



**DIA 2019**  
GLOBAL ANNUAL MEETING  
SAN DIEGO | JUNE 23-27

# Updates from FDA/CDER: Product Title and Initial U.S. Approval in the Highlights of Prescribing Information

**Eric Brodsky, M.D.**

Associate Director

Labeling Development Team, Office of New Drugs

Center for Drug Evaluation and Research (CDER), FDA



# Disclaimer

---

The views and opinions expressed in the following PowerPoint slides are those of the individual presenter; should not be attributed to DIA, its directors, officers, employees, volunteers, members, chapters, councils, Communities or affiliates; and do not necessarily represent an official FDA position.

The labeling examples in this presentation are provided only to demonstrate current labeling development challenges and should not be considered FDA recommended templates.

For work prepared by US government employees representing their agencies, there is no copyright and these work products can be reproduced freely. Drug Information Association, Drug Information Association Inc., DIA and DIA logo are registered trademarks.



DIA  
2019

GLOBAL ANNUAL MEETING  
SAN DIEGO | JUNE 23-27

# Prescribing Information (PI)

---

- Written for healthcare practitioners and must:<sup>1</sup>
  - Contain a summary of essential scientific information needed for safe and effective use of **human prescription drug and biological products**
  - Be informative and accurate and neither promotional in tone nor false or misleading
  - Be updated when new information becomes available that causes labeling to become inaccurate, false, or misleading
- There are only two PI formats:
  - “Physician Labeling Rule” (PLR) labeling<sup>2</sup> (based on 2006 rule)
  - “Old” (non-PLR) format labeling<sup>3</sup> (based on 1979 rule)



# Product Titles Guidance\* (January 2018)

---

## Product Title and Initial U.S. Approval in the Highlights of Prescribing Information for Human Prescription Drug and Biological Products — Content and Format Guidance for Industry

### *DRAFT GUIDANCE*

This guidance document is being distributed for comment purposes only.

Comments and suggestions regarding this draft document should be submitted within 60 days of publication in the *Federal Register* of the notice announcing the availability of the draft guidance. Submit electronic comments to <https://www.regulations.gov>. Submit written comments to the Dockets Management Staff (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852. All comments should be identified with the docket number listed in the notice of availability that publishes in the *Federal Register*.

For questions regarding this draft document, contact (CDER) Debra Beitzell at (301) 796-0900, or (CBER) the Office of Communication, Outreach, and Development at 800-835-4709 or 240-402-8010.

U.S. Department of Health and Human Services  
Food and Drug Administration  
Center for Drug Evaluation and Research (CDER)  
Center for Biologics Evaluation and Research (CBER)

January 2018  
Labeling

\* When finalized this guidance will represent the Agency's current thinking. Thanks to Debra Beitzell for her assistance with the product title and Initial U.S. Approval slides



**DIA**  
**2019**

GLOBAL ANNUAL MEETING  
SAN DIEGO | JUNE 23-27

# Product Title in Highlights of Prescribing Information<sup>1</sup>

## HIGHLIGHTS OF PRESCRIBING INFORMATION

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

**PROPRIETARY NAME (nonproprietary name) dosage form, route of administration, controlled substance symbol**

Initial U.S. Approval: YYYY

### WARNING: TITLE OF WARNING

*See full prescribing information for complete boxed warning.*

- Text (4)
- Text (5.x)

## RECENT MAJOR CHANGES

Section Title, Subsection Title (x.x) M/YYYY  
Section Title, Subsection Title (x.x) M/YYYY

## INDICATIONS AND USAGE

PROPRIETARY NAME is a (insert FDA established pharmacologic class text phrase) indicated for ... (1)

### Limitations of Use

Text (1)

## DOSAGE AND ADMINISTRATION

- Text (2.x)
- Text (2.x)

## DOSAGE FORMS AND STRENGTHS

Dosage form(s): strength(s) (3)

## CONTRAINDICATIONS

- Text (4)
- Text (4)

## WARNINGS AND PRECAUTIONS

- Text (5.x)
- Text (5.x)

## ADVERSE REACTIONS

Most common adverse reactions (incidence > x%) are text (6.x)

To report SUSPECTED ADVERSE REACTIONS, contact name of manufacturer at toll-free phone # or FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

## DRUG INTERACTIONS

- Text (7.x)
- Text (7.x)

## USE IN SPECIFIC POPULATIONS

- Text (8.x)
- Text (8.x)

See 17 for PATIENT COUNSELING INFORMATION and FDA-approved patient labeling OR Medication Guide.

Revised: M/YYYY





885

## APPENDIX A:

886

### DOSAGE FORM TERMS FOR USE IN HUMAN DRUG PRODUCT LABELING

887

888

The following list of dosage forms has been created to assist the reader in selecting the proper dosage form terminology for use in the nomenclature of human drug products.

889

890

891

The basic dosage form terms appear along the left margin. Examples of how the basic dosage form terms are used when combined with other modifiers and/or routes of administration are provided as indented text.

892

893

894

895

- A **bolded and underlined** term means both the FDA and the United States Pharmacopeia (USP) recommend use of the term

896

897

898

- A **bolded** term means the FDA recommends use of the term

899

900

- An underlined term means USP recommends use of the term

901

902

- A term neither bolded nor underlined means the term is a nonpreferred term

903

904

- *Italicized* examples are the subject of discussion between the FDA and USP

905

906

Dosage form terms that appear only in bolded or underlined print are being discussed by the FDA and USP and represent terminology that may be changed at a later date. If the term is neither bolded nor underlined, then the term is a nonpreferred term and the reader is directed to preferred terminology. In some cases, USP monographs using nonpreferred terms still exist. However, these older, noncompliant terms found in monographs should not be cited as a precedent for future use of the dosage form terms.

907

908

909

910

911

912

913

Indented beneath the basic dosage form term is a list of examples of how the dosage form term has been used in the nomenclature of drug products. Although an attempt has been made to

914



## Terminology

932

933

### Aerosol

935 Aerosols are packaged under pressure. All aerosols are assumed to be metered except topical  
936 aerosols. Topical aerosols are assumed not to be metered unless labeling indicates they are  
937 metered.

938

939 inhalation aerosol — assumed to be for oral inhalation

940 lingual aerosol

941 nasal aerosol

942 topical aerosol

943

944 Bead — not preferred, see “Pellet”

945

946 Caplet — not preferred, see “Tablet”

947

### Capsule

949 Capsules are assumed to be oral.

950 Note: In the past, the terminology “vaginal capsules” was used, but these drug products are  
951 now referred to as “vaginal inserts.”

952

953 capsules

954 delayed-release capsules

955 extended-release capsules

956

957 Collodion — not preferred, see “Solution”

# Product Title Guidance: Route of Administration Appendix



**DIA**  
**2019**

GLOBAL ANNUAL MEETING  
SAN DIEGO | JUNE 23-27

1346  
1347  
1348  
1349  
1350  
1351  
1352  
1353  
1354

## APPENDIX B: ROUTE OF ADMINISTRATION TERMS FOR USE IN THE PRODUCT TITLE

The following table lists the most commonly used route of administration terms for use in the product title. This list is derived from the FDA Data Standards Manual Route of Administration list with minor differences made to create a list that is appropriate for use in the product title. If an applicant determines that a route of administration term different from any of the examples is appropriate, the applicant is encouraged to initiate discussions with the FDA.

Name	Definition
Buccal	Administration directed toward the cheek, generally from within the mouth
Dental	Administration to a tooth or teeth
Endocervical	Administration within the canal of the cervix uteri
Endotracheal	Administration directly into the trachea
Enteral	Administration directly into the intestines
Epidural	Administration on or over the dura mater
Extracorporeal	Administration outside of the body  (For certain radiopharmaceuticals, it may be appropriate to use the phrase “for radiolabeling” instead of the route of administration “extracorporeal.”)
Hemodialysis	Administration through hemodialysate fluid
Infiltration	Administration that results in substance passing



**Product Titles in Highlights of Prescribing Information Consistent with Requirements Under 21 CFR 201.57(a)(2) and Recommendations in Draft Guidance for Industry: Product Title and Initial U.S. Approval in the Highlights of Prescribing Information for Human Prescription Drug and Biological Products - Content and Format**



**DIA**  
**2019**

GLOBAL ANNUAL MEETING  
SAN DIEGO | JUNE 23-27

<p><b>OTHER INJECTION DOSAGE FORMS</b></p>	<p>INVEGA SUSTENNA (paliperidone palmitate) extended-release injectable suspension, for intramuscular use                  ABILIFY MAINTENA (aripiprazole) for extended-release injectable suspension, for intramuscular use                  ARISTADA (aripiprazole lauroxil) extended-release injectable suspension, for intramuscular use                  CINVANTI (aprepitant) injectable emulsion, for intravenous use                  OMEGAVEN (fish oil triglycerides) injectable emulsion, for intravenous use                  CLINOLIPID (lipid injectable emulsion), for intravenous use                  VARITHENA (polidocanol injectable foam), for intravenous use                  SIGNIFOR LAR (pasireotide) for injectable suspension, for intramuscular use</p>
<p><b>TRANSDERMAL SYSTEMS</b></p>	<p>OXYTROL (oxybutynin transdermal system)                  IONSYS (fentanyl iontophoretic transdermal system), CII                  MINIVELLE (estradiol transdermal system)                  NEUPRO (rotigotine transdermal system)                  EMSAM (selegiline transdermal system)</p>
<p><b>DOSAGE FORMS FOR TOPICAL USE</b></p>	<p>ULESFIA (benzyl alcohol) lotion, for topical use                  CENTANY (mupirocin) ointment, for topical use                  XERESE (acyclovir and hydrocortisone) cream, for topical use                  ESKATA (hydrogen peroxide) topical solution                  ULESFIA (benzyl alcohol) lotion, for topical use                  PLIAGLIS (lidocaine and tetracaine) cream, for topical use                  BACTROBAN (mupirocin calcium) cream, for topical use                  RHOFADE (oxymetazoline hydrochloride) cream, for topical use                  XEPI (ozenoxacin) cream, for topical use                  MIRVASO (brimonidine) topical gel                  PANDEL (hydrocortisone probutate) cream, for topical use</p>
<p><b>DOSAGE FORMS FOR INHALATION USE</b></p>	<p>RELENZA (zanamivir inhalation powder), for oral inhalation use                  TRELEGY ELLIPTA (fluticasone furoate, umeclidinium, and vilanterol inhalation powder), for oral inhalation use                  ADASUVE (loxapine) inhalation powder, for oral inhalation use                  DULERA (mometasone furoate and formoterol fumarate dihydrate) inhalation aerosol, for oral inhalation use                  KITABIS PAK (tobramycin inhalation solution), for oral inhalation use</p>



# Initial U.S. Approval in Highlights of Prescribing Information<sup>1</sup>

---

- The four-digit year in which FDA initially approved an NME, new biological product, or new combination of active ingredients<sup>1</sup>
- The year of initial U.S. approval is displayed on line immediately beneath the product title<sup>1</sup> in bold type<sup>2</sup>
- How do I determine the initial U.S. approval for my product?
  - Perform search in Drugs@FDA by active moiety; identify earliest year of original approval action



DIA  
2019

GLOBAL ANNUAL MEETING  
SAN DIEGO | JUNE 23-27

# Initial U.S. Approval Example #1

---

- APLENZIN (bupropion hydrobromide extended-release tablets)
  - 1985 was first year that FDA approved a bupropion product: WELLBUTRIN (bupropion hydrochloride tablets)
  - 2008 was year FDA approved APLENZIN
- Initial U.S. Approval for APLENZIN and WELLBUTRIN is 1985



DIA  
2019

GLOBAL ANNUAL MEETING  
SAN DIEGO | JUNE 23-27

# Initial U.S. Approval Example #2

---

- TYBOST (cobicistat tablets)
  - 2014 was year FDA approved TYBOST
  - 2012 was first year that FDA approved a cobicistat product: STRIBILD (elvitegravir, cobicistat, emtricitabine, and tenofovir disoproxil fumarate tablets)
- Initial U.S. Approval for STRIBILD and TYBOST is 2012



DIA  
2019

GLOBAL ANNUAL MEETING  
SAN DIEGO | JUNE 23-27



# Want to Learn More About Labeling?



## 2019 CDER Prescription Drug Labeling Conference<sup>1</sup>

### Topics:

Updates: Prescribing Information, carton/container labeling, and FDA-approved patient labeling

### Logistics:

- December 4<sup>th</sup> and 5<sup>th</sup>, 2019
- “The HOTEL” at the University of Maryland in College Park, Maryland
- Check website for online or in person registration:  
<https://www.fda.gov/drugs/development-approval-process-drugs/cder-small-business-industry-assistance-sbia>



<sup>1</sup> CDER Small Business & Industry Assistance (SBIA): Regulatory Education for Industry (REdI)  
[www.fda.gov](http://www.fda.gov)

# Thank You!

**Eric Brodsky, M.D.**

Associate Director

Labeling Development Team, Office of New Drugs

Center for Drug Evaluation and Research, FDA

- For general questions about the Prescribing Information: See the Labeling Development Team webpage: <https://www.fda.gov/about-fda/center-drug-evaluation-and-research/labeling-development-team>
- For specific questions about labeling under an NDA, BLA, or ANDA: Please contact the regulatory project manager assigned to the application

 *Join the conversation #DIA2019*

**FDA**

**U.S. FOOD & DRUG  
ADMINISTRATION**



**DIA 2019**  
GLOBAL ANNUAL MEETING  
SAN DIEGO | JUNE 23-27