

**CENTER FOR DRUG EVALUATION AND  
RESEARCH**

**APPLICATION NUMBER: 21-084**

**ADMINISTRATIVE DOCUMENTS**

Food and Drug Administration  
Rockville MD 20857

JAN 26 1999

Department of the Army  
US Army Medical Materiel Development Activity  
Attention: Ronald E. Clawson, Ph.D.  
622 Neiman Street  
Fort Detrick, MD 21702-5009

Dear Dr. Clawson :

We acknowledge receipt of your January 7, 1999 correspondence notifying us that you are withdrawing your December 22, 1998 new drug application (NDA) for Topical Skin Protectant that has not been filed.

Therefore, in accordance with 21 CFR 314.65, this application is withdrawn as of the date of our receipt of your notification, January 12, 1999. This withdrawal does not prejudice any future filing of the application. You may request that the information contained in this withdrawn application be considered in conjunction with any future submission. If you resubmit the application, either amended or unamended, the resubmission will be treated as a new original application.

If you have any questions, contact Frank H. Cross, Jr., Project Manager, at (301) 827-2020.

Sincerely,

*JS/ 1/25/99*  
Mary Jean Kozma-Fornaro  
Supervisor, Project Management Staff  
Division of Dermatologic and Dental Drug Products  
Office of Drug Evaluation V  
Center for Drug Evaluation and Research

APPEARS THIS WAY  
ON ORIGINAL



### 3.0 Patent Information

Under the provisions of 21 CFR §314.53 the required patent information is submitted:

(A) As the sponsor of this New Drug Application for Topical Skin Protectant (TSP) The Surgeon General, Department of the Army is the concerned applicant.

(B) The drug product, TSP, is the subject of this NDA.

(C) Reporting Requirement.

(1) General.

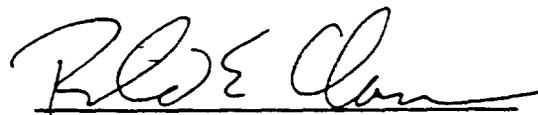
(i) Patent Number: 5,607,979  
Patent Expiration Date: May 30, 2015

(ii) Type of Patent: Drug Product

(iii) Name of Patent Owner: The United States of America as represented by the Secretary of the Army

(2) Declaration.

The undersigned declares that Patent No. 5,607,979 covers the formulation, composition, and/or method of use of the Topical Skin Protectant. This product is the subject of this application for which approval is being sought.



Ronald E. Clawson, Ph.D.  
Project Manager, Pharmaceutical Systems Division  
U.S. Army Medical Materiel Development Activity



DEPARTMENT OF THE ARMY  
US ARMY MEDICAL RESEARCH AND MATERIEL COMMAND  
504 SCOTT STREET  
FORT DETRICK, MARYLAND 21702-5012

September 24, 1999

REPLY TO  
ATTENTION OF:

Office of the Deputy Chief of Staff  
For Regulatory Compliance and Quality

SUBJECT: New Drug Application (NDA No. 21-084) for Topical Skin Protectant (TSP), Amendment No. 004, Financial Disclosure by Clinical Investigators (21 CFR 54.4)

Jonathan K. Wilkin, M.D.  
Director, Division of Dermatologic  
and Dental Drug Products  
Office of Drug Evaluation  
Center for Drug Evaluation and Research  
Food and Drug Administration  
9201 Corporate Boulevard, HFD-540  
Rockville, Maryland 20857



Dear Doctor Wilkin:

Enclosed in triplicate is an amendment to pending NDA No. 21-084, Topical Skin Protectant (TSP). This amendment provides FDA Form 3454 Certification: Financial Interests and Arrangements of Clinical Investigators. This amendment is made in response to the telephonic communication on September 22, 1999, from Commander Frank Cross, Senior Project Manager, Division of Dermatologic and Dental Products, requesting this information per 21 CFR 54.4, Certification and disclosure requirements.

Please contact Ms. Kathie Mantine at 301-619-2809 (alt. 7550), facsimile 301-619-7803, or e-mail [kathie.mantine@det.amedd.army.mil](mailto:kathie.mantine@det.amedd.army.mil) for questions concerning this submission. The point of contact at the U. S. Army Medical Materiel Development Activity is Dr. Dai Kee Liu at 301-619-2051.

Sincerely,

*J. K. Zadinsky*  
Julie K. Zadinsky  
Colonel, Army Nurse Corps  
Deputy Chief of Staff  
for Regulatory Compliance and Quality

Enclosures

Copies Furnished (wo/enclosures):

U.S. Army Medical Research and Materiel Command, ATTN: MCMR-SGS  
U.S. Army Medical Materiel Development Activity, ATTN: MCMR-UMP  
EER Systems Inc., ATTN: Carl Morin

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FOOD AND DRUG ADMINISTRATION

Form Approved: OMB No. 0910-0338  
Expiration Date: April 30, 2000  
See OMB Statement on page 2.

APPLICATION TO MARKET A NEW DRUG, BIOLOGIC,  
OR AN ANTIBIOTIC DRUG FOR HUMAN USE

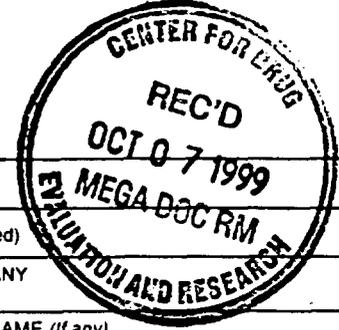
(Title 21, Code of Federal Regulations, 314 & 601)

FOR FDA USE ONLY-

APPLICATION NUMBER

APPLICANT INFORMATION

|  |  |
|--|--|
| NAME OF APPLICANT<br>Office of the Surgeon General<br>Department of the Army   | DATE OF SUBMISSION<br>September 24, 1999   |
| TELEPHONE NO. (Include Area Code)<br>301-619-2165 or 2602  | FACSIMILE (FAX) Number (Include Area Code)<br>301-619-7803   |
| APPLICANT ADDRESS (Number, Street, City, State, Country, ZIP Code or Mail Code, and U.S. License number if previously issued):<br>Commander, U.S. Army Medical Research and Materiel Command<br>ATTN: MCMR-RCQ-RA<br>504 Scott Street<br>Fort Detrick, MD 21702-5012 | AUTHORIZED U.S. AGENT NAME & ADDRESS (Number, Street, City, State, ZIP Code, telephone & FAX number) IF APPLICABLE |



PRODUCT DESCRIPTION

|   |                                      |                                  |
|---|--------------------------------------|----------------------------------|
| NEW DRUG OR ANTIBIOTIC APPLICATION NUMBER, OR BIOLOGICS LICENSE APPLICATION NUMBER (if previously issued) |                                      |                                  |
| ESTABLISHED NAME (e.g., Proper name, USP/USAN name)<br>Topical Skin Protectant                            | PROPRIETARY NAME (trade name) IF ANY |                                  |
| CHEMICAL/BIOCHEMICAL/BLOOD PRODUCT NAME (if any)  | CODE NAME (if any)                   |                                  |
| DOSAGE FORM: Soft Pack  | STRENGTHS: 84 g                      | ROUTE OF ADMINISTRATION: Topical |
| (PROPOSED) INDICATION(S) FOR USE:<br>Barrier cream against exposure to chemical warfare agents            |                                      |                                  |

APPLICATION INFORMATION

|  |
|--|
| APPLICATION TYPE (check one)<br><input checked="" type="checkbox"/> NEW DRUG APPLICATION (21 CFR 314.50) <input type="checkbox"/> ABBREVIATED APPLICATION (ANDA, AADA, 21 CFR 314.94)<br><input type="checkbox"/> BIOLOGICS LICENSE APPLICATION (21 CFR part 601)  |
| IF AN NDA, IDENTIFY THE APPROPRIATE TYPE <input checked="" type="checkbox"/> 505 (b) (1) <input type="checkbox"/> 505 (b) (2) <input type="checkbox"/> 507   |
| IF AN ANDA, OR AADA, IDENTIFY THE REFERENCE LISTED DRUG PRODUCT THAT IS THE BASIS FOR THE SUBMISSION<br>Name of Drug: _____<br>Holder of Approved Application: _____   |
| TYPE OF SUBMISSION (check one)<br><input type="checkbox"/> ORIGINAL APPLICATION <input checked="" type="checkbox"/> AMENDMENT TO A PENDING APPLICATION <input type="checkbox"/> RESUBMISSION<br><input type="checkbox"/> PRESUBMISSION <input type="checkbox"/> ANNUAL REPORT <input type="checkbox"/> ESTABLISHMENT DESCRIPTION SUPPLEMENT <input type="checkbox"/> SUPAC SUPPLEMENT<br><input type="checkbox"/> EFFICACY SUPPLEMENT <input type="checkbox"/> LABELING SUPPLEMENT <input type="checkbox"/> CHEMISTRY MANUFACTURING AND CONTROLS SUPPLEMENT <input type="checkbox"/> OTHER |
| REASON FOR SUBMISSION<br>Response to telephonic request by FDA to submit certification for financial disclosure.   |
| PROPOSED MARKETING STATUS (check one) <input type="checkbox"/> PRESCRIPTION PRODUCT (Rx) <input type="checkbox"/> OVER THE COUNTER PRODUCT (OTC)   |
| NUMBER OF VOLUMES SUBMITTED <u>41</u> THIS APPLICATION IS <input type="checkbox"/> PAPER <input type="checkbox"/> PAPER AND ELECTRONIC <input type="checkbox"/> ELECTRONIC   |

ESTABLISHMENT INFORMATION

Provide locations of all manufacturing, packaging and control sites for drug substance and drug product (continuation sheets may be used if necessary). Include name, address, contact, telephone number, registration number (CFN), DMF number, and manufacturing steps and/or type of testing (e.g. Final dosage form, Stability testing) conducted at the site. Please indicate whether the site is ready for inspection or, if not, when it will be ready.

Cross References (list related License Applications, INDs, NDAs, PMAs, 510(k)s, IDEs, BMFs, and DMFs referenced in the current application)

IND \_\_\_\_\_ Topical Skin Protectant (ICD 2289); DMF \_\_\_\_\_  
DMF \_\_\_\_\_

# CERTIFICATION: FINANCIAL INTERESTS AND ARRANGEMENTS OF CLINICAL INVESTIGATORS

TO BE COMPLETED BY APPLICANT

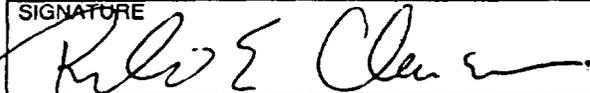
With respect to all covered clinical studies (or specific clinical studies listed below (if appropriate)) submitted in support of this application, I certify to one of the statements below as appropriate. I understand that this certification is made in compliance with 21 CFR part 54 and that for the purposes of this statement, a clinical investigator includes the spouse and each dependent child of the investigator as defined in 21 CFR 54.2(d).

Please mark the applicable checkbox.

- (1) As the sponsor of the submitted studies, I certify that I have not entered into any financial arrangement with the listed clinical investigators (enter names of clinical investigators below or attach list of names to this form) whereby the value of compensation to the investigator could be affected by the outcome of the study as defined in 21 CFR 54.2(a). I also certify that each listed clinical investigator required to disclose to the sponsor whether the investigator had a proprietary interest in this product or a significant equity in the sponsor as defined in 21 CFR 54.2(b) did not disclose any such interests. I further certify that no listed investigator was the recipient of significant payments of other sorts as defined in 21 CFR 54.2(f).

|                        |                             |  |
|------------------------|-----------------------------|--|
| Clinical Investigators | Dennis A. Vidmar, MC, USN   |  |
|                        | William J. Cunningham, M.D. |  |
|                        |                             |  |

- (2) As the applicant who is submitting a study or studies sponsored by a firm or party other than the applicant, I certify that based on information obtained from the sponsor or from participating clinical investigators, the listed clinical investigators (attach list of names to this form) did not participate in any financial arrangement with the sponsor of a covered study whereby the value of compensation to the investigator for conducting the study could be affected by the outcome of the study (as defined in 21 CFR 54.2(a)); had no proprietary interest in this product or significant equity interest in the sponsor of the covered study (as defined in 21 CFR 54.2(b)); and was not the recipient of significant payments of other sorts (as defined in 21 CFR 54.2(f)).
- (3) As the applicant who is submitting a study or studies sponsored by a firm or party other than the applicant, I certify that I have acted with due diligence to obtain from the listed clinical investigators (attach list of names) or from the sponsor the information required under 54.4 and it was not possible to do so. The reason why this information could not be obtained is attached.

|  |                          |
|--|--------------------------|
| NAME<br>Ronald E. Clawson, Ph.D.   | TITLE<br>Project Manager |
| FIRM/ORGANIZATION<br>U.S. Army Medical Materiel Development Activity                             |                          |
| SIGNATURE<br> | DATE<br>Sep 24, 1999     |

### Paperwork Reduction Act Statement

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. Public reporting burden for this collection of information is estimated to average 1 hour per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information to the address to the right:

Department of Health and Human Services  
Food and Drug Administration  
5600 Fishers Lane, Room 14C-03  
Rockville, MD 20857

**6.0 Debarment Certification**

Pursuant to the provisions of the Federal Food, Drug, and Cosmetic Act (U.S. Code, Title 21, Section 306, Subsection (k)(1)), the undersigned official states that the applicant did not use and will not use in any capacity the services of persons and/or organizations which are debarred under the provisions of subsections (a) or (b), in connection with this application.



Ronald E. Clawson, Ph.D.  
Project Manager, Pharmaceutical Systems Division  
U.S. Army Medical Materiel Development Activity

August 4, 1999  
Date

**APPEARS THIS WAY  
ON ORIGINAL**



DUPLICATE  
DEPARTMENT OF THE ARMY

US ARMY MEDICAL RESEARCH AND MATERIEL COMMAND  
504 SCOTT STREET  
FORT DETRICK, MARYLAND 21702-5012

REPLY TO  
ATTENTION OF:

September 24, 1999

NEW CORRESP

VC

Office of the Deputy Chief of Staff  
For Regulatory Compliance and Quality

SUBJECT: New Drug Application (NDA No. 21-084) for Topical Skin Protectant (TSP), Amendment No. 003, Waiver for Pediatric Assessment

Jonathan K. Wilkin, M.D.  
Director, Division of Dermatologic  
and Dental Drug Products  
Office of Drug Evaluation  
Center for Drug Evaluation and Research  
Food and Drug Administration  
9201 Corporate Boulevard, HFD-540  
Rockville, Maryland 20857



Dear Doctor Wilkin:

Enclosed in triplicate is an amendment to pending NDA No. 21-084, Topical Skin Protectant (TSP). This amendment provides a waiver request pertaining to the 21 CFR 314.55 requirement for pediatric use information. This amendment is made in response to the telephonic request of September 22, 1999 from Commander Frank Cross, Senior Project Manager, Division of Dermatologic and Dental Products. The sponsor did not address this requirement in the NDA submission because TSP is not indicated for pediatric use. Further, the proposed labeling in Item 4.0 of the NDA restricts the use of TSP "For Military Use Only."

Please contact Ms. Kathie Mantine at 301-619-2809 (alt. 7550), facsimile 301-619-7803, or e-mail [kathie.mantine@det.amedd.army.mil](mailto:kathie.mantine@det.amedd.army.mil) for questions concerning this submission. The point of contact at the U. S. Army Medical Materiel Development Activity is Dr. Dai Kee Liu at 301-619-2051.

Sincerely,

*Julie K. Zadinsky* LTC, m  
Julie K. Zadinsky  
Colonel, Army Nurse Corps  
Deputy Chief of Staff  
for Regulatory Compliance and Quality

Enclosures

Copies Furnished (wo/enclosures):

U.S. Army Medical Research and Materiel Command, ATTN: MCMR-SGS  
U.S. Army Medical Materiel Development Activity, ATTN: MCMR-UMP  
EER Systems Inc., ATTN: Carl Morin





**DEPARTMENT OF THE ARMY**  
U.S. ARMY MEDICAL MATERIEL DEVELOPMENT ACTIVITY  
622 NEIMAN STREET  
FORT DETRICK, MARYLAND 21702-5009

September 24, 1999

REPLY TO  
ATTENTION OF:

Pharmaceutical Systems Division

**SUBJECT: Request for Waiver for Pediatric Assessment  
New Drug Application (NDA No. 21-084) for Topical Skin  
Protectant (TSP)**

Jonathan K. Wilkin, M.D.  
Director, Division of Dermatologic  
and Dental Drug Products  
Office of Drug Evaluation  
Center for Drug Evaluation and Research  
Food and Drug Administration  
9201 Corporate Boulevard, HFD-540  
Rockville, Maryland 20857

Dear Dr. Wilkin:

We are requesting a waiver to 21 CFR 314.55, requirement for pediatric assessment of the drug product. The Topical Skin Protectant (TSP) is not indicated for pediatric use. The proposed labeling in Item 4.0 of the pending NDA (No 21-084) restricts the use of TSP "For Military Use Only."

The point of contact at the U. S. Medical Materiel Development Activity is Dr. Dai Kee Liu at 301-619-2051.

Sincerely,

Ronald E. Clawson, Ph.D.  
Project Manager  
Pharmaceutical Systems Division

Copy Furnished:

Commanding General, U.S. Army Medical Research and Materiel Command,  
ATTN: MCMR-RCQ, 504 Scott Street, Fort Detrick, MD 21702-5012

# BEST POSSIBLE COPY PEDIATRIC PAGE

(Complete for all original applications and all efficacy supplements)

**NOTE: A new Pediatric Page must be completed at the time of each action even though one was prepared at the time of the last action.**

NDA 21-084 Supplement # \_\_\_\_\_ Circle one: SE1 SE2 SE3 SE4 SE5 SE6

HFD-540 Trade and generic names/dosage form: ~~Topical Skin Protectant~~ YHC Action: AP

*Skin Exposure Reduction Paste  
Against Chemical Warfare Agents*

Applicant Department Of The Army, U.S. Army Medical Research and Materiel Command, MCMR-RCQ Therapeutic Class 1P

Indication(s) previously approved None

Pediatric information in labeling of approved indication(s) is adequate \_\_\_ inadequate \_\_\_ N/A

Proposed indication in this application protection of the skin from contact with chemical warfare agents (blister and nerve agents).

FOR SUPPLEMENTS, ANSWER THE FOLLOWING QUESTIONS IN RELATION TO THE PROPOSED INDICATION.

IS THE DRUG NEEDED IN ANY PEDIATRIC AGE GROUPS? \_\_\_ Yes (Continue with questions) X No (Sign and return the form)

WHAT PEDIATRIC AGE GROUPS IS THE DRUG NEEDED? (Check all that apply)

\_\_\_ Neonates (Birth-1 month) \_\_\_ Infants (1 month-2yrs) \_\_\_ Children (2-12yrs) \_\_\_ Adolescents(12-16yrs)

\_\_\_ 1. PEDIATRIC LABELING IS ADEQUATE FOR ALL PEDIATRIC AGE GROUPS. Appropriate information has been submitted in this or previous applications and has been adequately summarized in the labeling to permit satisfactory labeling for all pediatric age groups. Further information is not required.

\_\_\_ 2. PEDIATRIC LABELING IS ADEQUATE FOR CERTAIN AGE GROUPS. Appropriate information has been submitted in this or previous applications and has been adequately summarized in the labeling to permit satisfactory labeling for certain pediatric age groups (e.g., infants, children, and adolescents but not neonates). Further information is not required.

\_\_\_ 3. PEDIATRIC STUDIES ARE NEEDED. There is potential for use in children, and further information is required to permit adequate labeling for this use.

- a. A new dosing formulation is needed, and applicant has agreed to provide the appropriate formulation.
- b. A new dosing formulation is needed, however the sponsor is either not willing to provide it or is in negotiations with FDA.
- c. The applicant has committed to doing such studies as will be required.
  - (1) Studies are ongoing.
  - (2) Protocols were submitted and approved.
  - (3) Protocols were submitted and are under review.
  - (4) If no protocol has been submitted, attach memo describing status of discussions.
- d. If the sponsor is not willing to do pediatric studies, attach copies of FDA's written request that such studies be done and of the sponsor's written response to that request.

X 4. PEDIATRIC STUDIES ARE NOT NEEDED. The drug/biologic product has little potential for use in pediatric patients. Attach memo explaining why pediatric studies are not needed.

\_\_\_ 5. If none of the above apply, attach an explanation, as necessary.

ARE THERE ANY PEDIATRIC PHASE IV COMMITMENTS IN THE ACTION LETTER? No  
ATTACH AN EXPLANATION FOR ANY OF THE FOREGOING ITEMS, AS NECESSARY.

This page was completed based on information from Medical Officer : (e.g., attached e-mail from Medical Officer)

Per the Medical Officer, pediatric studies are not needed because the approved indication is a ~~disease entity~~ condition that does not occur in children.

*... i.e., the adjunctive use of this product with MOPP gear by military under threat of CWA.*

Signature of Preparer and Title IS/

Date 1/29/00

*IS/ 1/29/00*

Orig NDA 21-084  
HFD-540/Div File  
NDA 21-084 Action Package  
HFD-540/DIV DIR/Wilkin  
HFD-540/DERM TL/Walker  
HFD-540/MO/Okun  
HFD-540/PM/Cross  
HFD-006/KRoberts CRegenzi



EXCLUSIVITY SUMMARY FOR NDA # 21-084

Trade Name Topical Skin Protectant

Skin Exposure Reduction Paste Against Chemical Warfare Agents  
Generic Name \_\_\_\_\_

Applicant Name Department Of The Army, U.S. Army Medical Research and Materiel Command, MCMR-RCO \_\_\_\_\_

HFD # 540

Approval Date If Known 2/17/00

**PART I IS AN EXCLUSIVITY DETERMINATION NEEDED?**

1. An exclusivity determination will be made for all original applications, but only for certain supplements. Complete PARTS II and III of this Exclusivity Summary only if you answer "yes" to one or more of the following question about the submission.

a) Is it an original NDA?

YES / X / NO /    /

b) Is it an effectiveness supplement?

YES /    / NO / X /

c) Did it require the review of clinical data other than to support a safety claim or change in labeling related to safety? (If it required review only of bioavailability or bioequivalence data, answer "no.")

YES / X / NO /    /

d) Did the applicant request exclusivity?

YES /    / NO / X /

e) Has pediatric exclusivity been granted for this Active Moiety?

   No   

IF YOU HAVE ANSWERED "NO" TO ALL OF THE ABOVE QUESTIONS, GO DIRECTLY TO THE NATURE BLOCKS ON PAGE 8.

2. Has a product with the same active ingredient(s), dosage form, strength, route of administration, and dosing schedule, previously been approved by FDA for the same use? (Rx to OTC switches should be answered NO-e indicate as such)

YES /    / NO / X /

THE ANSWER TO QUESTION 2 IS "YES," GO DIRECTLY TO THE SIGNATURE BLOCKS ON PAGE

Is this drug product or indication a DESI upgrade?

YES /  / NO /  /

IF THE ANSWER TO QUESTION 3 IS "YES," GO DIRECTLY TO THE SIGNATURE BLOCKS ON PAGE 8 (even if a study was required for the upgrade).

## PART II FIVE-YEAR EXCLUSIVITY FOR NEW CHEMICAL ENTITIES

(Answer either #1 or #2 as appropriate)

### 1. Single active ingredient product.

Has FDA previously approved under section 505 of the Act any drug product containing the same active moiety as the drug under consideration? Answer "yes" if the active moiety (including other esterified forms, salts, complexes, chelates or clathrates) has been previously approved, but this particular form of the active moiety, e.g., this particular ester or salt (including salts with hydrogen or coordination bonding) or other non-covalent derivative (such as a complex, chelate, or clathrate) has not been approved. Answer "no" if the compound requires metabolic conversion (other than deesterification of an esterified form of the drug) to produce an already approved active moiety.

YES /  / NO /  /

### Combination product.

If the product contains more than one active moiety (as defined in Part II, #1), has FDA previously approved an application under section 505 containing any one of the active moieties in the drug product? If, for example, the combination contains one never-before-approved active moiety and one previously approved active moiety, answer "yes." (An active moiety that is marketed under an OTC monograph, but that was never approved under an NDA, is considered not previously approved.)

YES /  / NO /  /

IF THE ANSWER TO QUESTION 1 OR 2 UNDER PART II IS "NO," GO DIRECTLY TO THE SIGNATURE BLOCKS ON PAGE 8. IF "YES" GO TO PART III. ✓

## PART III THREE-YEAR EXCLUSIVITY FOR NDA'S AND SUPPLEMENTS

To qualify for three years of exclusivity, an application or supplement must contain "reports of new clinical investigations (other than bioavailability studies) essential to the approval of the application and conducted or sponsored by the applicant." This section should be completed only if the answer to PART II, Question 1 or 2 was "yes."

Does the application contain reports of clinical investigations? (The Agency interprets "clinical investigations" to mean investigations conducted on humans other than bioavailability studies.) If the application contains clinical investigations only by virtue of a right of reference to clinical investigations in another application, answer "yes," then skip to question 3(a). If the answer to 3(a) is "yes" for any investigation referred to in another application, do not complete remainder of summary for that investigation.

YES /  / NO /  /

IF "NO," GO DIRECTLY TO THE SIGNATURE BLOCKS ON PAGE 8.

2. A clinical investigation is "essential to the approval" if the Agency could not have approved the application or supplement without relying on that investigation. Thus, the investigation is not essential to the approval if 1) no clinical investigation is necessary to support the supplement or application in light of previously approved applications (i.e., information other than clinical trials, such as bioavailability data, would be sufficient to provide a basis for approval as an ANDA or 505(b)(2) application because of what is already known about a previously approved product), or 2) there are published reports of studies (other than those conducted or sponsored by the applicant) or other publicly available data that independently would have been sufficient to support approval of the application, without reference to the clinical investigation submitted in the application.

(a) In light of previously approved applications, is a clinical investigation (either conducted by the applicant or available from some other source, including the published literature) necessary to support approval of the application or supplement?

YES /  / NO /  /

If "no," state the basis for your conclusion that a clinical trial is not necessary for approval AND GO DIRECTLY TO SIGNATURE BLOCK ON PAGE 8:

\_\_\_\_\_  
\_\_\_\_\_

(b) Did the applicant submit a list of published studies relevant to the safety and effectiveness of this drug product and a statement that the publicly available data would not independently support approval of the application?

YES /  / NO /  /

(1) If the answer to 2(b) is "yes," do you personally know of any reason to disagree with the applicant's conclusion? If not applicable, answer NO.

YES /  / NO /  /

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

(2) If the answer to 2(b) is "no," are you aware of published studies not conducted or sponsored by the applicant or other publicly available data that could independently demonstrate the safety and effectiveness of this drug product?

YES / \_\_\_ / NO / \_\_\_ /

If yes, explain: \_\_\_\_\_

(c) If the answers to (b)(1) and (b)(2) were both "no," identify the clinical investigations submitted in the application that are essential to the approval:

\_\_\_\_\_  
\_\_\_\_\_

Studies comparing two products with the same ingredient(s) are considered to be bioavailability studies for the purpose of this section.

In addition to being essential, investigations must be "new" to support exclusivity. The agency interprets "new clinical investigation" to mean an investigation that 1) has not been relied on by the agency to demonstrate the effectiveness of a previously approved drug for any indication and 2) does not duplicate the results of another investigation that was relied on by the agency to demonstrate the effectiveness of a previously approved drug product, i.e., does not redemonstrate something the agency considers to have been demonstrated in an already approved application.

a) For each investigation identified as "essential to the approval," has the investigation been relied on by the agency to demonstrate the effectiveness of a previously approved drug product? (If the investigation was relied on only to support the safety of a previously approved drug, answer "no.")

Investigation #1                      YES / \_\_\_ /                      NO / \_\_\_ /

Investigation #2                      YES / \_\_\_ /                      NO / \_\_\_ /

If you have answered "yes" for one or more investigations, identify each such investigation and the NDA in which each was relied upon:

\_\_\_\_\_  
\_\_\_\_\_

b) For each investigation identified as "essential to the approval", does the investigation duplicate the results of another investigation that was relied on by the agency to support the effectiveness of a previously approved drug product?

Investigation #1                      YES /\_\_ /                      NO /\_\_ /

Investigation #2                      YES /\_\_ /                      NO /\_\_ /

If you have answered "yes" for one or more investigation, identify the NDA in which a similar investigation was relied on:

\_\_\_\_\_  
\_\_\_\_\_

c) If the answers to 3(a) and 3(b) are no, identify each "new" investigation in the application or supplement that is essential to the approval (i.e., the investigations listed in #2(c), less any that are not "new"):

\_\_\_\_\_  
\_\_\_\_\_

To be eligible for exclusivity, a new investigation that is essential to approval must also have been conducted or sponsored by the applicant. An investigation was "conducted or sponsored by" the applicant if, before or during the conduct of the investigation, 1) the applicant was the sponsor of the IND named in the form FDA 1571 filed with the Agency, or 2) the applicant (or its predecessor in interest) provided substantial support for the study. Ordinarily, substantial support will mean providing 50 percent or more of the cost of the study.

a) For each investigation identified in response to question 3(c): if the investigation was carried out under an IND, was the applicant identified on the FDA 1571 as the sponsor?

Investigation #1                      !

IND # \_\_\_\_\_ YES /\_\_ /   ! NO /\_\_ / Explain: \_\_\_\_\_

Investigation #2                      !

IND # \_\_\_\_\_ YES /\_\_ /   ! NO /\_\_ / Explain: \_\_\_\_\_

(b) For each investigation not carried out under an IND or for which the applicant was not identified as the sponsor, did the applicant certify that it or the applicant's predecessor in interest provided substantial support for the study?

Investigation #1 !  
 YES / \_\_\_ / Explain \_\_\_\_\_ ! NO / \_\_\_ / Explain \_\_\_\_\_  
 \_\_\_\_\_ !  
 \_\_\_\_\_ !

Investigation #2 !  
 YES / \_\_\_ / Explain \_\_\_\_\_ ! NO / \_\_\_ / Explain \_\_\_\_\_  
 \_\_\_\_\_ !  
 \_\_\_\_\_ !

(c) Notwithstanding an answer of "yes" to (a) or (b), are there other reasons to believe that the applicant should not be credited with having "conducted or sponsored" the study? (Purchased studies may not be used as the basis for exclusivity. However, if all rights to the drug are purchased (not just studies on the drug), the applicant may be considered to have sponsored or conducted the studies sponsored or conducted by its predecessor in interest.)

YES / \_\_\_ / NO / \_\_\_ /

ISL  
 Signature \_\_\_\_\_ Date 1/21/00  
 Title: PM

ISL  
 Signature of Office \_\_\_\_\_ Date 1/29/00  
 Division Director

## REQUEST FOR CONSULTATION

TO (Division/Office): OPDRA, HFD-400, Ms. Sammie Beam

FROM: HFD-540 (Division of Dermatologic and Dental Drug Products) Frank Cross, Project Manager

RE:  
January 24, 2000

IND NO.:

NDA NO.:  
21-084

TYPE OF DOCUMENT :  
Proposed Labeling

DATE OF DOCUMENT:  
September 19, 1999

NAME OF DRUG:  
Topical Skin Protectant

PRIORITY CONSIDERATION:  
Urgent

CLASSIFICATION OF DRUG:  
1P

DESIRED COMPLETION DATE:  
February 1, 1999

NAME OF FIRM: U.S. Army Medical Research and Materiel Command, MCMR-RCQ, Ft. Detrick, MD.

### II. BIOMETRICS

STATISTICAL EVALUATION BRANCH

STATISTICAL APPLICATION BRANCH

- TYPE A OR B NDA REVIEW
- END OF PHASE II MEETING
- CONTROLLED STUDIES
- PROTOCOL REVIEW
- OTHER:

- CHEMISTRY REVIEW
- PHARMACOLOGY
- BIOPHARMACEUTICS
- OTHER:

### III. BIOPHARMACEUTICS

- DISSOLUTION
- BIOAVAILABILITY STUDIES
- PHASE IV STUDIES

- DEFICIENCY LETTER RESPONSE
- PROTOCOL-BIOPHARMACEUTICS
- IN-VIVO WAIVER REQUEST

### IV. DRUG EXPERIENCE

- PHASE IV SURVEILLANCE/EPIDEMIOLOGY PROTOCOL
- DRUG USE e.g. POPULATION EXPOSURE, ASSOCIATED DIAGNOSES
- CASE REPORTS OF SPECIFIC REACTIONS (List below)
- COMPARATIVE RISK ASSESSMENT ON GENERIC DRUG GROUP

- REVIEW OF MARKETING EXPERIENCE, DRUG USE AND SAFETY
- SUMMARY OF ADVERSE EXPERIENCE
- POISON RISK ANALYSIS

### V. SCIENTIFIC INVESTIGATIONS

CLINICAL

PRECLINICAL

**COMMENTS/SPECIAL INSTRUCTIONS:** Please review the proposed name of this drug and provide us your feedback. Please note that the Labeling and Nomenclature Committee has previously reviewed this name and found it acceptable (attached).

cc: Original NDA 21-084  
HFD-540/Div. Files  
HFD-540/Cross

SIGNATURE OF REQUESTER:

           /S/

METHOD OF DELIVERY (Check one):

MAIL

HAND

SIGNATURE OF RECEIVER:

SIGNATURE OF DELIVERER:

APPEARS THIS WAY  
ON ORIGINAL

**CONSULTATION RESPONSE**  
**Office of Post-Marketing Drug Risk Assessment**  
**(OPDRA; HFD-400)**

**DATE RECEIVED:**

February 9, 2000

**DUE DATE:**

February 17, 2000

**OPDRA CONSULT #:** 00-0042

**TO:**

Johnathan Wilkin, MD  
Director, Division of Dermatologic and Dental Drug Products  
HFD-540

**THROUGH:**

Frank Cross  
Project Manager  
Division of Dermatologic and Dental Drug Products  
HFD-540

**PRODUCT NAME:**

Skin Exposure Reduction Paste Against  
Chemical Warfare Agents (SERPACWA)

**NDA:** 21-084

**MANUFACTURER:**

U.S. Army Medical Research and Material Command,  
MCMR-RCQ, Ft. Detrick, MD

**SAFETY EVALUATOR:** Carol Holquist

**OPDRA RECOMMENDATION:**

OPDRA has no objections to the use of the proprietary name Skin Exposure Reduction Paste Against Chemical Warfare Agents (SERPACWA).

*/S/*

*2/18/2000*

*PS/*

*2/18/00*

Jerry Phillips  
Associate Director for Medication Error Prevention  
Office of Post-Marketing Drug Risk Assessment  
Phone: (301) 827-3242  
Fax: (301) 480-8173

*PS/*  
Peter Honig, MD  
Deputy Director  
Office of Post-Marketing Drug Risk Assessment  
Center for Drug Evaluation and Research  
Food and Drug Administration

**Office of Post-Marketing Drug Risk Assessment  
HFD-400; Rm. 15B03  
Center for Drug Evaluation and Research**

**PROPRIETARY NAME REVIEW**

**DATE OF REVIEW:** February 11, 2000

**NDA:** 21-084

**NAME OF DRUG:** Skin Exposure Reduction Paste Against Chemical Warfare Agents (SERPACWA)

**NDA HOLDER:** U.S. Army Medical Research and Material Command, MCMR-RCQ,  
Ft. Detrick, MD

**I. INTRODUCTION:**

This consult was written in response to a request from the Division of Dermatologic and Dental Drug Products (HFD-540) to review the proposed proprietary drug name Skin Exposure Reduction Paste Against Chemical Warfare Agents (SERPACWA), regarding potential name confusion with existing proprietary/established drug names.

The Army originally submitted this product under the proprietary name "Topical Skin Protectant (TSP)". This name was subsequently submitted to the Labeling and Nomenclature Committee (LNC) and found acceptable. The firm revised the name to "Skin Exposure Reduction Paste Against Chemical Warfare Agents SERPACWA", because the Division expressed concerns that "Topical Skin Protectant (TSP)" "was not appropriate because of ambiguity in its intended use".

**PRODUCT INFORMATION**

Skin Exposure Reduction Paste Against Chemical Warfare Agents (SERPACWA) is a viscous white paste containing a 50:50 mixture of a perfluoroalkylpolyether and a polytetrafluoroethylene. The paste is not absorbed through human skin in detectable amounts. It is indicated only in conjunction with MOPP gear to reduce or delay absorption of chemical warfare agents through the skin when applied prior to exposure. The entire contents of the package are applied prior to donning chemical protective clothing. The product will be supplied in an 84 g pouch.

**II. RISK ASSESSMENT:**

Due to the unique distribution of this product, OPDRA did not complete our standard review, in which prescription analysis studies of the name are conducted to determine the degree of confusion of Skin Exposure Reduction Paste Against Chemical Warfare Agents (SERPACWA) with other drug names due to the similarity in handwriting and verbal pronunciation of the name nor was an expert panel discussion completed. The medication error staff of OPDRA did conduct a search of several standard published drug product reference texts<sup>1,2,3</sup> as well as several FDA databases<sup>4</sup> for existing drug names which sound

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<sup>1</sup> MICROMEDEX Healthcare Intranet Series, 1999, MICROMEDEX, Inc., 6200 South Syracuse Way, Suite 300, Englewood, Colorado 80111-4740, which includes the following published texts: DrugDex, Poisindex, Martindale (Parfitt K (Ed), Martindale: The Complete Drug Reference. London: Pharmaceutical Press. Electronic version.), Emergindex, Reprodisk, Index Nominum, and PDR/Physician's Desk Reference (Medical Economics Company Inc, 1999).

alike or look alike to Skin Exposure Reduction Paste Against Chemical Warfare Agents (SERPACWA) to a degree where potential confusion between drug names could occur under the usual clinical practice settings. A search of the electronic online version of the U.S. Patent and Trademark Office's Text and Image Database was also conducted<sup>5</sup>. These searches did not uncover any names that could be confused and thus pose a safety risk.

In addition, OPDRA referenced the text, Chemical and Biological Terrorism, research and Development to Improve Civilian Medical Response, published by the National Academy Press, Washington, D.C. 1999 to determine the current nomenclature utilized for other antidotes and countermeasures to chemical warfare agents. Most non-pharmaceutical products for detection and monitoring equipment utilize an acronym for their proprietary names (i.e., M-8 paper, ICAM etc.). However, the pharmaceutical antidotes utilize the established name of the product with or without a corresponding proprietary name that does not contain an acronym.

OPDRA was initially concerned about the use of the proprietary name Skin Exposure Reduction Paste Against Chemical Warfare Agents (SERPACWA) for the following reasons:

- A. We note the Division's concerns that the use of "Topical Skin Protectant" was ambiguous in that it did not describe the products intended use. However, OPDRA believes the name Skin Exposure Reduction Paste Against Chemical Warfare Agents is misleading in that it implies that the cream is effective against direct exposure to all chemical warfare agents. The cream must be used in conjunction with chemical protective clothing and not alone. The product is effective against a wide variety of chemical agents but it is not inclusive of all chemical warfare agents.
- B. According to the description section of the package insert this product is a \_\_\_\_\_ However, the proprietary name states the product is a paste. "Paste" is an officially recognized pharmaceutical dosage form in the USP and should not be utilized if this product is indeed a \_\_\_\_\_
- C. OPDRA believes that this product will not be exclusively utilized by the military as stated in the product labeling. It will most likely be utilized by civilian medical response teams trained in dealing with chemical/biological warfare as well. The text referenced above discusses "potential additional counter measures for Vesicant Agent Poisoning" and topical skin protectant is listed as one of these agents implying this will be marketed in the civilian sector as well.

OPDRA also had concerns regarding the labeling requirements for this product. There is no established name, none of the active or inactive ingredients were listed on the labeling and questioned if the product be considered a prescription or OTC.

After discussion with the Division, all of OPDRA's concerns were addressed adequately. This product is a paste and \_\_\_\_\_ and the new labeling was revised to indicate this. The product is adequately labeled to indicate that the paste should only be utilized in conjunction with MOPP gear. The labeling

<sup>2</sup> American Drug Index, online version, Facts and Comparisons, St. Louis, MO.

<sup>3</sup> Facts and Comparisons, online version, Facts and Comparisons, St. Louis, MO.

<sup>4</sup> Drug Product Reference File [DPR], the Established Evaluation System [EES], the AMF Decision Support System [DSS], the Labeling and Nomenclature Committee [LNC] database of Proprietary name consultation requests, and the electronic online version of the FDA Orange Book.

<sup>5</sup> WWW location <http://www.uspto.gov/tmdb/index.html>.

also states the chemical warfare agents in which it is effective against. According to the Division, this product contains no active ingredients and therefore the labeling would not have an established name or be required to comply with the prescription or OTC labeling requirements.

**III. RECOMMENDATIONS:**

OPDRA has no objections to the use of the proprietary name Skin Exposure Reduction Paste Against Chemical Warfare Agents (SERPACWA).

If you have further questions or need clarifications, please contact Carol Holquist at 301-827-3244.

/S/

2/17/00

Carol Holquist, RPh  
Safety Evaluator  
Office of Post-Marketing Drug Risk Assessment

Concur:

/S/

2/18/2000

Jerry Phillips, RPh  
Associate Director for Medication Error Prevention  
Office of Post-Marketing Drug Risk Assessment

**APPEARS THIS WAY  
ON ORIGINAL**

ESTABLISHMENT EVALUATION REQUEST  
SUMMARY REPORT

Application: NDA 21084/000  
Stamp: 22-DEC-1998 Regulatory Due: 19-FEB-2000  
Applicant: US ARMY  
FORT DETRICK  
FREDERICK, MD 217015012

Priority: 1P  
Action Goal:  
Brand Name: TOPICAL SKIN PROTECTANT 84G  
Established Name:  
Generic Name: TOPICAL SKIN PROTECTANT 84G  
Dosage Form: ONT (OINTMENT)  
Strength: NEAT

Org Code: 540  
District Goal: 21-DEC-1999

FDA Contacts: F. CROSS JR (HFD-540) 301-827-2023 , Project Manager  
W. TIMMER (HFD-540) 301-827-2048 , Review Chemist  
W. DECAMP II (HFD-540) 301-827-2041 , Team Leader

Overall Recommendation:

ACCEPTABLE on 01-FEB-2000 by M. EGAS (HFD-322) 301-594-0095

Establishment: [ ]

DMF No:  
AADA No:

Profile: OIN OAI Status: NONE  
Last Milestone: OC RECOMMENDATION  
Milestone Date 05-NOV-1999  
Decision: ACCEPTABLE  
Reason: DISTRICT RECOMMENDATION

Responsibilities: FINISHED DOSAGE  
MANUFACTURER

Establishment [ ]

DMF No:  
AADA No:

Profile: CSN OAI Status: NONE  
Last Milestone: OC RECOMMENDATION  
Milestone Date 01-FEB-2000  
Decision: ACCEPTABLE  
Reason: DISTRICT RECOMMENDATION

Responsibilities: DRUG SUBSTANCE  
MANUFACTURER

Establishment: [ ]

DMF No:  
AADA No:

Profile: CRU OAI Status: NONE  
Last Milestone: OC RECOMMENDATION  
Milestone Date 04-NOV-1999  
Decision: ACCEPTABLE

Responsibilities: DRUG SUBSTANCE MICRONIZER

FDA CDER EES  
ESTABLISHMENT EVALUATION REQUEST  
SUMMARY REPORT

Reason: **DISTRICT RECOMMENDATION**

Establishment: [ ]

DMF No:  
AADA No:

Profile: **RSP** OAI Status: **NONE**  
Last Milestone: **OC RECOMMENDATION**  
Milestone Date **19-OCT-1999**  
Decision: **ACCEPTABLE**  
Reason: **DISTRICT RECOMMENDATION**

Responsibilities: **DRUG SUBSTANCE OTHER TESTER**  
**DRUG SUBSTANCE STERILIZER**

Establishment: [ ]

DMF No:  
AADA No:

Profile: **CTL** OAI Status: **NONE**  
Last Milestone: **OC RECOMMENDATION**  
Milestone Date **19-OCT-1999**  
Decision: **ACCEPTABLE**  
Reason: **DISTRICT RECOMMENDATION**

Responsibilities: **DRUG SUBSTANCE OTHER TESTER**  
**FINISHED DOSAGE OTHER TESTER**

Establishment: **1177823**  
**MCKESSON BIOSERVICES CORP**  
**14665 ROTHGEB DRIVE**  
**ROCKVILLE, MD 20850**

DMF No:  
AADA No:

Profile: **CTL** OAI Status: **NONE**  
Last Milestone: **OC RECOMMENDATION**  
Milestone Date **31-AUG-1999**  
Decision: **ACCEPTABLE**  
Reason: **DISTRICT RECOMMENDATION**

Responsibilities: **DRUG SUBSTANCE STABILITY**  
**TESTER**  
**FINISHED DOSAGE OTHER TESTER**

Establishment: [ ]

DMF No:  
AADA No:

Profile: **CTL** OAI Status: **NONE**

Responsibilities: **DRUG SUBSTANCE STERILITY**

FDA CDER EES  
ESTABLISHMENT EVALUATION REQUEST  
SUMMARY REPORT

Last Milestone: **OC RECOMMENDATION**  
Milestone Date **23-AUG-1999**  
Decision: **ACCEPTABLE**  
Reason: **BASED ON PROFILE**

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**TESTER**  
**FINISHED DOSAGE STERILITY**  
**TESTER**

**APPEARS THIS WAY  
ON ORIGINAL**