below.				

Group Analysis Consideration; If not applicable, please skip this table and delete this section in the print output

Is the drug product highly variable drug? If yes, please check the current DB policy to evaluate group effect.	☐ Yes ☒ No
If no, is the group*treatment	☐ Yes ☐ No ☒ N/A

interaction term statistically significant at alpha=0.05 (i.e., p<0.05)? If p≥0.05, no need to consider group effect.	
If yes, did you use the statistical model with group effect included?	☐ Yes ☒ No
If yes, specify which PK parameter(s).	
If yes, (i.e. group*treatment term is significant), was each group analyzed separately?	☐ Yes ☒ No
If each group was analyzed, did any individual group meet BE criteria?	☐ Yes ☒ No
If none of the individual group meet the BE criteria, did you have any other justification for accepting the data? If yes, please provide justifications.	☐ Yes ☒ No

OB Assessor's Comments: Adequate
In the fed study, all 36 assayed samples were included in all statistical analyses, and Cmax, AUC0-t, and AUC0-∞ all met BE margin criteria for 90% confidence interval falling (80.00% - 125.00%). The median Tmax was similar for test and reference product at 3.33 and 3.67 hours, respectively. Only males were included in the fasting (Study # C1B03335) bioequivalence (BE) study. Per the labeling of the reference product Viatris Specialty LLC's NEURONTIN® (gabapentin) capsules 400 mg, the proposed product is intended for use in both sexes. An information request (IR) was sent to firm July 24, 2024 requesting scientific justification to support that the BE results from male-only studies can be extrapolated to the entire population consisting of both sexes and that the difference in study population will not affect the BE conclusion. The applicant provided adequate justification referencing the Clinical Pharmacology and Biopharmaceutics Review of RLD N021216.

4.2 Formulation Data

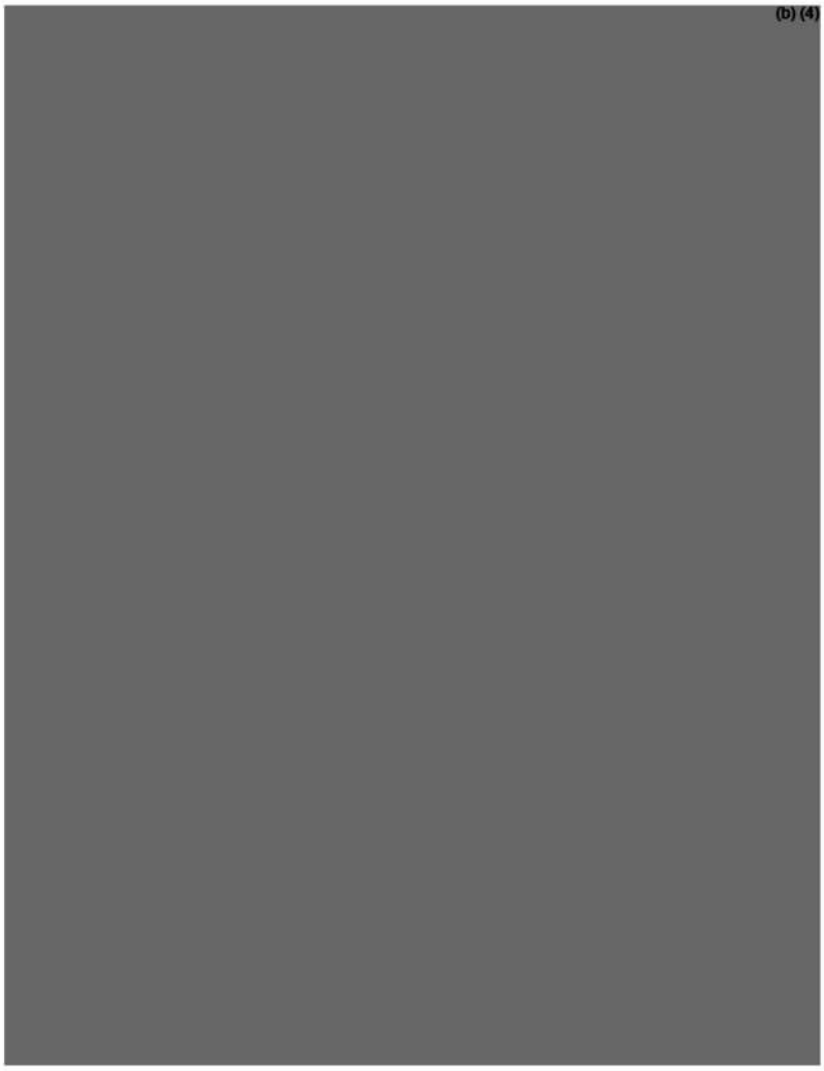
4.2.1 Test Formulation

Table 2 Unit Composition of Gabapentin Capsule USP, 100 mg, 300 mg and 400 mg

Sr. No	Ingredients	Reference to Quality Standard	100 mg		300 mg		400 mg		Function
			mg/ Capsule	% w/w	mg/ Capsule	% w/w	mg/ Capsule	% w/w	
(b) (4)	Gabapentin*	USP	100.000	(b) (4)	300.000	(b) (4)	400.000	(b) (4)	Active Ingredient
	Starch, (b) (4) (b) (4)	NF							
	Talc (b) (4)	USP							
	Magnesium Stearate (b) (4)	NF							
	Size 3 (b) (4), White "G 100" on Cap/White "C" on Body with blue text.	IH							
	Size 1 (b) (4), Yellow "G 300" on Cap/Yellow "C" on Body with blue text.	IH							
	Size 0 (b) (4), Orange "G 400" on Cap/Orange "C" on Body with blue text.	IH							
Total Capsule Weight			**180.000 mg**	--	**466.000 mg**	--	**616.000 mg**	--	

(b) (4)

2 Pages have been held in full as b4



4.2.2 Inactive Ingredients (IIG Table)

What is the MDD?	3600 mg

Can the drug be administered to the pediatric population or renally impaired population?	☒ Yes ☐ No

What is the MDD?	3600 mg

Inactive Ingredients (IIG Table) for pediatric population

Does the formulation contain Elemental Iron?	☒ Yes ☐ No

Table 5 Calculation of Total Elemental Iron

Strength	Ingredient	Component	Elemental Iron per Capsule (mg)	Total Daily intake of Elemental Iron based on MDD[1]	Total Elemental Iron Content
100 mg	Talc USP	(b) (4)			
	Pregelatinized Starch				
300 mg	Size "1" Hard Gelatine Capsule				
	Talc USP				
	Pregelatinized Starch NF				
400 mg	Size "0" Hard Gelatine Capsule				
	Talc USP				
	Pregelatinized Starch NF				

[1]Maximum Daily Dose (MDD) for the drug product is 3600 mg per day.

Are all strengths of the test product proportionally similar per the general BE guidance criteria?	☒ Yes ☐ No ☐ N/A
Are the maximum daily intake amounts of all inactive ingredients, based on Maximum Daily Dose (MDD), acceptable?	☒ Yes ☐ No
Is additional data or Pharm/Tox consult necessary?	☐ Yes ☒ No ☐ N/A
Are all color additives and elemental iron within limits specified by CFR (if applicable) or less than 0.1% of the total unit weight (w/w)?	☒ Yes ☐ No ☐ N/A
Are all strengths of the test formulation adequate?	☒ Yes ☐ No

IIG Table

Component	mg/unit			mg/MDD/day	Approved mg	IIG Limit Reference	Below/ FDA II
	100 mg	300 mg	400 mg				
Starch, Pregelatinized							(b) (4)
Talc							
Magnesium Stearate							
Gelatin*							
Titanium Dioxide*							
Yellow Iron Oxide*							
Red Iron Oxide*							

Tekprint Ink	Maximum Percentage Ingredient	Maximum Ink Per Capsule			IIG Limit	IIG Limit Reference	Below/ FDA II
		100 mg	300 mg	400 mg			
Shellac							(b) (4)
Dehydrated Alcohol*							
Isopropyl Alcohol*							
Butyl Alcohol*							
Propylene Glycol*							
Strong Ammonia Solution NF*							
FD&C Blue #2 Aluminum Lake							

Pediatric IIG Table

Component	Age specific MDD based on RLD (mg)				Pediatric IIG Limit Reference	Below/Above
	Ages 3-11 MDD	Ages 3 IIG Pediatric Reference	Age 12+	Age 12+ Pediatric IIG Reference		
Starch, Pregelatinized						(b) (4)
Talc						
Magnesium Stearate						
Gelatin						
Titanium Dioxide						

Assessor Notes:
MDD per RLD label states ages 3-11 doses up to 50 mg/kg/day have been well tolerated in a long-term clinical study. For comparison, average mg/MDD/kg were calculated based by averaging mg/MDD/kg using 95th percentile body weight for pediatric patients ages 3-11, with 2400 mg as MDD for ages 12+ as per RLD indication age range[35].

Comments on Formulation:
- Per RLD Label, the maximum daily dose for Gabapentin Capsules is 3600 mg equating to nine 400 mg tablets per day.
- All inactive ingredients in formulation are present in concentrations below those in approved drugs

[35] FDALabel, RLD Label Search "020235". Last accessed 6/17/2024: https://dailymed.nlm.nih.gov/dailymed/downloadpdffile.cfm?setId=ee9ad9ed-6d9f-4ee1-9d7f-cfad438df388

based on CDER's Inactive Ingredient Guide (IIG) Database.

- Certain ingredients of Tekprint® ink (dehydrated alcohol, butyl alcohol, propylene glycol, strong ammonia solution) are [redacted] (b) (4)

[redacted]

[38].

- [redacted] (b) (4)

[redacted].

4.3 Dissolution Testing

4.3.1 Dissolution Data

Summary of In-vitro Dissolution studies- Neurontin® (gabapentin) capsules 400 mg vs. Gabapentin Capsule USP, 400 mg (Batch # C23004)

Dissolution Conditions		**Apparatus:** [redacted] (b) (4)									
		Speed of Rotation:									
		Medium:									
		Volume:									
		Temperature:									
Firm's Proposed Specifications		[redacted] (b) (4)									
Dissolution Testing Site (Name, Address)											
Study Ref No.	**Testing Date**	**Product ID \ Batch No. (Test – Manufacture Date) (Reference – Expiration Date)**	**Dosage Strength & Form**	**No. of Dosage Units**		**Collection Times (minutes)**					**Study Report Location**
						05 Min	**10 Min**	**15 Min**	**20 Min**	**30 Min**	
AR No PV/23/0066	23/07/23	**Test Product** Gabapentin Capsules USP, 400 mg Batch No: C23005 Mfg. Date- 07/2023	400 mg Capsule	12	Mean	56.32	100.06	100.91	101.06	101.26	Module 2.7
					Range	[redacted] (b) (4)					
					%CV	13.71	1.18	0.98	0.95	0.92	
AR No NR/23/0028	21/07/23	**Reference Product** Neurontin®(gabapentin) capsules 400 mg Batch No: FH6519 Expiry Date: 31/10/24	400 mg Capsule	12	Mean	64.32	92.70	95.44	96.62	97.96	
					Range	[redacted] (b) (4)					
					%CV	7.57	4.84	3.51	2.72	1.84	

[36] [redacted] (b) (4)

[37] [redacted] (b) (4)

[38] [redacted] (b) (4)

Summary of In-vitro Dissolution studies- Neurontin® (gabapentin) capsules 400 mg vs. Gabapentin Capsule USP, 400 mg (Batch # C23005)

Dissolution Conditions		**Apparatus:** (b) (4)									
		Speed of Rotation:									
		Medium:									
		Volume:									
		Temperature:									
Firm's Proposed Specifications		(b) (4)									
Dissolution Testing Site (Name, Address)											
Study Ref No.	**Testing Date**	**Product ID \ Batch No. (Test – Manufacture Date) (Reference – Expiration Date)**	**Dosage Strength & Form**	**No. of Dosage Units**		**Collection Times (minutes)**					**Study Report Location**
						05 Min	**10 Min**	**15 Min**	**20 Min**	**30 Min**	
AR No PV/23/0066	23/07/23	**Test Product** Gabapentin Capsules USP, 400 mg Batch No: C23005 Mfg. Date- 07/2023	400 mg Capsule	12	Mean	64.23	101.02	101.64	101.69	101.73	Module 2.7
					Range	(b) (4)					
					%CV	14.93	1.19	0.91	0.89	0.89	
AR No NR/23/0028	21/07/23	**Reference Product** Neurontin®(gabapentin) capsules 400 mg Batch No: FH6519 Expiry Date: 31/10/24	400 mg Capsule	12	Mean	64.32	92.70	95.44	96.62	97.96	
					Range	(b) (4)					
					%CV	7.57	4.84	3.51	2.72	1.84	

Summary of In-vitro Dissolution studies- Neurontin® (gabapentin) capsules 400 mg vs. Gabapentin Capsule USP, 400 mg (Batch # C23006)

Dissolution Conditions		**Apparatus:** (b) (4)									
		Speed of Rotation:									
		Medium:									
		Volume:									
		Temperature:									
Firm's Proposed Specifications		(b) (4)									
Dissolution Testing Site (Name, Address)											
Study Ref No.	**Testing Date**	**Product ID \ Batch No. (Test – Manufacture Date) (Reference – Expiration Date)**	**Dosage Strength & Form**	**No. of Dosage Units**		**Collection Times (minutes)**					**Study Report Location**
						05 Min	**10 Min**	**15 Min**	**20 Min**	**30 Min**	
AR No PV/23/0068	23/07/23	**Test Product** Gabapentin Capsules USP, 400 mg Batch No: C23006 (Bio Batch) Mfg. Date- 07/2023	400 mg Capsule	12	Mean	61.82	100.16	101.60	101.69	102.04	Module 2.7
					Range	(b) (4)					
					%CV	12.29	2.01	1.18	1.10	1.13	
AR No NR/23/0028	21/07/23	**Reference Product** Neurontin®(gabapentin) capsules 400 mg Batch No: FH6519 Expiry Date: 31/10/24	400 mg Capsule	12	Mean	64.32	92.70	95.44	96.62	97.96	
					Range	(b) (4)					
					%CV	7.57	4.84	3.51	2.72	1.84	

Summary of In-vitro Dissolution studies- Neurontin® (gabapentin) capsules 300 mg vs. Gabapentin Capsule USP, 300 mg (Batch # C23010)

Dissolution Conditions	Apparatus:	(b) (4)
	Speed of Rotation:	
	Medium:	
	Volume:	
	Temperature:	
Firm's Proposed Specifications		(b) (4)
Dissolution Testing Site (Name, Address)		

Study Ref No.	Testing Date	Product ID \ Batch No. (Test – Manufacture Date) (Reference – Expiration Date)	Dosage Strength & Form	No. of Dosage Units		Collection Times (minutes) 05 Min	10 Min	15 Min	20 Min	30 Min	Study Report Location
AR No PV/23/0 076	02/08/23	**Test Product** Gabapentin Capsules USP, 300 mg Batch No: C23010 Mfg. Date- 07/2023	300 mg Capsule	12	Mean	67.80	99.79	100.34	100.44	100.89	Module 2.7
					Range	(b) (4)					
					%CV	9.76	1.18	0.87	0.81	0.74	
AR No NR/23/0 027	09/08/23	**Reference Product** Neurontin®(gabapentin) capsules 300 mg Batch No: FE6302 Expiry Date: 31/07/24	300 mg Capsule	12	Mean	71.82	95.84	98.56	99.43	100.33	
					Range	(b) (4)					
					%CV	7.77	2.54	1.72	1.52	1.52	

Summary of In-vitro Dissolution studies- Neurontin® (gabapentin) capsules 300 mg vs. Gabapentin Capsule USP, 300 mg (Batch # C23011)

Dissolution Conditions	Apparatus:	(b) (4)
	Speed of Rotation:	
	Medium:	
	Volume:	
	Temperature:	
Firm's Proposed Specifications		(b) (4)
Dissolution Testing Site (Name, Address)		

Study Ref No.	Testing Date	Product ID \ Batch No. (Test – Manufacture Date) (Reference – Expiration Date)	Dosage Strength & Form	No. of Dosage Units		Collection Times (minutes) 05 Min	10 Min	15 Min	20 Min	30 Min	Study Report Location
AR No PV/23/0 078	04/08/23	**Test Product** Gabapentin Capsules USP, 300 mg Batch No: C23011 Mfg. Date- 07/2023	300 mg Capsule	12	Mean	71.64	100.31	101.00	100.96	100.94	Module 2.7
					Range	(b) (4)					
					%CV	9.87	1.19	0.80	0.78	0.69	
AR No NR/23/0 027	09/08/23	**Reference Product** Neurontin®(gabapentin) capsules 300 mg Batch No: FE6302 Expiry Date: 31/07/24	300 mg Capsule	12	Mean	71.82	95.84	98.56	99.43	100.33	
					Range	(b) (4)					
					%CV	7.77	2.54	1.72	1.52	1.52	

Summary of In-vitro Dissolution studies- Neurontin® (gabapentin) capsules 300 mg vs. Gabapentin Capsule USP, 300 mg (Batch # C23012)

Dissolution Conditions	Apparatus:	(b) (4)
	Speed of Rotation:	
	Medium:	
	Volume:	
	Temperature:	
Firm's Proposed Specifications		(b) (4)
Dissolution Testing Site (Name, Address)		

Study Ref No.	Testing Date	Product ID \ Batch No. (Test – Manufacture Date) (Reference – Expiration Date)	Dosage Strength & Form	No. of Dosage Units		Collection Times (minutes) 05 Min	10 Min	15 Min	20 Min	30 Min	Study Report Location
AR No PV/23/0 080	04/08/23	**Test Product** Gabapentin Capsules USP, 300 mg Batch No: C23012 Mfg. Date- 07/2023	300 mg Capsule	12	Mean	70.49	100.17	101.49	101.56	102.15	Module 2.7
					Range	(b) (4)					
					%CV	4.36	2.97	0.77	0.74	0.79	
AR No NR/23/0 027	09/08/23	**Reference Product** Neurontin®(gabapentin) capsules 300 mg Batch No: FE6302	300 mg Capsule	12	Mean	71.82	95.84	98.56	99.43	100.33	
					Range	(b) (4)					
						7.77	2.54	1.72	1.52	1.52	

Summary of In-vitro Dissolution studies- Neurontin® (gabapentin) capsules 100 mg vs. Gabapentin Capsule USP, 100 mg (Batch # C23007)

Dissolution Conditions	**Apparatus:**	(b) (4)
	Speed of Rotation:	
	Medium:	
	Volume:	
	Temperature:	
Firm's Proposed Specifications		(b) (4)
Dissolution Testing Site (Name, Address)		

Study Ref No.	Testing Date	Product ID \ Batch No. (Test – Manufacture Date) (Reference – Expiration Date)	Dosage Strength & Form	No. of Dosage Units		Collection Times (minutes) 05 Min	10 Min	15 Min	20 Min	30 Min	Study Report Location
AR No PV/23/0 070	05/08/23	**Test Product** Gabapentin Capsules USP, 100 mg Batch No: C23007 Mfg. Date- 07/2023	100 mg Capsule	12	Mean	65.45	98.82	99.73	100.00	99.90	Module 2.7
					Range	(b) (4)					
					%CV	15.80	2.24	2.07	2.26	2.12	
AR No NR/23/0 026	31/07/23	**Reference Product** Neurontin®(gabapentin) capsules 100 mg Batch No: FT0584 Expiry Date: 31/12/24	100 mg Capsule	12	Mean	75.68	92.79	95.38	96.37	97.32	
					Range	(b) (4)					
					%CV	12.98	3.34	1.81	1.26	1.36	

Summary of In-vitro Dissolution studies- Neurontin® (gabapentin) capsules 100 mg vs. Gabapentin Capsule USP, 100 mg Batch # C23008)

Dissolution Conditions	**Apparatus:**	(b) (4)
	Speed of Rotation:	
	Medium:	
	Volume:	
	Temperature:	
Firm's Proposed Specifications		(b) (4)
Dissolution Testing Site (Name, Address)		

Study Ref No.	Testing Date	Product ID \ Batch No. (Test – Manufacture Date) (Reference – Expiration Date)	Dosage Strength & Form	No. of Dosage Units		Collection Times (minutes) 05 Min	10 Min	15 Min	20 Min	30 Min	Study Report Location
AR No PV/23/0 072	05/08/23	**Test Product** Gabapentin Capsules USP, 100 mg Batch No: C23008 Mfg. Date- 07/2023	100 mg Capsule	12	Mean	71.63	101.64	102.16	102.12	101.97	Module 2.7
					Range	(b) (4)					
					%CV	16.19	2.44	2.63	2.62	2.65	
AR No NR/23/0 026	31/07/23	**Reference Product** Neurontin®(gabapentin) capsules 100 mg Batch No: FT0584 Expiry Date: 31/12/24	100 mg Capsule	12	Mean	75.68	92.79	95.38	96.37	97.32	
					Range	(b) (4)					
					%CV	12.98	3.34	1.81	1.26	1.36	

Summary of In-vitro Dissolution studies- Neurontin® (gabapentin) capsules 100 mg vs. Gabapentin Capsule USP, 100 mg (Batch # C23009)

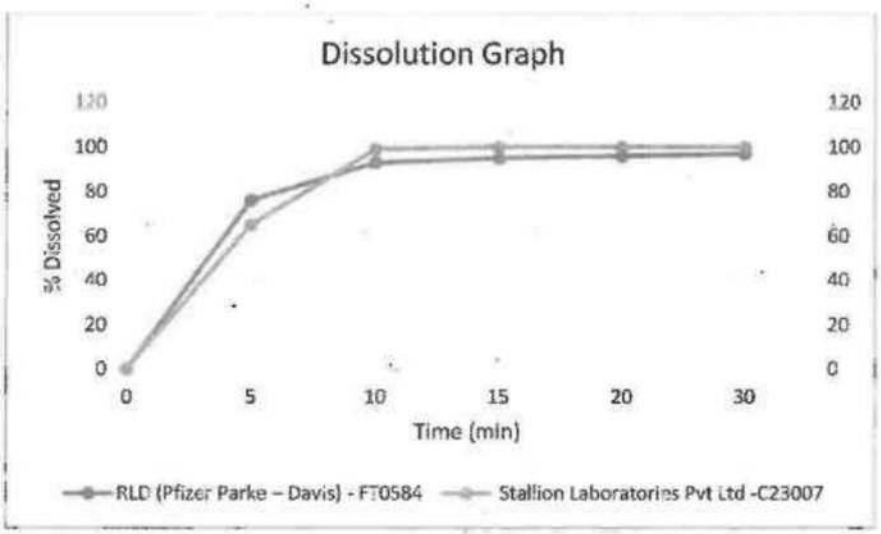
Dissolution Conditions	**Apparatus:**	(b) (4)
	Speed of Rotation:	
	Medium:	
	Volume:	
	Temperature:	
Firm's Proposed Specifications		(b) (4)
Dissolution Testing Site (Name, Address)		

Study Ref No.	Testing Date	Product ID \ Batch No. (Test – Manufacture Date) (Reference – Expiration Date)	Dosage Strength & Form	No. of Dosage Units		Collection Times (minutes) 05 Min	10 Min	15 Min	20 Min	30 Min	Study Report Location
AR No PV/23/0 074	08/08/23	**Test Product** Gabapentin Capsules USP, 100 mg Batch No: C23009 Mfg. Date- 07/2023	100 mg Capsule	12	Mean	68.26	101.33	102.13	102.23	102.07	Module 2.7
					Range	(b) (4)					
					%CV	18.85	3.23	2.85	2.65	2.65	
AR No NR/23/0 026	31/07/23	**Reference Product** Neurontin®(gabapentin) capsules 100 mg Batch No: FT0584 Expiry Date: 31/12/24	100 mg Capsule	12	Mean	75.68	92.79	95.38	96.37	97.32	
					Range	(b) (4)					
					%CV	12.98	3.34	1.81	1.26	1.36	

4.3.2 Dissolution Profiles

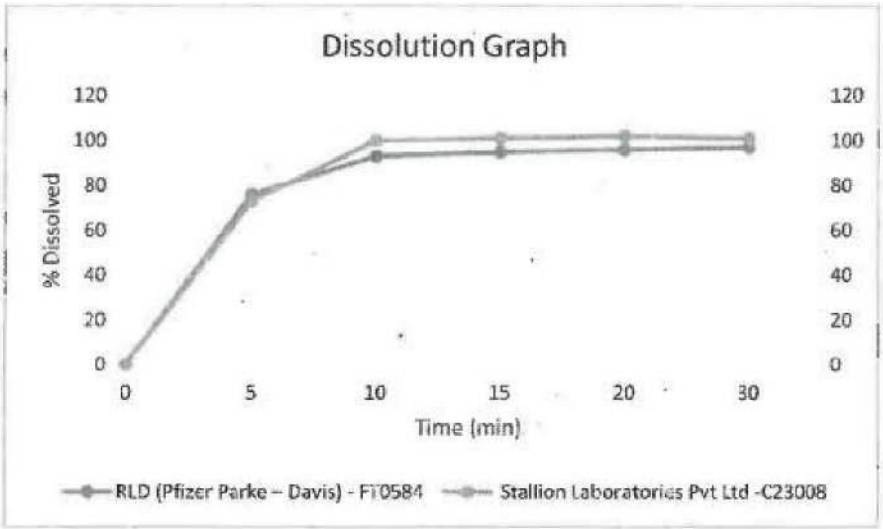
Dissolution Graph

Neurontin® gabapentin capsules 100 mg (Batch No FT0584) -RLD (Pfizer Parke – Davis) Vs. Gabapentin Capsule USP, 100 mg (C23007)- Stallion Laboratories Pvt Ltd



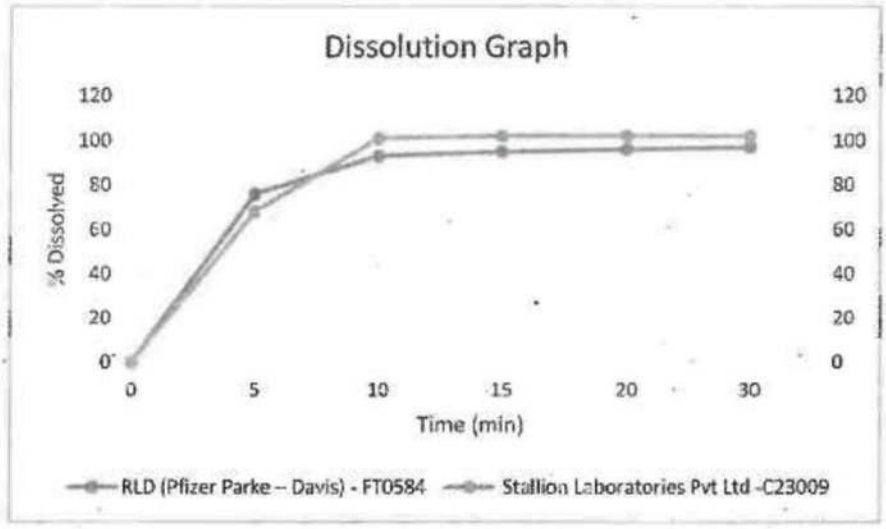
Dissolution Graph

Neurontin® gabapentin capsules 100 mg (Batch No FT0584) -RLD (Pfizer Parke – Davis) Vs. Gabapentin Capsule USP, 100 mg (C23008)- Stallion Laboratories Pvt Ltd



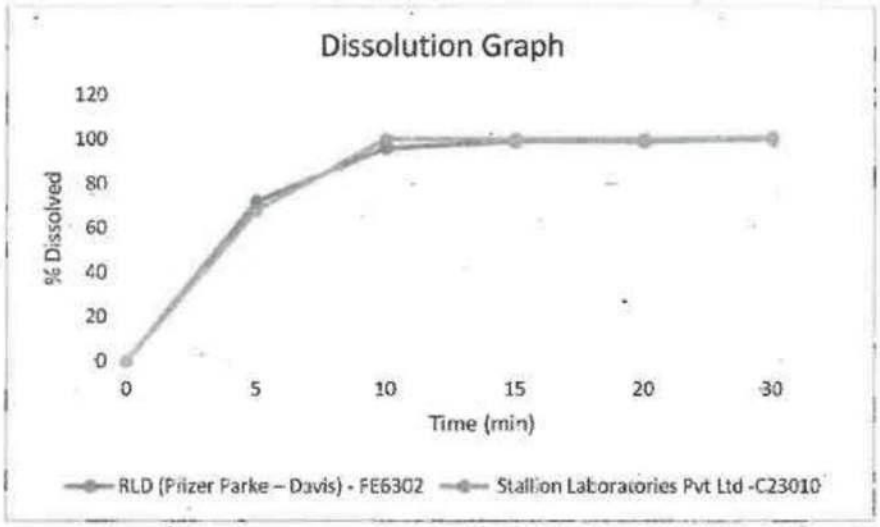
Dissolution Graph

Neurontin® gabapentin capsules 100 mg (Batch No FT0584) -RLD (Pfizer Parke – Davis) Vs. Gabapentin Capsule USP, 100 mg (C23009)- Stallion Laboratories Pvt Ltd



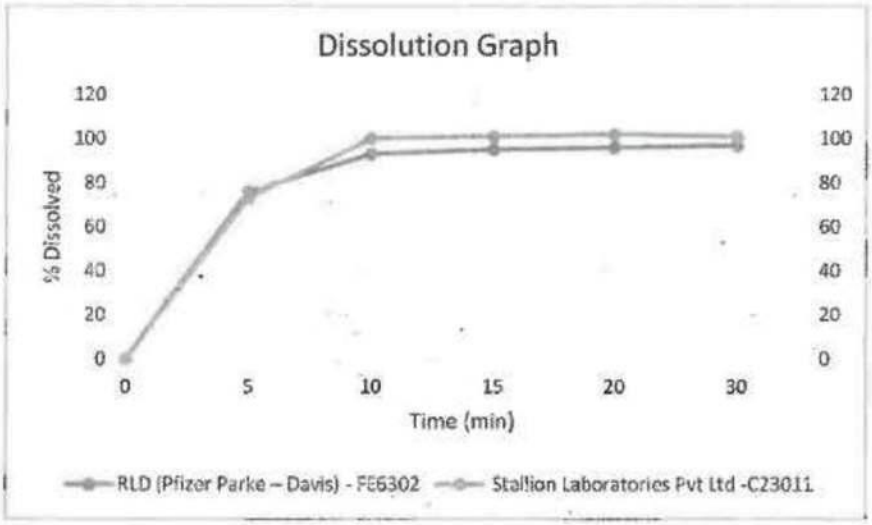
Dissolution Graph

Neurontin® gabapentin capsules 300 mg (Batch No FE6302) -RLD (Pfizer Parke – Davis) Vs. Gabapentin Capsule USP, 300 mg (C23010)- Stallion Laboratories Pvt Ltd

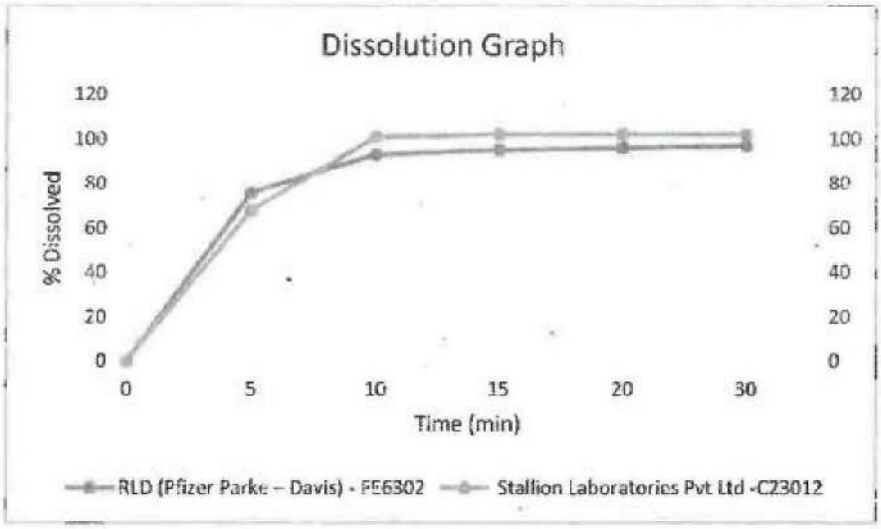


Dissolution Graph

Neurontin® gabapentin capsules 300 mg (Batch No FE6302) -RLD (Pfizer Parke – Davis) Vs. Gabapentin Capsule USP, 300 mg (C23011)- Stallion Laboratories Pvt Ltd

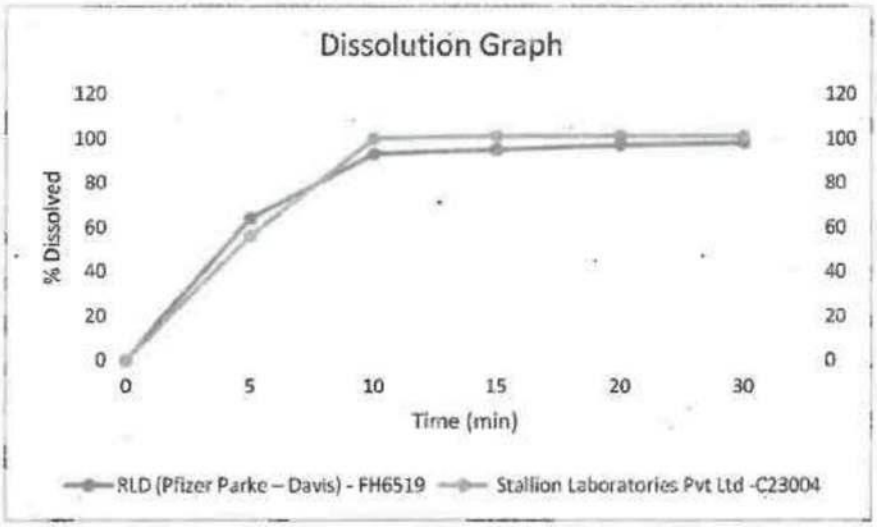


Neurontin® gabapentin capsules 300 mg (Batch No FE6302) -RLD (Pfizer Parke – Davis) Vs. Gabapentin Capsule USP, 300 mg (C23012)- Stallion Laboratories Pvt Ltd



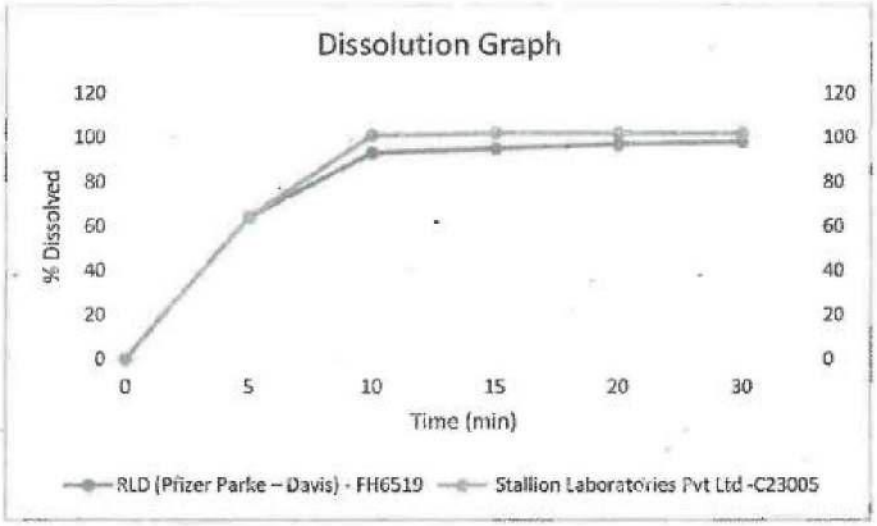
Dissolution Graph

Neurontin® gabapentin capsules 400 mg (Batch No FH6519) -RLD (Pfizer Parke – Davis) Vs. Gabapentin Capsule USP, 400 mg (C23004)- Stallion Laboratories Pvt Ltd



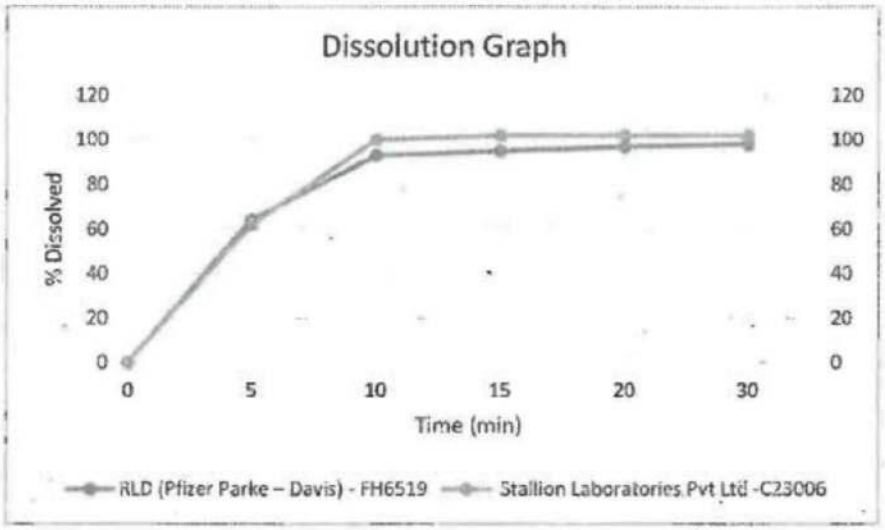
Dissolution Graph

Neurontin® gabapentin capsules 400 mg (Batch No FH6519) -RLD (Pfizer Parke – Davis) Vs. Gabapentin Capsule USP, 400 mg (C23005)- Stallion Laboratories Pvt Ltd



Dissolution Graph

Neurontin® gabapentin capsules 400 mg (Batch No FH6519) -RLD (Pfizer Parke – Davis) Vs. Gabapentin Capsule USP, 400 mg (C23006)- Stallion Laboratories Pvt Ltd



4.3.3 F2 Metric

F2 metric calculated? If no, reason why F2 not calculated	☐ Yes ☒ No The drug product [redacted] (b) (4)

NA

Please comment on whether dissolution data are adequate to support requests submitted under 21 CFR 320.22(d)(2) or 320.24(b)(6)	The dissolution data is adequate to support the waiver request for lower strengths, 100 mg and 300 mg, based on criteria set forth in 21 CFR § 320.22 (d)(2), after firm adequately responded to an Information Request to update an inconsistency in their Description and Composition of the Drug Product report[39].

OB Assessor's Comments: Adequate
Dissolution was performed as per USP-NF Gabapentin Capsule Monography dissolution recommendation[40], requiring [redacted] (b) (4). Testing was performed on 12 dosage units of 3 separate batches of each strength of test product compared to a single batch of each strength of reference product. Dissolution criteria as outlined by USP-NF and PSG were met.

[39] docubridge, A219313, #0002(#2), 08/05/2024, Module 1.2, Cover-letter-IR-Bioequivalence-Seq0002-08052024.pdf: \\CDSESUB1\EVSPROD\anda219319\0002\m1\us\cover-letter-ir-bioequivalence-seq0002-0805202.pdf

[40] USP-NF, Gabapentin Capsules Monograph, Last accessed 7/05/2024. https://online.uspnf.com/uspnf/document/1_GUID-C745305B-6529-4F74-8E60-1F56DDAA8195_2_en-US?source=Search%20Results&highlight=Gabapentin%20Capsules

OB Assessor's Comments: Adequate

4.3.4 SAS Output

Study	SAS Data	SAS Code	SAS Stat	SAS Output/Table
Fasting	219319_Fasting_Datasets_Gabapentin.d	A219319_Fast_Two-Way Crossover CALC	219319_Fasting_stat_GabapentinACTUA	219319_Fasting_table_GabapentinACTU
Fed	219319_Fed_Datasets_Gabapentin.doc	A219319_Fed_Two-Way Crossover CALC	219319_Fed_stat_GabapentinACTUAL.d	219319_Fed_table_GabapentinACTUAL

5 PRODUCTIVITY

Reviewer:	Senatorov, Ilya	**Date Completed:**
Verifier:	,	**Date Verified:**
Division:	Division of Bioequivalence	
Description:	A219319 Stallion Laboratories Private Limited's Gabapentin Capsules USP 100 mg, 300 mg, 400 mg.	

Items:

ID	*Letter Date*	*Productivity Category*	*Sub Category*	*Score*	*Subtotal*		
54321	1/1/2021	Parallel2024	IIG Pediatric Evaluation [0.5]	0.5	0.5	Edit	Delete
54321	1/1/2021	Parallel2024	In vivo study (PK study, fasting, fed, sprinkle, steady state, alcohol dose dumping, IVIVC, VCA, PD) (1 per study) [1]	1	1	Edit	Delete
54321	1/1/2021	Parallel2024	In vivo study (PK study, fasting, fed, sprinkle, steady state, alcohol dose dumping, IVIVC, VCA, PD) (1 per study) [1]	1	1	Edit	Delete
54321	1/1/2021	Parallel2024	Waiver (Dissolution based strength waiver including IR and MR) (0.25 per application) [0.25]	0.25	0.25	Edit	Delete
54321	1/1/2021	Parallel2024	Pre-screening checklist (Original ANDA and major amendment) [0.5]	0.5	0.5	Edit	Delete

/

6 BIOEQUIVALENCE COMMENTS TO BE PROVIDED TO THE APPLICANT

ANDA #:	219319
Applicant Name:	STALLION LABORATORIES PRIVATE LIMITED
Drug Name:	GABAPENTIN CAPSULE
Strength(s):	300mg;400mg;100mg

The Division of Bioequivalence III (DBIII) has completed its review and has no further questions at this time.

The bioequivalence comments provided in this communication are comprehensive as of issuance. However, these comments are subject to revision if chemistry, manufacturing and controls, microbiology, labeling, or other scientific, regulatory, or inspectional issues or concerns arise in the future. Please be advised that these concerns may result in the need for additional bioequivalence information and/or studies or may result in a conclusion that the proposed formulation is not approvable.

Sincerely yours,

April Braddy, Ph.D.
Director, Division of Bioequivalence III
Office of Bioequivalence
Office of Generic Drugs
Center for Drug Evaluation and Research

CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER:

ANDA 219319

ADMINISTRATIVE and CORRESPONDENCE DOCUMENTS

FDA U.S. FOOD & DRUG ADMINISTRATION

ANDA 219319

AMENDMENT ACKNOWLEDGEMENT
Standard
Minor

Pragmatic Compliance LLC
U.S. Agent for Stallion Laboratories Private Limited
15815 SW 11th Court Road
Ocala, FL 34473
Attention: Jerry Doane

Dear Jerry Doane:

This is in reference to your amendment received on March 10, 2025, submitted under section 505(j) of the Federal Food, Drug, and Cosmetic Act (FD&C Act), for Gabapentin Capsules USP, 100 mg, 300 mg, and 400 mg.

This amendment is subject to the provisions of the Generic Drug User Fee Amendments of 2022 (GDUFA III). FDA has made an initial determination that this is a standard minor amendment. The GDUFA goal date for review of this standard minor amendment is June 10, 2025.

GDUFA provides important program enhancements that are designed to improve the predictability and transparency of ANDA assessments and to minimize the number of review cycles necessary for approval, including fostering the development of high-quality applications. While FDA will communicate deficiencies identified during our assessment of your application, it is each applicant's responsibility to submit and maintain a high-quality application that FDA can approve. To this end, you should ensure your application addresses any changes to the reference listed drug (RLD) that occur after the submission of your ANDA, such as changes in labeling, patent or exclusivity information, or marketing status. You should also ensure your application stays up to date with the Agency's current recommendations on demonstrating bioequivalence reflected in relevant product specific guidances.

As described in FDA's Draft Guidance for Industry, *Cover Letter Attachments for Controlled Correspondences and ANDA Submissions*, FDA recommends that you include the appropriate attachment(s) along with the cover letter for your submission to help FDA ensure that your submission is properly triaged and assigned to the appropriate assessors. This will also ensure that submissions are effectively managed by FDA and acted upon within the performance review goal dates set by the Generic Drug User Fee Amendments.

If you have any questions, contact Dawn Kimble-Vance, Regulatory Project Manager, at (240) 402 - 5831.

Sincerely,

{See appended electronic signature page}

Dawn Kimble-Vance
Regulatory Project Manager
Office of Generic Drugs
Center for Drug Evaluation and Research
U.S. Food and Drug Administration

ANDA 219319

COMPLETE RESPONSE

Pragmatic Compliance LLC
U.S. Agent for Stallion Laboratories Private Limited
15815 SW 11th Court Rd.
Ocala, FL 34473
Attention: Jerry Doane

Dear Jerry Doane:

This is in reference to your abbreviated new drug application (ANDA) received for review on April 9, 2024, submitted pursuant to section 505(j) of the Federal Food, Drug, and Cosmetic Act (FD&C Act), for Gabapentin Capsules USP, 100 mg, 300 mg, and 400 mg.

Reference is also made to any amendments submitted prior to the issuance of this letter.

We have completed our review of this ANDA, as amended, and have determined that we cannot approve this ANDA in its present form. We have described our reasons for this action below and, where possible, our recommendations to address these issues.

PHARMACEUTICAL QUALITY

Drug Product

1. [redacted] (b) (4)

Labeling

1. In the submission dated October 28, 2024, in the package insert [redacted] (b) (4) . Please revise.

LABELING

Prior to final approval, the proposed labeling should be clear and precise (grammar, spelling, and formatting) for end users, and accurately reflect the Reference Listed Drug (RLD) information to comply with FDA policies, laws, regulations (i.e., 21 CFR 314.94(a)(8)), official compendia, and relevant guidance.

1. PRESCRIBING INFORMATION

   a. HIGHLIGHTS, ADVERSE REACTIONS: We note that contact information was added to the, "To report SUSPECTED ADVERSE REACTIONS..." [redacted] (b) (4)

   b. Add a horizontal line between the HIGHLIGHTS section and the FULL PRESCRIBING INFORMATION: CONTENTS* section, and also between the FULL PRESCRIBING INFORMATION: CONTENTS* section and the FULL PRESCRIBING INFORMATION section, in accordance with 21 CFR 201.57(d)(2).

   c. 8.1 Pregnancy: Revise the following:

      - Revise the subheading "*Human Data*" to read as "*Human Data*" (i.e., remove the underlining) to be consistent with other subheadings in the labeling.

      - [redacted] (b) (4)

   d. 16 HOW SUPPLIED: [redacted] (b) (4)

2. MEDICATION GUIDE

   a. Gabapentin **capsules can cause serious side effects including/ 2. Changes in behavior and thinking**: Revise the statement to read as follows to be the same as the RLD [redacted] (b) (4)
   "...can cause emotional changes, aggressive behavior, problems with concentration, changes in school performance, restlessness, and hyperactivity."

   b. What **are the ingredients in gabapentin capsules?/Inactive ingredients in the capsules**: Ensure that the inactive ingredients listed match that of 11 DESCRIPTION in the proposed Prescribing Information and your Quality submission [redacted] (b) (4)

Submit your revised labeling electronically. The prescribing information and any patient labeling should reflect the full content of the labeling as well as the planned ordering of the content of the labeling. The container label and any outer packaging should reflect the content as well as an accurate representation of the layout, color, text size, and style.

To facilitate review of your next submission, please provide a side-by-side comparison of your proposed labeling with the reference listed drug labeling with all differences annotated and explained. We also advise that you only address the deficiencies noted in this communication.

Additionally, we remind you that it is it your responsibility to continually monitor available labeling resources such as DRUGS@FDA, the Electronic Orange Book, and the United

States Pharmacopeia – National Formulary (USP-NF) online for recent updates and make any necessary revisions to your labels and labeling.

It is also your responsibility to ensure your ANDA addresses all listed exclusivities that claim the approved drug product. Please ensure that all exclusivities and patents listed in the electronic OB are addressed and updated in your application. Ensure your labeling aligns with your patent and exclusivity statements.

DRUG SUBSTANCE/BIOPHARMACEUTICS/MANUFACTURING/BIOEQUIVALENCE

There are no further questions for the above listed disciplines at this time. The comments provided in this communication are comprehensive as of the date the discipline review was completed. However, these comments are subject to revision if any scientific or regulatory division identifies additional concerns, as well as any concerns due to inspection results that may arise in the future. Additionally, the compliance status of each facility named in the application may be re-evaluated upon re-submission.

FDA publishes new and revised product-specific guidances describing the Agency's current recommendations on demonstrating bioequivalence and certain other approval requirements. To ensure you are aware of FDA's recommendations for the most accurate, sensitive, and reproducible methodology to demonstrate bioequivalence (21 CFR 320.24(a)), please continue to monitor for the availability of new and revised product-specific guidances in the *Federal Register* and on the FDA Web site at the following address:
https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/ucm075207.htm.

OTHER

The resubmission to this CR letter will be considered to represent a **MINOR** AMENDMENT, given that the deficiencies have been classified as **MINOR**.

Provided that the amendment contains no additional information that requires a substantial expenditure of resources to review, prominently identify the submission with the following wording in bold, capital letters at the top of the first page of the submission. If your submission includes gratuitous information in addition to the category or categories below, clearly identify the type of information submitted immediately following the wording below:

RESUBMISSION
MINOR
COMPLETE RESPONSE AMENDMENT
DRUG PRODUCT/LABELING

Upon review of your amendment, FDA may identify information in the amendment that may require a change in classification and an adjustment to the goal date.

Within one year after the date of this letter, you are required to respond by taking one of the actions available under 21 CFR 314.110(b). If you do not take one of these actions, we may consider your lack of response as a request to withdraw the ANDA under 21 CFR 314.110(c)(1). You may also request an extension of time in which to resubmit the application. A resubmission must fully address all the deficiencies listed. A partial response to this letter does not fulfill the requirements in 21 CFR 314.110(b)(1) and therefore will not be processed as a resubmission and will not start a new review cycle. Note that an amendment in response to a CRL classified by FDA as Minor that is submitted more than one year after the date FDA issued the CRL will be reclassified as a Major Amendment, except for ANDAs for products that are on the drug shortage list under section 506E of the FD&C Act (21 U.S.C. 356e), or are the subject of a response to a Public Health Emergency as declared by the Secretary of the U.S. Department of Health and Human Services under section 319 of the Public Health Service Act (PHS Act) (42 U.S.C. 247d), or are anticipated to be subject to the same criteria as apply to such a declaration, at the time of submission.

The drug product may not be marketed without final Agency approval under section 505(j) of the FD&C Act.

ANNUAL FACILITY FEES

The Generic Drug User Fee Amendments of 2012 (GDUFA) (Public Law 112-144, Title III) established certain provisions[1] with respect to self-identification of facilities and payment of annual facility fees. ANDAs that identify at least one facility that is referenced in an approved ANDA are subject to the self-identification requirement and to payment of an annual facility fee. Self-identification must occur by June 1 of each year for the next fiscal year. Facility fees must be paid each year by the date specified in the *Federal Register* notice announcing facility fee amounts.

All finished dosage forms (FDFs) or active pharmaceutical ingredients (APIs) manufactured in a facility that has not met its obligations to self-identify or to pay fees when they are due will be deemed misbranded. This means that it will be a violation of federal law to ship these products in interstate commerce or to import them into the United States. Such violations can result in prosecution of those responsible, injunctions, or seizures of misbranded products. Products misbranded because of failure to self-identify or pay facility fees are subject to being denied entry into the United States.

In addition, we note that GDUFA requires that certain non-manufacturing sites and organizations listed in generic drug submissions comply with the self-identification requirement. The failure of any facility, site, or organization to comply with its obligation to self-identify and/or to pay fees when due may raise significant concerns about that site or organization and is a factor that may increase the likelihood of a site inspection prior to approval. FDA does not expect to give priority to completion of inspections that are required simply because facilities, sites, or organizations fail to comply with the law requiring self-identification or fee payment.

GDUFA provides important program enhancements that are designed to improve the predictability and transparency of ANDA assessments and to maximize the efficiency and utility of each assessment cycle, with the intent to reduce the number of assessment cycles for ANDAs and facilitate timely access to quality, affordable, safe, and effective generic medicines. While FDA will communicate deficiencies identified during our assessment of your application, it is each applicant's responsibility to submit and maintain a high-quality application that FDA can approve. To this end, you should ensure your application addresses any changes to the RLD that occur after submission of your ANDA, such as changes in labeling, patent or exclusivity information, or marketing status. You should also ensure you stay up to date with the Agency's current thinking on topics through guidances for industry, including product-specific guidances.

As described in the *Cover Letter Attachments for Controlled Correspondences and ANDA Submissions Draft Guidance for Industry*, FDA recommends that you include the appropriate attachment(s) along with the cover letter for your submission to help FDA ensure that your submission is properly triaged and assigned to the appropriate assessors. This will also ensure that submissions are effectively managed by FDA and acted upon with the performance review goal dates set by the Generic Drug User Fee Amendments.

If you have any questions, call Dawn Kimble-Vance, Regulatory Project Manager, Division of Project Management, at (240) 402-5831.

Sincerely yours,

{See appended electronic signature page}

For Vincent Sansone, PharmD
CAPT, United States Public Health Service
Director, Division of Project Management
Office of Regulatory Operations
Office of Generic Drugs

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[1] Some of these provisions were amended by the Generic Drug User Fee Amendments of 2017 (GDUFA II) (Public Law 115-52, Title III).

ANDA 219319

DISCIPLINE REVIEW LETTER
QUALITY

Pragmatic Compliance LLC
U.S. Agent for Stallion Laboratories Private Limited
15815 SW 11th Court Rd.
Ocala, FL 34473-8916
Attention: Jerry Doane
US Agent

Dear Jerry Doane:

This letter is in reference to your abbreviated new drug application (ANDA) received for review on April 9, 2024, submitted pursuant to section 505(j) of the Federal Food, Drug, and Cosmetic Act (FD&C Act) for Gabapentin Capsules USP, 100 mg, 300 mg, and 400 mg.

The following possible deficiencies have been identified by Quality:

QUALITY

A. Drug Substance

B. Drug Product

(b) (4)

[redacted]

C. Manufacturing

a. Process

(b) (4)

[redacted]

D. Biopharmaceutics

The provided solubility data indicate that gabapentin is a highly soluble drug substance per BCS. The 2018 FDA guidance for Industry titled "Dissolution Testing and Acceptance Criteria for Immediate-Release Solid Oral Dosage Form Drug Products Containing High Solubility Drug Substances" establishes standard dissolution methodology and acceptance criteria to facilitate development and evaluation for drug products that meet the conditions outlined. Based on our evaluation of the data and information provided, we recommend the following:

1. Implement the following dissolution specifications (method and acceptance criterion) for quality control of your drug product, Gabapentin Capsule USP, 100 mg, 300 mg and 400 mg:

Method: 500 mL of 0.1 N HCl using USP Apparatus II (paddle) at 50 rpm
Acceptance criterion: Q=(b) (4)% in 30 minutes

Update your drug product batch release and stability specifications accordingly and update other sections of your submission as appropriate.

2. Based on FDA recommendation above, the revised dissolution method for your proposed product Gabapentin Capsules will differ from the current USP monograph method for Gabapentin Capsules. Therefore, after implementing the dissolution method per 2018 FDA dissolution guidance, we also recommend that i) you initiate a petition to the USP for inclusion the dissolution method and acceptance criterion in the official monograph for Gabapentin Capsules under the USP Pending Monograph Process and ii) include a statement in the labeling description section "FDA approved dissolution test specifications differ from the USP" until the product is in alignment with the dissolution specifications (dissolution method and acceptance criterion) in the USP monograph.

If you would like to respond to these possible deficiencies before the end of this review cycle, we request a complete written response to this discipline review letter (DRL) no later than October 28, 2024. If you submit a written response during this review cycle, depending on the timing and/or the information contained in your response, we may not be able to consider your response before taking action on your application. We will not process or review a partial response. Facsimile or e-mail responses will also not be accepted. Prominently identify the submission with the following wording in bold capital letters at the top of the first page of the submission:

DISCIPLINE REVIEW LETTER
QUALITY
MINOR

Please note that we are providing these preliminary thoughts on possible deficiencies to you before a complete review of your entire application. As contemplated in the Generic Drug User Fee Amendments of 2022 (GDUFA III)[1], these possible deficiencies do not reflect a complete review of your application and should not be construed as such. In addition, these possible deficiencies do not necessarily reflect input from supervisory levels. You should be aware that these deficiencies may be modified or additional deficiencies may be identified as we complete our review of your entire application.

Deficiencies addressed by applicants in a response to a DRL may appear in a Complete Response Letter (CRL) if FDA's review of the response has been deferred or if FDA has outstanding concerns after review of the response. The CRL will include all deficiencies that must be satisfactorily addressed before the ANDA can be approved.

If the applicant receives a CRL, but has already responded to some (or all) identified deficiencies in a DRL response, the applicant does not need to re-submit previously submitted information in a CRL amendment. However, the applicant should still submit a CRL amendment and should clearly identify the previously provided DRL response that renders its CRL amendment complete.

Additionally, please take note of the following if you choose to respond to these possible deficiencies before the end of this review cycle:

1. If your submission is a response to a Major DRL received by the due date (or any agreed-upon extension), FDA may classify the response as Major and assign an appropriate goal date for that amendment.

2. If you do not respond by the requested due date, FDA may defer review of your response.

3. FDA will strive to review your response during the review cycle in which it is received if such review can be completed during such review cycle. However, if

the Agency determines that it cannot review the response before a goal date or if a complete response letter is otherwise ready to be issued, the review of your response may be deferred. When FDA defers review of your response, it will be reviewed during the next review cycle for the application.

4. If you are responding to a late cycle DRL[2], the goal date may be extended based upon the major or minor deficiencies included upon receipt of the response.

5. In addition, if your response contains either gratuitous information not requested by FDA or information that requires a more thorough review as determined by FDA, FDA may classify the response as a major or minor amendment and assign an appropriate goal date for that amendment. The goal date assigned to the amendment may extend the review goal date for your current submission.

As described in FDA's draft guidance for industry *Cover Letter Attachments for Controlled Correspondences and ANDA Submissions*, FDA recommends that you include the appropriate attachment(s) along with the cover letter for your submission to help FDA ensure that your submission is properly triaged and assigned to the appropriate assessors. This will also ensure that submissions are effectively managed by FDA and acted upon within the performance review goal dates set by the Generic Drug User Fee Amendments.

If you have any questions, please contact Bryant Watson, Regulatory Business Process Manager, at bryant.watson@fda.hhs.gov or (301) 796 - 6501.

Sincerely,

{See appended electronic signature page}

Bryant Watson
Regulatory Business Process Manager
Office of Pharmaceutical Quality
Center for Drug Evaluation and Research
U.S. Food and Drug Administration

[1] GDUFA Reauthorization Performance Goals and Program Enhancements Fiscal Years 2023-2027 (available at:https://www.fda.gov/media/153631/download).
[2] Late cycle defined as IRs or DRLs issued after the mid-cycle of an original ANDA or IRs or DRLs issued less than 90 days from the goal date of an ANDA amendment

U.S. FOOD & DRUG ADMINISTRATION

ANDA 219319

INFORMATION REQUEST
BIOEQUIVALENCE

Pragmatic Compliance LLC
U.S. Agent for Stallion Laboratories Private Limited
15815 SW 11th Court Road
Ocala, FL 34473-8916
Attention: Jerry Doane

Dear Jerry Doane:

This is in reference to your abbreviated new drug application (ANDA) received on April 9, 2024, submitted under section 505(j) of the Federal Food, Drug, and Cosmetic Act (FD&C Act), for Gabapentin Capsules USP, 100 mg, 300 mg, and 400 mg.

We are reviewing the Bioequivalence section of your submission and request the following additional information/clarification and/or have the following comments:

Deficiency Related to the Test Formulation

1. We acknowledge that you have submitted the composition of your proposed drug products for all three strengths in Module 3.2.P.1. However, your submitted composition report shows inconsistencies between Table 2 on page # 3 and Table 3 on page #5, in terms of Pregelatinized Starch, Talc, and Magnesium Stearate concentrations for the 300 mg and 400 mg strengths. Please provide your clarification regarding this discrepancy.

Deficiency Related to the Fasting (Study # C1B03335) and Fed (Study # C1B03336) Bioequivalence (BE) Studies

2. Only males were included in your fasting (Study # C1B03335) and fed (Study # C1B03336) bioequivalence (BE) studies. Per the labeling of the reference product Viatris Specialty LLC's NEURONTIN® (gabapentin) capsules 400 mg, the proposed product is intended for use in both sexes. Therefore, similar proportions of males and females are recommended to be included in the studies. Please provide scientific justification to support that the BE results from male-only studies can be extrapolated to the entire population consisting of both sexes and that the difference in study population will not affect the BE conclusion.

We request a complete written response, no later than **8/5/2024** in order to continue our evaluation of your ANDA. We will not process or review a partial response. Facsimile or e-mail responses will also not be accepted.

In addition, if your response contains either gratuitous information not requested by FDA or information that requires a more thorough review as determined by FDA, FDA may classify the response as a major or minor amendment and assign an appropriate goal date for that amendment. If you are responding to a late cycle information request , the goal date may be extended based upon the major or minor deficiencies included upon receipt of the response. The goal date assigned to the amendment may extend the review goal date for your current submission.

Prominently identify the submission with the following wording in bold capital letters at the top of the first page of the submission:

INFORMATION REQUEST
BIOEQUIVALENCE
MINOR

If you do not submit a complete written response by **8/5/2024**, the listed information requests may be incorporated in a discipline review letter or complete response letter.

As described in FDA's draft guidance for industry *Cover Letter Attachments for Controlled Correspondences and ANDA Submissions*, FDA recommends that you include the appropriate attachment(s) along with the cover letter for your submission to help FDA ensure that your submission is properly triaged and assigned to the appropriate assessors. This will also ensure that submissions are effectively managed by FDA and acted upon within the performance review goal dates set by the Generic Drug User Fee Amendments.

If you have any questions, please contact Tianze Pan, Bioequivalence Project Manager, at Tianze.Pan@fda.hhs.gov.

Sincerely,

{See appended electronic signature page}

Tianze Pan
Bioequivalence Project Manager
Office of Generic Drugs
Center for Drug Evaluation and Research
U.S. Food and Drug Administration

U.S. FOOD & DRUG ADMINISTRATION

ANDA 219319

DISCIPLINE REVIEW LETTER
LABELING

Pragmatic Compliance LLC
U.S. Agent For: Stallion Laboratories Private Limited
15815 SW 11th Court Road
Ocala, FL 34473
Attention: Jerry Doane

Dear Jerry Doane:

This letter is in reference to your abbreviated new drug application (ANDA) received for review on April 9, 2024, submitted pursuant to Section 505(j) of the Federal Food, Drug, and Cosmetic Act for Gabapentin Capsules USP, 100 mg, 300 mg, and 400 mg.

The following comments have been identified by the Division of Labeling Review (DLR) based on your submission on April 9, 2024.

Prior to final approval, the proposed labeling should be clear and precise (grammar, spelling, and formatting) for end users, and accurately reflect the Reference Listed Drug (RLD) information to comply with FDA policies, laws, regulations (i.e., 21 CFR 314.94(a)(8)), official compendia, and relevant guidance.

1. GENERAL COMMENTS

   Revise your labeling to be in accordance with the labeling for the reference listed drug (RLD), Neurontin, NDA020235/S-076 approved on July 12, 2024, found on the Drugs@FDA website.

2. CONTAINER LABEL

   a. Revise the Medication Guide statement to state how it is provided to the dispenser, as required per 21 CFR 208.24(d), such as [redacted] (b) (4)

   b. Remove [redacted] (b) (4)

U.S Food & Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
www.fda.gov

3. PRESCRIBING INFORMATION
    a. HIGHLIGHTS, ADVERSE REACTIONS: To report SUSPECTED ADVERSE REACTIONS – Include your contact information in addition to the FDA toll free number and website per 21 CFR 201.57(a)(11)(ii).
    b. 2.2 Dosage for Epilepsy with Partial Onset Seizures/ Pediatric Patients Age 3 to 11 years, fourth sentence: Revise the statement to the following, as it pertains to the safe and effective use of the proposed drug product:
    "Gabapentin may be administered as the oral solution, capsule, or tablet, or using combinations of these formulations."
    c. The reference listed drug (RLD) for your drug product contains third party pregnancy registry information in its labeling. Please reach out to the third party to verify if the data for your generic drug product will be accepted as part of their pregnancy registry. If it is verified that the data for your generic drug product will be accepted by the third party and you intend to join the pregnancy registry, you can continue including the pregnancy registry information in your labeling. If it is determined that the data for your generic drug product will not be accepted by the third party or if you do not intend to join the pregnancy registry, please remove the pregnancy registry information in your labeling.
    d. 11 DESCRIPTION, fourth paragraph: Revise the statement to read as follows: "Each gabapentin capsule contains..."
    Note the revision of "capsule" (singular noun) and the use of lower case in "gabapentin".
    e. 12.1 Mechanism of Action, third sentence: Revise "α2β subunit" to read as "α2δ subunit" to be the same as the RLD. Note the revision of β (beta) to δ (delta).
    f. Add the following statement at the end of the Prescribing Information: "Trademarks are the property of their respective owners."
    g. Please note that USAN names (i.e., gabapentin and gabapentin capsules) are common nouns and should be treated as such in the text of labeling (i.e., lower case). Upper case may be used when the USAN name stands alone as on labels or in the title of the Prescribing Information.
    h. Ensure reference to the drug substance and drug product are consistent throughout the Prescribing Information. Ensure to use the established name "gabapentin capsule" or "gabapentin capsules" (dosage form included) when referring to the drug product (i.e., when referencing dosing or treatment with the drug product).
    Continue to use the drug substance "gabapentin" when referencing trials and studies, as the RLD labeling does not specify which drug formulation was used.

4. MEDICATION GUIDE
    a. Revise your Medication Guide to be in accordance with the Medication Guide for the reference listed drug (RLD), Neurontin, NDA020235/S-076 approved on July 12, 2024, found on the Drugs@FDA website.
    b. Revise title to read, "Gabapentin (gab" a pen' tin) Capsules, USP". Note the placement of the phonetic spelling after "Gabapentin".
    c. Refer to comment 3(c).
    d. **How should I store Gabapentin Capsules?**: Revise the statement to read, "Store gabapentin capsules between 68°F to 77°F (20°C to 25°C)." Note the revision of "capsule" to "capsules".
    e. Under " **How should I store Gabapentin Capsules**" subsection, as a bullet, add a statement regarding the child-resistant feature of your proposed container closure system that you have chosen to add to the HOW SUPPLIED/STORAGE AND HANDLING section of the Prescribing Information [(e.g., "Gabapentin capsules that come in bottles of 30 capsules and 100 capsules have child-resistant closures.")]. We refer you to the Guidance for Industry - Child-Resistant Packaging Statements in Drug Product Labeling Guidance for Industry.
    f. Add the following statement to the end of the Medication Guide: "Trademarks are the property of their respective owners."
    g. Refer to comment 3(g).

Submit your revised labeling electronically. The prescribing information and any patient labeling should reflect the full content of the labeling as well as the planned ordering of the content of the labeling. The container label and any outer packaging should reflect the content as well as an accurate representation of the layout, color, text size, and style.

To facilitate review of your next submission, please provide a side-by-side comparison of your proposed labeling with your last submitted labeling with all differences annotated and explained. We also advise that you only address the deficiencies noted in this communication.

Additionally, we remind you that it is it your responsibility to continually monitor available labeling resources such as DRUGS@FDA, the Electronic Orange Book, and the United States Pharmacopeia – National Formulary (USP-NF) online for recent updates, and make any necessary revisions to your labels and labeling.

It is also your responsibility to ensure your ANDA addresses all listed exclusivities that claim the approved drug product. Please ensure that all exclusivities and patents listed in the Electronic Orange Book are addressed and updated in your application. Ensure your labeling aligns with your patent and exclusivity statements.

If you would like to respond to these possible deficiencies before the end of this review

cycle, we request a complete written response to this discipline review letter (DRL) no later than August 5, 2024. If you submit a written response during this review cycle, depending on the timing and/or the information contained in your response, we may not be able to consider your response before taking action on your application. We will not process or review a partial response. Facsimile or e-mail responses will also not be accepted. Prominently identify the submission with the following wording in bold capital letters at the top of the first page of the submission:

DISCIPLINE REVIEW LETTER
LABELING
MINOR

Please note that we are providing these preliminary thoughts on possible deficiencies to you before a complete review of your entire application. As contemplated in the Generic Drug User Fee Amendments of 2022 (GDUFA III)[1], these possible deficiencies do not reflect a complete review of your application and should not be construed as such. In addition, these possible deficiencies do not necessarily reflect input from supervisory levels. You should be aware that these deficiencies may be modified as we complete our review of your entire application.

Deficiencies addressed by applicants in a response to a DRL may appear in a Complete Response Letter (CRL) if FDA's review of the response has been deferred or if FDA has outstanding concerns after review of the response. The CRL will include all deficiencies that must be satisfactorily addressed before the ANDA can be approved.

If the applicant receives a CRL but has already responded to some (or all) identified deficiencies in a DRL response, the applicant does not need to re-submit previously submitted information in a CRL amendment. However, the applicant should still submit a CRL amendment and should clearly identify the previously provided DRL response that renders its CRL amendment complete.

Additionally, please take note of the following if you choose to respond to these possible deficiencies before the end of this review cycle:

1. If your submission is a response to a Major DRL received by the due date (or any agreed-upon extension), FDA may classify the response as Major and assign an appropriate goal date for that amendment.
2. If you do not respond by the requested due date, FDA may defer review of your response.
3. FDA will strive to review your response during the review cycle in which it is received if such review can be completed during such review cycle. However, if the Agency determines that it cannot review the response before a goal date or if

[1] GDUFA Reauthorization Performance Goals and Program Enhancements Fiscal Years 2023-2027 (available at: https://www.fda.gov/media/153631/download).

a complete response letter is otherwise ready to be issued, the review of your response may be deferred. When FDA defers review of your response, it will be reviewed during the next review cycle for the application.

4. If you are responding to a late cycle DRL[2], the goal date may be extended based upon the major or minor deficiencies included upon receipt of the response.
5. In addition, if your response contains either gratuitous information not requested by FDA or information that requires a more thorough review as determined by FDA, FDA may classify the response as a major or minor amendment and assign an appropriate goal date for that amendment. The goal date assigned to the amendment may extend the review goal date for your current submission.

As described in FDA's draft guidance for industry *Cover Letter Attachments for Controlled Correspondences and ANDA Submissions*, FDA recommends that you include the appropriate attachment(s) along with the cover letter for your submission to help FDA ensure that your submission is properly triaged and assigned to the appropriate assessors. This will also ensure that submissions are effectively managed by FDA and acted upon within the performance review goal dates set by the Generic Drug User Fee Amendments.

If you have any questions, please contact Priya Shah, Labeling Project Manager, at Priya.Shah@fda.hhs.gov.

Sincerely,

{See appended electronic signature page}

Priya Shah, Pharm.D.
Labeling Project Manager
Office of Generic Drugs
Center for Drug Evaluation and Research
U.S. Food and Drug Administration

[2] Late cycle defined as IRs or DRLs issued after the mid-cycle of an original ANDA or IRs or DRLs issued less than 90 days from the goal date of an ANDA amendment