CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER:

21-524

ADMINISTRATIVE and CORRESPONDENCE DOCUMENTS

1.3 PATENT CERTIFICATION

In the opinion and to the best of knowledge of Les Entreprises SoluMed Inc. there are no patents that claim the drug or drug product or which claim a method for using the drug product on which investigations were conducted or that claim the use of such drug or drugs.

Stephane Levesque
Director of R&D
Les Entreprises SoluMed Inc.

July 26, 2004
Date

2109, Le Chatelier
Laval, Qc
H7L 5B3

Tél.: (450) 682-6669
Fax: (450) 682-5777
info@solumed.biz

PATENT INFORMATION

In the opinion and to the best of knowledge of Les Entreprises SoluMed Inc. there are no patents that claim the drug or drug product or which claim a method for using the drug product on which investigations were conducted or that claim the use of such drug or drugs.

An exhaustive search of the US patent data banks has been completed by:
Léger Robic Richard
Lawyers, Patents and Trademark Agents
1001 Victoria Square
Bloc E – 8th floor
Montreal Québec
Canada H2Z 2B7

Ref# 004620-0005 dated April 14, 2004

Marc Patry, B.Sc. Eng.
President
Les Entreprises SoluMed Inc.

May 26, 2004
Date

1.2 PATENT AND EXCLUSIVITY INFORMATION

1.2.1 Patent Information

In the opinion and to the best of knowledge of Les Entreprises SoluMed, Inc. there are no patents that claim the drug or drug products or which claim a method for using the drug product on which investigations were conducted or that claim the use of such drug or drugs.

An exhaustive search of the US patent data banks has been completed by:
Léger Robic Richard
Lawyers, Patents and Trademark Agents
1001 Victoria Square
Bloc E-8th floor
Montreal, Quebec
Canada H2Z 2B7

Ref# 004620-0005 dated April 14, 2004.

S Lévesque

Stephane Levesque
Director of R&D
Les Entreprises SoluMed Inc.

July 26, 2004
Date

1.2.2 Claimed Exclusivity

According to the Electronic Orange Book of Approved Drug Products with Therapeutic Equivalents, updated July 27th, 2004, there are no prescription nor over-the counter drug products listed containing 3.15% (w/v) chlorhexidine Gluconate with 70% (v/v) isopropyl alcohol.

EXCLUSIVITY SUMMARY

NDA # 21-524 SUPPL # HFD # 520

Trade Name
Chlorascrub Swab
Chlorascrub Swabstick
Chlorascrub Maxi Swabstick

Generic Name
[Chlorhexidine gluconate (3.15%)* and Isopropyl Alcohol (70%) Swab]
*equivalent to 189 mg of Chlorhexidine Gluconate per pouch

[Chlorhexidine gluconate (3.15%)* and Isopropyl Alcohol (70%) Swab]
*equivalent to 268 mg of Chlorhexidine Gluconate per pouch

[Chlorhexidine gluconate (3.15%)* and Isopropyl Alcohol (70%) Swab]
*equivalent to 855 mg of Chlorhexidine Gluconate per pouch

Applicant Name Les Entreprises SoluMed, Inc (Canada)
Nice-Pak Products (US Agent)

Approval Date, If Known June 3, 2005

PART I IS AN EXCLUSIVITY DETERMINATION NEEDED?

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

a) Is it a 505(b)(1), 505(b)(2) or efficacy supplement?

YES ☒ NO ☐

If yes, what type? Specify 505(b)(1), 505(b)(2), SE1, SE2, SE3,SE4, SE5, SE6, SE7, SE8

505 (b)(2)

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

YES ☒ NO ☐

If your answer is "no" because you believe the study is a bioavailability study and, therefore, not eligible for exclusivity, EXPLAIN why it is a bioavailability study, including your reasons for disagreeing with any arguments made by the applicant that the study was not simply a bioavailability study.

If it is a supplement requiring the review of clinical data but it is not an effectiveness supplement, describe the change or claim that is supported by the clinical data:

d) Did the applicant request exclusivity?

YES ☐ NO ☒

If the answer to (d) is "yes," how many years of exclusivity did the applicant request?

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

YES ☐ NO ☒

If the answer to the above question in YES, is this approval a result of the studies submitted in response to the Pediatric Written Request?

IF YOU HAVE ANSWERED "NO" TO ALL OF THE ABOVE QUESTIONS, GO DIRECTLY TO THE SIGNATURE BLOCKS AT THE END OF THIS DOCUMENT.

2. Is this drug product or indication a DESI upgrade?

YES ☐ NO ☒

IF THE ANSWER TO QUESTION 2 IS "YES," GO DIRECTLY TO THE SIGNATURE BLOCKS ON PAGE 8 (even if a study was required for the upgrade).

PART II FIVE-YEAR EXCLUSIVITY FOR NEW CHEMICAL ENTITIES
(Answer either #1 or #2 as appropriate)

1. Single active ingredient product.

Has FDA previously approved under section 505 of the Act any drug product containing the same

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

YES ☐ NO ☒

If "yes," identify the approved drug product(s) containing the active moiety, and, if known, the NDA #(s).

NDA#

NDA#

NDA#

2. Combination product.

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

YES ☒ NO ☐

If "yes," identify the approved drug product(s) containing the active moiety, and, if known, the NDA #(s).

NDA# 20-832 Chloraprep

NDA# 21-669 Chlorhexidine Gluconate 2% Cloth

NDA#

IF THE ANSWER TO QUESTION 1 OR 2 UNDER PART II IS "NO," GO DIRECTLY TO THE SIGNATURE BLOCKS ON PAGE 8. (Caution: The questions in part II of the summary should only be answered "NO" for original approvals of new molecular entities.)
IF "YES," GO TO PART III.

PART III THREE-YEAR EXCLUSIVITY FOR NDAs AND SUPPLEMENTS

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

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

YES ☒ NO ☐

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

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

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

YES ☒ NO ☐

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

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

YES ☐ NO ☒

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

YES ☐ NO ☒

If yes, explain:

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

YES ☐ NO ☐

If yes, explain:

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

(1) [redacted] 020509-103 [redacted]
(2) [redacted] -01-108607-11 [redacted]
(3) 521-102 [redacted]

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

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

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

Investigation #1 YES ☐ NO ☒

Investigation #2 YES ☐ NO ☒

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

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

Investigation #1	YES ☐	NO ☒
Investigation #2	YES ☐	NO ☒

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

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

(1) 020509-103
(2) 01-108607-11
(3) 521-102

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

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

Investigation #1		!
IND # 59,446	YES ☒	! NO ☐
		! Explain:
Investigation #2		!

IND # 59,446	YES ☒	NO ☐ Explain:

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

Investigation #1	
YES ☐ Explain:	NO ☐ Explain:
Investigation #2	
YES ☐ Explain:	NO ☐ Explain:

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

YES ☐ NO ☒

If yes, explain:

==========

Name of person completing form: Maureen Dillon-Parker
Title: Chief, Project Manager
Date: 5-24-05

Name of Office/Division Director signing form: Janice Soreth, MD
Title: Division Director, Division of Anti-Infective and Ophthalmology Products

Name of Office/Division Director signing form: Curtis Rosenbraugh, MD, MPH
Title: Deputy Director, Office of Nonprescription Clinical Evaluation

Form OGD-011347; Revised 05/10/2004; formatted 2/15/05

This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.

/s/

Curtis Rosebraugh
6/14/05 04:04:44 PM

Janice Soreth
6/15/05 03:18:21 PM

PEDIATRIC PAGE

(Complete for all filed original applications and efficacy supplements)

NDA # : 21-524 Supplement Type (e.g. SE5): NA Supplement Number: NA

Stamp Date: August 5, 2004 Action Date: June 3, 2005

HFD-520 Trade and generic names/dosage form: Chlorascrub (3.15% (w/v) chlorhexidine gluconate and 70% (v/v) isopropyl alcohol)

Applicant: Les Enterprises SoluMed, Inc. / Nice-Pak Products (US Agent) Therapeutic Class: 4020400

Indication(s) previously approved: None

Each approved indication must have pediatric studies: Completed, Deferred, and/or Waived.

Number of indications for this application(s): 2

Indication #1: Patient Preoperative Skin Preparation

Is there a full waiver for this indication (check one)?

- ☐ Yes: Please proceed to Section A.
- X No: Please check all that apply: X Partial Waiver ____ Deferred ____ Completed
  NOTE: More than one may apply
  Please proceed to Section B, Section C, and/or Section D and complete as necessary.

Section A: Fully Waived Studies

Reason(s) for full waiver:

- ☐ Products in this class for this indication have been studied/labeled for pediatric population
- ☐ Disease/condition does not exist in children
- ☐ Too few children with disease to study
- ☐ There are safety concerns
- ☐ Other: _____

If studies are fully waived, then pediatric information is complete for this application. If this is an original application, please see Attachment A. Otherwise, this Pediatric Page is complete and should become Part of DFS.

Section B: Partially Waived Studies

Age/weight range being partially waived:

Min____	kg____	mo. 2	yr.____	Tanner Stage____
Max____	kg____	mo.____	yr.____	Tanner Stage____

Reason(s) for partial waiver:

- ☐ Products in this class for this indication have been studied/labeled for pediatric population
- ☐ Disease/condition does not exist in children
- ☐ Too few children with disease to study
- XX There are safety concerns
- ☐ Adult studies ready for approval
- ☐ Formulation needed
- ☐ Other

If studies are deferred, proceed to Section C. If studies are completed, proceed to Section D. Otherwise, this Pediatric Page is complete and should be entered into DFS.

Section C: Deferred Studies

Age/weight range being deferred:

Min _____ kg_____ mo._____ yr._____ Tanner Stage_____
Max_____ kg_____ mo._____ yr._____ Tanner Stage_____

Reason(s) for deferral:

- ☐ Products in this class for this indication have been studied/labeled for pediatric population
- ☐ Disease/condition does not exist in children
- ☐ Too few children with disease to study
- ☐ There are safety concerns
- ☐ Adult studies ready for approval
- ☐ Formulation needed

Other:_____

Date studies are due (mm/dd/yy): _____

If studies are completed, proceed to Section D. Otherwise, this Pediatric Page is complete and should be entered into DFS.

Section D: Completed Studies

Age/weight range of completed studies:

Min _____ kg_____ mo._____ yr._____ Tanner Stage_____
Max_____ kg_____ mo._____ yr._____ Tanner Stage_____

Comments:

If there are additional indications, please proceed to Attachment A. Otherwise, this Pediatric Page is complete and should be entered into DFS.

This page was completed by:

{See appended electronic signature page}

_____
Regulatory Project Manager

cc: NDA 21-524
HFD-960/ Grace Carmouze

FOR QUESTIONS ON COMPLETING THIS FORM CONTACT THE DIVISION OF PEDIATRIC DRUG DEVELOPMENT, HFD-960, 301-594-7337.

(revised 12-22-03)

Attachment A

(This attachment is to be completed for those applications with multiple indications only.)

Indication #2: ___Patient Preinjection Skin Preparation_____

Is there a full waiver for this indication (check one)?

- ☐ Yes: Please proceed to Section A.

X No: Please check all that apply: __X_Partial Waiver ____Deferred ____Completed
NOTE: More than one may apply
Please proceed to Section B, Section C and/or Section D and complete as necessary.

Section A: Fully Waived Studies

Reason(s) for full waiver:

- ☐ Products in this class for this indication have been studied labeled for pediatric population
- ☐ Disease/condition does not exist in children
- ☐ Too few children with disease to study
- ☐ There are safety concerns
- ☐ Other:_____

If studies are fully waived, then pediatric information is complete for this indication. If there is another indication, please see Attachment A. Otherwise, this Pediatric Page is complete and should be entered into DFS.

Section B: Partially Waived Studies

Age/weight range being partially waived:

Min _____ kg_____ mo.__≤2____ yr._____ Tanner Stage_____
Max_____ kg_____ mo._____ yr._____ Tanner Stage_____

Reason(s) for partial waiver:

- ☐ Products in this class for this indication have been studied/labeled for pediatric population
- ☐ Disease/condition does not exist in children
- ☐ Too few children with disease to study
- ✓ There are safety concerns
- ☐ Adult studies ready for approval
- ☐ Formulation needed
- ☐ Other:_____

If studies are deferred, proceed to Section C. If studies are completed, proceed to Section D. Otherwise, this Pediatric Page is complete and should be entered into DFS.

Section C: Deferred Studies

Age/weight range being deferred:

Min _____ kg_____ mo._____ yr._____ Tanner Stage_____
Max_____ kg_____ mo._____ yr._____ Tanner Stage_____

Reason(s) for deferral:

- ❑ Products in this class for this indication have been studied/labeled for pediatric population
- ❑ Disease/condition does not exist in children
- ❑ Too few children with disease to study
- ❑ There are safety concerns
- ❑ Adult studies ready for approval
- ❑ Formulation needed
- ❑ Other:_____

Date studies are due (mm/dd/yy): _____

If studies are completed, proceed to Section D. Otherwise, this Pediatric Page is complete and should be entered into DFS.

ction D: Completed Studies

Age/weight range of completed studies:

Min _____ kg_____ mo._____ yr._____ Tanner Stage_____
Max_____ kg_____ mo._____ yr._____ Tanner Stage_____

Comments:

If there are additional indications, please copy the fields above and complete pediatric information as directed. If there are no other indications, this Pediatric Page is complete and should be entered into DFS.

This page was completed by:

{See appended electronic signature page}

Regulatory Project Manager

cc: NDA 21-524
HFD-960/ Grace Carmouze

FOR QUESTIONS ON COMPLETING THIS FORM CONTACT THE DIVISION OF PEDIATRIC DRUG DEVELOPMENT, HFD-960, 301-594-7337.

(revised 10-14-03)

This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.

/s/

Maureen Dillon-Parker
5/24/05 01:43:30 PM
NDA 21-524; Pediatric Page

David Bostwick
5/24/05 02:13:51 PM

Jean Mulinde
5/24/05 04:24:32 PM

1.9.2 Request for Waiver of Pediatric Studies

NDA Number:	21-524
Product:	Chlorascrub™
Sponsor:	Les Entreprises Solumed Inc.
Indications:	Skin antiseptic, patient preoperative skin preparation, patient preinjection skin preparation

What age ranges are included in your waiver request?

- We are requesting a waiver of the pediatric study requirement for children under two months of age.

Reason for waiving pediatric studies:

- The product would be unsafe in this pediatric age group.

Justification for waiver:

This waiver is based on a previous pediatric study requirement waiver granted by the Agency for the reference product, Chloraprep®. As noted previously, for the Chloraprep® product, the pediatric study requirement was waived for children under two months of age because of safety concerns with the use of the product in this age group (i.e., irritancy potential, possibility of enhanced absorption, etc.) The current labeling for the Chloraprep® product contains a statement that the drug product should not be used in children less than two months of age because of the potential for excessive skin irritation and increased drug absorption.

The Chlorascrub™ solution contains the identical concentration of IPA and a slightly higher concentration of CHG as the Chloraprep® solution (3.15% w/v versus 2% w/v, respectively). It is presumed that the safety considerations (i.e., possibility for excessive skin irritation and increased drug absorption) for the Chlorascrub™ solution will be identical to those for the Chloraprep® solution, thus forming the basis of the justification for the waiver for the Chlorascrub™ product.

Consequently, the labeling for Chloraprep® contains a statement that the drug product should not be used in children less than two months of age because of the potential for excessive skin irritation and increased drug absorption (see Attachment 3).

The Chlorascrub™ solution contains the identical concentration of IPA and a slightly higher concentration of CHG as the Chloraprep® solution (3.15% w/v versus 2% w/v, respectively). Therefore, we believe that it is acceptable to extrapolate the efficacy data to the pediatric population as was done for NDA No. 20-832.

It is our belief that this will fulfill the requirements specified in the Pediatric Research Equity Act of 2003 regarding submission of a pediatric use assessment.

In addition, we hereby request a waiver of the pediatric study requirement for children under two months of age. A formal Waiver Request is submitted on the following page.

1.4 DEBARMENT CERTIFICATION

On behalf of Les Entreprises SoluMed, Inc., I hereby certify that we did not and will not use in any capacity the services of an individual, partnership, corporation, or association debarred under subsection (a) or (b) of Section 306 of the Federal Food, Drug and Cosmetic Act in connection with the NDA for Chlorascrub™.

Stephane Levesque
Director R&D
Les Entreprises SoluMed Inc.

July 26, 2004
Date

Division of Medication Errors and Technical Support (DMETS)
Office of Drug Safety
HFD-420; PKLN Rm. 6-34
Center for Drug Evaluation and Research

PROPRIETARY NAME REVIEW

DATE OF REVIEW: January 11, 2005

NDA#: 21-524

NAME OF DRUG: Chlorascrub™
Chlorhexidine Gluconate 3.125% (w/v)
and Isopropyl Alcohol 70%

NDA HOLDER: Les Enterprises SoluMed, Inc.

I. INTRODUCTION:

This consult was written in response to a request from the Division of Anti-Infective Drug Products (HFD-520), for assessment of the proprietary name, Chlorascrub™, regarding potential name confusion with other proprietary or established drug names. Container labels and carton labeling were provided for review and comment.

PRODUCT INFORMATION

Chlorascrub™ is the name proposed for an over-the-counter (OTC) preparation of chlorhexidine gluconate and isopropyl alcohol topical solution. Chlorascrub is to reduce bacteria that potentially cause skin infection and is indicated for preparation of skin prior to surgery or prior to injection – Cholorascrub will be packaged with foam-tipped swabsticks premoistened with 1.6 mL of solution, "Maxi Swabsticks", a larger swabstick, premoistened with 5.1 mL, and swabs each premoistened with 1 mL. Each swabstick or swab is to be applied to the procedure site and is for a single use only.

II. RISK ASSESSMENT:

The medication error staff of DMETS conducted a search of several standard published drug product reference texts[1,2] as well as several FDA databases[3] for existing drug names which sound-alike or look-alike to Chlorascrub to a degree where potential confusion between drug names could occur under the usual clinical practice settings. A search of the electronic online version of

[1] MICROMEDEX Integrated Index, 2005, MICROMEDEX, Inc., 6200 South Syracuse Way, Suite 300, Englewood, Colorado 80111-4740, which includes all products/databases within ChemKnowledge, DrugKnowledge, and RegsKnowledge Systems.

[2] Facts and Comparisons, online version, Facts and Comparisons, St. Louis, MO.

[3] AMF Decision Support System [DSS], the Division of Medication Errors and Technical Support [DMETS] database of Proprietary name consultation requests, New Drug Approvals 98-05, and the electronic online version of the FDA Orange Book.

the U.S. Patent and Trademark Office's Text and Image Database was also conducted[4]. An expert panel discussion was conducted to review all findings from the searches. In addition, DMETS conducted three prescription analysis studies consisting of two written prescription studies (requisition orders) and one verbal prescription study, involving health care practitioners within FDA. This exercise was conducted to simulate the prescription ordering process in order to evaluate potential errors in handwriting and verbal communication of the name.

A. EXPERT PANEL DISCUSSION (EPD)

An Expert Panel discussion was held by DMETS to gather professional opinions on the safety of the proprietary name Chlorascrub. Potential concerns regarding drug marketing and promotion related to the proposed name were also discussed. This group is composed of DMETS Medication Errors Prevention Staff and representation from the Division of Drug Marketing, Advertising, and Communications (DDMAC). The group relies on their clinical and other professional experiences and a number of standard references when making a decision on the acceptability of a proprietary name.

1. DDMAC finds the proprietary name Chlorascrub acceptable from a promotional perspective. Initially DDMAC had objected based on the concept that this is not a scrub and therefore the name is misleading. However, the medical consensus from the review division is that this may be used as a scrub and thus DDMAC changed their recommendation.

2. The Expert Panel identified two proprietary names that were thought to have the potential for confusion with Chlorascrub. These products are listed in Table 1 (see below), along with the dosage forms available and usual dosage. EPD participants commented that the proposed name sounds like a bathroom cleanser or contains Clorox (bleach) and questioned whether the product has a purely "chemical action" or does the swab "physically" remove or kill bacteria.

Table 1: Potential Sound-Alike/Look-Alike Names Identified by DMETS Expert Panel

Product Name	Dosage form(s), Established name	Usual adult dose*	Other**
Chlorascrub	**Chlorhexidine Gluconate 3.125% with 70% Isopropyl Alcohol (Packaged with "Swabsticks")**	**Apply to procedure site.**	
Chloraprep	Chlorhexidine Gluconate 2% with 70% Isopropyl Alcohol	Apply to procedure site.	SA/LA
Chloraseptic	Family Name for sore throat or sore mouth products in adult and pediatric formulations (see chart in Appendix B). Available in sprays and gargles (phenol 1.4% and 0.5%, pediatric), solutions and suspensions (acetaminophen), lozenges (procaine, benzocaine, butacaine), and strips (benzocaine/menthol).	Sprays: 3 sprays orally every 2 hours. Gargles: 1 capful for 15 seconds then spit. Lozenges: Suck one every 2 hours. Relief Strips: 2 strips every 2 hours. Adult liquid: 2 tablespoonfuls (1000 mg APAP every 6 hours) Pediatric Suspension: by age (160 mg APAP/teaspoonful)	LA
*Frequently used, not all-inclusive. **L/A (look-alike), S/A (sound-alike)			

[4] WWW location http://www.uspto.gov/tmdb/index.html.

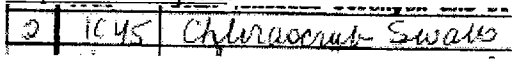
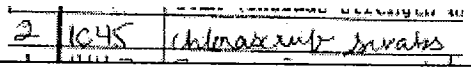
B. PHONETIC and ORTHOGRAPHIC COMPUTER ANALYSIS (POCA)

As part of the name similarity assessment, proposed names are evaluated via a phonetic/orthographic algorithm. The proposed proprietary name is converted into its phonemic representation before it runs through the phonetic algorithm. The phonetic search module returns a numeric score to the search engine based on the phonetic similarity to the input text. Likewise, an orthographic algorithm exists which operates in a similar fashion. All names considered to have significant phonetic or orthographic similarities to Chlorascrub were discussed by the Expert Panel (EPD).

C. PRESCRIPTION ANALYSIS STUDIES

1. Methodology:

Three separate studies were conducted within the Centers of the FDA for the proposed proprietary name to determine the degree of confusion of Chlorascrub with marketed U.S. drug names (proprietary and established) due to similarity in visual appearance with handwritten pharmacy requisition orders or verbal pronunciation of the drug name. These studies employed a total of 122 health care professionals (pharmacists, physicians, and nurses). This exercise was conducted in an attempt to simulate the prescription ordering process. Two pharmacy requisition orders were written, each consisting of a combination of marketed and unapproved drug products and a prescription for Chlorascrub (see below). These prescriptions were optically scanned and one prescription was delivered to a random sample of the participating health professionals via e-mail. In addition, one of the requisitions was recorded on voice mail. The voice mail messages were then sent to a random sample of the participating health professionals for their interpretations and review. After receiving either the written or verbal prescription orders, the participants sent their interpretations of the orders via e-mail to the medication error staff.

HANDWRITTEN REQUISITION	VERBAL ORDER
Requisition Sample 1: 	Chlorascrub swabs 2 boxes.
Requisition Sample 2: 	

2. Results:

None of the interpretations of the proposed name overlap, sound similar, or look similar to any currently marketed U.S. product. See Appendix A for the complete listing of interpretations from the verbal and written studies.

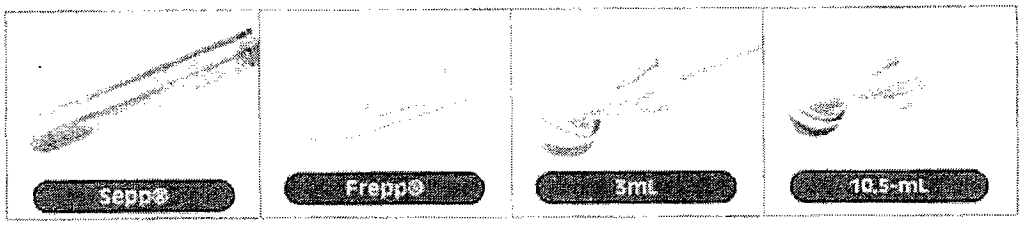
D. SAFETY EVALUATOR RISK ASSESSMENT

In reviewing the proprietary name Chlorascrub, the primary concerns related to look-alike and sound-alike confusion with Chloraprep and Chloraseptic. Additionally, DMETS is concerned with the use of the terminology swabstick. DMETS conducted prescription studies to simulate

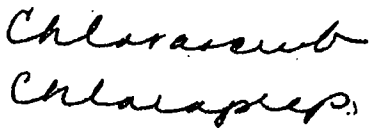
the prescription ordering process. In this case, there was no confirmation that the proposed name could be confused with any of the aforementioned names. However, negative findings are not predicative as to what may occur once the drug is widely prescribed, as these studies have limitations primarily due to a small sample size. The majority of misinterpretations were misspelled/phonetic variations of the proposed name, Chlorascrub.

1. Sound-alike and or look-alike concerns

   a. Chloraprep may sound and look similar to Chlorascrub. Chloraprep is chlorhexidine gluconate, 2% and isopropyl alcohol, 70% used in the aseptic preparation of skin prior to surgical procedures and needle insertions. Chloraprep is available in ampules, scrubbing applicators, and 3 mL and 10.5 mL pen-like devices (see image below).

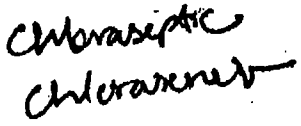


Chloraprep and Chlorascrub owe their look-alike properties to the shared initial letters, "Chlora". The endings of the drug names look different, due to the down stroke of the letter "p" appearing twice in Chloraprep and the upstroke "b" in Chlorasacrub (see writing sample below).



The initial two syllables of each contribute to the sound-alike properties. The "b" in Chlorascrub may also sound like the terminal "p" in Chloraprep as they are both stopped consonants. However, the "s" sound in Chlorascrub helps distinguish it from Chloraprep. Chloraprep and Chlorascrub have similar product characteristics including: route of administration, indication of use, active ingredients, dosage form, dosing regimen, and storage areas. Differences in product strength for the active ingredient, chlorhexidine gluconate may not suffice to distinguish the products since each product is only available in one strength and therefore the strength may not be written. However, it is not likely that inpatient practice settings will stock both of these products, primarily due to limited product formularies. DMETS finds it difficult to imagine a scenario in which confusion between these products would result in patient harm. For this reason and because of a lack of convincing orthographic and phonetic similarities, DMETS believes that these names may co-exist in the marketplace.

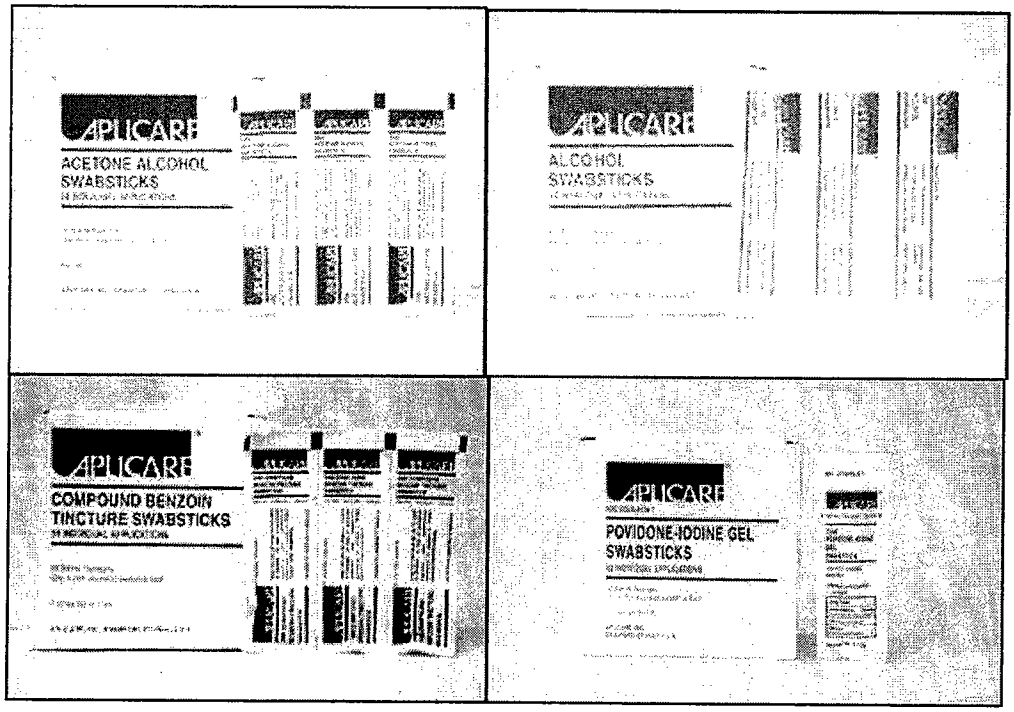
b. Chloraseptic may look similar to Chlorascrub when written. Chloraseptic is a proprietary "family name" for OTC sore mouth/sore throat products (see Appendix B). Chloraseptic and Chlorascrub owe their look-alike properties to the shared initial letter, "Chloras". The endings of the drug names look different, however, due to the down stroke "p" in Chloraseptic and the upstroke "b" in Chlorascrub (see writing sample below).



Despite some look-alike properties, Chloraseptic and Chlorascrub have differences including, route of administration (oral vs. topical), dosing intervals (every 2 hours or every 6 hours vs. one application before a procedure), and widely different indication for use (sore throat or mouth vs. topical antiseptic), respectively. Despite some look-alike properties, these differences and the lack of convincing orthographic similarities between the products will minimize the potential for error.

2. Nomenclature Concerns with the proposed "swabstick" and "maxi swabstick" terms

DMETS recognizes that the term "swabstick" has recognition in the marketplace as evidenced by the images appearing below.



In addition, Dorland's Medical Dictionary defines "swabstick" as, a wad of cotton or other absorbent material firmly attached to the end of a wire or stick, used for applying medication, removing material, collecting bacteriological material, etc. This product

fits this definition since it has absorbent material firmly attached to the end of a stick and is used for applying medication. However, the term "Maxi Swabstick" most likely does not share the same user recognition. A search of the "Google" internet search engine for *maxi swabstick* yielded only 12 search results, none of which identified a device such as the one proposed with this product. DMETS believes that the term "Maxi" on this product labeling, should not be used unless it is clearly defined. Additionally, since this product is described as having a foam tip, the CDER Nomenclature and Standards Committee (NSC) was contacted regarding whether the tip best falls under the CDER defined terms "swab" or "sponge". Although the NSC is presently in the process of revising the definitions for the terms swab and sponge, committee members believe that the proposed products may be considered to be "swabsticks" because of the small size of the foam tip.

III. LABELING, PACKAGING, AND SAFETY RELATED ISSUES

In the review of the container labels, carton and insert labeling of Chlorascrub, 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

1.

2.

3.

1 Page(s) Withheld

_____ Trade Secret / Confidential

✓ Draft Labeling

_____ Deliberative Process

Withheld Track Number: Administrative- 1

IV. RECOMMENDATIONS:

A. DMETS has no objections to the use of the proprietary name, Chlorascrub. This is considered a final decision. However, if the approval of this application is delayed beyond 90 days from the signature date of this document, the name must be re-evaluated. A re-review of the name will rule out any objections based upon approval of other proprietary or established names from the signature date of this document.

B. DMETS recommends implementation of the label and labeling revisions outlined in Section III. of this review that might lead to safer use of the product. We would be willing to revisit these issues if the Division receives another draft of the labeling from the manufacturer.

C. DDMAC finds the proprietary name Chlorascrub acceptable from a promotional perspective

D. The CDER Labeling and Nomenclature Committee has made recommendations regarding the proper designation of the established name (see Section III.A. of this review).

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 Sammie Beam, project manager, at 301-827-2102.

Charlie Hoppes, RPh, MPH
Safety Evaluator
Division of Medication Errors and Technical Support
Office of Drug Safety

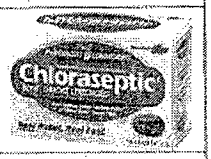
Concur:

Alina Mahmud, RPh, MS
Team Leader
Division of Medication Errors and Technical Support
Office of Drug Safety

Appendix A. Prescription Studies for Chlorascrub

Verbal	Pharmacy Requisition Sample 1.	Pharmacy Requisition Sample 2.
Chlorascrub swabs	Chlorascrub swabs	Chlorascrub swabs
Chlorascrub swabs	Chlirascrub swabs	Chlorascrub swabs
Chlorscrub swabs	Chlirascrub swabs	Chlorascrub swabs
Chloroscrub swabs	Chlorascrub swabs	Chlorascrub swabs
Corascrub swabs	Chlorascrub swabs	Chlorascrub sevabs
Chlorascrub Swabs	Chlorascrub swabs	Chlorascrub swabs
Chlor scrub swabs	Chlorascrub swabs	Chlorascrub swabs
Chlorscrub swabs	Chlorascrub swabs	Chlorascrub
Corscrub swabs	Chlorascrub	Chlorascruf swabs
Chlorscrub swabs	Chlorascrub	Chlorascrub swabs
Chloroscrub swabs	Chlirascrub	Chlorascrub
Chlorascrub swabs	Chlorascrub swabs	Chlorascrub swabs
	Chlorascrub swabs	Chloroscrub swabs
	Chlerascrub swab	Chlorascrub swabs
	Chlorascrub swabs	Chlorascrub swabs
	Chlirascrub swabs	
	Chlirascrub swabs	

Appendix B. Chloraseptic Products

Product Name	Active Ingredients/ Strengths	Directions for Use	Indications for Use	Notes	Product Image
Chloraseptic Sore Throat Spray	Phenol 1.4%	Spray 5 times to affected area. May repeat every 2 hours.	Sore Mouth Sore Throat Pain of Canker Sores	Available in cherry, cool mint, menthol, and grape	
Chloraseptic Sore Throat Lozenges	Benzocaine 6 mg Menthol 10 mg	Dissolve one lozenge in mouth for sore throat. May repeat every 2 hours.	Sore Mouth Sore Throat Pain of Canker Sores	Available in cherry, honey lemon, and menthol	
Chloraseptic Gargle	Phenol 1.4%	Gargle or swish one capful in mouth and throat for 15 seconds. May repeat every 2 hours.	Sore Mouth Sore Throat Pain of Canker Sores	Cool mint	
Chloraseptic Sore Throat Liquid	Acetaminophen 1000 mg/ 2 tablespoonfuls	Adults - two tablespoonfuls every six hours.	Sore throat, cold, fever, flu, headache, muscle aches	Cherry	
Kids Chloraseptic Sore Throat Suspension	Acetaminophen 160 mg/ teaspoonful	Dosing recommendations by age.	Sore throat, cold, fever, flu, headache, muscle aches	Grape	
Chloraseptic Sore Throat Relief Strips	Benzocaine 3 mg Menthol 3 mg	Use two strips per dose every 2 hours as needed.	Pain, sore throat and sore mouth	Cherry	

Kids Chloraseptic Sore Throat Spray	Phenol 0.5%	Spray five times in throat every 2 hours as needed.	Sore Mouth Sore Throat Pain of Canker Sores	Grape	
Chloraseptic Mouth Pain Rinse	Phenol 1.4 %	Gargle or swish one capful in mouth and throat for 15 seconds. May repeat every 2 hours.	Pain due to minor injury or irritation of mouth or gums. Canker sores, dental procedures, or due to orthodontic appliances.	Cinnamon	
Chloraseptic Mouth Pain Spray	Phenol 1.4 %	Apply to affected area, let sit for 15 seconds then spit out. May repeat every 2 hours.	Tooth aches, canker sores, dental procedures, or due to orthodontic appliances.	Available in Cool mint and Cherry blast	

This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.

/s/

Denise Toyer
5/4/05 09:19:57 AM
DRUG SAFETY OFFICE REVIEWER

Carol Holquist
5/4/05 11:23:13 AM
DRUG SAFETY OFFICE REVIEWER

Food and Drug Administration
Center for Drug Evaluation and Research
Office of Drug Evaluation IV

FACSIMILE TRANSMITTAL SHEET

DATE: June 1, 2005

To: Bob Reichman, US Agent, Nice-Pak Mark Patry/Anna Mallozzi, Les Entreprises Solumed	**From:** Maureen Dillon-Parker Regulatory Health Project Manager
Company: Nice-Pak Products Inc. and	Division of Division of Anti-Infective Drug Products
Fax number: #845-365-1602 (NP) #450-682-5777 (LES)	**Fax number:** #301-827-2325
Phone number: #845-365-1700 (NP) #450-682-6669 (LES)	**Phone number:** #301- 827-2125

Subject: Additional Labeling Comments for NDA 21-524

Total no. of pages including cover: 2

Comments: Please see attached additional changes to the labeling for NDA 21-524.

Document to be mailed: ☐YES ☑NO

1 Page(s) Withheld

_____ Trade Secret / Confidential

✓ Draft Labeling

_____ Deliberative Process

Withheld Track Number: Administrative- 2

Food and Drug Administration
Center for Drug Evaluation and Research
Office of Drug Evaluation IV

FACSIMILE TRANSMITTAL SHEET

DATE: May 27, 2005

To: Bob Reichman, US Agent, Nice-Pak Mark Patry/Anna Mallozzi, Les Entreprises Solumed	**From:** Maureen Dillon-Parker Project Manager
Company: Nice-Pak Products Inc. and Les Entreprises Solumed	Division of Division of Anti-Infective Drug Products
Fax number: #845-365-1602 (NP) #450-682-5777 (LES)	**Fax number:** #301-827-2325
Phone number: #845-365-1700 (NP) #450-682-6669 (LES)	**Phone number:** #301- 827-2125

Subject: Additional Labeling Comments for NDA 21-524

Total no. of pages including cover: 2

Comments: Please see attached additional changes to the labeling for NDA 21-524 in follow-up to discussions with Mark Patry.

Document to be mailed: ☐YES ☑NO

1 Page(s) Withheld

_____ Trade Secret / Confidential

✓ Draft Labeling

_____ Deliberative Process

Withheld Track Number: Administrative- 3

Food and Drug Administration
Center for Drug Evaluation and Research
Office of Drug Evaluation IV

FACSIMILE TRANSMITTAL SHEET

DATE: May 24, 2005

To: Bob Reichman, US Agent, Nice-Pak Mark Patry/Anna Mallozzi, Les Entreprises Solumed	**From:** Maureen Dillon-Parker Regulatory Health Project Manager
Company: Nice-Pak Products Inc. and	Division of Division of Anti-Infective Drug Products
Fax number: #845-365-1602 (NP) #450-682-5777 (LES)	**Fax number:** #301-827-2325
Phone number: #845-365-1700 (NP) #450-682-6669 (LES)	**Phone number:** #301- 827-2125

Subject: Additional Labeling Comments for NDA 21-524

Total no. of pages including cover: 2

Comments: Please see attached additional changes to the labeling for NDA 21-524 per discussions with the Labeling and Nomenclature Committee and Chemistry staff as noted in the 5-18-05 facsimile.

Document to be mailed: ☐YES ☑NO

\ Page(s) Withheld

_____ Trade Secret / Confidential

✓ Draft Labeling

_____ Deliberative Process

Withheld Track Number: Administrative- 4

Food and Drug Administration
Center for Drug Evaluation and Research
Office of Drug Evaluation IV

FACSIMILE TRANSMITTAL SHEET

DATE: May 18, 2005

To: Bob Reichman, US Agent, Nice-Pak Mark Patry/Anna Mallozzi, Les Entreprises Solumed	**From:** Maureen Dillon-Parker
Company: Nice-Pak Products Inc. and	Division of Division of Anti-Infective Drug Products
Fax number: #845-365-1602 (NP) #450-682-5777 (LES)	**Fax number:** #301-827-2325
Phone number: #845-365-1700 (NP) #450-682-6669 (LES)	**Phone number:** #301- 827-2125

Subject: Labeling Comments for NDA 21-524

Total no. of pages including cover: 7

Comments: Please see attached recommended labeling changes for NDA 21-524. Please note these are preliminary comments and discussions with our Labeling and Nomenclature Committee and Chemistry staff are ongoing; Further changes to the labeling may be necessary once these meetings have concluded.

Document to be mailed: ☐YES ☑ NO

6 Page(s) Withheld

____ Trade Secret / Confidential

✓ Draft Labeling

____ Deliberative Process

Withheld Track Number: Administrative- 5

This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.

/s/

Maureen Dillon-Parker
5/18/05 02:54:28 PM
CSO
NDA 21-524; Preliminary Labeling comments facsimile of 5-18-05

OTC Drug Labeling Review

Division of Over-The-Counter Drug Products (HFD-560)
Center for Drug Evaluation and Research • Food and Drug Administration

SUBMISSION DATE: July 26, 2004	**RECEIVED DATE:** August 5, 2004
REVIEW DATE:	April 4, 2005
NDA/SUBMISSION TYPE:	N21-524/ N 000
SPONSOR:	Les Enterprises SoluMed, Inc. 2109, Le Chatelier Laval, Quebec Canada H7L 5B3 [U.S. Agent: Nice-Pak Products, Inc.]
CONTACT:	Anna Mallozzi Director, Regulatory Affairs (450) 424-5115
DRUG PRODUCT:	Chlorascrub™
DOSAGE FORMS:	Swab, Swabstick, Maxi Swabstick
ACTIVE INGREDIENTS:	3.15% chlorhexidine gluconate with 70% isopropyl alcohol
PHARMACOLOGICAL CATEGORY:	Healthcare Antiseptic: Patient Preoperative Skin Preparation, Pre-injection
LABELING SUBMITTED:	For each dosage form (Swab, Swabstick, Maxi Swabstick): - Packet label - Outer carton label - Shipping label
PROJECT MANAGER:	Maureen Dillon-Parker
REVIEWER:	Colleen Kane Rogers, Ph.D.

BACKGROUND

On July 26, 2004, the sponsor submitted labeling for an NDA for a chlorhexidine gluconate/isopropyl alcohol combination antiseptic solution (Chlorascrub™) in three dosage forms. The three dosage forms are Swab (1.0 mL), Swabstick (1.6 mL), and Maxi Swabstick (5.1 mL). The sponsor requested the following indications for the Swabstick and Maxi Swabstick: "skin antiseptic", "skin preparation prior to surgery", and "skin preparation prior to injection ———". Only "skin antiseptic" and "skin preparation prior to injection ———" were requested as indications for the Swab. The NDA contained draft labeling of the Outer carton label, Packet label (immediate container), and Shipping label for all three product sizes. Both the Carton label (back panel) and Shipping label contain ***Drug Facts***.

REVIEWER'S COMMENT

For this review, comments on the Principal Display Panels of all three dosage forms are provided in one section (section A). Relevant dosage forms are indicated at the beginning of each comment in bold face type. ***Drug Facts*** for both the Swabstick and Maxi Swabstick are reviewed in section C. Due to differences in uses and directions, ***Drug Facts*** for the Swab is reviewed separately (section B). Packet labels and Shipping labels of all three dosage forms are reviewed in one section each (sections D and E, respectively).

A. Principal Display Panel (PDP) – Outer carton label, front panel

1. **Swabstick and Maxi Swabstick:** The statement of identity is incomplete and must be revised. 21 CFR 201.61(b) requires that the PDP include a statement of identity consisting of the established name of the drug, followed by the general pharmacological category of the drug. Both statements must be placed in direct conjunction with the most prominent display of the proprietary name. The appropriate established drug name for Chlorascrub™ is Chlorhexidine gluconate 3.15% (w/v) and Isopropyl alcohol 70% (v/v). The June 17, 1994, tentative final monograph for OTC Healthcare Antiseptic Drug Products (1994 TFM)(59 FR 31402 at 31443, § 333.460(a)) proposes the following as acceptable statements of the pharmacological category for patient preoperative preparations: ——— "patient preoperative skin preparation." Given the intended use of this product, "patient preoperative skin preparation" seems more appropriate. Furthermore, 21 CFR 201.61(c) requires that the statement of identity be presented in bold face type on the PDP, in a size reasonably related to the most prominent printed matter on the panel. As advised by members of the Nonprescription Drugs Advisory Committee (NDAC) at its September 19, 2002, meeting, the statement of identity

should be 50 percent of the size of the trade name. See prototype of the statement of identity below.

Chlorascrub™
Swabstick
Chlorhexidine Gluconate 3.15% (w/v) and
Isopropyl Alcohol 70% (v/v)
Patient Preoperative Skin Preparation

2. **Swab:** The statement of identity must be revised. 21 CFR 201.61(b) requires that the PDP include a statement of identity consisting of the established name of the drug, followed by the general pharmacological category of the drug. Both statements must be placed in direct conjunction with the most prominent display of the proprietary name. The appropriate established drug name for Chlorascrub™ is Chlorhexidine gluconate 3.15% (w/v) and Isopropyl alcohol 70% (v/v). The 1994 TFM proposes the following as acceptable statements of the pharmacological category for patient preoperative preparations: "antiseptic" or [redacted] Given the intended use of this product, "antiseptic" seems more appropriate.

3. **Swab, Swabstick and Maxi Swabstick:** The net weight of contents must be revised. 21 CFR 201.62(b) requires the statements of weight of the contents to be expressed in terms of avoirdupois weight (e.g., fluid ounce). However, 21 CFR 201.62(p) allows for a separate statement of net quantity of contents in terms of metric units. Currently, only metric units are supplied. Finally, the statement must appear as a distinct item and must be placed within the bottom 30 percent of the area of the label (refer to 21 CFR 201.62(e)). Since the entire front panel of the outer carton is considered the PDP, this requirement has been met.

4. **Swab, Swabstick and Maxi Swabstick:** The first bulleted statement on the front panel of the Outer carton (PDP) of the Swab and the second bulleted statement on the PDPs of the Swabstick and Maxi Swabstick list skin antisepsis prior to [redacted] as a use. Currently, the only allowable indications are "for preparation of the skin prior to surgery," "for preparation of the skin prior to an injection," and "helps reduce bacteria that potentially can cause skin infection" (see 1994 TFM, § 333.460(b)). Therefore, [redacted] must be removed.

5. **Swabstick and Maxi Swabstick:** The first bulleted statement on the front panel of the Outer carton (PDP) should be reworded. Change the term [redacted] Also, the statement currently reads ".. [redacted] ' (emphasis added). The meaning of this portion of the statement is unclear. The following revision of the statement is consistent with the definition of a patient preoperative skin preparation as described in the 1994 TFM, § 333.403(c)(2): "... [redacted] Therefore, the first bullet should read: [redacted]

B. Drug Facts Labeling – Swab

1. The ***Drug Facts*** information provided for the Outer carton label (back panel) and Shipping label appear to be identical. The following comments apply to ***Drug Facts*** on both labels. A prototype ***Drug Facts*** label has been included at the end of this section for your reference.

2. *Uses*
   a. Change the first letter of the first word in each bulleted statement to lower case. Also, remove periods from the end of each statement.

   b. Remove the words [redacted] from the first bulleted statement. Only "preparation of the skin prior to injection" or "helps reduce bacteria that potentially can cause skin infection" are allowable indications.

   c. Move the third bulleted statement: "for hospital and professional use only". This statement may appear in ***Drug Facts*** under ***Other information*** or on the PDP.

3. *Warnings*
   a. The warning statements immediately under the ***Warnings*** heading should not be bulleted. These statements may start with a capital letter.

   b. Remove periods from the end of each statement, unless the statement is comprised of more than one sentence.

   c. Move the warning "**For external use only**" so that it is the first statement under the ***Warnings*** heading (see 21 CFR 201.66(c)).

   d. Move the statement "do not use under occlusive patch" to the **Do not use** subheading (see B.3.f.). Also, do not capitalize the word "occlusive".

   e. Move the last bulleted statement under ***Warnings*** [redacted] to the **Stop use and ask a doctor if** subheading (see B.3.h.).

   f. Reorder the bulleted statements under the **Do not use** subheading so that they are consistent with approved labeling for other drugs in this product category. Refer to the following box for guidance.

Do not use
■ on children less than 2 months of age because of the potential for excessive skin irritation and increased drug absorption
■ on patients with known allergies to chlorhexidine gluconate or isopropyl alcohol
■ for lumbar puncture or in contact with the meninges
■ on open skin wounds or as a general skin cleanser
■ under occlusive patch

g. Add the subheading **When using this product** to follow the subheading **Do not use**. Move the statement "in the eyes, ears, mouth..." found under **Do not use** (second bullet) to the **When using this product** subheading. Modify the statement so that it is consistent with approved labeling for other drugs in this product category. It should read as follows:
When using this product keep out of eyes, ears, mouth, and mucous membranes. May cause serious or permanent injury if permitted to enter and remain. If contact occurs, rinse with cold water right away and contact a doctor.

h. Add the subheading **Stop use and ask a doctor if** to follow the **When using this product** subheading. Move the statement '[redacted]' from the ***Warnings*** section to the subheading **Stop use and ask a doctor if**. Modify the statement so that it is consistent with approved labeling for other drugs in this product category. It should read as follows:
Stop use and ask a doctor if irritation, sensitization, or allergic reaction occurs. These may be signs of a serious condition.

i. Remove the bullet from the "**Keep out of reach of children**" statement.

4. ***Directions***

a. The maximum treatment area and drying time are given in the ***Directions*** section. Please provide a justification (e.g., clinical data) for this information.

b. Change the first letter of the first word in each bulleted statement to lower case. Also, statements comprised of a single sentence should not have periods at the end.

c. Remove the words [redacted] from the second bulleted statement. Puncture is not an allowable indication.

d. Remove [redacted] from the second bulleted statement. The final rule on Labeling Requirements for OTC drugs (64 FR 13254 at 13268) states that brand names may not appear in the ***Drug Facts*** enclosure, but may appear anywhere else on the labeling outside of the boxed area.

e. Increase the prominence of the maximum treatment area information by moving the information toward the top of the bulleted list or by using bold face type.

C. Drug Facts Labeling – Swabstick and Maxi Swabstick

1. The ***Drug Facts*** information provided for the Outer carton label (back panel) and Shipping label appear to be identical. The following comments apply to the ***Drug Facts*** information on both labels. A prototype Swabstick ***Drug Facts*** label has been included at the end of this section for your reference.

2. *Active ingredients*
   a. Change the first letter of the second word of the active ingredients (i.e., gluconate and alcohol) to lower case.

3. *Uses*
   a. Change the first letter of the first word of each bulleted statement to lower case. Also, remove periods from the end of each statement.

   b. Remove the words [redacted] from the second bulleted statement. Only "preparation of the skin prior to surgery" or "preparation of the skin prior to injection" are allowable indications.

   c. Listed uses can be combined to one bullet, if desired. ***Uses*** may read as follows: ***Use*** for the preparation of the patient's skin prior to surgery or injection

   d. Move the fourth bulleted statement: "for hospital and professional use only". This statement may appear in ***Drug Facts*** under ***Other information*** or on the PDP.

4. *Warnings*
   a. The warning statements immediately under the ***Warnings*** heading should not be bulleted. These statements may start with a capital letter.

   b. Remove periods from the end of each statement, unless the statement is comprised of more than one sentence.

   c. Move the warning "**For external use only**" so that it is the first statement under the ***Warnings*** heading (see 21 CFR 201.66(c)).

   d. Move the statement "do not use under occlusive patch" to the **Do not use** subheading. Also, do not capitalize the word "occlusive".

   e. Move the last bulleted statement under ***Warnings*** ([redacted]") to the **Stop use and ask a doctor if** subheading (see C.4.h.).

f. Modify the first two bulleted statements under ***Directions*** to enhance clarity. These statements are long and should be divided into two sentences (second and third bullets below). Refer to the following prototype ***Directions*** section for guidance.

> ***Directions***
> - maximum treatment area for one swab is approximately 2.5 by 2.5 inches (6 by 6 cm)
> - tear open packet and remove swab. Do not unfold swab.
> - prior to injection, apply swab to the procedure site by holding swab between thumb and index finger. Apply swab to skin using repeated back-and-forth strokes for 15 seconds.
> - allow the prepped area to air dry for 30 seconds
> - do not blot or wipe dry
> - discard after a single use

5. ***Other information***
   a. Change the first letter of the first word in each bulleted statement to lower case. Also, remove periods from the end of each statement.

   b. The statement "for hospital and professional use only" may be added to this section.

   c. Remove the third bulleted statement: ~~[redacted]~~ This statement is not pertinent to the safe and effective use of the product. Refer to 21 CFR 201.66(c)(7) for guidance.

6. ***Questions?***
   a. ~~[redacted]~~

1 Page(s) Withheld

_____ § 552(b)(4) Trade Secret / Confidential

1 § 552(b)(4) Draft Labeling

_____ § 552(b)(5) Deliberative Process

Withheld Track Number: Administrative- 1A

f. Reorder the bulleted statements under the **Do not use** subheading so that they are consistent with approved labeling for other drugs in this product category. Refer to the box in B.3.f. for guidance.

g. Add the subheading **When using this product** to follow the subheading **Do not use**. Move the statement "in the eyes, ears, mouth..." found under **Do not use** (second bullet) to the **When using this product** subheading. Modify the statement so that it is consistent with approved labeling for other drugs in this product category. It should read as follows:
When using this product keep out of eyes, ears, mouth, and mucous membranes. May cause serious or permanent injury if permitted to enter and remain. If contact occurs, rinse with cold water right away and contact a doctor.

h. Add the subheading **Stop use and ask a doctor if** to follow the **When using this product** subheading. Move the statement [redacted] from the ***Warnings*** section to the subheading **Stop use and ask a doctor if**. Modify the statement so that it is consistent with labeling for other drugs in this product category. It should read as follows:
Stop use and ask a doctor if irritation, sensitization, or allergic reaction occurs. These may be signs of a serious condition.

i. Remove the bullet from the "**Keep out of reach of children**" statement.

5. ***Directions***
   a. The maximum treatment areas and drying times are given in the ***Directions*** section. Please provide a justification (e.g., clinical data) for this information.

   b. Change the first letter of the first word in each bulleted statement to lower case. Also, statements comprised of a single sentence should not have periods at the end (i.e., all but the second bulleted statement).

   c. Remove the word [redacted] from the third bulleted statement. [redacted] is not an allowable indication.

   d. Remove [redacted] from the third bulleted statement. The final rule on Labeling Requirements for OTC drugs (64 FR 13254 at 13268) states that brand names may not appear in the ***Drug Facts*** enclosure, but may appear anywhere else on the labeling outside of the boxed area.

e. Increase the prominence of the maximum treatment area information by moving the information toward the top of the bulleted list or by using bold face type.

f. Emphasize that vigorous application of the antiseptic is recommended (especially for moist sites) by bolding the word "vigorous" in the directions.

6. ***Other information***

a. Change the first letter of the first word in each bulleted statement to lower case. Also, remove periods from the end of each statement.

b. The statement "for hospital and professional use only" may be added to this section.

c. Remove the third bulleted statement: [redacted] This statement is not pertinent to the safe and effective use of the product. Refer to 21 CFR 201.66(c)(7) for guidance.

7. ***Questions?***

a. [redacted]

1 Page(s) Withheld

_____ Trade Secret / Confidential

1 Draft Labeling

_____ Deliberative Process

Withheld Track Number: Administrative- 2A

D. Packet Label (Immediate Container) – Swab, Swabstick, and Maxi Swabstick

1. Remove the word "————" from the front panel of the Packet label and from the Directions section on the back panel. "————" is not an allowable indication.

2. Add the statement "**For external use only.**" to the Warnings section of the back panel. The warnings on the Packet label should be the same as those listed under ***Warnings*** in ***Drug Facts***. Therefore, this statement should be the first warning and should be in bold face type.

3. Add the statement "IMPORTANT: See carton for complete ***Drug Facts*** information" to the front and back panels of the Packet label to direct the user to the ***Drug Facts*** information.

E. Shipping Carton Label – Swab, Swabstick, and Maxi Swabstick

1. If included on the Shipping label, the ***Drug Facts*** information must be identical to the ***Drug Facts*** information on the Outer carton label. Refer to sections B and C for guidance on ***Drug Facts*** requirements.

RECOMMENDATIONS TO THE SPONSOR

Required Changes:

Note: the following changes apply to the Swab, Swabstick, and Maxi Swabstick unless otherwise noted. Please refer to the prototype *Drug Facts* label at the end of these recommendations.

1. Revise the statement of identity on the Principal Display Panel (PDP) of the Swabstick and Maxi Swabstick. The statement of identity must include the appropriate established name of the drug (Chlorhexidine gluconate 3.15% (w/v) and Isopropyl alcohol 70% (v/v)), followed by the general pharmacological category of the drug (Patient preoperative skin preparation). Refer to 21 CFR 201.61(b) for guidance.

2. Revise the statement of identity on the PDP of the Swab. The statement of identity must include the appropriate established name of the drug (Chlorhexidine gluconate 3.15% (w/v) and Isopropyl alcohol 70% (v/v)), followed by the general pharmacological category of the drug (Antiseptic). Refer to 21 CFR 201.61(b) for guidance.

3. Express the net weight of contents of the Swab, Swabstick, and Maxi Swabstick in terms of avoirdupois weight (e.g., fluid ounce). Metric weights are allowed, but the avoirdupois weight must precede the metric weight. Refer to 21 CFR 201.62(b) and (p) for guidance.

4. Remove the word "_____ from the PDP, ***Drug Facts*** (under ***Uses*** and ***Directions***), and Packet label (front and back panels) of the Swab, Swabstick, and Maxi Swabstick. Currently, the only allowable indications are "for preparation of the skin prior to surgery," "for preparation of the skin prior to an injection," and "helps reduce bacteria that potentially can cause skin infection". Refer to the June 17, 1994, tentative final monograph (TFM) for OTC Healthcare Antiseptic Drug Products (59 FR 31402 at 31443, § 333.460(b)) for these allowable indications.

5. Change the first letter of the second word of the active ingredients (i.e., gluconate and alcohol) in the ***Drug Facts*** box of the Swabstick and Maxi Swabstick from upper case to lower case.

6. Change the first letter of the first word of each bulleted statement in the ***Drug Facts*** box (under the headings ***Uses***, ***Directions***, and ***Other information***) from upper case to lower case.

7. Remove the periods from the ends of the statements in the ***Drug Facts*** box (under the headings ***Uses***, ***Warnings***, ***Directions***, ***Other information***, and _____ . However, statements comprised of more than one sentence should have periods at the end of each sentence.

8. Move the statement "for hospital and professional use only" from the ***Uses*** section to the ***Other information*** section.

9. Remove the bullets from the statements immediately under the ***Warnings*** heading, unless more than one statement is placed on the same line.

10. Move the warning "**For external use only**" so that it is the first statement under the ***Warnings*** heading. Refer to 21 CFR 201.66(c) for guidance.

11. Move the statement "do not use under occlusive patch" to the **Do not use** subheading (see #13 below). Do not capitalize the word "occlusive".

12. Move the statement " _____ skin irritation and redness develop" to the **Stop use and ask a doctor if** subheading (see #15 below).

13. Reorder the bulleted statements under the **Do not use** subheading of the ***Warnings*** section of ***Drug Facts*** to make them consistent with approved labeling for other drugs in this product category. Reorder the bullets as follows:

> **Do not use**
> - on children less than 2 months of age because of the potential for excessive skin irritation and increased drug absorption
> - on patients with known allergies to chlorhexidine gluconate or isopropyl alcohol
> - for lumbar puncture or in contact with the meninges
> - on open skin wounds or as a general skin cleanser
> - under occlusive patch

14. Modify the ***Warnings*** section of ***Drug Facts***:
    a. Add the subheading **When using this product**, following the subheading **Do not use**.
    b. Move the statement "in the eyes, ears, mouth..." from the ——— subheading to the **When using this product** subheading.
    c. Modify the statement for consistency with approved labeling of other drugs in this product category. The statement should read as follows:
    When using this product keep out of eyes, ears, mouth, and mucous membranes. May cause serious or permanent injury if permitted to enter and remain. If contact occurs, rinse with cold water right away and contact a doctor.

15. Modify the ***Warnings*** section of ***Drug Facts***:
    a. Add the subheading **Stop use and ask a doctor if**, following the subheading **When using this product**.
    b. Move the statement " ——— if skin irritation and redness develop" from the ***Warnings*** section to the subheading **Stop use and ask a doctor if.**
    c. Modify the statement for consistency with approved labeling of other drugs in this product category. The statement should read as follows:
    Stop use and ask a doctor if irritation, sensitization, or allergic reaction occurs. These may be signs of a serious condition.

16. Remove the bullet from the "**Keep out of reach of children**" statement.

17. Increase the prominence of the maximum treatment area information in the ***Directions*** section by moving the information toward the top of the bulleted list or by using bold face type (see #19 below).

18. Remove the ——— from the ***Directions*** section. The final rule on Labeling Requirements for OTC drugs (64 FR 13254 at 13268) states that ——— may not appear in the ***Drug Facts*** enclosure, but may appear anywhere else on the labeling outside of the boxed area.

19. [redacted]

20. [redacted]

21. Add the statement "**For external use only.**" to the Warnings section of the back panel of the Packet label. The warnings on the Packet label should be the same as those listed under ***Warnings*** in ***Drug Facts***. Therefore, this statement should be the first warning and should be in bold face type, as described in 21 CFR 201.66(c).

22. Add the statement "IMPORTANT: See carton for complete ***Drug Facts*** information" to the front and back panels of the Packet label.

Recommended Changes:

1. Change the first bulleted statement on the front panel of the Outer carton (PDP) of the Swabstick and Maxi Swabstick to read: [redacted]

2. Listed uses for the Swabstick and Maxi Swabstick can be combined to one bullet. ***Uses*** may read as follows:
   Use for the preparation of the patient's skin prior to surgery or injection

3. Emphasize that vigorous application of the antiseptic is recommended by bolding the word "vigorous" in the directions.

1 Page(s) Withheld

_____ Trade Secret / Confidential

1 Draft Labeling

_____ Deliberative Process

Withheld Track Number: Administrative- 3A

This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.

/s/

Colleen Rogers
4/6/05 03:59:17 PM
INTERDISCIPLINARY

Debbie Lumpkins
4/7/05 08:41:22 AM
INTERDISCIPLINARY

NDA REGULATORY FILING REVIEW
(Including Memo of Filing Meeting)

NDA # 21-524 Supplement # **NA** SE1 SE2 SE3 SE4 SE5 SE6 SE7 SE8

Trade Name: Chlorascrub™
Generic Name: 3.15% (w/v) Chlorhexidine Gluconate with 70% (v/v) Isopropyl Alcohol (IPA)
Strengths: Swab, Swabstick, Maxi Swabstick

Applicant: Les Entreprises SoluMed, Inc. (US Agent: Nice Pak Products, Inc. Orangeburg NY

Date of Application: July 26, 2004
Date of Receipt: August 5, 2004
Date clock started after UN:
Date of Filing Meeting: September 27, 2004
Filing Date: October 4, 2004
Action Goal Date (optional): May 30, 2004 User Fee Goal Date: **June 5, 2004**

Indication(s) requested: skin antiseptic, skin preparation prior to surgery, skin preparation prior to injection or puncture

Type of Original NDA: (b)(1) _____ (b)(2) __X__
OR
Type of Supplement: (b)(1) _____ (b)(2) _____

NOTE:

(1) If you have questions about whether the application is a 505(b)(1) or 505(b)(2) application, see Appendix A. A supplement can be either a (b)(1) or a (b)(2) regardless of whether the original NDA was a (b)(1) or a (b)(2). If the application is a (b)(2), complete Appendix B.

(2) If the application is a supplement to an NDA, please indicate whether the NDA is a (b)(1) or a (b)(2) application:

____ NDA is a (b)(1) application OR ___ NDA is a (b)(2) application

Therapeutic Classification: S __X__ P _____
Resubmission after withdrawal? _____ Resubmission after refuse to file? _____
Chemical Classification: (1,2,3 etc.) __3__
Other (orphan, OTC, etc.) _____

Form 3397 (User Fee Cover Sheet) submitted: **YES** NO

User Fee Status: Paid _____ Exempt (orphan, government) _____
Waived (e.g., small business, public health) __X__

NOTE: *If the NDA is a 505(b)(2) application, and the applicant did not pay a fee in reliance on the 505(b)(2) exemption (see box 7 on the User Fee Cover Sheet), confirm that a user fee is not required. The applicant is required to pay a user fee if: (1) the product described in the 505(b)(2) application is a new molecular entity or (2) the applicant claims a new indication for a use that that has not been approved under section 505(b). Examples of a new indication for a use include a new indication, a new dosing regime, a new patient population, and an Rx to OTC switch. The best way to determine if the applicant is claiming a new indication for a use is to compare the applicant's proposed labeling to labeling that has already been approved for the*

product described in the application. Highlight the differences between the proposed and approved labeling. If you need assistance in determining if the applicant is claiming a new indication for a use, please contact the user fee staff.

- Is there any 5-year or 3-year exclusivity on this active moiety in an approved (b)(1) or (b)(2) application?

  YES **NO**

  If yes, explain:

- Does another drug have orphan drug exclusivity for the same indication? YES **NO**

- If yes, is the drug considered to be the same drug according to the orphan drug definition of sameness [21 CFR 316.3(b)(13)]?

  YES **NO**

  If yes, consult the Director, Division of Regulatory Policy II, Office of Regulatory Policy (HFD-007).

- Is the application affected by the Application Integrity Policy (AIP)? YES **NO**
  If yes, explain.

- If yes, has OC/DMPQ been notified of the submission? YES NO

- Does the submission contain an accurate comprehensive index? **YES** NO

- Was form 356h included with an authorized signature? **YES** NO
  If foreign applicant, both the applicant and the U.S. agent must sign.

- Submission complete as required under 21 CFR 314.50? **YES** NO

  If no, explain:

- If an electronic NDA, does it follow the Guidance? N/A **YES** NO
  If an electronic NDA, all certifications must be in paper and require a signature.
  Which parts of the application were submitted in electronic format?

  The proposed labeling and SAS-transport files were submitted electronically

  Additional comments: Entire NDA was submitted in paper except as noted above.

- If in Common Technical Document format, does it follow the guidance? **N/A** YES NO

- Is it an electronic CTD? N/A YES **NO**
  If an electronic CTD, all certifications must be in paper and require a signature.

Which parts of the application were submitted in electronic format?

Additional comments:

- Patent information submitted on form FDA 3542a? **YES** NO
- Exclusivity requested? YES, _____years **NO**
  NOTE: *An applicant can receive exclusivity without requesting it; therefore, requesting exclusivity is not required.*
- Correctly worded Debarment Certification included with authorized signature? **YES** NO
  If foreign applicant, both the applicant and the U.S. Agent must sign the certification.

  NOTE: *Debarment Certification should use wording in FD&C Act 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 . . . ."*
- Financial Disclosure forms included with authorized signature? **YES** NO
  (Forms 3454 and 3455 must be used and must be signed by the APPLICANT.)
- Field Copy Certification (that it is a true copy of the CMC technical section)? **YES** NO

Refer to 21 CFR 314.101(d) for Filing Requirements

- PDUFA and Action Goal dates correct in COMIS? **YES** NO
  If not, have the document room staff correct them immediately. These are the dates EES uses for calculating inspection dates.
- Drug name/Applicant name correct in COMIS? If not, have the Document Room make the corrections.
- List referenced IND numbers: **IND 59,446**
- End-of-Phase 2 Meeting(s)? Date(s) _____ **NO**
  If yes, distribute minutes before filing meeting.
- Pre-NDA Meeting(s)? Date(s) **3/11/02** NO
  If yes, distribute minutes before filing meeting.

Project Management

- All labeling (PI, PPI, MedGuide, carton and immediate container labels) consulted to DDMAC?
  Professional use product; DDMAC does not review YES **NO**
- Trade name (plus PI and all labels and labeling) consulted to ODS/DMETS? **YES** NO
- MedGuide and/or PPI (plus PI) consulted to ODS/DSRCS? **N/A** YES NO

- If a drug with abuse potential, was an Abuse Liability Assessment, including a proposal for scheduling, submitted?
  N/A YES NO

If Rx-to-OTC Switch application:

- OTC label comprehension studies, all OTC labeling, and current approved PI consulted to ODS/DSRCS?
  N/A YES NO
- Has DOTCDP been notified of the OTC switch application?
  YES NO

Clinical

- If a controlled substance, has a consult been sent to the Controlled Substance Staff?
  N/A YES NO

Chemistry

- Did applicant request categorical exclusion for environmental assessment?
  YES NO
  If no, did applicant submit a complete environmental assessment?
  YES NO
  If EA submitted, consulted to Florian Zielinski (HFD-357)?
  YES NO
- Establishment Evaluation Request (EER) submitted to DMPQ?
  YES NO
- If a parenteral product, consulted to Microbiology Team (HFD-805)?
  YES NO

ATTACHMENT

MEMO OF FILING MEETING

DATE: September 27, 2004 (11:00am)

BACKGROUND: This NDA is for Chlorascrub™ Swabstick, Maxi Swabstick and Swab. This is a 3.15% (w/v) chlorhexidine gluconate and 70% (v/v) isopropyl alcohol product. The applicant seeks the following indications: skin antiseptic; skin preparation prior to surgery; and skin preparation prior to injection —

This application will be jointly reviewed between the Division of Anti-Infective Drug Products and the Division of Over-the-Counter Drug Products.

Additionally, this NDA was filed as a 505(b)(2) application because it is relying on the Agency's findings of safety for NDA 20-832 (Mediflex; ChloraPrep (2% Chlorhexidine Gluconate/70% Isopropyl Alcohol).

ATTENDEES:
Division of Anti-Infective Drug Products
Janice Soreth, MD, Division Director
Jean Mulinde, MD, Clinical Team Leader
David Bostwick, Clinical Reviewer
Connie Mahon, M.S., Microbiology Reviewer
Fred Marsik, Ph.D., Microbiology Team Leader (acting)
Sue Bell, Ph.D., Statistical Reviewer
Daphne Lin, Ph.D., Statistical Team Leader
Milton Sloan, Ph.D., Chemistry Reviewer
James Vidra, Ph.D., Chemistry Team Leader
Maureen Dillon-Parker, Project Manager

Office of Drug Evaluation IV
David Roeder, Associate Director for Regulatory Affairs

Office of Drug Evaluation V
Jonca C. Bull, MD, Director
Terri Rumble, Associate Director for Regulatory Affairs

Division of Over-the-Counter Drug Products
Charles Ganley, MD, Division Director
David Hilfiker, MS, Supervisory Project Manager
Steve Osborne, MD., Medical Officer
Andrea Leonard-Segal, M.D., M.S., Medical Team Leader
Tia Frazier, RN, MS, Project Manager
Debbie Lumpkins, Team Leader, Interdisciplinary Scientist, Team 3
Colleen Kane, Ph.D., Microbiology Reviewer

ASSIGNED REVIEWERS:

Discipline	**Reviewer**
Medical:	David Bostwick
Secondary Medical:	Jean Mulinde
Statistical:	Sue Bell.
Pharmacology:	Amy Ellis
Statistical Pharmacology:	NA
Chemistry:	Milton Sloan.
Environmental Assessment (if needed):	NA
Biopharmaceutical:	Venkateswar Jarugula
Microbiology, sterility:	NA
Microbiology, clinical (for antimicrobial products only):	Connie Mahon
DSI:	Mathew Thomas/Brenda Friend
Regulatory Project Management:	Maureen Dillon-Parker
Other Consults: **OTC** Clinical:	Steve Osborne & Andrea Leonard-Segal
PM:	Tia Frazier
IDS/Labeling:	Debbie Lumpkins & Colleen Kane

Per reviewers, are all parts in English or English translation? **YES** NO
If no, explain:

CLINICAL FILE __X__ REFUSE TO FILE _____

- Clinical site inspection needed: **YES** NO
- Advisory Committee Meeting needed? YES, date if known _____ **NO**
- 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? **N/A** YES NO

CLINICAL MICROBIOLOGY NA _____ FILE __X__ REFUSE TO FILE _____

STATISTICS FILE __X__ REFUSE TO FILE _____

BIOPHARMACEUTICS FILE __X__ REFUSE TO FILE _____

- Biopharm. inspection needed: YES NO

PHARMACOLOGY NA _____ FILE __X__ REFUSE TO FILE _____

- GLP inspection needed: YES **NO**

CHEMISTRY FILE __X__ REFUSE TO FILE _____

- Establishment(s) ready for inspection? **YES** NO

- Microbiology N/A YES NO

ELECTRONIC SUBMISSION:
Any comments: SAS Data sets and Labeling submitted electronically.

REGULATORY CONCLUSIONS/DEFICIENCIES:

_____ The application is unsuitable for filing. Explain why:

_____ The application, on its face, appears to be well organized and indexed. The application appears to be suitable for filing.

_____ No filing issues have been identified.

__X__ Filing issues to be communicated by Day 74. List (optional):

ACTION ITEMS:

Document filing issues conveyed to applicant by Day 74. Letter issued 10-18-04.

_____
Regulatory Project Manager, HFD-520

Appendix A to NDA Regulatory Filing Review

An application is likely to be a 505(b)(2) application if:

(1) it relies on literature to meet any of the approval requirements (unless the applicant has a written right of reference to the underlying data)
(2) it relies on the Agency's previous approval of another sponsor's drug product (which may be evidenced by reference to publicly available FDA reviews, or labeling of another drug sponsor's drug product) to meet any of the approval requirements (unless the application includes a written right of reference to data in the other sponsor's NDA)
(3) it relies on what is "generally known" or "scientifically accepted" about a class of products to support the safety or effectiveness of the particular drug for which the applicant is seeking approval. (Note, however, that this does not mean *any* reference to general information or knowledge (e.g., about disease etiology, support for particular endpoints, methods of analysis) causes the application to be a 505(b)(2) application.)
(4) it seeks approval for a change from a product described in an OTC monograph and relies on the monograph to establish the safety or effectiveness of one or more aspects of the drug product for which approval is sought (see 21 CFR 330.11).

Products that may be likely to be described in a 505(b)(2) application include combination drug products (e.g., heart drug and diuretic (hydrochlorothiazide) combinations), OTC monograph deviations, new dosage forms, new indications, and new salts.

If you have questions about whether an application is a 505(b)(1) or 505(b)(2) application, please consult with the Director, Division of Regulatory Policy II, Office of Regulatory Policy (HFD-007).

Appendix B to NDA Regulatory Filing Review
Questions for 505(b)(2) Applications

1. Does the application reference a listed drug (approved drug)? **YES** NO

   If "No," skip to question 3.

2. Name of listed drug(s) referenced by the applicant (if any) and NDA/ANDA #(s):

   NDA 20-832; Medi-Flex, Inc., ChloraPrep®
   [chlorhexidine gluconate 2% (w/v) and isopropyl alcohol 70% (v/v)]

3. The purpose of this and the questions below (questions 3 to 5) is to determine if there is an approved drug product that is equivalent or very similar to the product proposed for approval and that should be referenced as a listed drug in the pending application.

   (a) Is there a pharmaceutical equivalent(s) to the product proposed in the 505(b)(2) application that is already approved?

   YES **NO**

   (***Pharmaceutical equivalents*** are drug products in identical dosage forms that: **(1)** contain identical amounts of the identical active drug ingredient, i.e., the same salt or ester of the same therapeutic moiety, or, in the case of modified release dosage forms that require a reservoir or overage or such forms as prefilled syringes where residual volume may vary, that deliver identical amounts of the active drug ingredient over the identical dosing period; **(2)** do not necessarily contain the same inactive ingredients; **and (3)** meet the identical compendial or other applicable standard of identity, strength, quality, and purity, including potency and, where applicable, content uniformity, disintegration times, and/or dissolution rates. (21 CFR 320.1(c))

   If "No," skip to question 4. Otherwise, answer part (b).

   (b) Is the approved pharmaceutical equivalent(s) cited as the listed drug(s)? YES NO
   (The approved pharmaceutical equivalent(s) should be cited as the listed drug(s).)

   If "Yes," skip to question 6. Otherwise, answer part (c).

   (c) Have you conferred with the Director, Division of Regulatory Policy II, Office of Regulatory Policy (ORP) (HFD-007)?

   YES NO

   If "No," please contact the Director, Division of Regulatory Policy II, ORP. Proceed to question 6.

4. (a) Is there a pharmaceutical alternative(s) already approved? YES **NO**

   (***Pharmaceutical alternatives*** are drug products that contain the identical therapeutic moiety, or its precursor, but not necessarily in the same amount or dosage form or as the same salt or ester. Each such drug product individually meets either the identical or its own respective compendial or other applicable standard of identity, strength, quality, and purity, including potency and, where applicable, content uniformity, disintegration times and/or dissolution rates. (21 CFR 320.1(d)) Different dosage forms and strengths within a product line by a single manufacturer are thus pharmaceutical alternatives, as are extended-release products when compared with immediate- or standard-release formulations of the same active ingredient.)

If "No," skip to question 5. Otherwise, answer part (b).

(b) Is the approved pharmaceutical alternative(s) cited as the listed drug(s)? YES NO
(The approved pharmaceutical alternative(s) should be cited as the listed drug(s).)

NOTE: *If there is more than one pharmaceutical alternative approved, consult the Director, Division of Regulatory Policy II, Office of Regulatory Policy (ORP) (HFD-007) to determine if the appropriate pharmaceutical alternatives are referenced.*

*If "**Yes**," skip to question 6. Otherwise, answer part (c).*

(c) Have you conferred with the Director, Division of Regulatory Policy II, ORP? YES NO

If "No," please contact the Director, Division of Regulatory Policy II, ORP. Proceed to question 6.

5. (a) Is there an approved drug product that does not meet the definition of "pharmaceutical equivalent" or "pharmaceutical alternative," as provided in questions 3(a) and 4(a), above, but that is otherwise very similar to the proposed product?

YES NO

If "No," skip to question 6.

*If "**Yes**," please describe how the approved drug product is similar to the proposed one and answer part (b) of this question. Please also contact the Director, Division of Regulatory Policy II, Office of Regulatory Policy (HFD-007), to further discuss.*

The approved product (NDA 20-832) is indicated for the same indications as this Sponsor is seeking and contains both chlorhexidine gluconate (CHG) and isopropyl alcohol. The approved product contains 2% CHG/70% IPA whereas, this NDA contains 3.15% CHG/70% IPA..

(b) Is the approved drug product cited as the listed drug? YES **NO**

6. Describe the change from the listed drug(s) provided for in this (b)(2) application (for example, "This application provides for a new indication, otitis media" or "This application provides for a change in dosage form, from capsules to solution").

This product provides for an increase in the amount of CHG in the product and the addition of a swab applicator.

7. Is the application for a duplicate of a listed drug and eligible for approval under section 505(j) as an ANDA? (Normally, FDA will refuse-to-file such NDAs (see 21 CFR 314.101(d)(9)). YES **NO**

8. Is the extent to which the active ingredient(s) is absorbed or otherwise made available to the site of action less than that of the reference listed drug (RLD)? (See 314.54(b)(1)). If yes, the application should be refused for filing under 21 CFR 314.101(d)(9)). YES **NO**

9. Is the rate at which the product's active ingredient(s) is absorbed or otherwise made available to the site of action unintentionally less than that of the RLD (see 21 CFR 314.54(b)(2))? If yes, the application should be refused for filing under 21 CFR 314.101(d)(9). YES **NO**

10. Are there certifications for each of the patents listed for the listed drug(s)? YES **NO***
***Application contains a certification that states "there are no patents that claim the drug or drug product, or claim a method for using the drug product".**

11. Which of the following patent certifications does the application contain? (Check all that apply and identify the patents to which each type of certification was made, as appropriate.)

____ 21 CFR 314.50(i)(1)(i)(A)(1): The patent information has not been submitted to FDA. (Paragraph I certification)

____ 21 CFR 314.50(i)(1)(i)(A)(2): The patent has expired. (Paragraph II certification)

____ 21 CFR 314.50(i)(1)(i)(A)(3): The date on which the patent will expire. (Paragraph III certification)

____ 21 CFR 314.50(i)(1)(i)(A)(4): The patent is invalid, unenforceable, or will not be infringed by the manufacture, use, or sale of the drug product for which the application is submitted. (Paragraph IV certification)

*IF FILED, and if the applicant made a "Paragraph IV" certification [21 CFR 314.50(i)(1)(i)(A)(4)], the applicant must **subsequently** submit a signed certification stating that the NDA holder and patent owner(s) were notified the NDA was filed [21 CFR 314.52(b)]. The applicant must also submit documentation showing that the NDA holder and patent owner(s) received the notification [21 CFR 314.52(e)].*

X 21 CFR 314.50(i)(1)(ii): No relevant patents.

____ 21 CFR 314.50(i)(1)(iii): The patent on the listed drug is a method of use patent and the labeling for the drug product for which the applicant is seeking approval does not include any indications that are covered by the use patent as described in the corresponding use code in the Orange Book. Applicant must provide a statement that the method of use patent does not claim any of the proposed indications. (Section viii statement)

____ 21 CFR 314.50(i)(3): Statement that applicant has a licensing agreement with the patent owner (must also submit certification under 21 CFR 314.50(i)(1)(i)(A)(4) above).

____ Written statement from patent owner that it consents to an immediate effective date upon approval of the application.

12. Did the applicant:

- Identify which parts of the application rely on information (e.g. literature, prior approval of another sponsor's application) that the applicant does not own or to which the applicant does not have a right of reference?

  YES NO

- Submit a statement as to whether the listed drug(s) identified has received a period of marketing exclusivity?

  YES **NO**

- Submit a bioavailability/bioequivalence (BA/BE) study comparing the proposed product to the listed drug?

  N/A YES NO

- Certify that it is seeking approval only for a new indication and not for the indications approved for the listed drug if the listed drug has patent protection for the approved indications and the applicant is requesting only the new indication (21 CFR 314.54(a)(1)(iv).?

  N/A YES NO

13. If the (b)(2) applicant is requesting 3-year exclusivity, did the applicant submit the following information required by 21 CFR 314.50(j)(4): **No exclusivity requested.**

- Certification that at least one of the investigations included meets the definition of "new clinical investigation" as set forth at 314.108(a).

  YES NO

- A list of all published studies or publicly available reports that are relevant to the conditions for which the applicant is seeking approval.

  YES NO

- EITHER

  The number of the applicant's IND under which the studies essential to approval were conducted.

  IND # 59,446 NO

  OR

  A certification that the NDA sponsor provided substantial support for the clinical investigation(s) essential to approval if it was not the sponsor of the IND under which those clinical studies were conducted?

  YES NO

14. Has the Associate Director for Regulatory Affairs, OND, been notified of the existence of the (b)(2) application?

  YES NO

This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.

/s/

Maureen Dillon-Parker
10/26/04 01:30:00 PM
CSO
NDA 21-524; NDA Regulatory Filing Review

OTC Division Comments on Chlorascrub Labeling

1. The CDER Labeling and Nomenclature Committee was contacted regarding the correct designation of the established name for this drug product. The committee concurs that the established name of this product should be Chlorhexidine Gluconate and Isopropyl Alcohol ~~Revise labels and labeling to reflect the correct designation of the established name. Relocate the drug strength information to the space after the names of the product's active ingredients to provide more prominence. We suggest the following established name format:

Chlorhexidine Gluconate 3.15% (w/v)
and Isopropyl Alcohol 70% (v/v)

2. Please define the term "Maxi" as part of "Maxi Swabstick" where it appears on product labeling, if necessary using an asterisks to locate the definition to a less prominent location on the labeling. FDA's Division of Medication Errors and Technical Support reported that the phrase "maxi" in your proposed tradename needs to be more clearly defined.

3. Delete the terminal zero where it appears with "1.0 mL" on labels and labeling of the Clorascrub Swab product. Postmarketing experience has shown confusion resulting in ten-fold errors as a result of terminal zero notation. We note that the Joint Commission for Accreditation of Hospitals (JCAHO), 2005 Hospitals National Patient Safety Goals includes the goal: Improve the effectiveness of communication among caregivers. A requirement to meet this goal is that each hospital must 'Standardize a list of abbreviations, acronyms and symbols that are not to be used throughout the organization. The use of trailing zeroes is specifically listed as a dangerous abbreviation, acronym, or symbol. Other healthcare organizations, such as ISMP have also published similar lists containing symbols that can lead to medication errors.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Public Health Service
Food and Drug Administration
Rockville, MD 20857

FILING COMMUNICATION

NDA 21-524

Nice-Pak Products, Inc. [U.S. Agent for Les Enterprises SoluMed Inc.]
Attention: Bob Reichman
Vice President, Quality and Production
Two Nice-Pak Park
Orangeburg, NY 10962

Dear Mr. Reichman:

Please refer to your August 5, 2004 new drug application (NDA) submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Chlorascrub™ Swabstick, Maxi Swabstick and Swab [3.15% (w/v) chlorhexidine gluconate and 70% (v/v) isopropyl alcohol].

We also refer to your submission dated August 19, 2004.

We have completed our filing review and have determined that your application is sufficiently complete to permit a substantive review. Therefore, this application has been filed under section 505(b) of the Act on October 5, 2004 in accordance with 21 CFR 314.101(a).

In our filing review, we have identified the following potential review issues:

Microbiology:

With regard to the report on the "*In vitro* antimicrobial spectrum and time-kill studies on Chlorascrub 3.15% chlorhexidine gluconate with 70% isopropyl alcohol" Study SLM: ITSSTK-01, the following information is requested:

Time Kill Studies

1) The time kill studies results show microbial reductions in the tubes that contain phosphate buffered saline and organism inoculum that served as viability controls. Please explain or clarify the microbial reduction of up to 70% of the microbial population in the absence of an active ingredient. Please explain the results that show variable % reductions in the viability control tubes over the course of test time (0-30 minutes). (Table 3 Time Kill Studies, Section 7.3.8.3 page 239).
2) Explain why *M. luteus* ATCC 7468 failed to grow in this experiment.
3) In testing EC 11229, the viability control plates were reportedly dropped. Was the test procedure for this organism repeated?

MIC Analysis:

In accordance with the Tentative Final Monograph (TFM) FR 333.470 (1)(ii) (Testing of health-care antiseptic drug products), 25 fresh clinical isolates and 25 laboratory strains of the organisms listed in the section are to be included in the *in vitro* testing to determine the *in vitro* antimicrobial spectrum of the antiseptic ingredient, vehicle, and the finished product. For the following organisms, please provide a rationale for not being able to meet the number of test isolates.

Staphylococcus epidermidis (29)
Staphylococcus haemolyticus (28)
Staphylococcus hominis (5)
Micrococcus luteus(3)
Staphylococcus saprophyticus (11)

Additional information requests:

1) Provide a copy of the ASTM procedure used in performing the *in vitro* neutralization validation studies and time kill studies mentioned in the report. If the document is included in the submission, please provide the volume number or section. Please include the formula used or how the microbial log reductions in the time kill studies were derived.

2) In the time kill study procedure #4 (page 255) it states that "100 µl was removed and transferred to 0.9 ml of neutralizer. This was repeated for each of the four tubes." Does this imply that the viability control tubes also contained the neutralizer? If this was the case, were there additional viability or microbial growth control tubes included in the experiment that only contained the phosphate buffered saline and microbial inoculum to assure that the organisms in the inoculum were viable?

3) In the time kill study procedure #5 (page 225) where it states that the "suspension was serially diluted and duplicate 0.1ml samples were plated onto ——— agar plates without neutralizer (the plating method)", please provide the worksheets or logsheets used that show the serial dilutions and the colony counts on each of the dilutions of the tested substances (SoluPrep 1:10, SoluPrep 1:100, Hibiclens 1:100, and Microbial population) for the each of the organisms tested.

We are providing the above comments to give you preliminary notice of potential review issues. Our filing review is only a preliminary evaluation of the application and is not indicative of deficiencies that may be identified during our review. Issues may be added, deleted, expanded upon, or modified as we review the application.

We also request that you submit the following information as requested in the facsimile of October 1, 2004:

Chemistry:

These establishments were included in NDA 21-524. Please verify that the list of establishments below is correct and that the sites are ready for inspection. Please also supply missing CFN (Central File Number) or FEI (Form Establishment Indicator) for the indicated sites.

Establishments:		Responsibilities		Establishment information found in FDA database
CFN FEI		Drug Substance Manufacturer	DMF No: None	Yes
CFN FEI		Finished Dosage Release Tester And Stability Tester		Yes
CFN FEI		Drug Substance Manufacturer	DMF No:	Yes
CFN 2411192 FEI	Professional Disposables Inc 2 Nice-Pak Park Orangeburg, NY 109621376	Finished Dosage Manufacturer And Packager		Yes
CFN FEI		Drug Substance Manufacturer	DMF No: None	No
CFN FEI		Finished Dosage Manufacturer And Packager		No
CFN FEI		Finished Dosage Manufacturer And Packager		No

Statistics:

If possible, the reviewer requests that the datasets be provided or revised as follows:

1) To include the demographic information (age, sex, race) for each subject for both efficacy and safety studies.

2) Provide data for safety study SC-02 mentioned in letter dated July 26, 2004 and safety data for SC-03 and SC-08.

3) Provide analysis datasets that are as consistent in format as possible across the studies. For studies SC-03 and SC-04 we would prefer the efficacy data be provided as row per subject as was provided for in SC-08. Include the measurement units in the file definitions and convert SC-04 to CFU per square centimeter to be consistent with the Tentative Final Monograph's outcome measure and with the other studies.

Please respond only to the above requests for additional information. While we anticipate that any response submitted in a timely manner will be reviewed during this review cycle, such review decisions will be made on a case-by-case basis at the time of receipt of the submission.

If you have any questions, call Maureen Dillon-Parker, Regulatory Project Manager, at (301) 827-2125.

Sincerely,

{See appended electronic signature page}

Janice M. Soreth, M.D.
Director
Division of Anti-Infective Drug Products
Office of Drug Evaluation IV
Center for Drug Evaluation and Research

cc: Les Entreprises Solumed, Inc.
Attention: Anna Mallozzi, B. Chem. Eng.
Regulatory Affairs
2109 Le Chatelier
Laval QUEBEC
H7L 5B3 CANADA

This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.

/s/

Janice Soreth
10/18/04 03:53:50 PM

Food and Drug Administration
Center for Drug Evaluation and Research
Office of Drug Evaluation IV

FACSIMILE TRANSMITTAL SHEET

DATE: October 1, 2004

To: Bob Reichman, US Agent, Nice-Pak Anna Mallozzi, Les Entreprises Solumed	**From:** Maureen Dillon-Parker
Company: Nice-Pak Products Inc. and	Division of Division of Anti-Infective Drug Products
Fax number: #845-365-1602 (NP) #450-682-5777 (LES)	**Fax number:** #301-827-2325
Phone number: #845-365-1700	**Phone number:** #301- 827-2125

Subject: Request for Information on NDA 21-524

Total no. of pages including cover: 3

Comments: Please see attached request from the Chemistry and Statistical reviewer. We request that you submit this information to your NDA file.

Document to be mailed: ☐YES ☑NO

NDA: 21-524 **Les Entreprises SoluMed Inc.**

Chlorascrub™ (chlorhexidine gluconate and isopropyl alcohol) Swabstick, Maxi Swabstick and Swab

Chemistry Request: These establishments were included in NDA 21-524. Please verify that the list of establishments below is correct and that the sites are ready for inspection. Please also supply missing CFN (central file numbers) or FEI (facility establishment identification) for the indicated sites.

Establishments:		Responsibilities		Establishment information found in FDA database
CFN FEI		Drug Substance Manufacturer	DMF No: None	Yes
CFN FEI 3		Finished Dosage Release Tester And Stability Tester		Yes
CFN FEI		Drug Substance Manufacturer	DMF No:	Yes
CFN 2411192 FEI	Professional Disposables Inc 2 Nice-Pak Park Orangeburg, NY 109621376□	Finished Dosage Manufacturer And Packager		Yes
CFN FEI		Drug Substance Manufacturer	DMF No: None	No
CFN FEI		Finished Dosage Manufacturer And Packager		No
CFN FEI		Finished Dosage Manufacturer And Packager		No

Statistics Request:

If possible, the reviewer requests that the datasets be provided or revised as follows:

1) To include the demographic information (age, sex, race) for each subject for both efficacy and safety studies.

2) Provide data for safety study SC-02 mentioned in letter dated July 26, 2004 and safety data for SC-03 and SC-08.

3) Provide analysis datasets that are as consistent in format as possible across the studies. For studies SC-03 and SC-04 we would prefer the efficacy data be provided as row per subject as was provided for in SC-08. Include the measurement units in the file definitions and convert SC-04 to CFU per square centimeter to be consistent with the Tentative Final Monograph's outcome measure and with the other studies.

Please cite the NDA number listed above at the top of the first page of any communications concerning this application. Address all communications concerning this NDA as follows:

U.S. Postal Service:
Center for Drug Evaluation and Research
Division of Anti-Infective Drug Products
Attention: Division Document Room
5600 Fishers Lane
Rockville, Maryland 20857

Courier/Overnight Mail:
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Anti-Infective Drug Products, HFD-520
Attention: Document Room N-111
9201 Corporate Blvd
Rockville, Maryland 20850

If you have any questions, call Maureen Dillon-Parker, Regulatory Project Manager, at (301) 827-2125.

Sincerely,

{See appended electronic signature page}

Frances V. LeSane
Chief, Project Management Staff
Division of Anti-Infective Drug Products
Office of Drug Evaluation IV
Center for Drug Evaluation and Research

Cc: Les Entreprises SoluMed, Inc.
Attention: Anna Mallozzi
Director, Regulatory Affairs
2109 Le Chatelier
Laval, Quebec
CANADA H7L 5B3

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

NDA 21-524

Nice-Pak Products, Inc. [U.S. Agent for Les Enterprises SoluMed Inc.]
Attention: Bob Reichman
Vice President, Quality and Production
Two Nice-Pak Park
Orangeburg, NY 10962

Dear Mr. Reichman:

We have received your new drug application (NDA) submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for the following:

Name of Drug Product: Chlorascrub™ Swabstick, Maxi Swabstick and Swab [3.15% (w/v) chlorhexidine gluconate and 70% (v/v) isopropyl alcohol]

Review Priority Classification: Standard (S)

Date of Application: July 26, 2004

Date of Receipt: August 5, 2004

Our Reference Number: NDA 21-524

Unless we notify you within 60 days of the receipt date that the application is not sufficiently complete to permit a substantive review, we will file the application on October 4, 2004 in accordance with 21 CFR 314.101(a). If the application is filed, the user fee goal date will be June 5, 2005.

All applications for new active ingredients, new dosage forms, new indications, new routes of administration, and new dosing regimens are required to contain an assessment of the safety and effectiveness of the product in pediatric patients unless this requirement is waived or deferred. We note that you have not fulfilled the requirements. We acknowledge receipt of your request for a waiver of pediatric studies for this application. Once the application has been filed we will notify you whether we have waived the pediatric study requirement for this application.

Please cite the NDA number listed above at the top of the first page of any communications concerning this application. Address all communications concerning this NDA as follows:

U.S. Postal Service:
Center for Drug Evaluation and Research
Division of Anti-Infective Drug Products
Attention: Division Document Room
5600 Fishers Lane
Rockville, Maryland 20857

Courier/Overnight Mail:
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Anti-Infective Drug Products, HFD-520
Attention: Document Room N-111
9201 Corporate Blvd
Rockville, Maryland 20850

If you have any questions, call Maureen Dillon-Parker, Regulatory Project Manager, at (301) 827-2125.

Sincerely,

{See appended electronic signature page}

Frances V. LeSane
Chief, Project Management Staff
Division of Anti-Infective Drug Products
Office of Drug Evaluation IV
Center for Drug Evaluation and Research

Cc: Les Entreprises SoluMed, Inc.
Attention: Anna Mallozzi
Director, Regulatory Affairs
2109 Le Chatelier
Laval, Quebec
CANADA H7L 5B3

This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.

/s/

Frances LeSane
8/13/04 12:40:45 PM

CONSULTATION RESPONSE

DIVISION OF MEDICATION ERRORS AND TECHNICAL SUPPORT
OFFICE OF DRUG SAFETY
(DMETS; HFD-420)

DATE RECEIVED:	**DESIRED COMPLETION DATE:**	**ODS CONSULT #:** 04-0300
December 16, 2004	February 16, 2005	
DATE OF DOCUMENT:	**PDUFA DATE:**	
July 26, 2004	June 5, 2005	

TO: Janice Soreth, M.D.
Director, Division of Anti-Infective Drug Products
HFD-520

THROUGH: Maureen Dillon-Parker
Project Manager, Division of Anti-Infective Drug Products
HFD-520

PRODUCT NAME:	**NDA SPONSOR:**
Chlorascrub™ Chlorhexidine Gluconate 3.15% (w/v) and Isopropyl Alcohol 70% Topical Solution **NDA#: 21-524**	Les Enterprises SoluMed, Inc.

SAFETY EVALUATOR: Charlie Hoppes, R.Ph., M.P.H.

RECOMMENDATIONS:

1. DMETS has no objections to the use of the proprietary name, Chlorascrub. This is considered a final decision. However, if the approval of this application is delayed beyond 90 days from the signature date of this document, the name must be re-evaluated. A re-review of the name will rule out any objections based upon approval of other proprietary or established names from the signature date of this document

2. DMETS recommends implementation of the label and labeling revisions outlined in Section III. of this review in order to minimize potential errors with the use of this product. .

3. DDMAC finds the proprietary name Chlorascrub acceptable from a promotional perspective.

4. The CDER Labeling and Nomenclature Committee has made recommendations regarding the proper designation of the established name (see Section III.A. of this review).

Denise Toyer, Pharm.D., M.S.
Deputy Director
Division of Medication Errors and Technical Support
Office of Drug Safety
Phone: (301) 827-3242 Fax: (301) 443-9664

Carol Holquist, R.Ph.
Director
Division of Medication Errors and Technical Support
Office of Drug Safety
Phone: (301) 827-3242 Fax: (301) 443-9664

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

PRESCRIPTION DRUG USER FEE COVER SHEET

Form Approved: OMB No. 0910-0297
Expiration Date: December 31, 2006.

See Instructions on Reverse Side Before Completing This Form

A completed form must be signed and accompany each new drug or biologic product application and each new supplement. See exceptions on the reverse side. If payment is sent by U.S. mail or courier, please include a copy of this completed form with payment. Payment instructions and fee rates can be found on CDER's website: http://www.fda.gov/cder/pdufa/default.htm

1. APPLICANT'S NAME AND ADDRESS
Les Entreprises SoluMed Inc.
2109 Le Chatelier
Laval, Quebec
H7L5B3
Canada

2. TELEPHONE NUMBER *(Include Area Code)*
(450) 682-6669

3. PRODUCT NAME
Chlorascrub™

4. BLA SUBMISSION TRACKING NUMBER (STN) / NDA NUMBER
NDA 021-524

5. DOES THIS APPLICATION REQUIRE CLINICAL DATA FOR APPROVAL?
☒ YES ☐ NO

IF YOUR RESPONSE IS "NO" AND THIS IS FOR A SUPPLEMENT, STOP HERE AND SIGN THIS FORM.

IF RESPONSE IS 'YES', CHECK THE APPROPRIATE RESPONSE BELOW:

☒ THE REQUIRED CLINICAL DATA ARE CONTAINED IN THE APPLICATION.

☐ THE REQUIRED CLINICAL DATA ARE SUBMITTED BY REFERENCE TO:

_____
(APPLICATION NO. CONTAINING THE DATA).

6. USER FEE I.D. NUMBER
N/A

7. IS THIS APPLICATION COVERED BY ANY OF THE FOLLOWING USER FEE EXCLUSIONS? IF SO, CHECK THE APPLICABLE EXCLUSION.

☐ A LARGE VOLUME PARENTERAL DRUG PRODUCT APPROVED UNDER SECTION 505 OF THE FEDERAL FOOD, DRUG, AND COSMETIC ACT BEFORE 9/1/92
(Self Explanatory)

☐ A 505(b)(2) APPLICATION THAT DOES NOT REQUIRE A FEE
(See item 7, reverse side before checking box.)

☐ THE APPLICATION QUALIFIES FOR THE ORPHAN EXCEPTION UNDER SECTION 736(a)(1)(E) of the Federal Food, Drug, and Cosmetic Act
(See item 7, reverse side before checking box.)

☐ THE APPLICATION IS SUBMITTED BY A STATE OR FEDERAL GOVERNMENT ENTITY FOR A DRUG THAT IS NOT DISTRIBUTED COMMERCIALLY
(Self Explanatory)

8. HAS A WAIVER OF AN APPLICATION FEE BEEN GRANTED FORTHIS APPLICATION?
☒ YES ☐ NO
(See Item 8, reverse side if answered YES)

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

Department of Health and Human Services
Food and Drug Administration
CBER, HFM-99
1401 Rockville Pike
Rockville, MD 20852-1448

and

Food and Drug Administration
CDER, HFD-94
12420 Parklawn Drive, Room 3046
Rockville, MD 20852

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

.URE OF AUTHORIZED COMPANY REPRESENTATIVE	TITLE	DATE
[signature]	Director of Regulatory Affairs	7/26/2004

FORM FDA 3397 (12/03)