DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration
Silver Spring MD 20993

NDA ######

SAFETY LABELING CHANGE NOTIFICATION

APPLICANT NAME
ADDRESS

Attention: CONTACT NAME
TITLE

Dear CONTACT:

Please refer to your New Drug Application (NDA) submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for PROPRIETY NAME (ESTABLISHED NAME).

Section 505(o)(4) of the FDCA authorizes FDA to require holders of approved drug and biological product applications to make safety related labeling changes based upon new safety information that becomes available after approval of the drug or biological product.

Since [TRADENAME] tablet was approved on DATE, FDA has become aware of information derived from peer-reviewed publications[1,2,3,4] that should be included in the labeling of benzodiazepines regarding the serious risks of profound sedation, respiratory depression, coma, and death associated with the concomitant use of benzodiazepines and opioids.

We consider this information to be "new safety information" as defined in section 505-1(b)(3) of the FDCA.

In accordance with section 505(o)(4) of the FDCA, we are notifying you that based on the new safety information described above, we believe that the following information should be included in the labeling for benzodiazepines as follows:

WARNING: RISKS FROM CONCOMITANT USE WITH OPIOIDS

[1] Jones C, McAninch J. Emergency department visits and overdose deaths from combined use of opioids and benzodiazepines. Am J Prev Med 2015;49(4):493–501.
[2] Dasgupta N, Funk M, Proescholdbell S, Hirsch A, Ribisl K, Marshall S. Cohort study of the impact of high-dose opioid analgesics on overdose mortality. Pain Med 2015. Doi: 10.1111/pme/12907.
[3] Park T, Saitz R, Ganoczy D, Ilgen M, Bohnert A. Benzodiazepine prescribing patterns and deaths from drug overdose among US veterans receiving opioid analgesics: case-cohort study. BMJ 2015;350:h2698.
[4] Hwang C, Kang E, Kornegay C, Staffa J, Jones C, McAninch J. Trends in the concomitant prescribing of opioids and benzodiazepines, 2002-2014. Am J Prev Med 2016. doi:10.1016/j.amepre.2016.02.014, Epub 2016 Apr 11.

Concomitant use of benzodiazepines and opioids may result in profound sedation, respiratory depression, coma, and death *[*see *Warnings and Precautions (5.1), Drug Interactions (7.X)]*.

- Reserve concomitant prescribing of these drugs for use in patients for whom alternative treatment options are inadequate.
- Limit dosages and durations to the minimum required.
- Follow patients for signs and symptoms of respiratory depression and sedation.

5.1 Risks from Concomitant Use with Opioids

Concomitant use of benzodiazepines, including [TRADENAME], and opioids may result in profound sedation, respiratory depression, coma, and death. Because of these risks, reserve concomitant prescribing of benzodiazepines and opioids for use in patients for whom alternative treatment options are inadequate.

Observational studies have demonstrated that concomitant use of opioid analgesics and benzodiazepines increases the risk of drug-related mortality compared to use of opioids alone. If a decision is made to prescribe [TRADENAME] concomitantly with opioids, prescribe the lowest effective dosages and minimum durations of concomitant use, and follow patients closely for signs and symptoms of respiratory depression and sedation. Advise both patients and caregivers about the risks of respiratory depression and sedation when [TRADENAME] is used with opioids [see Drug Interactions (7), Patient Counseling Information (17)].

7.X Drug Interactions:

The concomitant use of benzodiazepines and opioids increases the risk of respiratory depression because of actions at different receptor sites in the CNS that control respiration. Benzodiazepines interact at $GABA_A$ sites, and opioids interact primarily at mu receptors. When benzodiazepines and opioids are combined, the potential for benzodiazepines to significantly worsen opioid-related respiratory depression exists. Limit dosage and duration of concomitant use of benzodiazepines and opioids, and follow patients closely for respiratory depression and sedation.

17 Patient Counseling Information

Inform patients and caregivers that potentially fatal additive effects may occur if [TRADENAME] is used with opioids and not to use such drugs concomitantly unless supervised by a health care provider [see Warnings and Precautions (5.1), Drug Interactions (7)].

See attached for the Medication Guide, which includes revisions related to the new safety information described above.

In accordance with section 505(o)(4), within 30 days of the date of this letter, you must submit a supplement proposing changes to the approved labeling in accordance with the above direction, or notify FDA that you do not believe a labeling change is warranted, and submit a rebuttal statement detailing the reasons why such a change is not warranted. If you submit a supplement

that includes only language identical to that specified above, the supplement may be submitted as a changes being effected (CBE-0) supplement. If the supplement includes proposed language that differs from that above, submit a prior approval supplement (PAS).

We have determined that an extension of the discussion period will be warranted to allow us to complete our review and reach agreement on the content of the labeling. Therefore, the discussion period for your supplement or rebuttal statement will begin when the submission is received, and will end by December 2, 2016, unless additional discussion extensions are warranted.

Requirements under section 505(o)(4) apply to NDAs, BLAs, and ANDAs without a currently marketed reference listed drug approved under an NDA, including discontinued products, unless approval of an application has been withdrawn in the Federal Register. Therefore, the requirements described in this letter apply to you, unless approval of your application has been withdrawn in the Federal Register.

Under section 502(z), failure to submit a response in 30 days may subject you to enforcement action, including civil money penalties under section 303(f)(4)(A) and an order to make whatever labeling changes FDA deems appropriate to address the new safety information.

Prominently identify the submission with the following wording in bold capital letters at the top of the first page of the submission, as appropriate:

SAFETY LABELING CHANGES UNDER 505(o)(4) - PRIOR APPROVAL SUPPLEMENT

OR

SAFETY LABELING CHANGES UNDER 505(o)(4) – CHANGES BEING EFFECTED

OR

SAFETY LABELING CHANGES UNDER 505(o)(4) – REBUTTAL (CHANGE NOT WARRANTED)."

Prominently identify subsequent submissions related to the safety labeling changes supplement with the following wording in bold capital letters at the top of the first page of the submission:

SUPPLEMENT <<insert assigned #>>
SAFETY LABELING CHANGES UNDER 505(o)(4) - AMENDMENT

If you do not submit electronically, please send 5 copies of the submission.

Under 21 CFR 208.24(d), you are responsible for ensuring that the label of each container or package includes a prominent and conspicuous instruction to authorized dispensers to provide a Medication Guide to each patient to whom the drug is dispensed, and states how the Medication Guide is provided. We recommend one of the following statements, depending upon whether the

Medication Guide accompanies the product or is enclosed in the carton (for example, unit of use):

- "Dispense the enclosed Medication Guide to each patient." or
- "Dispense the accompanying Medication Guide to each patient."

If you have any questions, call Christine Phipps, Safety Regulatory Project Manager, at 240-402-3701.

Sincerely,

{See appended electronic signature page}

Alice Hughes, MD
Deputy Director for Safety
Division of Neurology Products
Office of Drug Evaluation I
Center for Drug Evaluation and Research