DEPARTMENT OF HEALTH & HUMAN SERVICES

Food and Drug Administration
Silver Spring, MD 20993

ANDA 060851

Arthur P. Bedrosian, President
Armenpharm, Ltd.
49 South Ridge Road
P.O. Box D1400
Pomona, NY 10970

December 3, 2015

Docket No. FDA-2011-P-0081

Dear Mr. Bedrosian:

This letter references the abbreviated new drug application (ANDA) 060851 of Armenpharm, Ltd. (Armenpharm), for chloramphenicol capsules, 250 milligrams (mg). The Food and Drug Administration (FDA or the Agency) approved this ANDA on June 20, 1967. This letter serves to notify Armenpharm of the Agency's initial decision to suspend approval of ANDA 060851.

Briefly, Armenpharm submitted a citizen petition dated February 7, 2011 (Docket No. FDA–2011–P–0081), under 21 CFR 10.30, requesting that the Agency determine whether Chloromycetin (chloramphenicol) Capsules, 250 mg, (ANDA 060591) was withdrawn from sale for reasons of safety or effectiveness. Chloromycetin (chloramphenicol) Capsules, 250 mg, is the reference listed drug (RLD)[1] that was the basis of submission for ANDA 060851. Upon review of the relevant law and facts, FDA determined under 21 CFR 314.161 that this RLD product was withdrawn from sale for reasons of safety or effectiveness. FDA published this determination in the Federal Register of July 13, 2012.[2] FDA also notified Armenpharm of the Agency's decision by a letter dated July 13, 2012.[3] Enclosed is a copy of the July 13, 2012 letter that sets out the reasoning for the Agency's determination.

Section 505(j)(6) of the Federal Food, Drug, and Cosmetic Act authorizes FDA to suspend approval of an ANDA if the RLD is voluntarily withdrawn from sale for what FDA determines are safety or effectiveness reasons.[4] Under 21 CFR 314.161(d), if FDA determines that a listed drug is withdrawn from sale for safety or effectiveness reasons, the Agency will initiate proceedings under 21 CFR 314.153(b) that could result in the suspension of approval of the ANDAs that refer to the listed drug.

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[1] A reference listed drug, or RLD, is "the listed drug identified by FDA as the drug product upon which an applicant relies in seeking approval of its abbreviated application." 21 CFR 314.3(b).
[2] 77 FR 41412.
[3] Letter to A. Bedrosian, Armenpharm, Ltd. fr. N. Mueller, Office of Regulatory Policy, Center for Drug Evaluation and Research, re. Docket No. FDA-2011-P-0081 (July 13, 2012).
[4] 21 U.S.C. 355(j)(6).

Pursuant to 21 CFR 314.153(b)(1), the Agency is hereby notifying Armenpharm of its initial decision to suspend approval of ANDA 060851 because of the Agency's initial determination that Chloromycetin (chloramphenicol) Capsules, 250 mg, was withdrawn from sale for reasons of safety or effectiveness. Under 21 CFR 314.153(b)(2), Armenpharm will have 30 days from the issuance of this initial decision to present written comments or information bearing on the decision. If no comments or information is received, the initial decision will become final at the expiration of 30 days.[5] Comments and information received within 30 days will be considered by FDA and responded to in a final decision.[6] If the final decision affirms the Agency's initial decision, the decision will be published in the Federal Register and will suspend approval of ANDA 060851.[7]

The Agency notes your letters dated May 24, 2013 and January 16, 2014 regarding this ANDA. Without opining on the substantive discussion in these submissions, the Agency notes that it will not consider these previous submissions to be comments or information presented to the Agency for consideration in response to this initial decision. The Agency will only consider comments or information presented to the Agency as noted above in response to this letter, and any information that you wish to provide the Agency should be submitted as described.

This letter will be filed with the Division of Dockets Management. This and other documents in the record will be publicly available in accordance with 21 CFR 10.20(j).[8] Armenpharm may submit comments or information either to http://www.regulations.gov or to the Division of Dockets Management.[9] The comments must include the Docket No. FDA-2011-P-0081.

If you have questions about this letter, please contact Maryll W. Toufanian, Office of Generic Drugs at (240) 402-7944.

Sincerely,

Edward M. Sherwood

Edward M. Sherwood
Acting Director
Office of Regulatory Operations
Office of Generic Drugs
Center for Drug Evaluation and Research

Enclosure

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[5] 21 CFR 314.153(b)(2).
[6] 21 CFR 314.153(b)(3).
[7] 21 CFR 314.153(b)(5).
[8] 21 CFR 314.153(b)(7).
[9] The mailing address is Division of Dockets Management (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Food and Drug Administration
10903 New Hampshire Avenue
Building #51
Silver Spring, MD 20993

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Arthur P. Bedrosian
President
Armenpharm, Ltd.
49 South Ridge Road
P.O. Box D1400
Pomona, NY 10970

Re: Docket No. FDA-2011-P-0081

Dear Mr. Bedrosian:

This letter responds to your citizen petition received on February 8, 2011, requesting that that the Food and Drug Administration (FDA) determine whether Chloromycetin (Chloramphenicol) Capsules, 250 Milligrams (mg) was withdrawn from sale for safety or efficacy reasons.

The FDA has reviewed its records and determined that Chloromycetin (Chloramphenicol) Capsules, 250 mg was withdrawn from sale for reasons of safety or effectiveness. Accordingly, the FDA will remove Chloromycetin (Chloramphenicol) Capsules, 250 mg from the list of drug products published in the *Approved Drug Products with Therapeutic Equivalence Evaluations* (the Orange Book). FDA will not accept or approve abbreviated new drug applications (ANDAs) that refer to this drug product.

Enclosed is a copy of the *Federal Register* notice that announces the FDA determination. If you require any further information, do not hesitate to contact me at (301) 796-3507.

Sincerely,

Nikki Mueller
Office of Regulatory Policy
Center for Drug Evaluation and Research

Enclosure

FDA-2011-P-0081

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drug product is equivalent to withdrawing the drug from sale.

Lachman Consultant Services, Inc., submitted a citizen petition dated March 14, 2012 (Docket No. FDA–2012–P–0271), under 21 CFR 10.30, requesting that the Agency determine whether TOPOTECAN INJECTION (topotecan hydrochloride) 1 mg (base)/1 mL, 3 mg (base)/3 mL, 4 mg (base)/4 mL, was withdrawn from sale for reasons of safety or effectiveness.

After considering the citizen petition and reviewing Agency records, and based on the information we have at this time, FDA has determined under § 314.161 that TOPOTECAN INJECTION (topotecan hydrochloride) 1 mg (base)/1 mL, 3 mg (base)/3 mL, 4 mg (base)/4 mL, was not withdrawn for reasons of safety or effectiveness. The petitioner has identified no data or other information suggesting that TOPOTECAN INJECTION (topotecan hydrochloride) 1 mg (base)/1 mL, 3 mg (base)/3 mL, 4 mg (base)/4 mL, was withdrawn for reasons of safety or effectiveness. We have carefully reviewed our files for records concerning the withdrawal of TOPOTECAN INJECTION (topotecan hydrochloride) 1 mg (base)/1 mL, 3 mg (base)/3 mL, 4 mg (base)/4 mL, from sale. We have also independently evaluated relevant literature and data for possible postmarketing adverse events. We have found no information that would indicate that this product was withdrawn from sale for reasons of safety or effectiveness.

Accordingly, the Agency will continue to list TOPOTECAN INJECTION (topotecan hydrochloride) 1 mg (base)/1 mL, 3 mg (base)/3 mL, 4 mg (base)/4 mL, in the "Discontinued Drug Product List" section of the Orange Book. The "Discontinued Drug Product List" delineates, among other items, drug products that have been discontinued from marketing for reasons other than safety or effectiveness. ANDAs that refer to TOPOTECAN INJECTION (topotecan hydrochloride) 1 mg (base)/1 mL, 3 mg (base)/3 mL, 4 mg (base)/4 mL, may be approved by the Agency as long as they meet all other legal and regulatory requirements for the approval of ANDAs. If FDA determines that labeling for this drug product should be revised to meet current standards, the Agency will advise ANDA applicants to submit such labeling.

Dated: July 10, 2012.

Leslie Kux,

Assistant Commissioner for Policy.

[FR Doc. 2012–17090 Filed 7–12–12; 8:45 am]

BILLING CODE 4160–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2011–P–0081]

Determination That CHLOROMYCETIN (Chloramphenicol) Capsules, 250 Milligrams, Were Withdrawn From Sale for Reasons of Safety or Effectiveness

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) has determined that CHLOROMYCETIN (chloramphenicol) Capsules, 250 milligrams (mg), were withdrawn from sale for reasons of safety or effectiveness. The Agency will not accept or approve abbreviated new drug applications (ANDAs) for chloramphenicol capsules, 250 mg.

FOR FURTHER INFORMATION CONTACT: Nikki Mueller, Center for Drug Evaluation and Research, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 51, Rm. 6312, Silver Spring, MD 20993–0002, 301–796–3601.

SUPPLEMENTARY INFORMATION: In 1984, Congress enacted the Drug Price Competition and Patent Term Restoration Act of 1984 (Pub. L. 98–417) (the 1984 amendments), which authorized the approval of duplicate versions of drug products under an ANDA procedure. ANDA applicants must, with certain exceptions, show that the drug for which they are seeking approval contains the same active ingredient in the same strength and dosage form as the "listed drug," which is a version of the drug that was previously approved. ANDA applicants do not have to repeat the extensive clinical testing otherwise necessary to gain approval of a new drug application (NDA). The only clinical data required in an ANDA are data to show that the drug that is the subject of the ANDA is bioequivalent to the listed drug.

The 1984 amendments include what is now section 505(j)(7) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(j)(7)), which requires FDA to publish a list of all approved drugs. FDA publishes this list as part of the "Approved Drug Products With Therapeutic Equivalence Evaluations," which is known generally as the "Orange Book." Under FDA regulations, drugs are removed from the list if the Agency withdraws or suspends approval of the drug's NDA or ANDA for reasons of safety or effectiveness or if FDA determines that the listed drug was withdrawn from sale for reasons of safety or effectiveness (21 CFR 314.162).

A person may petition the Agency to determine, or the Agency may determine on its own initiative, whether a listed drug was withdrawn from sale for reasons of safety or effectiveness. This determination may be made at any time after the drug has been withdrawn from sale, but must be made prior to approving an ANDA that refers to the listed drug (§ 314.161 (21 CFR 314.161)). FDA may not approve an ANDA that does not refer to a listed drug.

CHLOROMYCETIN (chloramphenicol) Capsules, 250 mg, are the subject of ANDA 60–591, held by Parkedale Pharmaceuticals, and initially approved on December 8, 1950. CHLOROMYCETIN is an antibiotic indicated to treat only serious infections for which less potentially dangerous drugs are ineffective or contraindicated.

In a letter dated October 9, 2007, Parkedale Pharmaceuticals requested withdrawal of ANDA 60–591 for CHLOROMYCETIN (chloramphenicol) Capsules, 50 mg, 100 mg and 250 mg. In the **Federal Register** of February 11, 2009 (74 FR 6896), FDA announced that it was withdrawing approval of ANDA 60–591, effective March 13, 2009, and moved the drug to the "Discontinued Drug Product List" section of the Orange Book.

Armenpharm, Ltd., submitted a citizen petition dated February 7, 2011 (Docket No. FDA–2011–P–0081), under 21 CFR 10.30, requesting that the Agency determine whether CHLOROMYCETIN (chloramphenicol) Capsules, 250 mg, were withdrawn from sale for reasons of safety or effectiveness.

After considering the citizen petition, and based on the information we have at this time, FDA has determined under § 314.161 that CHLOROMYCETIN (chloramphenicol) Capsules, 250 mg, were withdrawn for reasons of safety or effectiveness. We have carefully reviewed Agency records concerning the withdrawal of CHLOROMYCETIN (chloramphenicol) Capsules, 250 mg, from sale. We have also independently evaluated relevant literature and data for possible postmarketing adverse events. At the time of the approval of CHLOROMYCETIN (chloramphenicol) Capsules, 250 mg, there was significant unmet medical need. With the approval of additional therapies with less severe adverse drug effects, FDA has determined that the risks associated with CHLOROMYCETIN (chloramphenicol) Capsules, 250 mg, as currently labeled, outweigh the benefits. Most importantly, CHLOROMYCETIN

(chloramphenicol) Capsules, 250 mg, may cause a number of adverse reactions, the most serious being bone marrow depression (anemia, thrombocytopenia, and granulocytopenia temporally associated with treatment). A boxed warning in the prescribing information for both chloramphenicol sodium succinate injection and chloramphenicol capsules states that serious hypoplastic anemia, thrombocytopenia, and granulocytopenia are known to occur after administration of chloramphenicol. The drug product labeling recommends extensive safety monitoring, including baseline blood studies followed by periodic blood studies approximately every 2 days during therapy. The boxed warning also describes fatal aplastic anemia associated with administration of the drug and aplastic anemia attributed to chloramphenicol that later terminated in leukemia. There is published literature which suggests that the risk of fatal aplastic anemia associated with the oral formulation of chloramphenicol may be higher than the risk associated with the intravenous formation.

FDA has also reviewed the latest approved labeling for the product and has determined that this labeling is inadequate and a Risk Evaluation and Mitigation Strategy (REMS) would be required to ensure that the benefits of the drug outweigh its risks. The REMS may include Elements to Assure Safe Use, including restricted distribution, and a Medication Guide could be required as part of the labeling. FDA has determined that additional nonclinical and possibly clinical studies of safety and efficacy would be necessary before CHLOROMYCETIN (chloramphenicol) Capsules, 250 mg, could be considered for reintroduction to the market.

Accordingly, the Agency will remove CHLOROMYCETIN (chloramphenicol) Capsules, 250 mg, from the list of drug products published in the Orange Book. FDA will not accept or approve ANDAs that refer to this drug product.

Dated: July 10, 2012.

Leslie Kux,

Assistant Commissioner for Policy.

[FR Doc. 2012–17091 Filed 7–12–12; 8:45 am]

BILLING CODE 4160–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2012–D–0530]

Draft Guidance for Industry and Food and Drug Administration Staff; Medical Devices: The Pre-Submission Program and Meetings With FDA Staff; Availability

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the availability of the draft guidance entitled "Medical Devices: The Pre-Submission Program and Meetings with FDA Staff." The purpose of this guidance is to describe the Pre-Submission program (formerly the pre-Investigational Device Exemption (IDE) program) for medical devices reviewed in the Center for Devices and Radiological Health (CDRH) and the Center for Biologics Evaluation and Research (CBER). In addition, the guidance provides recommendations regarding information that should be included in a Pre-Submission Package. This guidance also describes the procedures that CDRH and CBER intend to follow when industry representatives or application sponsors request a meeting with review staff. This draft guidance is not final nor is it in effect at this time.

DATES: Although you can comment on any guidance at any time (see 21 CFR 10.115(g)(5)), to ensure that the Agency considers your comment of this draft guidance before it begins work on the final version of the guidance, submit either electronic or written comments on the draft guidance by October 11, 2012. Submit either written or electronic comments on this collection of information by September 11, 2012.

ADDRESSES: Submit written requests for single copies of the draft guidance document entitled "Medical Devices: The Pre-Submission Program and Meetings with FDA Staff" to the Division of Small Manufacturers, International and Consumer Assistance, Center for Devices and Radiological Health, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 66, Rm. 4613, Silver Spring, MD 20993–0002; or Office of Communication, Outreach and Development (HFM–40), Center for Biologics Evaluation and Research (CBER), Food and Drug Administration, 1401 Rockville Pike, Suite 200N, Rockville, MD 20852–1448. Send one self-addressed adhesive label to assist that office in processing your request, or fax your request to 301–847–8149. See the **SUPPLEMENTARY INFORMATION** section for information on electronic access to the guidance.

Submit electronic comments on the draft guidance to *http://www.regulations.gov*. Submit written comments to the Division of Dockets Management (HFA–305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852. Identify comments with the docket number found in brackets in the heading of this document.

FOR FURTHER INFORMATION CONTACT:

Angela Krueger, Center for Devices and Radiological Health, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 66, Rm. 1666, Silver Spring, MD 20993–0002, 301–796–6380; or

Stephen Ripley, Center for Biologics Evaluation and Research (HFM–17), Food and Drug Administration, 1401 Rockville Pike, Suite 200N, Rockville, MD 20852–1448, 301–827–6210.

SUPPLEMENTARY INFORMATION:

I. Background

Since its establishment in 1995, the pre-IDE program has been a successful resource for both medical device applicants and the FDA. Originally, this program was designed to provide applicants a mechanism to obtain FDA feedback on future IDE applications prior to their submission. Over time, the pre-IDE program evolved to include feedback on other device submission program areas, such as Premarket Approval (PMA) applications, Humanitarian Device Exemption (HDE) applications, and Premarket Notification (510(k)) Submissions, as well as to address questions related to whether a clinical study requires submission of an IDE. The purpose of this guidance is to update the pre-IDE program to reflect this broader scope and make important modifications to reflect changes in the premarket program areas as a result of the Food and Drug Administration Amendments Act of 2007 (FDAAA) (Pub. L. 110–85). This guidance also broadens the scope of the program to include those devices regulated by CBER. Accordingly, FDA is changing the name for this program from the pre-IDE program to the Pre-Submission (Pre-Sub) program.

The main purpose of the Pre-Sub program remains the same as the pre-IDE program: to facilitate providing advice to applicants when they have specific questions during product development and early protocol