

CENTER FOR DRUG EVALUATION AND RESEARCH

Application Number 74-771

ADMINISTRATIVE DOCUMENTS

ANDA/AADA OFFICE LEVEL APPROVAL ROUTING SUMMARY

ANDA # 74-771
 AADA # _____
 Drug Cholestyramine
 Dosage Form Oral Suspension
 Strength 4 gm/dose
 Applicant Baker Norton Pharmaceuticals
 Proposed Action (AP) TA

REVIEWER:

RECEIPT

ACTION

1. Project Manager
 Review Support Branch

Date 6/16/97
 Initials SM

Date _____
 Initials _____

Original Rec'd date 10/23/95
 Date Acceptable for Filing 10/23/95
 Open Amendment Date(s) 4/3 5/14 5/29/97
 Chemistry Reviewer M. Swartz
 Supervisor M. Susela
 Bio Reviewer J. Cleary
 Supervisor V.C. Huang
 Date of Office Level Bio Review 5/30/97
 Pending Legal Case Yes ___ No

EER Status Acceptable 6/27/97
 OAI Status Yes ___ No
 Patent Certification PI
 Citizen Petition Yes ___ No If YES
 attach Email from Project Manager to
 Petition Coordinator of pending approval

Comments:

2. Director of Chem. I or II
 Office of Generic Drugs
 Comments:

Date 7/1/97
 Initials SM

Date 7/1/97
 Initials SM

Continuation pending EER

3. Office Level Chem Review
 (1st Generic Only)
 Div. Dir. of Chem I or II
 Comments:

Date _____
 Initials _____

Date _____
 Initials _____

Multiple generic drug products approved.

Reviewed 7/8/97

4. P. Rickman
 Supv., Reg. Support Branch

Date 7/2/97
 Initials mm

Date 7/7/97
 Initials mm

Contains certification required by the GDEA if sub after 6/1/92
 Yes No ___ Determ. of Involvement? Yes ___ No
 Paragraph 4 Certification ___ Yes No (checklist)

Comments:

*No patent or exclusivity issues
 multiple generics approved*

*EER acceptable 6/27/97
 office level Bio 5/30/97*

5. J. Phillips
 Director Division of LPS
 Office of Generic Drugs
 Comments:

Date _____
 Initials _____

Date 7/8/97
 Initials Reviewed for

*equivalence study found acceptable 4/21/97. Office level bio endorsed 5/30/97.
 acceptable EER dated 6/27/97 (printed 7/8/97). No OAI sheets noted - CHC
 acceptable - Chemistry review # 3. FPL Acceptable 6/10/97. Citizens Petition 97P-0025
 (Kontak, 97-043) and controlled correspondence 97-131 pending. T. Sheewood notified - No
 patent or exclusivity issues pending - Methods validation waived.*

Recommend: Approval.

6. G. Johnston
Deputy Director
Office of Generic Drugs
Patent Cert - P₄ - Yes ___ No
Petition status Yes
Pend. Legal Actions - Yes ___ No
Comments:

Date 7-8-97
Initials J

Date 7-8-97
Initials J

Petition pending. GC has cleared approval based on notification to GC (Fig. Duckman)

7. D. Sporn
Director
Office of Generic Drugs

Date 7-8-97
Initials DSS

Date 7-8-97
Initials DSS

~~R. Williams, MD
1st Generic _____
PD or clinical for BE _____
Special Scientific or Reg Issues _____
Comments:~~

8. Project Manager

S O Keefe

Date _____
Initials _____

Date _____
Initials _____

Company Notified
1:25 Time notified of approval via telephone
_____ Time notified of approval via facismile

LETTER SIGNED: D Sporn 7-8-97
(Name and Date)

CDER Establishment Evaluation Report
for July 08, 1997

Application: ANDA 74771/000
Stamp: 23-OCT-1995 Regulatory Due:
Applicant: BAKER NORTON
8800 NORTHWEST 36TH ST
MIAMI, FL 33178

Priority: Org Code: 600
Action Goal: District Goal: 23-DEC-1996
Brand Name:
Established Name: CHOLESTYRAMINE
Generic Name:
Dosage Form: FOS (FOR ORAL SUSPENSION)
Strength: 4G RESIN/PACKET&SCOOP

FDA Contacts: S. OKEEFE (HFD-617) 301-827-5848 , Project Manager
M. SHAIKH (HFD-625) 301-827-5848 , Review Chemist
M. SMELA JR (HFD-625) 301-827-5848 , Team Leader

Overall Recommendation:

WITHHOLD on 29-APR-1997 by J. D AMBROGIO (HFD-324) 301-827-0062
ACCEPTABLE on 27-JUN-1997 by M. EGAS (HFD-322) 301-594-0095

Establishment: 2530802

DMF No:

AADA No:

Profile: POW OAI Status: NONE
Last Milestone: OC RECOMMENDAT 29-APR-1997
Decision: ACCEPTABLE
Reason: DISTRICT RECOMMENDATION

Responsibilities:
FINISHED DOSAGE PACKAGER

Establishment: 9611351

DMF No:

No:

Profile: CSN OAI Status: NONE
Last Milestone: OC RECOMMENDAT 13-MAY-1996
Decision: ACCEPTABLE
Reason: BASED ON PROFILE

Responsibilities:
DRUG SUBSTANCE MANUFACTURER

Establishment: 1056772

DMF No:

AADA No:

Profile: POW OAI Status: NONE
Last Milestone: OC RECOMMENDAT 27-JUN-1997
Decision: ACCEPTABLE
Reason: DISTRICT RECOMMENDATION

Responsibilities:
FINISHED DOSAGE MANUFACTURER

11
1/3/97

ELECTRONIC MAIL MESSAGE

Date: 08-Jul-1997 09:49am EDT
From: Robert West
WESTR
Dept: HFD-611 MPN2 273
Tel No: 301-827-5846 FAX 301-594-0183

TO: Ted Sherwood (SHERWOODT)

CC: Gordon Johnston (JOHNSTONG)

Subject: Pending Approval of ANDA 74-771 for Cholestyramine

Ted:

We're ready to approve ANDA 74-771 for Baker Norton's Cholestyramine for Oral Suspension, USP. A check of the list reveals that there are the following petitions/controls pending:

Hyman	97P-0028	97-043	Masciale
Bristol		96-131	Dickinson

have approved several generic applications for this drug product, the most recent being Copley's in October of 1996.

Please advise as to the approvability of this application.

Thanks,

Bob

APPROVAL SUMMARY PACKAGE

ANDA NUMBER: 74-771
FIRM: Baker Norton Pharmaceutical Inc.
DOSAGE FORM: Powder For Suspension
STRENGTH: 4 g/dose
DRUG: Cholestyramine for Oral Suspension, USP

CGMP STATEMENT/EIR UPDATED STATUS:

EER submitted on 2-27-97 for the following facilities is pending:

1.

2.

product,

3.

4.

ed drug

*acceptable
2/27/97*

M. Smela

BIO STUDY:

Acceptable based on OGD's Division of Bioequivalence letter issued on 5-29-97.

METHODS VALIDATION - (DESCRIPTION OF DOSAGE FORM SAME AS FIRM'S):
Not required. USP material.

STABILITY - ARE CONTAINERS USED IN STUDY IDENTICAL TO THOSE IN CONTAINER SECTION?

Containers used in the stability studies are identical to those listed in container section.

Expiration dating period of 24 months for these drug products is acceptable based on the stability data.

LABELING:

FPL status: Satisfactory per review dated 6-5-97.

STERILIZATION VALIDATION (IF APPLICABLE):

N/A

SIZE OF BIO BATCH - (FIRM'S SOURCE OF NDS O.K.):

Size of the in-vivo biobatch is Lot # RD94077-3 [size: kg
nits)].

NDS Source: DMF 5673 for Rohm & Haas became adequate per M. Shaikh's review completed on 6-5-96 after review of DMF amendment submitted on 5-7-96.

SIZE OF STABILITY BATCHES - (IF DIFFERENT FROM BIO BATCH WERE THEY MANUFACTURED VIA SAME PROCESS?)

Bio/Stability Batch:

Cholestyramine for Oral Suspension USP, Exhibit batch (lot # RD94077)

Batch Size:

PROPOSED PRODUCTION BATCH - MANUFACTURING PROCESS THE SAME AS BIO/STABILITY?

Production batch size post-approval of this application is:

Manufacturing process for intended production size batch is same as used for the bio/stability batch.

cc:

Endorsements:

6/2-

CDER Establishment Evaluation Report
for June 27, 1997

Page 1 of 1

Application: **ANDA 74771/000**
Stamp: **23-OCT-1995** Regulatory Due:
Applicant: **BAKER NORTON**
8800 NORTHWEST 36TH ST
MIAMI, FL 33178

Priority:
Action Goal:
Brand Name:
Established Name: **CHOLESTYRAMINE**
Generic Name:
Dosage Form: **FOS (FOR ORAL SUSPENSION)**
Strength: **4G RESIN/PACKET&SCOOP**

Org Code: 600

District Goal: **23-DEC-1996**

FDA Contacts: **S. OKEEFE (HFD-617) 301-827-5848 , Project Manager**
M. SHAIKH (HFD-625) 301-827-5848 , Review Chemist
M. SMELA JR (HFD-625) 301-827-5848 , Team Leader

Overall Recommendation:

WITHHOLD on 29-APR-1997 by J. D AMBROGIO (HFD-324) 301-827-0062
ACCEPTABLE on 27-JUN-1997 by M. EGAS (HFD-322) 301-594-0095

Establishment:

DMF No:

AADA No:

Profile: **POW** OAI Status: **NONE** Responsibilities:
Last Milestone: **OC RECOMMENDAT 29-APR-1997** **FINISHED DOSAGE PACKAGER**
Decision: **ACCEPTABLE**
Reason: **DISTRICT RECOMMENDATION**

Establishment:

DMF No:

SA

DA No:

Profile: **CSN** OAI Status: **NONE** Responsibilities:
Last Milestone: **OC RECOMMENDAT 13-MAY-1996** **DRUG SUBSTANCE MANUFACTURER**

BASED ON FILE REVIEW

Establishment:

Profile: **POW** OAI Status: **NONE** Responsibilities:
Last Milestone: **OC RECOMMENDAT 27-JUN-1997** **FINISHED DOSAGE MANUFACTURER**
Decision: **ACCEPTABLE**
Reason: **DISTRICT RECOMMENDATION**


E L E C T R O N I C M A I L M E S S A G E

Sensitivity: COMPANY CONFIDENTIAL Date: 27-Jun-1997 08:33am EDT
From: Mark Lynch
LYNCHM
Dept: HFD-324 MPN1 265
Tel No: 301-827-0062 FAX 301-827-0145

TO: 7 addressees

Subject: Baker Norton 74-771

We have changed the classification of this application to approvable in EES as a result of the district's communication received yesterday.

This application contains the following items: (Check all that apply)		
<input type="checkbox"/>	1. Index	
<input type="checkbox"/>	2. Labeling (check one) <input type="checkbox"/> Draft Labeling <input type="checkbox"/> Final Printed Labeling	
<input type="checkbox"/>	3. Summary (21 CFR 314.50 (c))	
<input checked="" type="checkbox"/>	4. Chemistry section	
<input checked="" type="checkbox"/>	A. Chemistry, manufacturing, and controls information (e.g. 21 CFR 314.50 (d) (1), 21 CFR 601.2)	
	B. Samples (21 CFR 314.50 (e) (1), 21 CFR 601.2 (a)) (Submit only upon FDA's request)	
	C. Methods validation package (e.g. 21 CFR 314.50 (e) (2) (i), 21 CFR 601.2)	
<input type="checkbox"/>	5. Nonclinical pharmacology and toxicology section (e.g. 21 CFR 314.50 (d) (2), 21 CFR 601.2)	
<input type="checkbox"/>	6. Human pharmacokinetics and bioavailability section (e.g. 21 CFR 314.50 (d) (3), 21 CFR 601.2)	
<input type="checkbox"/>	7. Clinical Microbiology (e.g. 21 CFR 314.50 (d) (4))	
<input type="checkbox"/>	8. Clinical data section (e.g. 21 CFR 314.50 (d) (5), 21 CFR 601.2)	
<input type="checkbox"/>	9. Safety update report (e.g. 21 CFR 314.50 (d) (5) (v) (b), 21 CFR 601.2)	
<input type="checkbox"/>	10. Statistical section (e.g. 21 CFR 314.50 (d) (6), 21 CFR 601.2)	
<input type="checkbox"/>	11. Case report tabulations (e.g. 21 CFR 314.50 (f) (1), 21 CFR 601.2)	
<input type="checkbox"/>	12. Case reports forms (e.g. 21 CFR 314.50 (f) (2), 21 CFR 601.2)	
<input type="checkbox"/>	13. Patent information on any patent which claims the drug (21 U.S.C. 355 (b) or (c))	
<input type="checkbox"/>	14. A patent certification with respect to any patent which claims the drug (21 U.S.C 355 (b) (2) or (f) (2) (A))	
<input type="checkbox"/>	15. Establishment description (21 CFR Part 600, if applicable)	
<input type="checkbox"/>	16. Debarment certification (FD&C Act 306 (k)(1))	
<input type="checkbox"/>	17. Field copy certification (21 CFR 314.5 (k) (3))	
<input type="checkbox"/>	18. User Fee Cover Sheet (Form FDA 3397)	
<input type="checkbox"/>	19. OTHER (Specify)	
CERTIFICATION		
<p>I agree to update this application with new safety information about the product that may reasonably affect the statement of contraindications, warnings, precautions, or adverse reactions in the draft labeling. I agree to submit safety update reports as provided for by regulation or as requested by FDA. If this application is approved, I agree to comply with all applicable laws and regulations that apply to approved applications, including, but not limited to the following:</p> <ol style="list-style-type: none"> 1. Good manufacturing practice regulations in 21 CFR 210 and 211, 606, and/or 820. 2. Biological establishment standards in 21 CFR Part 600. 3. Labeling regulations in 21 CFR 201, 606, 610, 660 and/or 809. 4. In the case of a prescription drug or biological product, prescription drug advertising regulations in 21 CFR 202. 5. Regulations on making changes in application in 21 CFR 314.70, 314.71, 314.72, 314.97, 314.99, and 601.12. 6. Regulations on reports in 21 CFR 314.80, 314.81, 600.80 and 600.81. 7. Local, state and Federal environmental impact laws. <p>If this application applies to a drug product that FDA has proposed for scheduling under the Controlled Substances Act I agree not to market the product until the Drug Enforcement Administration makes a final scheduling decision. The data and information in this submission have been reviewed and, to the best of my knowledge are certified to be true and accurate. Warning: a willfully false statement is a criminal offense, U.S. Code, title 18, section 1001.</p>		
SIGNATURE OF RESPONSIBLE OFFICIAL OR AGENT 	TYPED NAME AND TITLE Steve M. Viti, Ph.D. Associate Director, Regulatory Affairs	DATE 7/1/97
ADDRESS (Street, City, State, and ZIP Code) 4400 Biscayne Blvd. Miami, FL 33137	Telephone Number (305) 575-6336	
<p>Public reporting burden for this collection of information is estimated to average 40 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:</p> <p>DHHS, Reports Clearance Officer Paperwork Reduction Project (0910-0338) Hubert H. Humphrey Building, Room 531-H 200 Independence Avenue, S.W. Washington, DC 20201</p> <p>An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.</p> <p>Please DO NOT RETURN this form to this address.</p>		

RECORD OF TELEPHONE CONVERSATION

DATE: 6-30-97

PRODUCT NAME: Cholestyramine for Oral Suspension

ANDA NUMBER: 74-771

FIRM NAME: Baker Norton Pharmaceutical, Inc.

NAME AND TITLE OF PERSON WITH WHOM CONVERSATION WAS HELD: Steven M. Viti, Ph.D, Associate Director, Regulatory Affairs

PARTICIPANT(S) TELEPHONE: 305 - 575-6336

MINUTES OF CONVERSATION:

Background:

Update of the drug substance and drug product specifications based on USP 23, Supplement # 6. Dr. Allen Rudman found this deficiency during his pre-approval QA review.

Telecon:

Mike Smela and M. Shaikh called Baker Norton to request telephone amendment which should include a copy of revised specifications for drug substance to include OVI testing specification and release specifications for the drug product to include the Exchange Capacity and delete assay per USP 23, Supplement # 6.

Mr. Steven Viti asked if they can keep on assaying the drug product with the current method submitted in the ANDA and change to USP method post-approval of this ANDA. Mike Smela told him it is acceptable and Baker Norton need to clarify their intention.

Mike Smela requested Steven Viti to fax the telephone amendment to Mujahid Shaikh, followed by a hard copy. Mr. Viti told us that he will be able to do today or tomorrow after he has a meeting with analytical people of his firm. Mike gave him the fax number.

End of Conversation.

NAME OF OGD REPRESENTATIVE:

Mujahid L. Shaikh, Review Chemist
Mike Smela, Team Leader

SIGNATURE OF OGD REPRESENTATIVE

DIVISION/BRANCH: I/II

/S/

6/30/97

/S/

1
6/30/97

APPROVAL SUMMARY

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

ANDA Number: 74-771 Date of Submission: May 29, 1997

Applicant's Name: Baker Norton Pharmaceuticals, Inc.

Established Name: Cholestyramine for Oral Suspension, USP (4 gram anhydrous cholestyramine resin per packet or scoopful)

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

Do you have 12 Final Printed Labels and Labeling? Yes

Container Labels:
April 3, 1997 (378 g can).

Unit Dose Packet:
April 3, 1997 (9 g unit dose packet).

Unit Dose Carton Label:
May 14, 1997 (9 g x 60).

Professional Package Insert Labeling:
May 29, 1997 (Rev. May 1997).

Revisions needed post-approval:
Insert - PRECAUTIONS, Laboratory Tests - Revise to read "showed" rather than "sowed" in the first sentence of the second paragraph.

BASIS OF APPROVAL:

Was this approval based upon a petition? No

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

NDA Number: 16-640

NDA Drug Name: Questran

NDA Firm: Bristol Myers

Date of Approval of NDA Insert and supplement #:

9/22/95 (S-069)

Has this been verified by the MIS system for the NDA?

Yes

Was this approval based upon an OGD labeling guidance?

No

Basis of Approval for the Container Labels:

Questran labels in file folder.

Basis of Approval for the Carton Labeling:

Questran labeling in file folder.

REVIEW OF PROFESSIONAL LABELING CHECK LIST

Applicant's Established Name	Yes	No	N.A.
Different name than on acceptance to file letter?		X	
Is this product a USP item? If so, USP supplement in which verification was assured.	X		
Is this name different than that used in the Orange Book?		X	
If not USP, has the product name been proposed in the PF?			X
Error Prevention Analysis			
<i>PROPRIETARY NAME</i>			
Has the firm proposed a proprietary name? If yes, complete this subsection.		X	
Do you find the name objectionable? List reasons in FTR, if so. Consider: Misleading? Sounds or looks like another name? USAN stem present? Prefix or Suffix present?			X
Has the name been forwarded to the Labeling and Nomenclature Committee? If so, what were the recommendations? If the name was unacceptable, has the firm been notified?			X
<i>PACKAGING</i> -See applicant's packaging configuration in FTR			
Is this a new packaging configuration, never been approved by an ANDA or NDA? If yes, describe in FTR.		X	
Is this package size mismatched with the recommended dosage? If yes, the Poison Prevention Act may require a CRC.		X	
Does the package proposed have any safety and/or regulatory concerns?		X	
If IV product packaged in syringe, could there be adverse patient outcome if given by direct IV injection?			X
Conflict between the DOSAGE AND ADMINISTRATION and INDICATIONS sections and the packaging configuration?		X	

Is the strength and/or concentration of the product unsupported by the insert labeling?		X	
Is the color of the container (i.e. the color of the cap of a mydriatic ophthalmic) or cap incorrect?			X
Individual cartons required? Issues for FTR: Innovator individually cartoned? Light sensitive product which might require cartoning? Must the package insert accompany the product?	X		
Are there any other safety concerns?		x	
LABELING			
Is the name of the drug unclear in print or lacking in prominence? (Name should be the most prominent information on the label).		X	
Has applicant failed to clearly differentiate multiple product strengths?			X
Is the corporate logo larger than 1/3 container label? (No regulation - see ASHP guidelines)		X	
Error Prevention Analysis: LABELING (Continued) -----	Yes	No	N.A.
Does RLD make special differentiation for this label? (i.e., Pediatric strength vs Adult; Oral Solution vs Concentrate, Warning Statements that might be in red for the NDA)		X	
Is the Manufactured by/Distributor statement incorrect or falsely inconsistent between labels and labeling? Is "Jointly Manufactured by..." statement needed?		X	
Failure to describe solid oral dosage form identifying markings in HOW SUPPLIED?			X
Has the firm failed to adequately support compatibility or stability claims which appear in the insert labeling? Note: Chemist should confirm the data has been adequately supported.		X	
Scoring: Describe scoring configuration of RLD and applicant (page #) in the FTR			X
Is the scoring configuration different than the RLD?			X
Has the firm failed to describe the scoring in the HOW SUPPLIED section?			X
Inactive Ingredients: (FTR: List page # in application where inactives are listed)			
Does the product contain alcohol? If so, has the accuracy of the statement been confirmed?		X	
Do any of the inactives differ in concentration for this route of administration?		X	
Any adverse effects anticipated from inactives (i.e., benzyl alcohol in neonates)?		X	
Is there a discrepancy in inactives between DESCRIPTION and the composition statement?		X	
Has the term "other ingredients" been used to protect a trade secret? If so, is claim supported?		X	
Failure to list the coloring agents if the composition statement lists e.g., Opacode, Opaspray?			X
Failure to list gelatin, coloring agents, antimicrobials for capsules in DESCRIPTION?			X

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

FOR THE RECORD:

1. This review was based on the labeling of the listed drug (Questran and Questran Light; Approved September 22, 1995; Revised August 1995).
2. Patents/Exclusivities
No patents or exclusivities.
3. Storage/Dispensing Recommendations
USP: Tight container.
NDA: Store at room temperature.
ANDA: Store between 15° - 30°C (59° - 86°F).
4. All inactives are listed in the DESCRIPTION section of the package insert. See page 300003.
5. Product line
The innovator markets this product in cartons of sixty - 9 g packets and cans containing 378 g.
The generic plans to market this product in cartons of sixty - 9 g packets and cans containing 378 g.
6. Zenith Goldline Pharmaceuticals, Inc is the manufacturer for this drug product.

Date of Review: June 4, 1997

Date of Submission: May 29, 1997

Primary Reviewer:

Date:

/S/

6/5/97

Secondary Reviewer:

Date:

/S/

6/5/97

Team Leader:

Date:

/S/

6/10/97

CC:

E L E C T R O N I C M A I L M E S S A G E

Date: 18-Apr-1997 08:33am EDT
From: Mujahid Shaikh
SHAIKHM
Dept: HFD-625 MPN2 204
Tel No: 301-594-0370 FAX 301-594-0180

TO: Carol Holquist

(HOLQUISTC)

CC: Michael Smela

(SMELA)

Subject: ANDA 74-771

Yes, scoop delivers the correct labeled amount of the dose.

Have a good day

Latif

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

ANDA Number: 74-771 Date of Submission: May 14, 1997

Applicant's Name: Baker Norton Pharmaceuticals, Inc.

Established Name: Cholestyramine for Oral Suspension, USP (4 gram anhydrous cholestyramine resin per packet or scoopful)

Labeling Deficiencies:

1. CARTON (9 g x 60)
Satisfactory in final print.

3. INSERT

DOSAGE AND ADMINISTRATION

We note that the final printed labeling submitted for review omits the first paragraph of this section. [The recommended starting adult dose for...] The draft submitted in the previous amendment contained this paragraph. Please revise to include paragraph one.

*→ prior notified
see telecon
5/20/97*

Please revise your insert labeling as instructed above and submit final printed insert labeling.

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

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

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

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Revisions needed post-approval:

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NDA Drug Name:

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9/22/95 (S-069)

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Questran labels in file folder.

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Is this name different than that used in the Orange Book?		X	
If not USP, has the product name been proposed in the PF?			X
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<i>PROPRIETARY NAME</i>			
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Do you find the name objectionable? List reasons in FTR, if so. Consider: Misleading? Sounds or looks like another name? USAN stem present? Prefix or Suffix present?			X
Has the name been forwarded to the Labeling and Nomenclature Committee? If so, what were the recommendations? If the name was unacceptable, has the firm been notified?			X
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Is this package size mismatched with the recommended dosage? If yes, the Poison Prevention Act may require a CRC.		X	
Does the package proposed have any safety and/or regulatory concerns?		X	
If IV product packaged in syringe, could there be adverse patient outcome if given by direct IV injection?			X
Conflict between the DOSAGE AND ADMINISTRATION and INDICATIONS sections and the packaging configuration?		X	
Is the strength and/or concentration of the product unsupported by the insert labeling?		X	
Is the color of the container (i.e. the color of the cap of a mydriatic ophthalmic) or cap incorrect?			X
Individual cartons required? Issues for FTR: Innovator individually cartoned? Light sensitive product which might require cartoning? Must the package insert accompany the product?	X		
Are there any other safety concerns?		x	
<i>LABELING</i>			
Is the name of the drug unclear in print or lacking in prominence? (Name should be the most prominent information on the label).		X	
Has applicant failed to clearly differentiate multiple product strengths?			X

Is the corporate logo larger than 1/3 container label? (No regulation - see ASHP guidelines)		X	
Error Prevention Analysis: LABELING (Continued)	Yes	No	N.A.
Does RLD make special differentiation for this label? (i.e., Pediatric strength vs Adult; Oral Solution vs Concentrate, Warning Statements that might be in red for the NDA)		X	
Is the Manufactured by/Distributor statement incorrect or falsely inconsistent between labels and labeling? Is "Jointly Manufactured by...", statement needed?		X	
Failure to describe solid oral dosage form identifying markings in HOW SUPPLIED?			X
Has the firm failed to adequately support compatibility or stability claims which appear in the insert labeling? Note: Chemist should confirm the data has been adequately supported.		X	
Scoring: Describe scoring configuration of RLD and applicant (page #) in the FTR			X
Is the scoring configuration different than the RLD?			X
Has the firm failed to describe the scoring in the HOW SUPPLIED section?			X
Inactive Ingredients: (FTR: List page # in application where inactives are listed)			
Does the product contain alcohol? If so, has the accuracy of the statement been confirmed?		X	
Do any of the inactives differ in concentration for this route of administration?		X	
Any adverse effects anticipated from inactives (i.e., benzyl alcohol in neonates)?		X	
Is there a discrepancy in inactives between DESCRIPTION and the composition statement?		X	
Has the term "other ingredients" been used to protect a trade secret? If so, is claim supported?		X	
Failure to list the coloring agents if the composition statement lists e.g., Opacode, Opaspray?			X
Failure to list gelatin, coloring agents, antimicrobials for capsules in DESCRIPTION?			X
Failure to list dyes in imprinting inks? (Coloring agents e.g., iron oxides need not be listed)			X
USP Issues: (FTR: List USP/NDA/ANDA dispensing/storage recommendations)			
Do container recommendations fail to meet or exceed USP/NDA recommendations? If so, are the recommendations supported and is the difference acceptable?		X	
Does USP have labeling recommendations? If any, does ANDA meet them?		X	
Is the product light sensitive? If so, is NDA and/or ANDA in a light resistant container?		X	
Failure of DESCRIPTION to meet USP Description and Solubility information? If so, USP information should be used. However, only include solvents appearing in innovator labeling.		X	
Bioequivalence Issues: (Compare bioequivalency values: insert to study. List Cmax, Tmax, T 1/2 and date study acceptable)			

Insert labeling references a food effect or a no-effect? If so, was a food study done?		X	
Has CLINICAL PHARMACOLOGY been modified? If so, briefly detail where/why.		X	
Patent/Exclusivity Issues: FTR: Check the Orange Book edition or cumulative supplement for verification of the latest Patent or Exclusivity. List expiration date for all patents, exclusivities, etc. or if none, please state.		X	

FOR THE RECORD:

1. This review was based on the labeling of the listed drug (Questran and Questran Light; Approved September 22, 1995; Revised August 1995).
2. Patents/Exclusivities
No patents or exclusivities.
3. Storage/Dispensing Recommendations
USP: Tight container.
NDA: Store at room temperature.
ANDA: Store between 15⁰ - 30⁰C (59⁰ - 86⁰F).
4. All inactives are listed in the DESCRIPTION section of the package insert. See page 300003.
5. Product line
The innovator markets this product in cartons of sixty - 9 g packets and cans containing 378 g.
The generic plans to market this product in cartons of sixty - 9 g packets and cans containing 378 g.
6. Zenith Goldline Pharmaceuticals, Inc is the manufacturer for this drug product.
7. The FPL insert submitted in this May 14, 1997 amendment deletes the first paragraph of the DOSAGE AND ADMINISTRATION section. The draft submitted in the previous amendment had the paragraph in it. Called the firm on 5/20/97 to inform them of this discrepancy. They will send revised insert labeling in.

Date of Review: May 20, 1997

Date of Submission: May 14, 1997

Primary Reviewer:

Date:

5/28/97

Secondary Reviewer: /S/

Date:

5/29/97

Team Leader: /S/

Date:

6/2/97

CC:

ANDA 74-771

DUP/DIVISION FILE

HFD-613/CHolquist/AVezza/JGrace (no cc)

njg/5/28/97/X:\NEW\FIRMSAM\BAKER\LTRS&REV\74771NA4.L
Review

E L E C T R O N I C M A I L M E S S A G E

Date: 16-Apr-1997 01:04pm EDT
From: Michael Smela
SMELA
Dept: HFD-625 MPN2 204
Tel No: 301-594-0370 FAX 301-594-0180

TO: Sheila O'Keefe (OKEEFES)
TO: Kassandra Sherrod (SHERRODK)
CC: Carol Holquist (HOLQUISTC)
CC: Lizzie Sanchez (SANCHEZL)
CC: Mujahid Shaikh (SHAIKHM)

Subject: ANDA 74771

Hi..I am processing a chemistry closed action on this Baker Norton application for Cholestyramine. The following are pending:

1. Labeling....Amend of 4/3/97 needs review and issues addressed directly with applicant.

3io...Amend of 11/27/96 needs review.

3. EER...Still Pending with OC. There is a 2/12/97 memo recommending withhold but no EER to go with it. One of the stated reasons to withhold is that the analytical data supporting approval were collected with an unvalidated method. We do not agree with this observation and such is documented in the chemistry review.

Please add this to the AP matrix for F/U. It is pending as a fax amendment at near 180 days.

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

ANDA Number: 74-771 Date of Submission: April 3, 1997

Applicant's Name: Baker Norton Pharmaceuticals, Inc.

Established Name: Cholestyramine for Oral Suspension,
 USP 4 gram anhydrous cholestyramine
 resin per packet or scoopful)

Labeling Deficiencies:

1. CONTAINER (9 g single dose packet and 378 g can)

Satisfactory in final print.

2. CARTON

We note you have not submitted final printed carton labeling in this submission. We require this prior to approval.

3. INSERT

Satisfactory in draft.

Please submit final printed carton and insert labeling.

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

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

21

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

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

Do you have 12 Final Printed Labels and Labeling? Yes

Container Labels:

April 3, 1997 (378 g can).

Unit Dose Packet:

April 3, 1997 (9 g unit dose packet)

Unit Dose Carton Label:

Professional Package Insert Labeling:

Revisions needed post-approval:

BASIS OF APPROVAL:

Was this approval based upon a petition? No

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

NDA Number: 16-640

NDA Drug Name:

NDA Firm: Bristol Myers

Date of Approval of NDA Insert and supplement #:

9/22/95 (S-069)

Has this been verified by the MIS system for the NDA?

Yes

Was this approval based upon an OGD labeling guidance?

No

Basis of Approval for the Container Labels:

Questran labels in file folder.

Basis of Approval for the Carton Labeling:

Questran labeling in file folder.

REVIEW OF PROFESSIONAL LABELING CHECK LIST

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

Error Prevention Analysis: LABELING (Continued)	Yes	No	N.A.
Does RLD make special differentiation for this label? (i.e., Pediatric strength vs Adult; Oral Solution vs Concentrate, Warning Statements that might be in red for the NDA)		X	
Is the Manufactured by/Distributor statement incorrect or falsely inconsistent between labels and labeling? Is "Jointly Manufactured by...", statement needed?		X	
Failure to describe solid oral dosage form identifying markings in HOW SUPPLIED?			X
Has the firm failed to adequately support compatibility or stability claims which appear in the insert labeling? Note: Chemist should confirm the data has been adequately supported.		X	
Scoring: Describe scoring configuration of RLD and applicant (page #) in the FTR			X
Is the scoring configuration different than the RLD?			X
Has the firm failed to describe the scoring in the HOW SUPPLIED section?			X
Inactive Ingredients: (FTR: List page # in application where inactives are listed)			
Does the product contain alcohol? If so, has the accuracy of the statement been confirmed?		X	
Do any of the inactives differ in concentration for this route of administration?		X	
Any adverse effects anticipated from inactives (i.e., benzyl alcohol in neonates)?		X	
Is there a discrepancy in inactives between DESCRIPTION and the composition statement?		X	
Has the term "other ingredients" been used to protect a trade secret? If so, is claim supported?		X	
Failure to list the coloring agents if the composition statement lists e.g., Opacode, Opaspray?			X
Failure to list gelatin, coloring agents, antimicrobials for capsules in DESCRIPTION?			X
Failure to list dyes in imprinting inks? (Coloring agents e.g., iron oxides need not be listed)			X
USP Issues: (FTR: List USP/NDA/ANDA dispensing/storage recommendations)			
Do container recommendations fail to meet or exceed USP/NDA recommendations? If so, are the recommendations supported and is the difference acceptable?		X	
Does USP have labeling recommendations? If any, does ANDA meet them?		X	
Is the product light sensitive? If so, is NDA and/or ANDA in a light resistant container?		X	
Failure of DESCRIPTION to meet USP Description and Solubility information? If so, USP information should be used. However, only include solvents appearing in innovator labeling.		X	
Bioequivalence Issues: (Compare bioequivalency values: insert to study. List Cmax, Tmax, T 1/2 and date study acceptable)			
Insert labeling references a food effect or a no-effect? If so, was a food study done?		X	
Has CLINICAL PHARMACOLOGY been modified? If so, briefly detail where/why.		X	

Patent/Exclusivity Issues: FTR: Check the Orange Book edition or cumulative supplement for verification of the latest Patent or Exclusivity. List expiration date for all patents, exclusivities, etc. or if none, please state.		X	
--	--	---	--

*******NOTE TO PROJECT MANAGER*******

Please assure the "NOTE TO THE CHEMIST" is answered prior to faxing. Thanks.

*******NOTES/QUESTIONS TO THE CHEMIST:*******

Does the scoop deliver the labeled amount?

FOR THE RECORD:

1. This review was based on the labeling of the listed drug (Questran and Questran Light; Approved September 22, 1995; Revised August 1995).
 2. Patents/Exclusivities
No patents or exclusivities.
 3. Storage/Dispensing Recommendations
USP: Tight container.
NDA: Store at room temperature.
ANDA: Store between 15⁰ - 30⁰C (59⁰ - 86⁰F).
 4. All inactives are listed in the DESCRIPTION section of the package insert. See page 300003.
 5. Product line
The innovator markets this product in cartons of sixty - 9 g packets and cans containing 378 g.
The generic plans to market this product in cartons of sixty - 9 g packets and cans containing 378 g.
 6. Zenith Goldline Pharmaceuticals, Inc is the manufacturer for this drug product.
-
-

Date of Review: April 10, 1997

Date of Submission: April 3, 1997

Primary Reviewer:

/S/ 3

Date:

4/11/97

Secondary Reviewer:

A Vega

Date:

4/11/97

Team Leader:

/S/

Date:

4/16/97

cc:

.L

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

ANDA Number: 74-771 Date of Submission: April 3, 1997

Applicant's Name: Baker Norton Pharmaceuticals, Inc.

Established Name: Cholestyramine for Oral Suspension,
 USP 4 gram anhydrous cholestyramine
 resin per packet or scoopful)

Labeling Deficiencies:

1. CONTAINER (9 g single dose packet and 378 g can)

Satisfactory in final print.

2. CARTON

We note you have not submitted final printed carton labeling in this submission. We require this prior to approval.

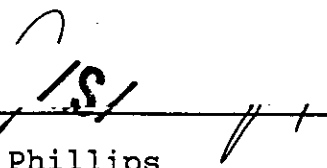
3. INSERT

Satisfactory in draft.

Please submit final printed carton and insert labeling.

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

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



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

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

ANDA Number: 74-771 Date of Submission: October 18, 1996

Applicant's Name: Baker Norton Pharmaceuticals, Inc.

Established Name: Cholestyramine for Oral Suspension, USP
(4 gram anhydrous cholestyramine resin per
packet or scoopful)

Labeling Deficiencies:

1. CONTAINER

9 g single dose packet and 378 g can, add the following statement to your labels:

This package is not child-resistant.

2. CARTON - satisfactory in draft.

3. INSERT

a. CLINICAL PHARMACOLOGY

Clinical Studies, Paragraph 1 - "...men (age 35-59)..." rather than "...men (age 35-39)..."

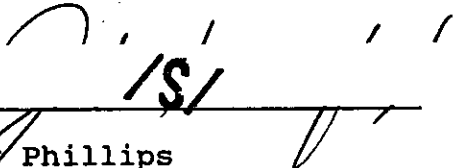
b. DOSAGE AND ADMINISTRATION

Decrease the prominence of "PREPARATION".

Please revise your container labels and insert labeling, as instructed above, and submit final printed labels and labeling.

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

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


/S/

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

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

ANDA Number: 74-771 Date of Submission: October 18, 1996

Applicant's Name: Baker Norton Pharmaceuticals, Inc.

Established Name: Cholestyramine for Oral Suspension, USP
(4 gram anhydrous cholestyramine resin per
packet or scoopful)

Labeling Deficiencies:

1. CONTAINER

9 g single dose packet and 378 g can, add the following statement to your labels:

This package is not child-resistant.

2. CARTON - satisfactory in draft.

3. INSERT

a. CLINICAL PHARMACOLOGY

Clinical Studies, Paragraph 1 - "...men (age 35-59)..." rather than "...men (age 35-39)..."

b. DOSAGE AND ADMINISTRATION

Decrease the prominence of "PREPARATION".

Please revise your container labels and insert labeling, as instructed above, and submit final printed labels and labeling.

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

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

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

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

Do you have 12 Final Printed Labels and Labeling? Yes

Container Labels:

Carton Labeling:

Unit Dose Blister Label:

Unit Dose Carton Label:

Professional Package Insert Labeling:

Revisions needed post-approval:

BASIS OF APPROVAL:

Was this approval based upon a petition? No

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

NDA Number:

NDA Drug Name:

NDA Firm:

Date of Approval of NDA Insert and supplement #:

Has this been verified by the MIS system for the NDA?
Yes

Was this approval based upon an OGD labeling guidance?
No

Basis of Approval for the Container Labels:

Basis of Approval for the Carton Labeling:

Other Comments:

REVIEW OF PROFESSIONAL LABELING CHECK LIST

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

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

NOTES/QUESTIONS TO THE CHEMIST:

Does the scoop deliver the labeled amount?

FOR THE RECORD:

1. This review was based on the labeling of the listed drug (Questran and Questran Light; Approved September 22, 1995; Revised August 1995).
 2. Patents/Exclusivities
No patents or exclusivities.
 3. Storage/Dispensing Recommendations
USP: Tight container.
NDA: Store at room temperature.
ANDA: Store between 15° - 30°C (59° - 86°F)
 4. All inactives are listed in the DESCRIPTION section of the package insert. See page 300003.
-
-

Date of Review: 2/28/97

Date of Submission: 10/18/96

Primary Reviewer: Angela Payne

Date: 2/28/97

Secondary Reviewer: Adolph Vezza

Date: 3/3/97

Team Leader: John Grace

Date: 3/3/97

cc:

3/3/97

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

Date of Review: March 8, 1996

Date of Submission: October 20, 1995

Primary Reviewer: Carol Zimmermann

Secondary Reviewer: John Grace

ANDA Number: 74-771 Review Cycle: 1 - Draft

Applicant's Name [as seen on 356(h)]: Baker Norton
Pharmaceuticals, Inc.

Manufacturer's Name (If different than applicant): Zenith
Goldline Pharmaceuticals

Established Name: Cholestyramine for Oral Suspension, USP

LABELING DEFICIENCIES, WHICH ARE TO BE INCORPORATED WITH THE
CHEMISTRY COMMENTS TO THE FIRM:

B. LABELING DEFICIENCIES

1. GENERAL COMMENT

Revise the established name on all labels and labeling
to read as follows:

 CHOLESTYRAMINE FOR ORAL SUSPENSION, USP

2. CONTAINER

a. 9 g packet

 i. Add the following:

Usual Dosage: See package insert.

ii. Storage Recommendations - Include the recommended temperature ranges based on your stability studies.

iii. Preparation - ...2 to 6 ounces...

b. 378 g can

i. GENERAL COMMENT

We encourage you to indicate on the scoop provided that it is not interchangeable with scoops for other products.

ii. Primary Panel

A) See comments under a. above.

B) Revise to read "g" rather than "G".

C) Relocate "Contents 378 g (168 g anhydrous cholestyramine)" to appear above in conjunction with "42 measured doses".

D) Place an asterisk (*) immediately following "scoopful" and immediately prior to the "Each level scoopful contains..." statement on the secondary panel.

iii. Secondary Panel

A) Relocate "This product contains sucrose." statement to the main panel.

B) Add the heading "Usual Dosage" before "See package insert...".

C) Revise to read:

*Each level scoopful...

3. CARTON (60 x 9 g packets)

a. See comments under CONTAINER.

b. Primary Panel

i. Relocate the expression of strength to appear directly below the established name and revise to read as follows:

4 grams...per packet*

ii. Add a picture of the packet as seen on the innovators labeling.

iii. Add the following:

*Each packet contains 4 grams of anhydrous cholestyramine in 9 grams of Cholestyramine for Oral Suspension.

iv. Delete "Powder" from the title on the packet in all illustrations.

c. Top Panel

i. Insert "Usual Dosage" prior to "See package..." statement.

ii. The space allocated for the "Pharmacy Label" appears to too small for a pharmacy label to be attached. Increase the amount of space.

d. Secondary Panel

See above comments regarding the established name and illustrations.

4. INSERT

a. TITLE

See comment under CONTAINER.

b. GENERAL COMMENT

Unless otherwise directed below, replace the full name, "Cholestyramine for Oral Suspension", with "cholestyramine resin" in all areas of the text of the insert except for the DESCRIPTION and HOW SUPPLIED sections.

c. DESCRIPTION

i. Paragraph 1, sentence 3 - Revise to read:

The cholestyramine resin in this product is not absorbed...

ii. Alphabetize the listing of inactive ingredients.

iii. Revise the last paragraph to read:

Cholestyramine for Oral Suspension USP, contains the...

d. CLINICAL PHARMACOLOGY

Insert the following text to appear as a subsection after the last paragraph:

Clinical Studies

In a large, placebo-controlled, multi-clinic study, LRC-CPPT¹, hypercholesterolemic subjects treated with cholestyramine resin had mean reductions in total and low-density lipoprotein cholesterol (LDL-C) which exceeded those for diet and placebo treatment by 7.2% and 10.4%, respectively. Over the seven-year study period the cholestyramine resin group experienced a 19% reduction (relative to the incidence in the placebo group) in the combined rate of coronary heart disease death plus non-fatal myocardial infarction (cumulative incidences of 7% cholestyramine resin and 8.6% placebo). The subjects included in the study were men aged 35 to 39 with serum cholesterol levels above 265 mg/dl and no previous history of heart disease. It is not clear to what extent these findings can be extrapolated to females and other segments of the

hypercholesterolemic population.

Two controlled clinical trials have examined the effects of cholestyramine monotherapy upon coronary atherosclerotic lesions using coronary arteriography. In the NHLBI Type II Coronary Intervention Trial², 116 patients (80% male) with coronary artery disease (CAD) documented by arteriography were randomized to cholestyramine resin or placebo for five years of treatment. Final study arteriography revealed progression of coronary artery disease in 49% of placebo patients compared to 32% of the cholestyramine resin group ($p < 0.05$), a 35% reduction of disease progression with cholestyramine resin treatment.

In the St. Thomas Atherosclerosis Regression Study (STARS)³, 90 hypercholesterolemic men with CAD were randomized to three blinded treatments: usual care, lipid-lowering diet, and lipid-lowering diet plus cholestyramine resin. After 36 months, follow-up coronary arteriography revealed progression of disease in 46% of usual care patients, 15% of patients on lipid-lowering diet and 12% of those receiving diet plus cholestyramine resin ($p < 0.02$). The mean absolute width of coronary segments decreased in the usual care group, increased slightly (0.003 mm) in the diet group and increased by 0.103 mm in the diet plus cholestyramine group ($p < 0.05$). Thus in these randomized controlled clinical trials using coronary arteriography, cholestyramine resin monotherapy has been demonstrated to slow progression^{2,3} and promote regression³ of atherosclerotic lesions in the coronary arteries of patients with or at risk for coronary artery disease.

The effect of intensive lipid-lowering therapy on coronary atherosclerosis has been assessed by arteriography in hyperlipidemic patients. In these randomized, controlled clinical trials, patients were treated for two to four years by either conventional measures (diet, placebo, or in some cases low dose resin), or intensive

combination therapy using diet plus colestipol (an anion exchange resin with a mechanism of action and an effect on serum lipids similar to that of Cholestyramine for Oral Suspension) plus either nicotinic acid or lovastatin. When compared to conventional measures, intensive lipid-lowering combination therapy significantly reduced the frequency of progression and increased the frequency of regression of coronary atherosclerotic lesions in patients with or at risk for coronary artery disease. ←

e. INDICATIONS AND USAGE

- i. Items 1 and 2, sentences 1 - Retain the full name, Cholestyramine for Oral Suspension.
- ii. Number 1 - Delete the second and third paragraphs and replace with the following text:

Therapy with lipid-altering agents should be a component of multiple risk factor intervention in those individuals at significantly increased risk for atherosclerotic vascular disease due to hypercholesterolemia. Treatment should begin and continue with dietary therapy specific for the type of hyperlipoproteinemia determined prior to initiation of drug therapy. Excess body weight may be an important factor and caloric restriction for weight normalization should be addressed prior to drug therapy in the overweight.

Prior to initiating therapy with cholestyramine resin, secondary causes of hypercholesterolemia (e.g., poorly controlled diabetes mellitus, hypothyroidism, nephrotic syndrome, dysproteinemias, obstructive liver disease, other drug therapy, alcoholism), should be excluded, and a lipid profile performed to assess Total cholesterol, HDL-C, and triglycerides (TG). For individuals with TG less than 400 mg/dl (<4.5 mmol/L), LDL-C

can be estimated using the following equation:

$$\text{LDL-C} = \text{Total cholesterol} - [(\text{TG}/5) + \text{HDL-C}]$$

For TG levels > 400 mg/dl, this equation is less accurate and LDL-C concentrations should be determined by ultracentrifugation. In hypertriglyceridemic patients, LDL-C may be low or normal despite elevated Total-C. In such cases cholestyramine resin may not be indicated.

Serum cholesterol and triglyceride levels should be determined periodically based on NCEP guidelines to confirm initial and adequate long-term response. A favorable trend in cholesterol reduction should occur during the first month of cholestyramine resin therapy. The therapy should be continued to sustain cholesterol reduction. If adequate cholesterol reduction is not attained, increasing the dosage of cholestyramine resin or adding other lipid-lowering agents in combination with cholestyramine resin should be considered.

Since the goal of treatment is to lower LDL-C, the NCEP⁴ recommends that LDL-C levels be used to initiate and assess treatment response. If LDL-C levels are not available then Total-C alone may be used to monitor long-term therapy. A lipoprotein analysis (including LDL-C determination) should be carried out once a year. The NCEP treatment guidelines are summarized below.

		LDL-Cholesterol mg/dl (mmol/L)	
Definite Atherosclerotic Disease*	Two or More Other Risk Factors**	Initiation Level	Goal

NO	NO	≥190 (≥4.9)	<160 (<4.1)
NO	YES	≥160 (≥4.1)	<130 (<3.4)
YES	YES or NO	≥130 (≥3.4)	≤100 (≤2.6)

*Coronary heart disease or peripheral vascular disease (including symptomatic carotid artery disease).

**Other risk factors for coronary heart disease (CHD) include: age (males ≥45 years; females: ≥55 years or premature menopause without estrogen replacement therapy); family history of premature CHD; current cigarette smoking; hypertension; confirmed HDL-C <35 mg/dl (<0.91 mmol/L); and diabetes mellitus. Subtract one risk factor if HDL-C is ≥60 mg/dl (≥1.6 mmol/L).

Cholestyramine resin monotherapy has been demonstrated to retard the rate of progression^{2,3} and increase the rate of regression³ of coronary atherosclerosis. In addition, in the LRC-CPPT trial, cholestyramine resin therapy reduced the combined rate of coronary heart disease death and non-fatal MI.

f. PRECAUTIONS

i. General

A) Delete paragraph one.

B) Revise paragraph three to read:

...be higher. Caution should also be exercised in patients with renal insufficiency or volume depletion, and in patients receiving concomitant spironolactone.

C) Revise paragraph four to read:

...constipation. The dosage should be increased gradually in patients to minimize the risk of developing fecal impaction. In patients with pre-existing constipation, the starting dose should be 1 packet or 1 scoop once daily for 5 to 7 days, increasing to twice daily with monitoring of constipation and of serum lipoproteins, at least twice, 4 to 6 weeks apart. Increased fluid intake and fiber intake should be encouraged to alleviate constipation and a stool softener may occasionally be indicated. If the initial dose is well tolerated, the dose may be increased as needed by one dose/day (at monthly intervals) with periodic monitoring of serum lipoproteins. If constipation worsens or the desired therapeutic response is not achieved at one to six doses/day, combination therapy or alternate therapy should be considered. Particular effort should be made to avoid constipation in patients with symptomatic coronary artery disease. Constipation associated with cholestyramine resin may aggravate hemorrhoids.

ii. Information for Patients

- A) Last sentence - Retain the full name.
- B) Add the following text as the last sentence:

Sipping or holding the resin suspension in the mouth for prolonged periods may lead to changes in the surface of the teeth resulting in discoloration, erosion of enamel or decay; good oral hygiene should be maintained.

iii. Drug Interactions

A) Revise paragraph one to read:

...warfarin, thiazide diuretics (acidic),...preparations, estrogens and progestins, and digitalis...sequestrant. Cholestyramine resin may interfere with the pharmacokinetics of drugs that undergo enterohepatic circulation. The discontinuance...

B) Revise paragraph two to read:

...absorption of fat-soluble vitamins such as A, D, E and K. Ehen... (or parenteral) forms of fat-soluble vitamins should be considered.

C) Revise paragraph three to read:

~~---~~SINCE...CONCURRENTLY, IT IS RECOMMENDED
~~---~~ THAT PATIENTS SHOULD...

iv. Carcinogenesis, Mutagenesis, Impairment of Fertility

A) Delete "and" from the subsection heading.

B) Revise the last sentence of paragraph two to read:

...above, a six-year post-trial follow-up analysis of the LRC-CPPT patient population has been completed (a total of 13.4 years of in-trial plus post-trial follow-up) and revealed no significant difference in the incidence of cause-specific mortality or cancer morbidity between cholestyramine and placebo treated patients.

v. Pregnancy

A) Revise the subsection heading to read:

Pregnancy: Teratogenic Effects,
Pregnancy Category C

B) Hyphenate "fat-soluble".

vi. Pediatric Use - Revise to read:

A) ...in the pediatric population is
limited...

B) Retain the full name.

g. ADVERSE REACTIONS

A) Paragraph 2 - Delete "dyspepsia".

B) Paragraph 4 - Revise to read:

...took a cholestyramine for oral suspension
product. One...

C) Miscellaneous - Revise to read:

...dental caries, erosion of tooth enamel,
tooth discoloration.

h. DOSAGE AND ADMINISTRATION

A) Paragraph 1 - Retain the full name throughout
this paragraph and revise the last sentence
to read:

...of administration is at
mealtimes...interference with...

B) Paragraph 2 - Revise to read:

Cholestyramine for Oral Suspension should...

C) Concomitant Therapy - Revise to read:

...evidence suggests...lovastatin,
simvastatin, and fluvastatin.

i. HOW SUPPLIED

Include your storage temperature recommendations based on your stability data.

j. CLINICAL STUDIES - Delete this section.

k. REFERENCES - Revise this section to read:

1. The Lipid Research...
2. Brensike JF, Levy RI, Kelsey SF, et al. Effects of therapy with cholestyramine on progression of coronary arteriosclerosis: results of the NHLBI type II coronary intervention study. Circulation 1984;69:313-24.
3. Watts, GF, Lewis B, Brunt JNH, Lewis ES, et al. Effects on coronary artery disease of lipid-lowering diet, or diet plus cholestyramine, in the St Thomas Atherosclerosis Regression Study (STARS). Lancet 1992;339:563-69.
4. National Cholesterol Education Program. Second Report of the Expert panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel II). Circulation 1994 Mar;89(3):1333-445.

Please revise your container labels, carton and insert labeling, as instructed above, and submit final printed container labels and draft carton labeling and insert labeling.

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

Do you have 12 Final Printed Labels and Labeling? Yes

Container Labels:

Carton Labeling:

Unit Dose Blister Label:

Unit Dose Carton Label:

Professional Package Insert Labeling:

Revisions needed post-approval:

BASIS OF APPROVAL:

Was this approval based upon a petition? No

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

NDA Number:

NDA Drug Name:

NDA Firm:

Date of Approval of NDA Insert and supplement #:

Has this been verified by the MIS system for the NDA?

Yes

Was this approval based upon an OGD labeling guidance?

No

Basis of Approval for the Container Labels:

Basis of Approval for the Carton Labeling:

Other Comments:

REVIEW OF PROFESSIONAL LABELING CHECK LIST

Applicant's Established Name	Yes	No	N.A.
Different name than on acceptance to file letter?		X	
Is this product a USP item? If so, USP supplement in which verification was assured.	X		
Is this name different than that used in the Orange Book?		X	
If not USP, has the product name been proposed in the PF?			X
Error Prevention Analysis			
<i>PROPRIETARY NAME</i>			
Has the firm proposed a proprietary name? If yes, complete this subsection.		X	

Do you find the name objectionable? List reasons in FTR, if so. Consider: Misleading? Sounds or looks like another name? USAN stem present? Prefix or Suffix present?			
Has the name been forwarded to the Labeling and Nomenclature Committee? If so, what were the recommendations? If the name was unacceptable, has the firm been notified?			
<i>PACKAGING</i> -See applicant's packaging configuration in FTR			
Is this a new packaging configuration, never been approved by an ANDA or NDA? If yes, describe in FTR.		X	
Is this package size mismatched with the recommended dosage? If yes, the Poison Prevention Act may require a CRC.		X	
Does the package proposed have any safety and/or regulatory concerns?		X	
If IV product packaged in syringe, could there be adverse patient outcome if given by direct IV injection?			X
Conflict between the DOSAGE AND ADMINISTRATION and INDICATIONS sections and the packaging configuration?		X	
Is the strength and/or concentration of the product unsupported by the insert labeling?		X	
Is the color of the container (i.e. the color of the cap of a mydriatic ophthalmic) or cap incorrect?			X
Individual cartons required? Issues for FTR: Innovator individually cartoned? Light sensitive product which might require cartoning? Must the package insert accompany the product?	X		
Are there any other safety concerns?		x	
<i>LABELING</i>			
Is the name of the drug unclear in print or lacking in prominence? (Name should be the most prominent information on the label).		X	
Has applicant failed to clearly differentiate multiple product strengths?			X
Is the corporate logo larger than 1/3 container label? (No regulation - see ASHP guidelines)		X	
Error Prevention Analysis: LABELING (Continued)	Yes	No	N.A.
Does RLD make special differentiation for this label? (i.e., Pediatric strength vs Adult; Oral Solution vs Concentrate, Warning Statements that might be in red for the NDA)		X	
Is the Manufactured by/Distributor statement incorrect or falsely inconsistent between labels and labeling? Is "Jointly Manufactured by...", statement needed?		X	
Failure to describe solid oral dosage form identifying markings in HOW SUPPLIED?			X
Has the firm failed to adequately support compatibility or stability claims which appear in the insert labeling? Note: Chemist should confirm the data has been adequately supported.		X	
Scoring: Describe scoring configuration of RLD and applicant (page #) in the FTR			X
Is the scoring configuration different than the RLD?			

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

NOTES/QUESTIONS TO THE CHEMIST:

Does the scoop deliver the labeled amount?

FOR THE RECORD:

1. This review was based on the labeling of the listed drug (Questran and Questran Light; Approved September

22, 1995; Revised August 1995).

2. Patents/Exclusivities

No patents or exclusivities.

3. Storage/Dispensing Recommendations

USP: Tight container.

NDA: Store at room temperature.

ANDA: No storage temperature. See comments under CONTAINER.

4. I elected to type out the changes in the review because there was difficulty in getting the correct labeling form DDIR and the draft is a bit confusing.

5. All inactives are listed in the DESCRIPTION section of the package insert. See page 300003.

ISI
Primary Reviewer

3-12-96
Date

Secondary Reviewer

Date

ISI
Acty Chief, Labeling Rev. Branch

3-12-96
Date

cc:
ANDA 74-771

zrev\74771NA1.L

Phillips 3/12/96

ANDA CHECKLIST FOR COMPLETENESS AND ACCEPTABILITY OF THE APPLICATION

ANDA# 74-771

DRUG NAME Cholestyramine
 DOSAGE FORM for oral Suspension USP, Eg. 4g Resin/Packet & Scoopful

SUPERVISORY CHEMIST Smela

RANDOM ASSIGNMENT Random II
 If high potency, 1 mg/dosage unit or less, assign to Branch 2

Therapeutic Code	Comments	YES	NO
<u>3031600</u>	<u>lipid lowering agents</u> On-Cards		
Methods Validation Package (3 copies) () NO		10/20/95	
Required for Non-USP drugs		10/23/95	✓
Cover Letter		✓	
Letters of Authorization		NA	
U.S. Agent (If Needed, Countersignature on 356h)		✓	
DMF Referral(s)			
356h Form - Completed/Original Signature		✓	
Table of Contents		✓	
Listed Drug/Firm <u>QUESTRAN</u>	<u>Bristol Myers</u>	✓	
ANDA Monograph		NA	
Information to show proposed product is the same as the listed product: (i)(a) indications (ii) active ingredient(s) (iii) (a) route (b) dosage form (c) strength (iv) labeling -- side by side comparison - insert:		✓	
container:		✓	
Same Formulation? <u>NA</u>		NA	
Optimalitics/Otics/Externals Parenterals)		NA	
Parenterals: Same Size Container/ (strength/volume)		NA	
Petition Required		NA	
Debarment Certification	<u>100004</u>	✓	✓
List of Convictions	<u>100004</u>	✓	✓
Third Copy Certification		✓	
Patent Certification	<u>100009</u>	2 ✓	✓
Use Patent Statement?			
Exclude Use in labeling/indications?			
Exclusivity Addressed (If Applicable)			
Five year exclusivity? If yes, cannot be filed until expiration or after 4 years if challenged.	<u>100009</u>	✓	✓
Labeling: 4 copies of draft () or 12 copies of FPL ()	<u>100019</u>	✓	
Element re Rx/OTC Status		✓	✓
Components & Composition (Unit Composition)	<u>100090</u>	✓	
Manufacturing Controls	<u>300001</u>	✓	
Batch Formulation		✓	

Master Production Batch Record for largest batch size intended for production (No more than 10x pilot batch)

ification of GMP	300186	✓	
Description of Facilities	300162	✓	
Address of Manufacturing Site for Production Batches	300161	✓	
Manufacturing Procedures (Batch Records)	300194	✓	
Package entire exhibit bio batch	20.94.077	✓	
Number(s) Mfg. Facility _____			
If Sterile product:			
Aseptic Fill _____ Terminal Sterilization _____			

Specifications and Tests for Active Ingredient and Dosage Form . . .		✓	
Source of Active Ingredient		✓	
COA from Manufacturer of Active Ingredient	300010	✓	
Applicant COA	300015	✓	
COA for finished product		✓	

Specifications and Tests for Inactive Ingredients			
Source of Inactive Ingredients Identified			
COA from Manufacturer of Inactive Ingredient			
Applicant COA for INactive Ingredients			

Stability Profile Including Stability Data (Use of Stability Indication Method)			
3 mo. Accelerated Stability Data	400462	✓	
Batch Numbers Listed on Stability Records _____	K094077 - 01, 02, 03	✓	
Samples Statement Plus Data _____	400430	✓	

Bioavailability/Bioequivalence Study		✓	
In Vivo Study/Waiver Request	4 IN-vitro Binding studies	N/A	
Comparative Dissolution Data	pg. 200152	N/A	Binding studies
Paragraph IV bio study acceptable for filing		N/A	
Date acceptable for filing _____			

Environmental Impact Analysis	400432	✓	
Compliance Statement	400433	✓	

Reviewing <i>CSO</i> Date <u>11/13/95</u>			
Recommendation: <u>File</u> Refuse to file			
Supervisory Concurrence/Date _____			
Indicate copy sent to Bio: (Should if RF and send when acceptable)			
Duplicate copy to HFD- _____ for consult			
Type of Consult:			
Micro Consult: Yes _____ No _____			

ANDA/AADA PROCESSING RECORD

ANDA/AADA NO. 74-771

DATE

INITIALS

10/23/95 DATE RECEIVED BY DOCUMENT ROOM

meB

10/26/95 DATE RECEIVED BY PROGRAM SUPPORT STAFF

meB

10/27/95 DATE FORWARDED TO CSO/CSO TECH FOR REVIEW

meB

11/13/95 DATE FILING REVIEW COMPLETED/FORWARDED FOR SUPERVISORY REVIEW

SM

11/16/95 DATE SENT TO TYPING

J

_____ DATE TYPING COMPLETED

_____ DATE SENT FOR DIRECTOR'S SIGNATURE

_____ DATE OF OGD SIGNATURE

74771 | *Balco Norton* | 100 | *Chloroquine* | *Suspension w/Plaster* | 3031600

IND/NDA NO. SPONSOR/APPLICANT NAME SUBMITTER NO. DIV NO. DRUG NAME PH NO. *Eg. 49* M/NO. *Room / Packet & Scoopful* REFERENCE NO.(S)

CLASSIFICATION/DO CSO NO. STATISTICIAN NO. MO NO. CH NO. DATE DATE DATE DATE ACTION

STATUS OTHER REVIEWER'S NO.(S) DATE DATE DATE DATE

DOCUMENT TYPE: DOCUMENT DATE RECEIPT DATE VOLUME NUMBERS REVIEWS NEEDED REVIEW COMPL DATE MIS REVIEW COMPL DATE MIS REVIEW COMPL DATE MIS REVIEW COMPL DATE MIS TYPE DATE DUE DATE RESP DATE

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ANDA Assignment Record

Appl Type/Number: N 074771 Status/Date: PN PENDING REVIEW 23-OCT-95

Firm: BAKER NORTON

Trade Name:

USP:

ESTYRAMINE

OTC:

Dosage Form: FOS

Strength: 4G RESIN/PACKET&

Therapeutic Class: 3031600

Doc Set Type: N 000 Amend/Type: Letter Date: 20-OCT-95

Rec-d Date: 23-OCT-95

Acknl. Date: - - -

Bio Rev Type:

To Bio: - - -

Lbl:	Assigned	Completed
AEV Verza, Adolph	12-5-82	
Chm: AM2	10-27-75	
Bio:		
Ins:		
Col:		
Co2:		

DESI Drug: Similar or Related:

Applicant Manufacturer: Yes No

If No: Name of Mfg:

ANDA # Approved: Pending: Same Formulation:

Application Complete: Yes No

Application Acceptable: Yes No

If No: Non-Acceptable Letter to Firm: - - -

CSO/CST:

/S/

Date: 11 13 95

11-13-95
Gaw

BAKER NORTON
8800 NORTHWEST 36TH ST
MIAMI

FL 33178

ANDA #: N074771

Dear Sir/Madam:

We acknowledge the receipt of your abbreviated new drug application submitted pursuant to Section 505(j) of the Federal Food, Drug and Cosmetic Act for the following:

NAME OF DRUG:
CHOLESTYRAMINE *for oral Suspension USP*
Dosage Form: ~~ES~~ Potency: 4G RESIN/PACKET & SCOOP *ful* USP:

DATE OF APPLICATION: 20-OCT-95

DATE OF RECEIPT: 23-OCT-95

We will correspond with you further after we have had the opportunity to review the application.

However, in the interim, please submit three additional copies of the analytical methods and descriptive information needed to perform the tests on the samples (both the bulk active ingredient(s) and finished dosage form) and validate the analytical methods. Please do not send samples unless specifically requested to do so. If samples are required for validation, we will inform you where to send them in a separate communication.

If the above methodology is not submitted, the review of the application will be delayed.

Please identify any communications concerning this application with the ANDA number shown above.

Sincerely yours,

Smela
Rordon II
AFD 625

Roger L. Williams, M.D.
Director
Office of Generic Drugs
Center for Drug Evaluation and Research

ANDA Assignment Record

Appl Type/Number: N 074771 Status/Date: PN PENDING REVIEW 23-OCT-95

Firm: BAKER NORTON

Trade Name:

USP:

ESTYRAMINE

OTC:

Dosage Form: FOS

Strength: 4G RESIN/PACKET&

Therapeutic Class: 3031600

Doc Set Type: N 000 Amend/Type: Letter Date: 20-OCT-95

Rec-d Date: 23-OCT-95

Acknl. Date: - - -

Bio Rev Type:

To Bio: - - -

	Assigned	Completed
Lbl: <u>AEV Verza, Adalyn</u>	<u>12-5-95</u>	
Chm: <u>RN2 Random II</u>	<u>10-27-95</u>	
Bio: _____	_____	_____
Ins: _____	_____	_____
Col: _____	_____	_____
Co2: _____	_____	_____

DESI Drug: _____ Similar or Related: _____

Applicant Manufacturer: Yes No _____

If No: Name of Mfg: _____

ANDA # _____ Approved: _____ Pending: _____ Same Formulation: _____

Application Complete: Yes No _____

Application Acceptable: Yes No _____

If No: Non-Acceptable Letter to Firm: - - -

CSO/CST:

/S/

Date: 11-13-95

111161
Gaw