

**CENTER FOR DRUG EVALUATION AND
RESEARCH**

APPLICATION NUMBER:

NDA 21-912

**RISK ASSESSMENT and RISK MITIGATION
REVIEW(S)**

CONSULTATION RESPONSE

**DIVISION OF MEDICATION ERRORS AND TECHNICAL SUPPORT
OFFICE OF SURVEILLANCE AND EPIDEMIOLOGY
(DMETS; WO22, Mail Stop Room 4447)**

DATE RECEIVED:

February 15, 2006

DESIRED COMPLETION DATE:

May 15, 2006

OSE Review #: 06-0051

DATE OF DOCUMENT:

January 3, 2006

TO: Badrul Chowdhury, MD
Director, Division of Pulmonary and Allergy Products
HFD-570

THROUGH: Linda Kim-Jung, PharmD, Team Leader
Denise Toyer, PharmD, Deputy Director
Carol Holquist, RPh, Director
Division of Medication Errors and Technical Support

FROM: Kristina C. Arnwine, PharmD, Safety Evaluator
Division of Medication Errors and Technical Support

PRODUCT NAME:

Arformoterol Tartrate Inhalation Solution
15 mcg

ADA#: 21-912

NDA SPONSOR: Sepracor, Inc.

RECOMMENDATIONS:

DMETS recommends implementation of the label and labeling revisions outlined in section II of this review to minimize potential errors with the use of this product.

DMETS would appreciate feedback of the final outcome of this consult. We would be willing to meet with the Division for further discussion, if needed. If you have further questions or need clarifications, please contact Diane Smith, project manager, at 301-796-0538.

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Division of Medication Errors and Technical Support (DMETS)
White Oak Bldg 22, Mail Stop Room 4447
Center for Drug Evaluation and Research

LABEL AND LABELING REVIEW

DATE OF REVIEW: March 30, 2006
NDA#: 21-912
NAME OF DRUG: Arformoterol Tartrate Inhalation Solution, 15 mcg
NDA HOLDER: Sepracor, Inc.

I. INTRODUCTION:

This consult was written in response to a request from the Division of Pulmonary and Allergy Products (HFD-570), for a review of the container label, carton and insert labeling of Arformoterol Tartrate Inhalation Solution. Arformoterol Tartrate Inhalation Solution is being developed for the indication of long-term maintenance treatment of bronchoconstriction in patients with chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema. The usual dose of Arformoterol Tartrate Inhalation Solution is 15 mcg inhaled by mouth via nebulizer twice daily. Arformoterol Tartrate Inhalation Solution is supplied as a 2 mL sterile solution in unit-dose, low-density polyethylene (LDPE) vials individually overwrapped in foil in cartons of thirty vials. The proposed proprietary name, Brovana, will be addressed under separate cover (06-0051-1).

II. LABELING, PACKAGING, AND SAFETY RELATED ISSUES:

In the review of the container labels, carton and insert labeling of Arformoterol Tartrate, DMETS has attempted to focus on safety issues relating to possible medication errors. DMETS has identified the following areas of possible improvement, which might minimize potential user error.

A. GENERAL COMMENTS

1. Revise the established name to read "Arformoterol Tartrate Inhalation Solution." For example, (Arformoterol Tartrate Inhalation Solution) and ensure that the established name and finished dosage forms are presented in the same font type and size.
2. Relocate the product strength so that it is presented immediately underneath the proprietary and established names. Furthermore, include followed by the For example:

b(4)

3. We note the strength is based on the active moiety. Thus, we suggest revising the labels and labeling in one of the three following formats. Please note that DMETS prefers choice 'a' because this nomenclature is consistent with USP recommendations on "amount of ingredient per dosage unit".

a.

b(4)

b.

Tradename
(Arformoterol Tartrate Inhalation Solution)
15 mcg/2 mL*

b(4)

c.

b(4)

4. Per 21CFR 201.10(g)(2), increase the prominence of the established name so that it is at least 1/2 the size of the proprietary name. Additionally, increase the font weight of the text print used for the established name in order to increase the prominence.

b(4)

B. POUCH LABEL

1. See General Comments A-1 through A-5.

b(4)

C. CONTAINER LABEL

b(4)

D. CARTON LABELING

1. See General Comments A-1 through A-5.

T

b(4)

J

E. INSERT LABELING

1. See General Comments A-1 and A-3.

T

J

b(4)

F. PATIENT'S INSTRUCTIONS FOR USE

1. See General Comments A-1 and A-3.
2. DMETS recommends submitting the Patient's Instructions for Use to the Division of Surveillance, Research, and Communication Support for review and comment.

T

J

b(4)

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/s/

Kristina Arnwine
6/27/2006 04:13:02 PM
DRUG SAFETY OFFICE REVIEWER

Linda Kim-Jung
6/27/2006 04:16:05 PM
DRUG SAFETY OFFICE REVIEWER

Denise Toyer
6/27/2006 04:22:45 PM
DRUG SAFETY OFFICE REVIEWER

Carol Holquist
6/27/2006 04:26:12 PM
DRUG SAFETY OFFICE REVIEWER

REQUEST FOR CONSULTATION

TO (Division/Office):

Director, Division of Medication Errors and
Technical Support (DMETS), HFD-420
WO22, RM 4447

FROM: Ladan Jafari, Regulatory Project Manager
Division of Pulmonary & Allergy Products
301-796-1231

DATE
April 12, 06

IND NO.

NDA NO.
21-912

TYPE OF DOCUMENT
New NDA/Correspondent

DATE OF DOCUMENT
March 31, 2006

NAME OF DRUG
Brovana

PRIORITY CONSIDERATION
S

CLASSIFICATION OF DRUG
Respiratory

DESIRED COMPLETION DATE
August 4, 2006

NAME OF FIRM: Sepracor

REASON FOR REQUEST

I. GENERAL

- | | | |
|--|--|---|
| <input type="checkbox"/> NEW PROTOCOL | <input type="checkbox"/> PRE--NDA MEETING | <input type="checkbox"/> RESPONSE TO DEFICIENCY LETTER |
| <input type="checkbox"/> PROGRESS REPORT | <input type="checkbox"/> END OF PHASE II MEETING | <input type="checkbox"/> FINAL PRINTED LABELING |
| <input type="checkbox"/> NEW CORRESPONDENCE | <input type="checkbox"/> RESUBMISSION | <input type="checkbox"/> LABELING REVISION |
| <input type="checkbox"/> DRUG ADVERTISING | <input type="checkbox"/> SAFETY/EFFICACY | <input type="checkbox"/> ORIGINAL NEW CORRESPONDENCE |
| <input type="checkbox"/> ADVERSE REACTION REPORT | <input type="checkbox"/> PAPER NDA | <input type="checkbox"/> FORMULATIVE REVIEW |
| <input type="checkbox"/> MANUFACTURING CHANGE/ADDITION | <input type="checkbox"/> CONTROL SUPPLEMENT | <input type="checkbox"/> OTHER (SPECIFY BELOW): Trade name review |
| <input type="checkbox"/> MEETING PLANNED BY | | |

II. BIOMETRICS

STATISTICAL EVALUATION BRANCH

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

STATISTICAL APPLICATION BRANCH

- CHEMISTRY REVIEW
 PHARMACOLOGY
 BIOPHARMACEUTICS
 OTHER (SPECIFY BELOW):

III. BIOPHARMACEUTICS

- | | |
|--|---|
| <input type="checkbox"/> DISSOLUTION | <input type="checkbox"/> DEFICIENCY LETTER RESPONSE |
| <input type="checkbox"/> BIOAVAILABILITY STUDIES | <input type="checkbox"/> PROTOCOL-BIOPHARMACEUTICS |
| <input type="checkbox"/> PHASE IV STUDIES | <input type="checkbox"/> IN-VIVO WAIVER REQUEST |

IV. DRUG EXPERIENCE

- | | |
|--|--|
| <input type="checkbox"/> PHASE IV SURVEILLANCE/EPIDEMIOLOGY PROTOCOL | <input type="checkbox"/> REVIEW OF MARKETING EXPERIENCE, DRUG USE AND SAFETY |
| <input type="checkbox"/> DRUG USE e.g. POPULATION EXPOSURE, ASSOCIATED DIAGNOSES | <input type="checkbox"/> SUMMARY OF ADVERSE EXPERIENCE |
| <input type="checkbox"/> CASE REPORTS OF SPECIFIC REACTIONS (List below) | <input type="checkbox"/> POISON RISK ANALYSIS |
| <input type="checkbox"/> COMPARATIVE RISK ASSESSMENT ON GENERIC DRUG GROUP | |

V. SCIENTIFIC INVESTIGATIONS

CLINICAL

PRECLINICAL

COMMENTS/SPECIAL INSTRUCTIONS: This is an all electronic submission. The new NDA was submitted on December 8, 2005, (uploaded on the EDR dated January 3, 2006). No tradename was submitted at that point. This new tradename was submitted on March 31, 2006,

PDUFA DATE: October 12, 2006

ATTACHMENTS: Draft Package Insert, Container and Carton Labels

CC: Archival IND/NDA 21-912

HFD-570/Division File

HFD-Jafari/RPM

HFD-570/Reviewers and Team Leaders

NAME AND PHONE NUMBER OF REQUESTER
Ladan Jafari, 301-796-1231

METHOD OF DELIVERY (Check one)
 DFS ONLY MAIL HAND

SIGNATURE OF RECEIVER

SIGNATURE OF DELIVERER

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this page is the manifestation of the electronic signature.**

/s/

Ladan Jafari
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