

**CENTER FOR DRUG EVALUATION AND  
RESEARCH**

*APPLICATION NUMBER:*  
**202428Orig1s000**

**OTHER REVIEW(S)**

**Department of Health and Human Services  
Public Health Service  
Food and Drug Administration  
Center for Drug Evaluation and Research  
Office of Surveillance and Epidemiology  
Office of Medication Error Prevention and Risk Management**

**Label and Labeling Review**

Date: May 8, 2012

Reviewer: Teresa McMillan, PharmD  
Division of Medication Error Prevention and Analysis

Team Leader Lubna Merchant, PharmD  
Division of Medication Error Prevention and Analysis

Drug Name and Strength: Fabior (Tazarotene) Foam 0.1%

Application Type/Number: NDA 202428

Applicant/sponsor: Stiefel Laboratories, Inc

OSE RCM #: 2011-3909-1

\*\*\* This document contains proprietary and confidential information that should not be released to the public.\*\*\*

## **1 INTRODUCTION**

This review evaluates the revised container labels and carton labeling as well as the prescribing information submitted in response to the Division of Medication Error Prevention and Analysis's (DMEPA's) previous comments to the Applicant in OSE Review #2011-3909-1, dated May 4, 2012.

## **2 MATERIALS REVIEWED**

The revised container labels and carton labeling as well as the prescribing information submitted to the FDA on May 7, 2012 (See Appendix A for images of the container labels and carton labeling/no image for prescribing information) and OSE Review #2011-3909-1, dated May 4, 2012, were evaluated to assess whether the revisions adequately address our concerns from a medication error perspective.

## **3 CONCLUSIONS**

The revised container labels and carton labeling as well as the prescribing information address all of DMEPA's concerns and we have no additional comments.

Please copy the Division of Medication Error Prevention and Analysis on any communication to the Applicant with regard to this review. If you have further questions or need clarifications, please contact OSE Regulatory Project Manager, Janet Anderson, at 301-796-0675.

## **REFERENCES**

1. OSE Review #2011-3909-1, Label and Labeling Review for Fabior (Tazarotene) Foam 0.1%, May 4, 2012, McMillan T.

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/s/  
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TERESA S MCMILLAN  
05/08/2012

LUBNA A MERCHANT  
05/08/2012

**Department of Health and Human Services  
Public Health Service  
Food and Drug Administration  
Center for Drug Evaluation and Research  
Office of Surveillance and Epidemiology  
Office of Medication Error Prevention and Risk Management**

**Label and Labeling Review**

Date: May 4, 2012

Reviewer: Teresa McMillan, PharmD  
Division of Medication Error Prevention and Analysis

Team Leader Lubna Merchant, PharmD  
Division of Medication Error Prevention and Analysis

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## **1 INTRODUCTION**

This review evaluates the revised container labels and carton labeling as well as the prescribing information submitted in response to the Division of Medication Error Prevention and Analysis's (DMEPA's) previous comments to the Applicant in OSE Review #2011-3909, dated December 6, 2011.

## **2 MATERIALS REVIEWED**

The revised container labels and carton labeling as well as the prescribing information submitted to the FDA on May 3, 2011 (See Appendix A for images of the container labels and carton labeling/ no image for prescribing information) and OSE Review #2011-3909, dated December 6, 2011, were evaluated to assess whether the revisions adequately address our concerns from a medication error perspective.

## **3 CONCLUSIONS AND RECOMMENDATIONS**

The revised container labels and carton labeling as well as the prescribing information address all of DMEPA's concerns. However, the proprietary name, Fabior, is presented in uppercase and not title case which decreases readability. We recommend this be revised prior to approval. We have provided recommendations in Section 3.1 Comments to the Applicant.

Please copy the Division of Medication Error Prevention and Analysis on any communication to the Applicant with regard to this review. If you have further questions or need clarifications, please contact OSE Regulatory Project Manager, Janet Anderson, at 301-796-0675.

### **3.1 COMMENTS TO THE APPLICANT**

#### Container Labels and Carton Labeling

Revise the presentation of the proprietary name, FABIOR, from UPPERCASE to Title Case "Fabior" to improve readability of the name. Words set in upper and lower case form recognizable shapes, making them easier to read than the rectangular shape that is formed by words set in all capital letters.

## REFERENCES

1. OSE Review #2011-3909, Label and Labeling Review for (b) (4) (Tazarotene) Foam 0.1%, December 6, 2011, McMillan T.

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/s/  
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TERESA S MCMILLAN  
05/04/2012

LUBNA A MERCHANT  
05/04/2012

## SEALD Director Sign-Off Review of the End-of-Cycle Prescribing Information: Outstanding Format Deficiencies

<b>Product Title</b>	<b>TAZAROTENE Foam 0.1%, for topical use</b>
Applicant	Stiefel Laboratories Inc.
Application/Supplement Number	NDA 202428
Type of Application	Original Submission
Indication(s)	For the topical treatment of acne vulgaris in patients 12 years of age or older
Established Pharmacologic Class <sup>1</sup>	Retinoid
Office/Division	ODE III/DDDP
Division Project Manager	Cristina Attinello
Receipt Date	July 29, 2011
PDUFA Goal Date	May 29, 2012
SEALD Review Date	May 1, 2012
SEALD Labeling Reviewer	Jeanne M. Delasko
SEALD Division Director	Laurie Burke

<sup>1</sup> The established pharmacologic class (EPC) that appears in the final draft PI.

This Study Endpoints and Labeling Development (SEALD) Director Sign-Off review of the end-of-cycle, draft prescribing information (PI) for critical format elements reveals **outstanding labeling format deficiencies that must be corrected** before the final PI is approved. After these outstanding labeling format deficiencies are corrected, the SEALD Director will have no objection to the approval of this PI.

The critical format elements include labeling regulation (21 CFR 201.56 and 201.57), labeling guidance, and best labeling practices (see list below). This review does not include every regulation or guidance that pertains to PI format.

Guide to the Selected Requirements for Prescribing Information (SRPI) Checklist: For each SRPI item, one of the following 3 response options is selected:

- **NO**: The PI **does not meet** the requirement for this item (**deficiency**).
- **YES**: The PI **meets** the requirement for this item (**not a deficiency**).
- **N/A** (not applicable): This item does not apply to the specific PI under review.

## Selected Requirements of Prescribing Information (SRPI)

### Highlights (HL)

#### GENERAL FORMAT

- YES** 1. Highlights (HL) must be in two-column format, with ½ inch margins on all sides and in a minimum of 8-point font.

**Comment:**

- YES** 2. The length of HL must be less than or equal to one-half page (the HL Boxed Warning does not count against the one-half page requirement) unless a waiver has been granted in a previous submission (i.e., the application being reviewed is an efficacy supplement).

**Instructions to complete this item:** If the length of the HL is less than or equal to one-half page then select “YES” in the drop-down menu because this item meets the requirement. However, if HL is longer than one-half page:

➤ **For the Filing Period (for RPMs)**

- *For efficacy supplements:* If a waiver was previously granted, select “YES” in the drop-down menu because this item meets the requirement.
- *For NDAs/BLAs and PLR conversions:* Select “NO” in the drop-down menu because this item does not meet the requirement (deficiency). The RPM notifies the Cross-Discipline Team Leader (CDTL) of the excessive HL length and the CDTL determines if this deficiency is included in the 74-day or advice letter to the applicant.

➤ **For the End-of Cycle Period (for SEALD reviewers)**

- The SEALD reviewer documents (based on information received from the RPM) that a waiver has been previously granted or will be granted by the review division in the approval letter.

**Comment:**

- YES** 3. All headings in HL must be presented in the center of a horizontal line, in UPPER-CASE letters and **bolded**.

**Comment:**

- YES** 4. White space must be present before each major heading in HL.

**Comment:**

- YES** 5. Each summarized statement in HL must reference the section(s) or subsection(s) of the Full Prescribing Information (FPI) that contains more detailed information. The preferred format is the numerical identifier in parenthesis [e.g., (1.1)] at the end of each information summary (e.g. end of each bullet).

**Comment:**

- YES** 6. Section headings are presented in the following order in HL:

Section	Required/Optional
• <b>Highlights Heading</b>	Required
• <b>Highlights Limitation Statement</b>	Required
• <b>Product Title</b>	Required
• <b>Initial U.S. Approval</b>	Required
• <b>Boxed Warning</b>	Required if a Boxed Warning is in the FPI
• <b>Recent Major Changes</b>	Required for only certain changes to PI*

## Selected Requirements of Prescribing Information (SRPI) Revised

• <b>Indications and Usage</b>	Required
• <b>Dosage and Administration</b>	Required
• <b>Dosage Forms and Strengths</b>	Required
• <b>Contraindications</b>	Required (if no contraindications must state “None.”)
• <b>Warnings and Precautions</b>	Not required by regulation, but should be present
• <b>Adverse Reactions</b>	Required
• <b>Drug Interactions</b>	Optional
• <b>Use in Specific Populations</b>	Optional
• <b>Patient Counseling Information Statement</b>	Required
• <b>Revision Date</b>	Required

\* RMC only applies to the Boxed Warning, Indications and Usage, Dosage and Administration, Contraindications, and Warnings and Precautions sections.

**Comment:**

**YES**

7. A horizontal line must separate HL and Table of Contents (TOC).

**Comment:**

### HIGHLIGHTS DETAILS

#### Highlights Heading

**YES**

8. At the beginning of HL, the following heading must be **bolded** and appear in all UPPER CASE letters: “**HIGHLIGHTS OF PRESCRIBING INFORMATION**”.

**Comment:**

#### Highlights Limitation Statement

**NO**

9. The **bolded** HL Limitation Statement must be on the line immediately beneath the HL heading and must state: “**These highlights do not include all the information needed to use (insert name of drug product in UPPER CASE) safely and effectively. See full prescribing information for (insert name of drug product in UPPER CASE).**”

**Comment:** *The name of drug product TAZAROTENE appears in lower case in both places where it should appear in upper case. Change to upper case.*

#### Product Title

**YES**

10. Product title in HL must be **bolded**.

**Comment:**

#### Initial U.S. Approval

**YES**

11. Initial U.S. Approval in HL must be placed immediately beneath the product title, **bolded**, and include the verbatim statement “**Initial U.S. Approval:**” followed by the **4-digit year**.

**Comment:**

#### Boxed Warning

**N/A**

12. All text must be **bolded**.

**Comment:**

**N/A**

13. Must have a centered heading in UPPER-CASE, containing the word “**WARNING**” (even if more than one Warning, the term, “**WARNING**” and not “**WARNINGS**” should be used) and other words to identify the subject of the Warning (e.g., “**WARNING: SERIOUS INFECTIONS**”).

## Selected Requirements of Prescribing Information (SRPI) Revised

### Comment:

- N/A** 14. Must always have the verbatim statement “*See full prescribing information for complete boxed warning.*” centered immediately beneath the heading.

### Comment:

- N/A** 15. Must be limited in length to 20 lines (this does not include the heading and statement “*See full prescribing information for complete boxed warning.*”)

### Comment:

- N/A** 16. Use sentence case for summary (combination of uppercase and lowercase letters typical of that used in a sentence).

### Comment:

### Recent Major Changes (RMC)

- N/A** 17. Pertains to only the following five sections of the FPI: Boxed Warning, Indications and Usage, Dosage and Administration, Contraindications, and Warnings and Precautions.

### Comment:

- N/A** 18. Must be listed in the same order in HL as they appear in FPI.

### Comment:

- N/A** 19. Includes heading(s) and, if appropriate, subheading(s) of labeling section(s) affected by the recent major change, together with each section’s identifying number and date (month/year format) on which the change was incorporated in the PI (supplement approval date). For example, “Dosage and Administration, Coronary Stenting (2.2) --- 3/2012”.

### Comment:

- N/A** 20. Must list changes for at least one year after the supplement is approved and must be removed at the first printing subsequent to one year (e.g., no listing should be one year older than revision date).

### Comment:

### Indications and Usage

- YES** 21. If a product belongs to an established pharmacologic class, the following statement is required in the Indications and Usage section of HL: [(Product) is a (name of class) indicated for (indication)].”

### Comment:

### Dosage Forms and Strengths

- N/A** 22. For a product that has several dosage forms, bulleted subheadings (e.g., capsules, tablets, injection, suspension) or tabular presentations of information is used.

### Comment:

### Contraindications

- NO** 23. All contraindications listed in the FPI must also be listed in HL or must include the statement “None” if no contraindications are known.

**YES**

## Selected Requirements of Prescribing Information (SRPI) Revised

**Comment:** *There are two contraindications listed in the FPI (pregnancy and females of childbearing potential - "females who may become pregnant," but only one contraindication (pregnancy) is listed in HL. All contraindications listed in the FPI must also be listed in HL.*

24. Each contraindication is bulleted when there is more than one contraindication.

**Comment:**

### Adverse Reactions

- YES** 25. For drug products other than vaccines, the verbatim **bolded** statement must be present: “**To report SUSPECTED ADVERSE REACTIONS, contact (insert name of manufacturer) at (insert manufacturer’s U.S. phone number) or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch**”.

**Comment:**

### Patient Counseling Information Statement

- YES** 26. Must include one of the following three **bolded** verbatim statements (without quotation marks):

If a product does not have FDA-approved patient labeling:

- “**See 17 for PATIENT COUNSELING INFORMATION**”

If a product has FDA-approved patient labeling:

- “**See 17 for PATIENT COUNSELING INFORMATION and FDA-approved patient labeling.**”
- “**See 17 for PATIENT COUNSELING INFORMATION and Medication Guide.**”

**Comment:**

### Revision Date

- NO** 27. **Bolded** revision date (i.e., “**Revised: MM/YYYY or Month Year**”) must be at the end of HL.

**Comment:** *The revision date reads "XX/2012" and must read "May 2012." Correct.*

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## Contents: Table of Contents (TOC)

### GENERAL FORMAT

- YES** 28. A horizontal line must separate TOC from the FPI.

**Comment:**

- YES** 29. The following **bolded** heading in all UPPER CASE letters must appear at the beginning of TOC: “**FULL PRESCRIBING INFORMATION: CONTENTS**”.

**Comment:**

- NO** 30. The section headings and subheadings (including title of the Boxed Warning) in the TOC must match the headings and subheadings in the FPI.

**Comment:** *Section 7 DRUG INTERACTIONS is missing from the TOC. This section does appear in the FPI. Therefore, must insert in TOC. Also, the TOC is written like a TOC for a book and not PLR labeling.*

*Delete.*

## Selected Requirements of Prescribing Information (SRPI) Revised

- N/A** 31. The same title for the Boxed Warning that appears in the HL and FPI must also appear at the beginning of the TOC in UPPER-CASE letters and **bolded**.  
Comment:
- YES** 32. All section headings must be **bolded** and in UPPER CASE.  
Comment:
- YES** 33. All subsection headings must be indented, not bolded, and in title case.  
Comment:
- YES** 34. When a section or subsection is omitted, the numbering does not change.  
Comment:
- YES** 35. If a section or subsection from 201.56(d)(1) is omitted from the FPI and TOC, the heading “**FULL PRESCRIBING INFORMATION: CONTENTS**” must be followed by an asterisk and the following statement must appear at the end of TOC: “\*Sections or subsections omitted from the Full Prescribing Information are not listed.”  
Comment:

### Full Prescribing Information (FPI)

#### GENERAL FORMAT

- YES** 36. The following heading must appear at the beginning of the FPI in UPPER CASE and **bolded**: “**FULL PRESCRIBING INFORMATION**”.  
Comment:
- YES** 37. All section and subsection headings and numbers must be **bolded**.  
Comment:
- YES** 38. The **bolded** section and subsection headings must be named and numbered in accordance with 21 CFR 201.56(d)(1) as noted below. If a section/subsection is omitted, the numbering does not change.

<b>Boxed Warning</b>
<b>1 INDICATIONS AND USAGE</b>
<b>2 DOSAGE AND ADMINISTRATION</b>
<b>3 DOSAGE FORMS AND STRENGTHS</b>
<b>4 CONTRAINDICATIONS</b>
<b>5 WARNINGS AND PRECAUTIONS</b>
<b>6 ADVERSE REACTIONS</b>
<b>7 DRUG INTERACTIONS</b>
<b>8 USE IN SPECIFIC POPULATIONS</b>
<b>8.1 Pregnancy</b>
<b>8.2 Labor and Delivery</b>
<b>8.3 Nursing Mothers</b>
<b>8.4 Pediatric Use</b>
<b>8.5 Geriatric Use</b>
<b>9 DRUG ABUSE AND DEPENDENCE</b>
<b>9.1 Controlled Substance</b>
<b>9.2 Abuse</b>

## Selected Requirements of Prescribing Information (SRPI) Revised

9.3 Dependence
10 OVERDOSAGE
11 DESCRIPTION
12 CLINICAL PHARMACOLOGY
12.1 Mechanism of Action
12.2 Pharmacodynamics
12.3 Pharmacokinetics
12.4 Microbiology (by guidance)
12.5 Pharmacogenomics (by guidance)
13 NONCLINICAL TOXICOLOGY
13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility
13.2 Animal Toxicology and/or Pharmacology
14 CLINICAL STUDIES
15 REFERENCES
16 HOW SUPPLIED/STORAGE AND HANDLING
17 PATIENT COUNSELING INFORMATION

**Comment:**

**YES** 39. (b) (4)  
  
 All patient labeling must appear at the end of the PI upon approval.

**Comment:**

**YES** 40. The preferred presentation for cross-references in the FPI is the section heading (not subsection heading) followed by the numerical identifier in italics. For example, [*see Warnings and Precautions (5.2)*].

**Comment:**

**N/A** 41. If RMCs are listed in HL, the corresponding new or modified text in the FPI sections or subsections must be marked with a vertical line on the left edge.

**Comment:**

### FULL PRESCRIBING INFORMATION DETAILS

#### Boxed Warning

**N/A** 42. All text is **bolded**.

**Comment:**

**N/A** 43. Must have a heading in UPPER-CASE, containing the word “**WARNING**” (even if more than one Warning, the term, “**WARNING**” and not “**WARNINGS**” should be used) and other words to identify the subject of the Warning (e.g., “**WARNING: SERIOUS INFECTIONS**”).

**Comment:**

**N/A** 44. Use sentence case (combination of uppercase and lowercase letters typical of that used in a sentence) for the information in the Boxed Warning.

**Comment:**

#### Contraindications

**N/A** 45. If no Contraindications are known, this section must state “None”.

**Comment:**

#### Adverse Reactions

## Selected Requirements of Prescribing Information (SRPI) Revised

- YES** 46. When clinical trials adverse reactions data is included (typically in the “Clinical Trials Experience” subsection of Adverse Reactions), the following verbatim statement or appropriate modification should precede the presentation of adverse reactions:

*“Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in clinical practice.”*

**Comment:**

- N/A** 47. When postmarketing adverse reaction data is included (typically in the “Postmarketing Experience” subsection of Adverse Reactions), the following verbatim statement or appropriate modification should precede the presentation of adverse reactions:

*“The following adverse reactions have been identified during post-approval use of (insert drug name). Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.”*

**Comment:**

### **Patient Counseling Information**

- NO** 48. Must reference any FDA-approved patient labeling, include the type of patient labeling, and use one of the following statements at the beginning of Section 17:

- “See FDA-approved patient labeling (Medication Guide)”
- “See FDA-approved patient labeling (Medication Guide and Instructions for Use)”
- “See FDA-approved patient labeling (Patient Information)”
- “See FDA-approved patient labeling (Instructions for Use)”
- “See FDA-approved patient labeling (Patient Information and Instructions for Use)”

**Comment:** *The appropriate statement “See FDA-approved patient labeling (Patient Information)” is listed but appears in italics. Do not italicize. Use regular text as stated in 3<sup>rd</sup> bulleted item above.*

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/s/  
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JEANNE M DELASKO  
05/01/2012

LAURIE B BURKE  
05/01/2012

**FOOD AND DRUG ADMINISTRATION  
Center for Drug Evaluation and Research  
Office of Prescription Drug Promotion  
Division of Professional Promotion/Division of Direct-to-Consumer  
Promotion**

**\*\*\*Pre-decisional Agency Information\*\*\***

## Memorandum

**Date:** March 15, 2012  
**To:** Cristina Petruccelli Attinello, MPH, RPM, DDDP  
**From:** Lynn Panholzer, PharmD, DPP  
Sheetal Patel, PharmD, DDTCP  
**Subject:** NDA# 202428  
(b) (4) (tazarotene) Foam, 0.1%

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As requested in your consult dated October 12, 2011, OPDP has reviewed the draft labeling (package insert [PI], patient package insert [PPI]) for (b) (4) (tazarotene) Foam, 0.1%. DPP reviewed the proposed, substantially complete, marked-up version of the PI available in the e-room ([http://erom.fda.gov/eRoom/CDER3/CDERDivisionofDermatologyandDentalProducts/0\\_2694e](http://erom.fda.gov/eRoom/CDER3/CDERDivisionofDermatologyandDentalProducts/0_2694e)) on February 29, 2012. DDTCP reviewed the proposed PPI previously marked up by the Division of Medical Policy Programs.

OPDP's comments on the PI and PPI are provided directly in the attached copy of the labeling.

If you have any questions regarding the PI, please contact Lynn Panholzer at 6-0616 or at [Lynn.Panholzer@fda.hhs.gov](mailto:Lynn.Panholzer@fda.hhs.gov). If you have any questions regarding the PPI, please contact Sheetal Patel at 6-5167 or at [Sheetal.Patel@fda.hhs.gov](mailto:Sheetal.Patel@fda.hhs.gov).

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/s/  
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LYNN M PANHOLZER  
03/15/2012

SHEETAL PATEL  
03/15/2012

**Department of Health and Human Services  
Public Health Service  
Food and Drug Administration  
Center for Drug Evaluation and Research  
Office of Medical Policy Initiatives  
Division of Medical Policy Programs**

**PATIENT LABELING REVIEW**

Date: March 6, 2012

To: Susan Walker, MD, Director  
**Division of Dermatology and Dental Products (DDDP)**

Through: LaShawn Griffiths, MSHS-PH, BSN, RN  
Associate Director for Patient Labeling  
**Division of Medical Policy Programs (DMPP)**  
  
Barbara Fuller, RN, MSN, CWOCN  
Team Leader, Patient Labeling Team  
**Division of Medical Policy Programs**

From: Sharon R. Mills, BSN, RN, CCRP  
Senior Patient Labeling Reviewer  
**Division of Medical Policy Programs**

Subject: DMPP Review of Patient Labeling (Patient Package Insert)

Drug Name (established name): TRADENAME (tazarotene)

Dosage Form and Route: Foam

Application Type/Number: NDA 202-428

Applicant: Stiefel Laboratories, Inc.

OSE RCM #: 2011-3920

## 1 INTRODUCTION

This review is written in response to a request by the Division of Dermatology and Dental Products (DDDP) for the Division of Medical Policy Programs (DMPP) to review the Applicant's proposed Patient Package Insert (PPI) for TRADENAME (tazarotene) Foam, 0.1%.

The purpose of the Applicant's submission is to seek approval of an original New Drug Application for a new topical dosage form for tazarotene. Tazarotene is currently approved as the active ingredient in Tazorac cream (topical 0.05% and 0.1%), NDA 21-184 and gel (topical 0.05% and 0.1%), NDA 20-600. The proposed indication is for the topical treatment of (b)(4) acne vulgaris in patients 12 years of age and older.

DMPP conferred with DMEPA and a separate DMEPA review of the PPI was completed on December 6, 2011.

## 2 MATERIAL REVIEWED

- Draft TRADENAME (tazarotene) Foam, 0.1% Patient Package Insert (PPI) received on October 19, 2011.
- Draft TRADENAME (tazarotene) Foam, 0.1% Prescribing Information (PI) received July 29, 2011, revised by the Review Division throughout the current review cycle and received by the Patient Labeling Team on February 23, 2012.
- SORILUX (calcipotriene) Foam, 0.005% approved PI and PPI, dated April 21, 2011.

## 3 REVIEW METHODS

To enhance patient comprehension, materials should be written at a 6<sup>th</sup> to 8<sup>th</sup> grade reading level, and have a reading ease score of at least 60%. A reading ease score of 60% corresponds to an 8<sup>th</sup> grade reading level. In our review of the PPI the target reading level is at or below an 8<sup>th</sup> grade level.

Additionally, in 2008 the American Society of Consultant Pharmacists Foundation (ASCP) in collaboration with the American Foundation for the Blind (AFB) published *Guidelines for Prescription Labeling and Consumer Medication Information for People with Vision Loss*. The ASCP and AFB recommended using fonts such as Verdana, Arial or APFont to make medical information more accessible for patients with vision loss. We have reformatted the PPI document using the Verdana font, size 11.

In our review of the PPI we have:

- simplified wording and clarified concepts where possible
- ensured that the PPI is consistent with the prescribing information (PI)
- removed unnecessary or redundant information

- ensured that the PPI meets the criteria as specified in FDA’s Guidance for Useful Written Consumer Medication Information (published July 2006)
- ensured that the PPI is consistent with the approved comparator labeling where applicable.

#### **4 DISCUSSION**

DDDP recommended that we use the Patient Package Insert (PPI) for Tazorac Gel (NDA 20-600) as a comparator in our review since both products have the same active ingredient. However, we noted that the Tazorac Gel PPI is not written according current patient labeling standards. Although we did refer to the Tazorac Gel PPI, we found that the Sorilux Foam PPI was more similar to that of the product under review, since both products have the same Applicant, and the figures used in the PPIs are similar. Additionally, the Sorilux PPI follows the general format and content that is consistent with current patient labeling standards.

#### **5 CONCLUSIONS**

The PPI is acceptable with our recommended changes.

#### **6 RECOMMENDATIONS**

- Please send these comments to the Applicant and copy DMPP on the correspondence.
- Our annotated versions of the PPI are appended to this memo. Consult the Patient Labeling Team regarding any additional revisions made to the PI to determine if corresponding revisions need to be made to the PPI.
- We recommend that the Tazorac Gel PPI be brought up to current patient labeling standards at a future date.

Please let us know if you have any questions.

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**Department of Health and Human Services  
Public Health Service  
Food and Drug Administration  
Center for Drug Evaluation and Research  
Office of Surveillance and Epidemiology  
Office of Medication Error Prevention and Risk Management**

**Label and Labeling Review**

Date: December 6, 2011

Reviewer(s): Teresa McMillan, PharmD, Safety Evaluator  
Division of Medication Error, Prevention, and Analysis

Team Leader Zachary Oleszczuk, PharmD, Team Leader  
Division of Medication Error, Prevention, and Analysis

Division Director Carol Holquist, RPh, Division Director  
Division of Medication Error, Prevention, and Analysis

Drug Name(s): (b) (4) (Tazarotene) Foam (b) (4)  
& Strength

Application Type/Number: NDA 202428

Applicant/sponsor: Stiefel Laboratories, Inc.

OSE RCM #: 2011-3909

\*\*\* This document contains proprietary and confidential information that should not be released to the public.\*\*\*

## 1 INTRODUCTION

This review evaluates the proposed carton labeling, container labels, and prescribing information that was submitted by Stiefel Laboratories, Inc. on November 15, 2011 and November 23, 2011 for (b) (4) (tazarotene) Foam (b) (4) NDA 202428, for areas of vulnerability that can lead to medication errors.

### 1.1 BACKGROUND OR REGULATORY HISTORY

On July 29, 2011, Stiefel Laboratories, Inc submitted a 505(b)1 New Drug Application for Tazarotene Foam 0.1%, a new topical dosage form as well as the proposed labeling, container labels, and prescribing information.

On October 3, 2011, the Agency submitted a filing communication to the Applicant which included deficiencies identified with the Prescribing Information and guidance on submitting a proprietary name request.

On November 15, 2011, the Applicant submitted a request for review of the proposed proprietary name, (b) (4). This submission also included draft container labels and carton labeling as well as the prescribing information.

On November 23, 2011, the Applicant submitted an amendment to the original application which included revised Prescribing Information.

### 1.2 PRODUCT INFORMATION

(b) (4) (tazarotene) is a retinoid prodrug indicated for the topical treatment of (b) (4) acne vulgaris in patients 12 years of age and older. The recommended dose of Tazarotene is one application (thin layer of foam) to lightly cover the affected area once daily. The eyes, lips, and mucous membranes should be avoided. Tazarotene Foam 0.1% will be available in 50 gram and 100 gram canisters.

## 2 METHODS AND MATERIALS REVIEWED

Using Failure Mode and Effects Analysis<sup>1</sup>, the principals of Human Factors, and postmarketing medication error data, the Division of Medication Error Prevention and Analysis (DMEPA) evaluated the following:

- Container Labels and Carton Labeling submitted on November 15, 2011 (See Appendices A and B)
- Insert Labeling submitted on November 23, 2011(no image)

We also compared the proposed labels and labeling to the currently marketed Sorilux and Veltin labels and labeling to ensure the all are adequately differentiated since all products are distributed by Stiefel Laboratories, Inc and display a similar trade dress. (See Appendices C for an example of Sorilux and Veltin Carton Labeling).

Since Tazarotene is currently marketed, DMEPA searched the FDA Adverse Event Reporting System (AERS) database to identify medication errors involving Tazarotene. The AERS search conducted on October 24, 2011 used the following search terms: active ingredient “Tazarotene”, trade names “Avage” and “Tazarac”, and verbatim terms “Tazar%”, “Avage%” and “Tazaro%”.

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<sup>1</sup> Institute for Healthcare Improvement (IHI). Failure Modes and Effects Analysis. Boston. IHI:2004.

The reaction terms used were the MedDRA High Level Group Terms (HLGT) “Medication Errors” and “Product Quality Issues”. No time limitation were set .

Additionally, DMEPA searched the FDA Adverse Event Reporting System (AERS) database to identify medication errors involving Sorilux and Veltin due to having a similar trade dress with the proposed container labels and carton labeling of Tazarotene. The AERS search conducted on October 25, 2011 used the following search terms: active ingredient “Calcipotriene” and “Clindamycin-Tretinoin, trade names “Sorilux” and “Veltin”, and verbatim terms “Soril%” and “Velt%”. The reaction terms used were the MedDRA High Level Group Terms (HLGT) “Medication Errors” and “Product Quality Issues”. No time limitation were set .

The reports were manually reviewed to determine if a medication error occurred. Duplicate reports were combined into cases. The cases that described a medication error were categorized by type of error. We reviewed the cases within each category to identify factors that contributed to the medication errors. If a root cause was associated with the label or labeling of the product, the case was considered pertinent to this review. Reports excluded from the case series include those that did not describe a medication error relevant to this review (i.e. misuse, adverse events unrelated to an error, and expired drug administered).

### **3 RESULTS AND DISCUSSION**

The following sections describe the relevant medication error cases identified in the AERS search and discuss DMEPA’s analysis of the proposed labels and labeling for (b) (4) (Tazarotene).

#### **3.1 MEDICATION ERROR CASES**

Following exclusions we evaluated two cases relevant to this review. One case involved the dispensing of Tazorac (tazarotene) cream instead of Triamcinolone Cream due to the prescription having the abbreviation “TAC”. Tazorac was applied to a 4-year old child twice daily for 10 days. The child experienced burned skin, open sores and developed an infection. The child was treated with an antibiotic and has healed. Although this case involved a wrong drug error, it does not appear to be a result of the labels and labeling of Tazorac, but rather confusion of the abbreviation “TAC”.

The second case involved a patient who was receiving Botox and using Tazorac cream for about two months. The patient became aware of her pregnancy about three weeks after discontinuing Tazorac cream and Botox. The patient had a spontaneous abortion a month after finding out she had conceived. The patient’s physician later stated that he felt that this event was unrelated to Tazorac or Botox. Because the Prescribing Information states that Tazarotene is contraindicated in pregnancy there is no action warranted.

#### **3.2 CONTAINER LABELS AND CARTON LABELING**

The proposed container labels and carton labeling for (b) (4) (tazarotene) are not well differentiated from other marketed topical products (i.e Sorilux) by Stiefel Laboratories, Inc, due to a similar layout which can cause selection errors. Although the applicant provided some differentiation by providing a different colored box to display the trade names on the principal display panels of the container labels and carton labeling, the labels and labeling for all products still appear similar. Revising the layout and providing more contrast in the color selection can help mitigate confusion resulting in wrong product selection errors. In addition, (b) (4) (tazarotene) is to be stored upright. This information is present on the container label and carton labeling. However, it is not prominently displayed.

### 3.3 PRESCRIBING INFORMATION

The Prescribing Information states that (b)(4) (tazarotene) is indicated for (b)(4) vulgaris. However, the Dosage and Administration sections of the Prescribing Information do not indicate the site of application. These sections only include statements regarding areas where (b)(4) (tazarotene) should not be applied. However, in the Patient Information section, under the “How should I use (b)(4) Foam?” section, patients are instructed to apply a thin film to the affected areas of the face. It is important to be specific with the site of application throughout the Prescribing Information. This helps alleviate confusion which could lead to administration errors.

## 4 CONCLUSIONS AND RECOMMENDATIONS

The proposed label and labeling for (b)(4) (tazarotene) Foam 0.1% introduce vulnerability that can lead to medication errors. We recommend the following revisions:

### 4.1 COMMENTS TO THE DIVISION

#### A. Prescribing Information

1. The Dosage and Administration Section in the Highlights and Full Prescribing Information states to apply a small amount once daily in the evening covering the affected area with a thin layer. However, the “How should I use (b)(4) Foam?” section under the Patient Information section states the following: Apply a thin film to the entire affected areas of the face. All information describing the administration of (b)(4) (tazarotene) should be specific and presented consistently throughout the Prescribing Information. We recommend the following:  
  
Apply a thin layer to the entire affected areas of the face once daily in the evening.
2. The Dosage Forms and Strengths section in the Highlights of the Prescribing Information lists (b)(4) (tazarotene) as 0.1% foam. However, the Dosage Forms and Strengths section in the Full Prescribing Information lists (b)(4) (tazarotene) as 0.1% white to off-white foam. The product dosage form and strength should be presented consistently throughout the Prescribing Information.
3. The Patient Information section has (x-x-x) after the proposed proprietary name, (b)(4) and the established name tazarotene is presented as a pronunciation. Please clarify (x-x-x) and the presentation of the established name tazarotene.

## 4.2 COMMENTS TO THE APPLICANT

### A. General Comments for the Container Label and Carton Labeling

1. Revise the layout and provide more contrast in the color selection on the container labels and carton labeling to help mitigate confusion that may result in wrong product selection errors with other topical products that you distribute (i.e. Sorilux). Although the proposed labels contain a slightly different color around the trade name all other graphics and the overall layout of each label and labeling are identical. Therefore, the shade of brown that surrounds the trade name does not adequately differentiate these products.
2. Increase the prominence of the statement “Store upright” by bolding the statement or presenting it in a colored font and relocating the statement to the principal display panel.
3. Increase the prominence of the statement “Shake can before use” by presenting it in a colored font or boxing the statement.
4. Ensure the established name is at least ½ the size of the proprietary name, taking into account all pertinent factors including typography, layout, contrast and other printing features [21 CFR 201.10(g)(2)].
5. Relocate and de-bold the “Rx Only” statement away from the “For topical use only” statement so that it is less prominent and does not detract from the “For topical use only” statement as well as other important information such as the proprietary and established names and the strength.
6. Increase the prominence of the “For topical use only” statement.

### B. Container labels

1. Decrease the size and prominence of the distributor’s name and logo and the red colored box that appears adjacent to the distributor’s name and logo on the principal display panel so that it is less prominent and does not detract from other important information such as the proprietary and established names as well as the strength.
2. Delete (b) (4) that appears next to the quantity so that it does not detract from other important information such as the proprietary and established names as well as the strength.

### C. Carton labeling

1. Relocate the following statements: “Not for Ophthalmic, Oral, or Intravaginal Use, Shake can before use, and Hold can at an upright angle and Press firmly to dispense” as well as the corresponding diagram above the Dosage statement that appears on the side panel. This can be accomplished by relocating the Description statement to the panel where these statements are currently located.

If you have further questions or need clarifications, please contact Janet Anderson, project manager, at 301-796-0675.

7 pages of draft labeling has been withheld as B(4)  
CCI/TS immediately following this page

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**This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.**  
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/s/  
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TERESA S MCMILLAN  
12/06/2011

ZACHARY A OLESZCZUK  
12/06/2011

CAROL A HOLQUIST  
12/06/2011

# REGULATORY PROJECT MANAGER PLR FORMAT LABELING REVIEW

**Application:** NDA 202428

**Name of Drug:** (tazarotene) Foam, 0.1%

**Applicant:** Stiefel Laboratories, Inc.

## Labeling Reviewed

**Submission Date:** July 29, 2011

**Receipt Date:** July 29, 2011

## Background and Summary Description

Original NDA 202428 for (tazarotene) Foam, 0.1% for the topical treatment of (b)(4) acne vulgaris in patients 12 years of age or older was submitted July 29, 2011. The applicant has secured a right of reference to NDAs 020600 and 021184 for Tazorac (tazarotene) Gel and Cream, respectively. This NDA references IND 105564.

## Review

The submitted draft labeling, dated July 29, 2011, was reviewed in accordance with the labeling requirements listed in the “Selected Requirements for Prescribing Information (SRPI),” as attached. The following labeling issues were identified:

1. The verbatim statement “Initial U.S. Approval” followed by the 4-digit year in which the FDA initially approved of the new molecular entity (NME), new biological product, or new combination of active ingredients, must be placed immediately beneath the product title line. If this is an NME, the year must correspond to the current approval action.  
In Highlights, the Initial U.S. Approval statement must be placed immediately beneath the product title. Delete the (b)(4) between “Initial U.S. Approval...” and the product title.
2. In Highlights, for drugs with a pregnancy Category X, state (b)(4) and reference Contraindications section (4) in the FPI.  
In Highlights, under Contraindications, revise the cross reference to read “Pregnancy (4)”.

3. In Highlights, under Adverse Reactions, only “adverse reactions” as defined in 21 CFR 201.57(a)(11) are included in HL. Other terms, such as (b) (4) should be avoided. Note the criteria used to determine their inclusion (e.g., incidence rate greater than X%).  
In Highlights, under Adverse reactions, use the term “adverse reactions.” Do not include a (b) (4) for each adverse reaction. Revise this section to include criteria used to determine inclusion of adverse reactions (incidence rate greater than X%).
4. In Highlights, each summarized statement must reference the section(s) or subsection(s) of the Full Prescribing Information (FPI) that contains more detailed information.  
In Highlights, under Drug Interactions, add a cross reference.
5. In Highlights, the Patient Counseling Information Statement must include the verbatim statement: “**See 17 for Patient Counseling Information**” or if the product has FDA-approved patient labeling: “**See 17 for Patient Counseling Information and (insert either “FDA-approved patient labeling” or “Medication Guide”)**”.  
In Highlights, revise the Patient Counseling Information Statement to “**See 17 for Patient Counseling Information and FDA-approved patient labeling.**”
6. In the table of Contents, all section headings must be in **bold** type, and subsection headings must be indented and not bolded.  
In the Table of Contents, delete the (b) (4)
7. A horizontal line must separate the TOC and FPI.  
Insert a horizontal line to separate the Table of Contents from the Full Prescribing Information.
8. Patient Counseling Information must reference any FDA-approved patient labeling, including the type of patient labeling. The statement “See FDA-approved patient labeling (insert type of patient labeling).” Should appear at the beginning of Section 17 for prominence.  
In Section 17, Patient Counseling Information, revise the statement to read: “See FDA-approved patient labeling (Patient Information).”

## **Conclusions/Recommendations**

All labeling deficiencies identified above will be conveyed to the applicant in the 74-day letter. The applicant will be asked to resubmit labeling that addresses all identified labeling deficiencies by October 21, 2011. The resubmitted labeling will be used for further labeling discussions.

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Regulatory Project Manager

Date

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Team Leader, Project Management Staff

Date

# Selected Requirements for Prescribing Information (SRPI)

This document is meant to be used as a checklist in order to identify critical issues during labeling development and review. For additional information concerning the content and format of the prescribing information, see regulatory requirements (21 CFR 201.56 and 201.57) and labeling guidances. When used in reviewing the PI, only identified deficiencies should be checked.

## Highlights (HL)

- **General comments**

- HL must be in two-column format, with ½ inch margins on all sides and between columns, and in a minimum of 8-point font.
- HL is limited in length to one-half page. If it is longer than one-half page, a waiver has been granted or requested by the applicant in this submission.
- There is no redundancy of information.
- If a Boxed Warning is present, it must be limited to 20 lines. (Boxed Warning lines do not count against the one-half page requirement.)
- A horizontal line must separate the HL and Table of Contents (TOC).
- All headings must be presented in the center of a horizontal line, in UPPER-CASE letters and **bold** type.
- Each summarized statement must reference the section(s) or subsection(s) of the Full Prescribing Information (FPI) that contains more detailed information.
- In Highlights, under Drug Interactions, add a cross reference.**
- Section headings are presented in the following order:

• <b>Highlights Limitation Statement</b> (required statement)
• <b>Drug names, dosage form, route of administration, and controlled substance symbol, if applicable</b> (required information)
• <b>Initial U.S. Approval</b> (required information)
• <b>Boxed Warning</b> (if applicable)
• <b>Recent Major Changes</b> (for a supplement)
• <b>Indications and Usage</b> (required information)
• <b>Dosage and Administration</b> (required information)
• <b>Dosage Forms and Strengths</b> (required information)
• <b>Contraindications</b> (required heading – if no contraindications are known, it must state “None”)
• <b>Warnings and Precautions</b> (required information)
• <b>Adverse Reactions</b> (required AR contact reporting statement)
• <b>Drug Interactions</b> (optional heading)
• <b>Use in Specific Populations</b> (optional heading)
• <b>Patient Counseling Information Statement</b> (required statement)

- **Revision Date** (required information)

- **Highlights Limitation Statement**

- Must be placed at the beginning of HL, **bolded**, and read as follows: “**These highlights do not include all the information needed to use (insert name of drug product in UPPER CASE) safely and effectively. See full prescribing information for (insert name of drug product in UPPER CASE).**”

- **Product Title**

- Must be **bolded** and note the proprietary and established drug names, followed by the dosage form, route of administration (ROA), and, if applicable, controlled substance symbol.

- **Initial U.S. Approval**

- The verbatim statement “Initial U.S. Approval” followed by the 4-digit year in which the FDA initially approved of the new molecular entity (NME), new biological product, or new combination of active ingredients, must be placed immediately beneath the product title line. If this is an NME, the year must correspond to the current approval action.

**Initial U.S. Approval must be placed immediately beneath the product title. Delete the (b) (4) between Initial U.S. Approval and product title.**

- **Boxed Warning**

- All text in the boxed warning is **bolded**.
- Summary of the warning must not exceed a length of 20 lines.
- Requires a heading in UPPER-CASE, **bolded** letters containing the word “**WARNING**” and other words to identify the subject of the warning (e.g., “**WARNING: LIFE-THREATENING ADVERSE REACTIONS**”).
- Must have the verbatim statement “*See full prescribing information for complete boxed warning.*” If the boxed warning in HL is identical to boxed warning in FPI, this statement is not necessary.

- **Recent Major Changes (RMC)**

- Applies only to supplements and is limited to substantive changes in five sections: Boxed Warning, Indications and Usage, Dosage and Administration, Contraindications, and Warnings and Precautions.
- The heading and, if appropriate, subheading of each section affected by the recent change must be listed with the date (MM/YYYY) of supplement approval. For example, “Dosage and Administration, Coronary Stenting (2.2) --- 2/2010.”
- For each RMC listed, the corresponding new or modified text in the FPI must be marked with a vertical line (“margin mark”) on the left edge.
- A changed section must be listed for at least one year after the supplement is approved and

must be removed at the first printing subsequent to one year.

- Removal of a section or subsection should be noted. For example, “Dosage and Administration, Coronary Stenting (2.2) --- removal 2/2010.”

- **Indications and Usage**

- If a product belongs to an established pharmacologic class, the following statement is required in HL: [Drug/Biologic Product) is a (name of class) indicated for (indication(s)].” Identify the established pharmacologic class for the drug at:  
<http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/ucm162549.htm>.

- **Contraindications**

- This section must be included in HL and cannot be omitted. If there are no contraindications, state “None.”
- All contraindications listed in the FPI must also be listed in HL.
- List known hazards and not theoretical possibilities (i.e., hypersensitivity to the drug or any inactive ingredient). If the contraindication is not theoretical, describe the type and nature of the adverse reaction.
- For drugs with a pregnancy Category X, state “Pregnancy” and reference Contraindications section (4) in the FPI.

**In Highlights, under Contraindications, revise the cross reference to read “Pregnancy (4)”.**

- **Adverse Reactions**

- Only “adverse reactions” as defined in 21 CFR 201.57(a)(11) are included in HL. Other terms, such as “adverse events” or “treatment-emergent adverse events,” should be avoided. Note the criteria used to determine their inclusion (e.g., incidence rate greater than X%).

**Use “adverse reactions.” Do not include (b)(4) for each adverse reaction. Must include criteria used to determine inclusion of adverse reactions (incidence rate greater than X%).**

- For drug products other than vaccines, the verbatim **bolded** statement, “**To report SUSPECTED ADVERSE REACTIONS, contact (insert name of manufacturer) at (insert manufacturer’s phone number) or FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch)**” must be present. Only include toll-free numbers.

- **Patient Counseling Information Statement**

- Must include the verbatim statement: “**See 17 for Patient Counseling Information**” or if the product has FDA-approved patient labeling: “**See 17 for Patient Counseling**”

**Information and (insert either “FDA-approved patient labeling” or “Medication Guide”).**

**In Highlights, revise the Patient Counseling Information Statement to “See 17 for Patient Counseling Information and FDA-approved patient labeling.”**

- **Revision Date**

- A placeholder for the revision date, presented as “Revised: MM/YYYY or Month Year,” must appear at the end of HL. The revision date is the month/year of application or supplement approval.

## **Contents: Table of Contents (TOC)**

- The heading **FULL PRESCRIBING INFORMATION: CONTENTS** must appear at the beginning in UPPER CASE and **bold** type.
- The section headings and subheadings (including the title of boxed warning) in the TOC must match the headings and subheadings in the FPI.
- All section headings must be in **bold** type, and subsection headings must be indented and not bolded.

**In the Table of Contents, delete the** (b) (4)

- When a section or subsection is omitted, the numbering does not change. For example, under Use in Specific Populations, if the subsection 8.2 (Labor and Delivery) is omitted, it must read:
  - 8.1 Pregnancy
  - 8.3 Nursing Mothers (not 8.2)
  - 8.4 Pediatric Use (not 8.3)
  - 8.5 Geriatric Use (not 8.4)
- If a section or subsection is omitted from the FPI and TOC, the heading “**Full Prescribing Information: Contents**” must be followed by an asterisk and the following statement must appear at the end of TOC: “\*Sections or subsections omitted from the Full Prescribing Information are not listed.”

## **Full Prescribing Information (FPI)**

- **General Format**

- A horizontal line must separate the TOC and FPI.  
**Insert a horizontal line to separate the TOC from the FPI.**

- The heading – **FULL PRESCRIBING INFORMATION** – must appear at the beginning in UPPER CASE and **bold** type.
- The section and subsection headings must be named and numbered in accordance with 21 CFR 201.56(d)(1).
- **Boxed Warning**
  - Must have a heading, in UPPER CASE, **bold** type, containing the word “**WARNING**” and other words to identify the subject of the warning. Use **bold** type and lower-case letters for the text.
  - Must include a brief, concise summary of critical information and cross-reference to detailed discussion in other sections (e.g., Contraindications, Warnings and Precautions).
- **Contraindications**
  - For Pregnancy Category X drugs, list pregnancy as a contraindication.
- **Adverse Reactions**
  - Only “adverse reactions” as defined in 21 CFR 201.57(c)(7) should be included in labeling. Other terms, such as “adverse events” or “treatment-emergent adverse events,” should be avoided.
  - For the “Clinical Trials Experience” subsection, the following verbatim statement or appropriate modification should precede the presentation of adverse reactions:
    - “Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in clinical practice.”
  - For the “Postmarketing Experience” subsection, the listing of post-approval adverse reactions must be separate from the listing of adverse reactions identified in clinical trials. Include the following verbatim statement or appropriate modification:
    - “The following adverse reactions have been identified during post-approval use of (insert drug name). Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.”
- **Use in Specific Populations**
  - Subsections 8.4 Pediatric Use and 8.5 Geriatric Use are required and cannot be omitted.
- **Patient Counseling Information**
  - This section is required and cannot be omitted.
  - Must reference any FDA-approved patient labeling, including the type of patient labeling. The statement “See FDA-approved patient labeling (insert type of patient labeling).”

should appear at the beginning of Section 17 for prominence. For example:

- “See FDA-approved patient labeling (Medication Guide)”
- “See FDA-approved patient labeling (Medication Guide and Instructions for Use)”
- “See FDA-approved patient labeling (Patient Information)”
- **Revise statement to appear as above, with wording in lower case.**
- “See FDA-approved patient labeling (Instructions for Use)”
- “See FDA-approved patient labeling (Patient Information and Instructions for Use)”

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/s/  
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CRISTINA Petruccelli Attinello  
10/03/2011

MARGO L OWENS  
10/04/2011

## RPM FILING REVIEW

(Including Memo of Filing Meeting)

**To be completed for all new NDAs, BLAs, and Efficacy Supplements [except SE8 (labeling change with clinical data) and SE9 (manufacturing change with clinical data)]**

Application Information	
NDA # 202428	
Proprietary Name: TRADENAME Established/Proper Name: tazarotene Dosage Form: foam Strengths: 0.1%	
Applicant: Stiefel Laboratories, Inc. Agent for Applicant (if applicable): n/a	
Date of Application: 7-29-11 Date of Receipt: 7-29-11 Date clock started after UN: n/a	
PDUFA Goal Date: 5-29-12	Action Goal Date (if different): 5-2-12
Filing Date: 9-27-11	Date of Filing Meeting: 9-12-11
Chemical Classification: (1,2,3 etc.) (original NDAs only): 3S	
Proposed indication(s)/Proposed change(s): for the topical treatment of (b)(4) acne vulgaris in patients 12 years of age or older	
Type of Original NDA: AND (if applicable) Type of NDA Supplement:	<input checked="" type="checkbox"/> 505(b)(1) <input type="checkbox"/> 505(b)(2) <input type="checkbox"/> 505(b)(1) <input type="checkbox"/> 505(b)(2)
<b><i>If 505(b)(2): Draft the "505(b)(2) Assessment" form found at: <a href="http://inside.fda.gov:9003/CDER/OfficeofNewDrugs/ImmediateOffice/UCM027499">http://inside.fda.gov:9003/CDER/OfficeofNewDrugs/ImmediateOffice/UCM027499</a> and refer to Appendix A for further information.</i></b>	
Review Classification:  <b><i>If the application includes a complete response to pediatric WR, review classification is Priority.</i></b>  <b><i>If a tropical disease priority review voucher was submitted, review classification is Priority.</i></b>	<input checked="" type="checkbox"/> Standard <input type="checkbox"/> Priority  <input type="checkbox"/> Tropical Disease Priority Review Voucher submitted
Resubmission after withdrawal? <input type="checkbox"/>	Resubmission after refuse to file? <input type="checkbox"/>
Part 3 Combination Product? <input type="checkbox"/>  <b><i>If yes, contact the Office of Combination Products (OCP) and copy them on all Inter-Center consults</i></b>	<input type="checkbox"/> Convenience kit/Co-package <input type="checkbox"/> Pre-filled drug delivery device/system <input type="checkbox"/> Pre-filled biologic delivery device/system <input type="checkbox"/> Device coated/impregnated/combined with drug <input type="checkbox"/> Device coated/impregnated/combined with biologic <input type="checkbox"/> Drug/Biologic <input type="checkbox"/> Separate products requiring cross-labeling <input type="checkbox"/> Possible combination based on cross-labeling of separate products <input type="checkbox"/> Other (drug/device/biological product)

<input type="checkbox"/> Fast Track <input type="checkbox"/> Rolling Review <input type="checkbox"/> Orphan Designation  <input type="checkbox"/> Rx-to-OTC switch, Full <input type="checkbox"/> Rx-to-OTC switch, Partial <input type="checkbox"/> Direct-to-OTC  Other:	<input type="checkbox"/> PMC response <input type="checkbox"/> PMR response: <input type="checkbox"/> FDAAA [505(o)] <input type="checkbox"/> PREA deferred pediatric studies [21 CFR 314.55(b)/21 CFR 601.27(b)] <input type="checkbox"/> Accelerated approval confirmatory studies (21 CFR 314.510/21 CFR 601.41) <input type="checkbox"/> Animal rule postmarketing studies to verify clinical benefit and safety (21 CFR 314.610/21 CFR 601.42)			
Collaborative Review Division (if OTC product): n/a				
List referenced IND Number(s): 105564, 102213				
<b>Goal Dates/Product Names/Classification Properties</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>Comment</b>
PDUFA and Action Goal dates correct in tracking system?  <i>If no, ask the document room staff to correct them immediately. These are the dates used for calculating inspection dates.</i>	x			
Are the proprietary, established/proper, and applicant names correct in tracking system?  <i>If no, ask the document room staff to make the corrections. Also, ask the document room staff to add the established/proper name to the supporting IND(s) if not already entered into tracking system.</i>	x			
Is the review priority (S or P) and all appropriate classifications/properties entered into tracking system (e.g., chemical classification, combination product classification, 505(b)(2), orphan drug)? <i>For NDAs/NDA supplements, check the Application and Supplement Notification Checklists for a list of all classifications/properties at: <a href="http://inside.fda.gov:9003/CDER/OfficeofBusinessProcessSupport/ucm163970.htm">http://inside.fda.gov:9003/CDER/OfficeofBusinessProcessSupport/ucm163970.htm</a></i>  <i>If no, ask the document room staff to make the appropriate entries.</i>	x			
<b>Application Integrity Policy</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>Comment</b>
Is the application affected by the Application Integrity Policy (AIP)? <i>Check the AIP list at: <a href="http://www.fda.gov/ICECI/EnforcementActions/ApplicationIntegrityPolicy/default.htm">http://www.fda.gov/ICECI/EnforcementActions/ApplicationIntegrityPolicy/default.htm</a></i>		x		
<i>If yes, explain in comment column.</i>				
<i>If affected by AIP, has OC/DMPQ been notified of the submission? If yes, date notified:</i>				
<b>User Fees</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>Comment</b>
Is Form 3397 (User Fee Cover Sheet) included with authorized signature?	x			

<p><u>User Fee Status</u></p> <p><i>If a user fee is required and it has not been paid (and it is not exempted or waived), the application is unacceptable for filing following a 5-day grace period. Review stops. Send Unacceptable for Filing (UN) letter and contact user fee staff.</i></p>	<p>Payment for this application:</p> <p><input checked="" type="checkbox"/> Paid  <input type="checkbox"/> Exempt (orphan, government)  <input type="checkbox"/> Waived (e.g., small business, public health)  <input type="checkbox"/> Not required</p>																			
<p><i>If the firm is in arrears for other fees (regardless of whether a user fee has been paid for this application), the application is unacceptable for filing (5-day grace period does not apply). Review stops. Send UN letter and contact the user fee staff.</i></p>	<p>Payment of other user fees:</p> <p><input checked="" type="checkbox"/> Not in arrears  <input type="checkbox"/> In arrears</p>																			
<p><b>505(b)(2)</b>  <b>(NDAs/NDA Efficacy Supplements only)</b></p>	<p><b>YES</b></p>	<p><b>NO</b></p>	<p><b>NA</b></p>	<p><b>Comment</b></p>																
<p>Is the application for a duplicate of a listed drug and eligible for approval under section 505(j) as an ANDA?</p>			<p>x</p>																	
<p>Is the application for a duplicate of a listed drug whose only difference is that the extent to which the active ingredient(s) is absorbed or otherwise made available to the site of action is less than that of the reference listed drug (RLD)? [see 21 CFR 314.54(b)(1)].</p>			<p>x</p>																	
<p>Is the application for a duplicate of a listed drug whose only difference is that the rate at which the proposed product's active ingredient(s) is absorbed or made available to the site of action is unintentionally less than that of the listed drug [see 21 CFR 314.54(b)(2)]?</p> <p><i>If you answered yes to any of the above questions, the application may be refused for filing under 21 CFR 314.101(d)(9). Contact the (b)(2) review staff in the Immediate Office of New Drugs</i></p>			<p>x</p>																	
<p>Is there unexpired exclusivity on the active moiety (e.g., 5-year, 3-year, orphan or pediatric exclusivity)?  Check the <i>Electronic Orange Book</i> at:  <a href="http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm">http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm</a></p> <p><b>If yes, please list below:</b></p> <table border="1" data-bbox="203 1446 1349 1587"> <thead> <tr> <th>Application No.</th> <th>Drug Name</th> <th>Exclusivity Code</th> <th>Exclusivity Expiration</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Application No.	Drug Name	Exclusivity Code	Exclusivity Expiration															<p>x</p>	
Application No.	Drug Name	Exclusivity Code	Exclusivity Expiration																	
<p><i>If there is unexpired, 5-year exclusivity remaining on the active moiety for the proposed drug product, a 505(b)(2) application cannot be submitted until the period of exclusivity expires (unless the applicant provides paragraph IV patent certification; then an application can be submitted four years after the date of approval.) Pediatric exclusivity will extend both of the timeframes in this provision by 6 months. 21 CFR 108(b)(2). Unexpired, 3-year exclusivity will only block the approval, not the submission of a 505(b)(2) application.</i></p>	<p><b>YES</b></p>	<p><b>NO</b></p>	<p><b>NA</b></p>	<p><b>Comment</b></p>																
<p>Does another product (same active moiety) have orphan exclusivity for the same indication? <i>Check the Orphan Drug Designations and Approvals list at:</i>  <a href="http://www.accessdata.fda.gov/scripts/opdlisting/opd/index.cfm">http://www.accessdata.fda.gov/scripts/opdlisting/opd/index.cfm</a></p>		<p>x</p>																		

<p><b>If another product has orphan exclusivity</b>, is the product considered to be the same product according to the orphan drug definition of sameness [see 21 CFR 316.3(b)(13)]?</p> <p><i>If yes, consult the Director, Division of Regulatory Policy II, Office of Regulatory Policy</i></p>			x	
<p>Has the applicant requested 5-year or 3-year Waxman-Hatch exclusivity? (<i>NDAs/NDA efficacy supplements only</i>)</p> <p><b>If yes, # years requested:</b> 3</p> <p><i>Note: An applicant can receive exclusivity without requesting it; therefore, requesting exclusivity is not required.</i></p>	x			
<p>Is the proposed product a single enantiomer of a racemic drug previously approved for a different therapeutic use (<i>NDAs only</i>)?</p>		x		
<p><b>If yes</b>, did the applicant: (a) elect to have the single enantiomer (contained as an active ingredient) not be considered the same active ingredient as that contained in an already approved racemic drug, and/or (b): request exclusivity pursuant to section 505(u) of the Act (per FDAAA Section 1113)?</p> <p><i>If yes, contact Mary Ann Holovac, Director of Drug Information, OGD/DLPS/LRB.</i></p>			x	

Format and Content				
<p><i>Do not check mixed submission if the only electronic component is the content of labeling (COL).</i></p>	<input type="checkbox"/> All paper (except for COL) <input checked="" type="checkbox"/> All electronic <input type="checkbox"/> Mixed (paper/electronic)  <input type="checkbox"/> CTD <input type="checkbox"/> Non-CTD <input type="checkbox"/> Mixed (CTD/non-CTD)			
<p><b>If mixed (paper/electronic) submission</b>, which parts of the application are submitted in electronic format?</p>	n/a			
Overall Format/Content	YES	NO	NA	Comment
<p><b>If electronic submission</b>, does it follow the eCTD guidance?<sup>1</sup>  <b>If not</b>, explain (e.g., waiver granted).</p>	x			
<p><b>Index:</b> Does the submission contain an accurate comprehensive index?</p>	x			
<p>Is the submission complete as required under 21 CFR 314.50 (<i>NDAs/NDA efficacy supplements</i>) or under 21 CFR 601.2 (<i>BLAs/BLA efficacy supplements</i>) including:</p>	x			

1

<http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/ucm072349.pdf>

<input checked="" type="checkbox"/> legible <input checked="" type="checkbox"/> English (or translated into English) <input checked="" type="checkbox"/> pagination <input checked="" type="checkbox"/> navigable hyperlinks (electronic submissions only)				
<b>If no, explain.</b>				
<b>BLAs only:</b> Companion application received if a shared or divided manufacturing arrangement?			x	
<b>If yes, BLA #</b>				
<b>Forms and Certifications</b>				
<i>Electronic forms and certifications with electronic signatures (scanned, digital, or electronic – similar to DARRTS, e.g., /s/) are acceptable. Otherwise, <b>paper</b> forms and certifications with hand-written signatures must be included. <b>Forms</b> include: user fee cover sheet (3397), application form (356h), patent information (3542a), financial disclosure (3454/3455), and clinical trials (3674); <b>Certifications</b> include: debarment certification, patent certification(s), field copy certification, and pediatric certification.</i>				
<b>Application Form</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>Comment</b>
Is form FDA 356h included with authorized signature per 21 CFR 314.50(a)?	x			
<i>If foreign applicant, a U.S. agent must sign the form [see 21 CFR 314.50(a)(5)].</i>				
Are all establishments and their registration numbers listed on the form/attached to the form?	x			
<b>Patent Information (NDAs/NDA efficacy supplements only)</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>Comment</b>
Is patent information submitted on form FDA 3542a per 21 CFR 314.53(c)?	x			
<b>Financial Disclosure</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>Comment</b>
Are financial disclosure forms FDA 3454 and/or 3455 included with authorized signature per 21 CFR 54.4(a)(1) and (3)?	x			
<i>Forms must be signed by the APPLICANT, not an Agent [see 21 CFR 54.2(g)].</i>				
<i>Note: Financial disclosure is required for bioequivalence studies that are the basis for approval.</i>				
<b>Clinical Trials Database</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>Comment</b>
Is form FDA 3674 included with authorized signature?	x			
<i>If yes, ensure that the application is also coded with the supporting document category, "Form 3674."</i>				
<i>If no, ensure that language requesting submission of the form is included in the acknowledgement letter sent to the applicant</i>				
<b>Debarment Certification</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>Comment</b>
Is a correctly worded Debarment Certification included with authorized signature?	x			

<p><i>Certification is not required for supplements if submitted in the original application; If foreign applicant, <b>both</b> the applicant and the U.S. Agent must sign the certification [per Guidance for Industry: Submitting Debarment Certifications].</i></p> <p><i>Note: Debarment Certification should use wording in FDCA Section 306(k)(1) i.e., “[Name of applicant] hereby certifies that it did not and will not use in any capacity the services of any person debarred under section 306 of the Federal Food, Drug, and Cosmetic Act in connection with this application.” Applicant may not use wording such as, “To the best of my knowledge...”</i></p>				
<b>Field Copy Certification (NDAs/NDA efficacy supplements only)</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>Comment</b>
<p><b>For paper submissions only:</b> Is a Field Copy Certification (that it is a true copy of the CMC technical section) included?</p> <p><i>Field Copy Certification is not needed if there is no CMC technical section or if this is an electronic submission (the Field Office has access to the EDR)</i></p> <p><i>If maroon field copy jackets from foreign applicants are received, return them to CDR for delivery to the appropriate field office.</i></p>			x	

<b>Controlled Substance/Product with Abuse Potential</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>Comment</b>
<p><u>For NMEs:</u> Is an Abuse Liability Assessment, including a proposal for scheduling, submitted per 21 CFR 314.50(d)(5)(vii)?</p> <p><i>If yes, date consult sent to the Controlled Substance Staff:</i></p> <p><u>For non-NMEs:</u> <i>Date of consult sent to Controlled Substance Staff:</i></p>			x	

<b>Pediatrics</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>Comment</b>
<p><b><u>PREA</u></b></p> <p>Does the application trigger PREA?</p> <p><i>If yes, notify PeRC RPM (PeRC meeting is required)<sup>2</sup></i></p> <p><i>Note: NDAs/BLAs/efficacy supplements for new active ingredients, new indications, new dosage forms, new dosing regimens, or new routes of administration trigger PREA. All waiver &amp; deferral requests, pediatric plans, and pediatric assessment studies must be reviewed by PeRC prior to approval of the application/supplement.</i></p>	x			
<p><b>If the application triggers PREA, are the required pediatric assessment studies or a full waiver of pediatric studies included?</b></p>		x		Applicant requests partial waiver.

<sup>2</sup> <http://inside.fda.gov:9003/CDER/OfficeofNewDrugs/PediatricandMaternalHealthStaff/ucm027829.htm>

<b>If studies or full waiver not included</b> , is a request for full waiver of pediatric studies OR a request for partial waiver and/or deferral with a pediatric plan included?  <i>If no, request in 74-day letter</i>	x			
<b>If a request for full waiver/partial waiver/deferral is included</b> , does the application contain the certification(s) required by FDCA Section 505B(a)(3) and (4)?  <i>If no, request in 74-day letter</i>	x			
<b>BPCA (NDAs/NDA efficacy supplements only):</b>  Is this submission a complete response to a pediatric Written Request?  <i>If yes, notify Pediatric Exclusivity Board RPM (pediatric exclusivity determination is required)<sup>3</sup></i>		x		
<b>Proprietary Name</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>Comment</b>
Is a proposed proprietary name submitted?  <i>If yes, ensure that the application is also coded with the supporting document category, "Proprietary Name/Request for Review."</i>		x		
<b>REMS</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>Comment</b>
Is a REMS submitted?  <i>If yes, send consult to OSE/DRISK and notify OC/DCRMS via the DCRMSRMP mailbox</i>		x		
<b>Prescription Labeling</b>	<input type="checkbox"/> <b>Not applicable</b>			
Check all types of labeling submitted.	<input checked="" type="checkbox"/> Package Insert (PI) <input checked="" type="checkbox"/> Patient Package Insert (PPI) <input type="checkbox"/> Instructions for Use (IFU) <input type="checkbox"/> Medication Guide (MedGuide) <input checked="" type="checkbox"/> Carton labels <input checked="" type="checkbox"/> Immediate container labels <input type="checkbox"/> Diluent <input type="checkbox"/> Other (specify)			
	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>Comment</b>
Is Electronic Content of Labeling (COL) submitted in SPL format?  <i>If no, request in 74-day letter.</i>	x			
Is the PI submitted in PLR format? <sup>4</sup>	x			

<sup>3</sup> <http://inside.fda.gov:9003/CDER/OfficeofNewDrugs/PediatricandMaternalHealthStaff/ucm027837.htm>

<sup>4</sup> <http://inside.fda.gov:9003/CDER/OfficeofNewDrugs/StudyEndpointsandLabelingDevelopmentTeam/ucm025576.htm>

<b>If PI not submitted in PLR format</b> , was a waiver or deferral requested before the application was received or in the submission? <b>If requested before application was submitted</b> , what is the status of the request?  <i>If no waiver or deferral, request PLR format in 74-day letter.</i>			x	
All labeling (PI, PPI, MedGuide, IFU, carton and immediate container labels) consulted to DDMAC?	x			Consult to be sent shortly.
MedGuide, PPI, IFU (plus PI) consulted to OSE/DRISK? (send WORD version if available)	x			Consult to be sent shortly.
Carton and immediate container labels, PI, PPI sent to OSE/DMEPA and appropriate CMC review office (OBP or ONDQA)?	x			Consult to be sent shortly.
<b>OTC Labeling</b>	<input checked="" type="checkbox"/> <b>Not Applicable</b>			
Check all types of labeling submitted.	<input type="checkbox"/> Outer carton label <input type="checkbox"/> Immediate container label <input type="checkbox"/> Blister card <input type="checkbox"/> Blister backing label <input type="checkbox"/> Consumer Information Leaflet (CIL) <input type="checkbox"/> Physician sample <input type="checkbox"/> Consumer sample <input type="checkbox"/> Other (specify)			
	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>Comment</b>
Is electronic content of labeling (COL) submitted?  <i>If no, request in 74-day letter.</i>				
Are annotated specifications submitted for all stock keeping units (SKUs)?  <i>If no, request in 74-day letter.</i>				
If representative labeling is submitted, are all represented SKUs defined?  <i>If no, request in 74-day letter.</i>				
All labeling/packaging, and current approved Rx PI (if switch) sent to OSE/DMEPA?				
<b>Other Consults</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>Comment</b>
Are additional consults needed? (e.g., IFU to CDRH; QT study report to QT Interdisciplinary Review Team)  <i>If yes, specify consult(s) and date(s) sent:</i>		x		
<b>Meeting Minutes/SPAs</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>Comment</b>
End-of Phase 2 meeting(s)? <b>Date(s):</b>  <i>If yes, distribute minutes before filing meeting</i>		x		

Pre-NDA/Pre-BLA/Pre-Supplement meeting(s)? <b>Date(s):</b> 6-15-11  <i>If yes, distribute minutes before filing meeting</i>	x			
Any Special Protocol Assessments (SPAs)? <b>Date(s):</b>  <i>If yes, distribute letter and/or relevant minutes before filing meeting</i>		x		

ATTACHMENT

**MEMO OF FILING MEETING**

**DATE:** 9-12-11

**NDA #:** 202428

**PROPRIETARY NAME:** n/a

**ESTABLISHED/PROPER NAME:** tazarotene

**DOSAGE FORM/STRENGTH:** Foam, 0.1%

**APPLICANT:** Stiefel Laboratories, Inc.

**PROPOSED INDICATION(S)/PROPOSED CHANGE(S):** for the topical treatment of (b) (4) acne vulgaris in patients 12 years of age or older

**BACKGROUND:** this is a new original NDA with the proposed product in a foam presentation

**REVIEW TEAM:**

Discipline/Organization	Names		Present at filing meeting? (Y or N)
Regulatory Project Management	RPM:	Cristina Attinello	Y
	CPMS/TL:	Margo Owens	N
Cross-Discipline Team Leader (CDTL)	Gordana Diglisic		Y
Clinical	Reviewer:	Denise Cook	Y
	TL:	Gordana Diglisic	Y
Social Scientist Review ( <i>for OTC products</i> )	Reviewer:		
	TL:		
OTC Labeling Review ( <i>for OTC products</i> )	Reviewer:		
	TL:		
Clinical Microbiology ( <i>for antimicrobial products</i> )	Reviewer:		
	TL:		

Clinical Pharmacology	Reviewer:	Chinmay Shukla	Y
	TL:	Donny Tran	Y
Biostatistics	Reviewer:	Kathy Fritsch	Y
	TL:	Mohamed Alosh	Y
Nonclinical (Pharmacology/Toxicology)	Reviewer:	Jiaqin Yao	Y
	TL:	Barbara Hill	N
Statistics (carcinogenicity)	Reviewer:		
	TL:		
Immunogenicity (assay/assay validation) ( <i>for BLAs/BLA efficacy supplements</i> )	Reviewer:		
	TL:		
Product Quality (CMC)	Reviewer:	Ray Frankewich	Y
	TL:	Shulin Ding	Y
Quality Microbiology ( <i>for sterile products</i> )	Reviewer:		
	TL:		
CMC Labeling Review	Reviewer:		
	TL:		
Facility Review/Inspection	Reviewer:	Roy Blay	Y
	TL:		
OSE/DMEPA (proprietary name)	Reviewer:		
	TL:		
OSE/DRISK (REMS)	Reviewer:		
	TL:		
OC/DCRMS (REMS)	Reviewer:		
	TL:		

Bioresearch Monitoring (DSI)	Reviewer:		
	TL:		
Controlled Substance Staff (CSS)	Reviewer:		
	TL:		
Other reviewers			
Other attendees	Namita Kothary		

**FILING MEETING DISCUSSION:**

<p><b>GENERAL</b></p> <ul style="list-style-type: none"> <li>• 505(b)(2) filing issues?</li> </ul> <p><b>If yes, list issues:</b></p>	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> YES <input type="checkbox"/> NO
<ul style="list-style-type: none"> <li>• Per reviewers, are all parts in English or English translation?</li> </ul> <p><b>If no, explain:</b></p>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<ul style="list-style-type: none"> <li>• Electronic Submission comments</li> </ul> <p><b>List comments:</b></p>	<input checked="" type="checkbox"/> Not Applicable
<p><b>CLINICAL</b></p> <p><b>Comments:</b></p>	<input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> FILE <input type="checkbox"/> REFUSE TO FILE <input type="checkbox"/> Review issues for 74-day letter
<ul style="list-style-type: none"> <li>• Clinical study site(s) inspections(s) needed?</li> </ul> <p><b>If no, explain:</b></p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<ul style="list-style-type: none"> <li>• Advisory Committee Meeting needed?</li> </ul> <p><b>Comments:</b></p> <p><i>If no, for an original NME or BLA application, include the reason. For example:</i></p> <ul style="list-style-type: none"> <li>○ <i>this drug/biologic is not the first in its class</i></li> <li>○ <i>the clinical study design was acceptable</i></li> </ul>	<input type="checkbox"/> YES Date if known: <input checked="" type="checkbox"/> NO <input type="checkbox"/> To be determined Reason:

<ul style="list-style-type: none"> <li>○ <i>the application did not raise significant safety or efficacy issues</i></li> <li>○ <i>the application did not raise significant public health questions on the role of the drug/biologic in the diagnosis, cure, mitigation, treatment or prevention of a disease</i></li> </ul>	
<ul style="list-style-type: none"> <li>• Abuse Liability/Potential</li> </ul> <p><b>Comments:</b></p>	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> FILE <input type="checkbox"/> REFUSE TO FILE  <input type="checkbox"/> Review issues for 74-day letter
<ul style="list-style-type: none"> <li>• If the application is affected by the AIP, has the division made a recommendation regarding whether or not an exception to the AIP should be granted to permit review based on medical necessity or public health significance?</li> </ul> <p><b>Comments:</b></p>	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> YES <input type="checkbox"/> NO
<p><b>CLINICAL MICROBIOLOGY</b></p> <p><b>Comments:</b></p>	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> FILE <input type="checkbox"/> REFUSE TO FILE  <input type="checkbox"/> Review issues for 74-day letter
<p><b>CLINICAL PHARMACOLOGY</b></p> <p><b>Comments:</b></p>	<input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> FILE <input type="checkbox"/> REFUSE TO FILE  <input type="checkbox"/> Review issues for 74-day letter
<ul style="list-style-type: none"> <li>• Clinical pharmacology study site(s) inspections(s) needed?</li> </ul>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<p><b>BIOSTATISTICS</b></p> <p><b>Comments:</b></p>	<input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> FILE <input type="checkbox"/> REFUSE TO FILE  <input type="checkbox"/> Review issues for 74-day letter
<p><b>NONCLINICAL (PHARMACOLOGY/TOXICOLOGY)</b></p> <p><b>Comments:</b></p>	<input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> FILE <input type="checkbox"/> REFUSE TO FILE  <input type="checkbox"/> Review issues for 74-day letter

<p><b>IMMUNOGENICITY (BLAs/BLA efficacy supplements only)</b></p> <p><b>Comments:</b></p>	<p><input checked="" type="checkbox"/> Not Applicable  <input type="checkbox"/> FILE  <input type="checkbox"/> REFUSE TO FILE</p> <p><input type="checkbox"/> Review issues for 74-day letter</p>
<p><b>PRODUCT QUALITY (CMC)</b></p> <p><b>Comments:</b></p>	<p><input type="checkbox"/> Not Applicable  <input checked="" type="checkbox"/> FILE  <input type="checkbox"/> REFUSE TO FILE</p> <p><input type="checkbox"/> Review issues for 74-day letter</p>
<p><b><u>Environmental Assessment</u></b></p> <ul style="list-style-type: none"> <li>• Categorical exclusion for environmental assessment (EA) requested?</li> </ul> <p><b>If no</b>, was a complete EA submitted?</p> <p><b>If EA submitted</b>, consulted to EA officer (OPS)?</p> <p><b>Comments:</b></p>	<p><input type="checkbox"/> Not Applicable</p> <p><input checked="" type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES  <input type="checkbox"/> NO</p>
<p><b><u>Quality Microbiology (for sterile products)</u></b></p> <ul style="list-style-type: none"> <li>• Was the Microbiology Team consulted for validation of sterilization? (NDAs/NDA supplements only)</li> </ul> <p><b>Comments:</b></p>	<p><input checked="" type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> YES  <input type="checkbox"/> NO</p>
<p><b><u>Facility Inspection</u></b></p> <ul style="list-style-type: none"> <li>• Establishment(s) ready for inspection?</li> <li>▪ Establishment Evaluation Request (EER/TBP-EER) submitted to DMPQ?</li> </ul> <p><b>Comments:</b> GMP inspection requests are being processed</p>	<p><input type="checkbox"/> Not Applicable</p> <p><input checked="" type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES  <input type="checkbox"/> NO</p>

<p><b><u>Facility/Microbiology Review (BLAs only)</u></b></p> <p>Comments:</p>	<p><input checked="" type="checkbox"/> Not Applicable  <input type="checkbox"/> FILE  <input type="checkbox"/> REFUSE TO FILE</p> <p><input type="checkbox"/> Review issues for 74-day letter</p>
<p><b><u>CMC Labeling Review</u></b></p> <p>Comments:</p>	<p><input type="checkbox"/> Review issues for 74-day letter</p>
<p><b>REGULATORY PROJECT MANAGEMENT</b></p>	
<p><b>Signatory Authority:</b> Susan Walker</p> <p><b>21<sup>st</sup> Century Review Milestones (see attached):</b> see attached timeline</p> <p>Comments:</p>	
<p><b>REGULATORY CONCLUSIONS/DEFICIENCIES</b></p>	
<p><input type="checkbox"/></p>	<p>The application is unsuitable for filing. Explain why:</p>
<p><input checked="" type="checkbox"/></p>	<p>The application, on its face, appears to be suitable for filing.</p> <p><u>Review Issues:</u></p> <p><input checked="" type="checkbox"/> No review issues have been identified for the 74-day letter.</p> <p><input type="checkbox"/> Review issues have been identified for the 74-day letter. List (optional):</p> <p><u>Review Classification:</u></p> <p><input checked="" type="checkbox"/> Standard Review</p> <p><input type="checkbox"/> Priority Review</p>
<p><b>ACTIONS ITEMS</b></p>	
<p><input type="checkbox"/></p>	<p>Ensure that any updates to the review priority (S or P) and classifications/properties are entered into tracking system (e.g., chemical classification, combination product classification, 505(b)(2), orphan drug).</p>
<p><input type="checkbox"/></p>	<p>If RTF, notify everybody who already received a consult request, OSE PM, and Product Quality PM (to cancel EER/TBP-EER).</p>
<p><input type="checkbox"/></p>	<p>If filed, and the application is under AIP, prepare a letter either granting (for signature by Center Director) or denying (for signature by ODE Director) an exception for review.</p>
<p><input type="checkbox"/></p>	<p>BLA/BLA supplements: If filed, send 60-day filing letter</p>

<input type="checkbox"/>	
<input type="checkbox"/>	<p>If priority review:</p> <ul style="list-style-type: none"> <li>• notify sponsor in writing by day 60 (For BLAs/BLA supplements: include in 60-day filing letter; For NDAs/NDA supplements: see CST for choices)</li> <li>• notify DMPQ (so facility inspections can be scheduled earlier)</li> </ul>
<input checked="" type="checkbox"/>	Send review issues/no review issues by day 74
<input checked="" type="checkbox"/>	Conduct a PLR format labeling review and include labeling issues in the 74-day letter
<input type="checkbox"/>	<p>BLA/BLA supplements: Send the Product Information Sheet to the product reviewer and the Facility Information Sheet to the facility reviewer for completion. Ensure that the completed forms are forwarded to the CDER RMS-BLA Superuser for data entry into RMS-BLA one month prior to taking an action [These sheets may be found at: <a href="http://inside.fda.gov:9003/CDER/OfficeofNewDrugs/ImmediateOffice/UCM027822">http://inside.fda.gov:9003/CDER/OfficeofNewDrugs/ImmediateOffice/UCM027822</a>]</p>
<input type="checkbox"/>	Other

## DDDP 21<sup>st</sup> Century Review Timeline Summary

**Proprietary (Proper/Established) Name:** (tazarotene) Foam, 0.1%

**NDA:** 202428

**Sponsor:** Stiefel Laboratories, Inc.

**Indication:** for the topical treatment of (b) (4) acne vulgaris in patients 12 years of age or older

**RPM/TL:** CAttinello/MOwens

**MO/CDTL:** DCook/GDiglisic

**Signatory:** SWalker

ITEM	DDDP Projected* (only add dates as targets change/do not delete any dates here)	Completion Date	PDUFA Date
Receipt Date		July 29, 2011	
Regulatory Due Date		May 29, 2012	
<b>Filing Meeting</b>	September 12, 2011	September 12, 2011	September 12, 2011
60 day (Issue letter if RTF)	September 20, 2011		September 27, 2011
74 day (Issue letter if filed)	October 4, 2011		October 11, 2011
<b>Hold Mid-Cycle Meeting</b>	<b>December 14, 2011</b>		December 29, 2011
<ul style="list-style-type: none"> <li>• REMS Assessment, PMC/PMR Assessment (Consult w/DDS), PeRC</li> </ul>			
<b>Wrap-Up/Signatory Brief (Month 8)</b>	<b>March 14, 2012</b>		March 29, 2012
<ul style="list-style-type: none"> <li>• Project for Clearance (Draft Action Letter, REMS, Draft Label)</li> </ul>			
Complete Primary Discipline Reviews	March 14, 2012		March 29, 2012
<ul style="list-style-type: none"> <li>• CMC, Clin Pharm, Biostats, Pharm/Tox, Clin Micro (if applicable)</li> </ul>			
Complete Clinical Review	March 29, 2012		
Complete CDTL Review	April 12, 2012		May 6, 2012
<b>PMC/Labeling Milestone Date</b>	April 30, 2012		May 6, 2012
<b>Action Pkt/Letter to DD</b>	April 12, 2012		May 6, 2012
Action Letter Sign-off	May 2, 2012		May 29, 2012

Last Update: 09/12/2011

@Delete all entries that do not apply to your specific application.

\*If projected dates are missed or require changing schedule a meeting with Susan and CPMS/PMTL to discuss. These meetings should occur on Fridays.

Version Date – 11/12/09

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**This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.**  
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/s/  
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CRISTINA Petruccelli Attinello  
09/13/2011

MARGO L OWENS  
09/13/2011