CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER:

21-586

ADMINISTRATIVE and CORRESPONDENCE DOCUMENTS

Department of Health and Human Services
Food and Drug Administration

PATENT INFORMATION SUBMITTED WITH THE FILING OF AN NDA, AMENDMENT, OR SUPPLEMENT

For Each Patent That Claims a Drug Substance (Active Ingredient), Drug Product (Formulation and Composition) and/or Method of Use

Form Approved: OMB No. 0910-0513
Expiration Date: 07/31/06
See OMB Statement on Page 3.

NDA NUMBER
21-586

NAME OF APPLICANT / NDA HOLDER
3M Health Care

The following is provided in accordance with Section 505(b) and (c) of the Federal Food, Drug, and Cosmetic Act.

TRADE NAME (OR PROPOSED TRADE NAME)
DuraPrep™ Surgical Solution

ACTIVE INGREDIENT(S)	STRENGTH(S)
Iodophor	0.7% available Iodine
Isopropyl Alcohol	IPA 74% w/w

DOSAGE FORM
0.2 fl. oz (6 mL) topical solution
0.9 fl. oz (26 mL) topical solution

This patent declaration form is required to be submitted to the Food and Drug Administration (FDA) with an NDA application, amendment, or supplement as required by 21 CFR 314.53 at the address provided in 21 CFR 314.53(d)(4). Within thirty (30) days after approval of an NDA or supplement, or within thirty (30) days of issuance of a new patent, a new patent declaration must be submitted pursuant to 21 CFR 314.53(c)(2)(ii) with all of the required information based on the approved NDA or supplement. The information submitted in the declaration form submitted upon or after approval will be the only information relied upon by FDA for listing a patent in the Orange Book.

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FDA will not list patent information if you file an incomplete patent declaration or the patent declaration indicates the patent is not eligible for listing.

For each patent submitted for the pending NDA, amendment, or supplement referenced above, you must submit all the information described below. If you are not submitting any patents for this pending NDA, amendment, or supplement, complete above section and sections 5 and 6.

1. GENERAL

a. United States Patent Number	b. Issue Date of Patent	c. Expiration Date of Patent
4,584,192	4/22/1986	6/4/2004

d. Name of Patent Owner	Address *(of Patent Owner)*	
Minnesota Mining & Manufacturing Company	3M Center PO Box 33427	
	City/State St. Paul, MN	
	ZIP Code 55133-3427	FAX Number *(if available)* 651-736-3833
	Telephone Number 651-733-2180	E-Mail Address *(if available)*

e. Name of agent or representative who resides or maintains a place of business within the United States authorized to receive notice of patent certification under section 505(b)(3) and (j)(2)(B) of the Federal Food, Drug, and Cosmetic Act and 21 CFR 314.52 and 314.95 (if patent owner or NDA applicant/holder does not reside or have a place of business within the United States)	Address *(of agent or representative named in 1.e.)*	
	City/State	
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f. Is the patent referenced above a patent that has been submitted previously for the approved NDA or supplement referenced above? ☐ Yes ☒ No

g. If the patent referenced above has been submitted previously for listing, is the expiration date a new expiration date? ☐ Yes ☐ No

For the patent referenced above, provide the following information on the drug substance, drug product and/or method of use that is the subject of the pending NDA, amendment, or supplement.

2. Drug Substance (Active Ingredient)

2.1 Does the patent claim the drug substance that is the active ingredient in the drug product described in the pending NDA, amendment, or supplement?	☒ Yes	☐ No
2.2 Does the patent claim a drug substance that is a different polymorph of the active ingredient described in the pending NDA, amendment, or supplement?	☐ Yes	☒ No
2.3 If the answer to question 2.2 is "Yes," do you certify that, as of the date of this declaration, you have test data demonstrating that a drug product containing the polymorph will perform the same as the drug product described in the NDA? The type of test data required is described at 21 CFR 314.53(b).	☐ Yes	☐ No
2.4 Specify the polymorphic form(s) claimed by the patent for which you have the test results described in 2.3.		
2.5 Does the patent claim only a metabolite of the active ingredient pending in the NDA or supplement? (Complete the information in section 4 below if the patent claims a pending method of using the pending drug product to administer the metabolite.)	☐ Yes	☒ No
2.6 Does the patent claim only an intermediate?	☐ Yes	☒ No
2.7 If the patent referenced in 2.1 is a product-by-process patent, is the product claimed in the patent novel? (An answer is required only if the patent is a product-by-process patent.)	☐ Yes	☐ No

3. Drug Product (Composition/Formulation)

3.1 Does the patent claim the drug product, as defined in 21 CFR 314.3, in the pending NDA, amendment, or supplement?	☒ Yes	☐ No
3.2 Does the patent claim only an intermediate?	☐ Yes	☒ No
3.3 If the patent referenced in 3.1 is a product-by-process patent, is the product claimed in the patent novel? (An answer is required only if the patent is a product-by-process patent.)	☐ Yes	☐ No

4. Method of Use

Sponsors must submit the information in section 4 separately for each patent claim claiming a method of using the pending drug product for which approval is being sought. For each method of use claim referenced, provide the following information:

4.1 Does the patent claim one or more methods of use for which approval is being sought in the pending NDA, amendment, or supplement?	☒ Yes	☐ No
4.2 Patent Claim Number *(as listed in the patent)* 21	Does the patent claim referenced in 4.2 claim a pending method of use for which approval is being sought in the pending NDA, amendment, or supplement? ☒ Yes ☐ No	
4.2a If the answer to 4.2 is "Yes," identify with specificity the use with reference to the proposed labeling for the drug product.	Use: *(Submit indication or method of use information as identified specifically in the approved labeling.)* For preparation of the skin prior to surgery Helps reduce bacteria that potentially can cause skin infection	

5. No Relevant Patents

For this pending NDA, amendment, or supplement, there are no relevant patents that claim the drug substance (active ingredient), drug product (formulation or composition) or method(s) of use, for which the applicant is seeking approval and with respect to which a claim of patent infringement could reasonably be asserted if a person not licensed by the owner of the patent engaged in the manufacture, use, or sale of the drug product.	☐ Yes

6. Declaration Certification

6.1 ***The undersigned declares that this is an accurate and complete submission of patent information for the NDA, amendment, or supplement pending under section 505 of the Federal Food, Drug, and Cosmetic Act. This time-sensitive patent information is submitted pursuant to 21 CFR 314.53. I attest that I am familiar with 21 CFR 314.53 and this submission complies with the requirements of the regulation. I verify under penalty of perjury that the foregoing is true and correct.***

Warning: A willfully and knowingly false statement is a criminal offense under 18 U.S.C. 1001.

6.2 Authorized Signature of NDA Applicant/Holder or Patent Owner *(Attorney, Agent, Representative or other Authorized Official) (Provide Information below)*	Date Signed
Nancy M. Lambert	09/22/03

NOTE: Only an NDA applicant/holder may submit this declaration directly to the FDA. A patent owner who is not the NDA applicant/holder is authorized to sign the declaration but may not submit it directly to FDA. 21 CFR 314.53(c)(4) and (d)(4).

Check applicable box and provide information below.

☐ NDA Applicant/Holder	☒ NDA Applicant's/Holder's Attorney, Agent (Representative) or other Authorized Official
☐ Patent Owner	☐ Patent Owner's Attorney, Agent (Representative) or Other Authorized Official

Name Nancy M. Lambert	
Address 3M Center PO Box 33427	City/State St. Paul, MN
ZIP Code 55133-3427	Telephone Number 651-733-2180
FAX Number *(if available)* 651-736-3833	E-Mail Address *(if available)* nlambert@mmm.com

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On Original

Department of Health and Human Services
Food and Drug Administration

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For Each Patent That Claims a Drug Substance (Active Ingredient), Drug Product (Formulation and Composition) and/or Method of Use

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21-586

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3M Health Care

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DuraPrep™ Surgical Solution

ACTIVE INGREDIENT(S)	STRENGTH(S)
Iodophor – Isopropyl Alcohol	0.7% available Iodine IPA 74% w/w

DOSAGE FORM
0.2 fl. oz (6 mL) topical solution
0.9 fl. oz (26 mL) topical solution

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Within thirty (30) days after approval of an NDA or supplement, or within thirty (30) days of issuance of a new patent, a new patent declaration must be submitted pursuant to 21 CFR 314.53(c)(2)(ii) with all of the required information based on the approved NDA or supplement. The information submitted in the declaration form submitted upon or after approval will be the only information relied upon by FDA for listing a patent in the Orange Book.

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For each patent submitted for the pending NDA, amendment, or supplement referenced above, you must submit all the information described below. If you are not submitting any patents for this pending NDA, amendment, or supplement, complete above section and sections 5 and 6.

1. GENERAL

a. United States Patent Number	b. Issue Date of Patent	c. Expiration Date of Patent
5,288,159	2/24/1994	12/4/2012

d. Name of Patent Owner	Address *(of Patent Owner)*	
Minnesota Mining & Manufacturing Company	3M Center PO Box 33427	
	City/State St. Paul, MN	
	ZIP Code 55133-3427	FAX Number *(if available)* 651-736-3833
	Telephone Number 651-733-2180	E-Mail Address *(if available)*

e. Name of agent or representative who resides or maintains a place of business within the United States authorized to receive notice of patent certification under section 505(b)(3) and (j)(2)(B) of the Federal Food, Drug, and Cosmetic Act and 21 CFR 314.52 and 314.95 (if patent owner or NDA applicant/holder does not reside or have a place of business within the United States) ☞	Address *(of agent or representative named in 1.e.)*	
	City/State	
	ZIP Code	FAX Number *(if available)*
	Telephone Number	E-Mail Address *(if available)*

f. Is the patent referenced above a patent that has been submitted previously for the approved NDA or supplement referenced above? ☐ Yes ☒ No

g. If the patent referenced above has been submitted previously for listing, is the expiration date a new expiration date? ☐ Yes ☐ No

For the patent referenced above, provide the following information on the drug substance, drug product and/or method of use that is the subject of the pending NDA, amendment, or supplement.

2. Drug Substance (Active Ingredient)

2.1 Does the patent claim the drug substance that is the active ingredient in the drug product described in the pending NDA, amendment, or supplement?	☐ Yes	☒ No
2.2 Does the patent claim a drug substance that is a different polymorph of the active ingredient described in the pending NDA, amendment, or supplement?	☐ Yes	☒ No
2.3 If the answer to question **2.2** is "Yes," do you certify that, as of the date of this declaration, you have test data demonstrating that a drug product containing the polymorph will perform the same as the drug product described in the NDA? The type of test data required is described at 21 CFR 314.53(b).	☐ Yes	☐ No
2.4 Specify the polymorphic form(s) claimed by the patent for which you have the test results described in **2.3**.		
2.5 Does the patent claim only a metabolite of the active ingredient pending in the NDA or supplement? (Complete the information in section 4 below if the patent claims a pending method of using the pending drug product to administer the metabolite.)	☐ Yes	☒ No
2.6 Does the patent claim only an intermediate?	☐ Yes	☒ No
2.7 If the patent referenced in **2.1** is a product-by-process patent, is the product claimed in the patent novel? (An answer is required only if the patent is a product-by-process patent.)	☐ Yes	☐ No

3. Drug Product (Composition/Formulation)

3.1 Does the patent claim the drug product, as defined in 21 CFR 314.3, in the pending NDA, amendment, or supplement?	☒ Yes	☐ No
3.2 Does the patent claim only an intermediate?	☐ Yes	☒ No
3.3 If the patent referenced in **3.1** is a product-by-process patent, is the product claimed in the patent novel? (An answer is required only if the patent is a product-by-process patent.)	☐ Yes	☐ No

4. Method of Use

Sponsors must submit the information in section 4 separately for each patent claim claiming a method of using the pending drug product for which approval is being sought. For each method of use claim referenced, provide the following information:

4.1 Does the patent claim one or more methods of use for which approval is being sought in the pending NDA, amendment, or supplement?	☐ Yes	☒ No
4.2 Patent Claim Number *(as listed in the patent)* — Does the patent claim referenced in **4.2** claim a pending method of use for which approval is being sought in the pending NDA, amendment, or supplement?	☐ Yes	☒ No
4.2a If the answer to **4.2** is "Yes," identify with specificity the use with reference to the proposed labeling for the drug product. — Use: *(Submit indication or method of use information as identified specifically in the approved labeling.)*		

5. No Relevant Patents

For this pending NDA, amendment, or supplement, there are no relevant patents that claim the drug substance (active ingredient), drug product (formulation or composition) or method(s) of use, for which the applicant is seeking approval and with respect to which a claim of patent infringement could reasonably be asserted if a person not licensed by the owner of the patent engaged in the manufacture, use, or sale of the drug product. ☐ Yes

6. Declaration Certification

6.1 ***The undersigned declares that this is an accurate and complete submission of patent information for the NDA, amendment, or supplement pending under section 505 of the Federal Food, Drug, and Cosmetic Act. This time-sensitive patent information is submitted pursuant to 21 CFR 314.53. I attest that I am familiar with 21 CFR 314.53 and this submission complies with the requirements of the regulation. I verify under penalty of perjury that the foregoing is true and correct.***

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6.2 Authorized Signature of NDA Applicant/Holder or Patent Owner *(Attorney, Agent, Representative or other Authorized Official) (Provide information below)*	Date Signed
Nancy M. Lambert	09/22/03

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Check applicable box and provide information below.

☐ NDA Applicant/Holder	☒ NDA Applicant's/Holder's Attorney, Agent (Representative) or other Authorized Official
☐ Patent Owner	☐ Patent Owner's Attorney, Agent (Representative) or Other Authorized Official

Name Nancy M. Lambert	
Address 3M Center PO Box 33427	City/State St. Paul, MN
ZIP Code 55133-3427	Telephone Number 651-733-2180
FAX Number *(if available)* 651-736-3833	E-Mail Address *(if available)* nlambert@mmm.com

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Department of Health and Human Services
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1. GENERAL

a. United States Patent Number	b. Issue Date of Patent	c. Expiration Date of Patent
5,435,660	7/25/1995	7/25/2012

d. Name of Patent Owner	Address *(of Patent Owner)*	
Minnesota Mining & Manufacturing Company	3M Center PO Box 33427	
	City/State St. Paul, MN	
	ZIP Code 55133-3427	FAX Number *(if available)* 651-736-3833
	Telephone Number 651-733-2180	E-Mail Address *(if available)*

e. Name of agent or representative who resides or maintains a place of business within the United States authorized to receive notice of patent certification under section 505(b)(3) and (j)(2)(B) of the Federal Food, Drug, and Cosmetic Act and 21 CFR 314.52 and 314.95 (if patent owner or NDA applicant/holder does not reside or have a place of business within the United States)	Address *(of agent or representative named in 1.e.)*	
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f. Is the patent referenced above a patent that has been submitted previously for the approved NDA or supplement referenced above? ☐ Yes ☒ No

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2. Drug Substance (Active Ingredient)

2.1	Does the patent claim the drug substance that is the active ingredient in the drug product described in the pending NDA, amendment, or supplement?	☐ Yes	☒ No
2.2	Does the patent claim a drug substance that is a different polymorph of the active ingredient described in the pending NDA, amendment, or supplement?	☐ Yes	☒ No
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2.6	Does the patent claim only an intermediate?	☐ Yes	☒ No
2.7	If the patent referenced in 2.1 is a product-by-process patent, is the product claimed in the patent novel? (An answer is required only if the patent is a product-by-process patent.)	☐ Yes	☐ No

3. Drug Product (Composition/Formulation)

3.1	Does the patent claim the drug product, as defined in 21 CFR 314.3, in the pending NDA, amendment, or supplement?	☒ Yes	☐ No
3.2	Does the patent claim only an intermediate?	☐ Yes	☒ No
3.3	If the patent referenced in 3.1 is a product-by-process patent, is the product claimed in the patent novel? (An answer is required only if the patent is a product-by-process patent.)	☐ Yes	☐ No

4. Method of Use

Sponsors must submit the information in section 4 separately for each patent claim claiming a method of using the pending drug product for which approval is being sought. For each method of use claim referenced, provide the following information:

4.1	Does the patent claim one or more methods of use for which approval is being sought in the pending NDA, amendment, or supplement?	☐ Yes	☒ No
4.2	Patent Claim Number *(as listed in the patent)*	Does the patent claim referenced in 4.2 claim a pending method of use for which approval is being sought in the pending NDA, amendment, or supplement? ☐ Yes ☒ No	
4.2a	If the answer to 4.2 is "Yes," identify with specificity the use with reference to the proposed labeling for the drug product.	Use: *(Submit indication or method of use information as identified specifically in the approved labeling.)*	

5. No Relevant Patents

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Address 3M Center PO Box 33427	City/State St. Paul, MN
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1. GENERAL

a. United States Patent Number	b. Issue Date of Patent	c. Expiration Date of Patent
5,658,084	8/19/1997	12/4/2012

d. Name of Patent Owner
Minnesota Mining & Manufacturing Company

Address *(of Patent Owner)*
3M Center
PO Box 33427

City/State
St. Paul, MN

ZIP Code	FAX Number *(if available)*
55133-3427	651-736-3833
Telephone Number	**E-Mail Address *(if available)***
651-733-2180	

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2.4	Specify the polymorphic form(s) claimed by the patent for which you have the test results described in **2.3**.		
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2.7	If the patent referenced in **2.1** is a product-by-process patent, is the product claimed in the patent novel? (An answer is required only if the patent is a product-by-process patent.)	☐ Yes	☐ No

3. Drug Product (Composition/Formulation)

3.1	Does the patent claim the drug product, as defined in 21 CFR 314.3, in the pending NDA, amendment, or supplement?	☒ Yes	☐ No
3.2	Does the patent claim only an intermediate?	☐ Yes	☒ No
3.3	If the patent referenced in **3.1** is a product-by-process patent, is the product claimed in the patent novel? (An answer is required only if the patent is a product-by-process patent.)	☐ Yes	☐ No

4. Method of Use

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4.1	Does the patent claim one or more methods of use for which approval is being sought in the pending NDA, amendment, or supplement?	☐ Yes	☒ No
4.2	Patent Claim Number *(as listed in the patent)*	Does the patent claim referenced in **4.2** claim a pending method of use for which approval is being sought in the pending NDA, amendment, or supplement? ☐ Yes ☒ No	
4.2a	If the answer to **4.2** is "Yes," identify with specificity the use with reference to the proposed labeling for the drug product.	Use: *(Submit indication or method of use information as identified specifically in the approved labeling.)*	

5. No Relevant Patents

For this pending NDA, amendment, or supplement, there are no relevant patents that claim the drug substance (active ingredient), drug product (formulation or composition) or method(s) of use, for which the applicant is seeking approval and with respect to which a claim of patent infringement could reasonably be asserted if a person not licensed by the owner of the patent engaged in the manufacture, use, or sale of the drug product. ☐ Yes

6. Declaration Certification

6.1 ***The undersigned declares that this is an accurate and complete submission of patent information for the NDA, amendment, or supplement pending under section 505 of the Federal Food, Drug, and Cosmetic Act. This time-sensitive patent information is submitted pursuant to 21 CFR 314.53. I attest that I am familiar with 21 CFR 314.53 and this submission complies with the requirements of the regulation. I verify under penalty of perjury that the foregoing is true and correct.***

Warning: A willfully and knowingly false statement is a criminal offense under 18 U.S.C. 1001.

6.2 Authorized Signature of NDA Applicant/Holder or Patent Owner *(Attorney, Agent, Representative or other Authorized Official) (Provide Information below)*	Date Signed
Nancy M. Lambert	09/22/03

NOTE: Only an NDA applicant/holder may submit this declaration directly to the FDA. A patent owner who is not the NDA applicant/holder is authorized to sign the declaration but may not submit it directly to FDA. 21 CFR 314.53(c)(4) and (d)(4).

Check applicable box and provide information below.

☐ NDA Applicant/Holder	☒ NDA Applicant's/Holder's Attorney, Agent (Representative) or other Authorized Official
☐ Patent Owner	☐ Patent Owner's Attorney, Agent (Representative) or Other Authorized Official

Name Nancy M. Lambert	
Address 3M Center PO Box 33427	City/State St. Paul, MN
ZIP Code 55133-3427	Telephone Number 651-733-2180
FAX Number *(if available)* 651-736-3833	E-Mail Address *(if available)* nlambert@mmm.com

EXCLUSIVITY SUMMARY

NDA # 21-586 SUPPL # HFD # 560

Trade Name DuraPrep™ Surgical Solution

Generic Name iodine povacrylex (0.7% available iodine) and 74% w/w isopropyl alcohol solution

Applicant Name 3M

Approval Date, If Known September 29, 2006

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)(1)

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?

Verbally the sponosor is asking for 5 years

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# 19-522 1% povidone-iodine topical solution

NDA#	19-476	10% povidone-iodine topical sponge
NDA#	19-240	20% povidone-iodine topical sponge

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#	19-522	1% povidone-iodine topical solution
NDA#	19-476	10% povidone-iodine topical sponge
NDA#	19-240	20% povidone-iodine topical sponge

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:

12MS 05-010214: Pivotal Study to Assess the Antimicrobial Effectiveness of 3M™DuraPrep™ Surgical Solution Against Resident Human Skin Flora on the Groin Region

LIMS 8304:Pivotal Study to Assess the Antimicrobial Effectiveness of 3M™ DuraPrep™ Surgical Solution against Resident Human Skin Flora on Abdomen and Groin Regions (Study 1)

LIMS 8918: Pivotal Study to Assess the Antimicrobial Effectiveness of 3M™ DuraPrep™ Surgical Solution Against Resident Human Skin Flora on Abdomen and Groin Regions (Study 2)

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"):

12MS 05-010214: Pivotal Study to Assess the Antimicrobial Effectiveness of 3M™DuraPrep™ Surgical Solution Against Resident Human Skin Flora on the Groin Region

LIMS 8304:Pivotal Study to Assess the Antimicrobial Effectiveness of 3M™ DuraPrep™ Surgical Solution against Resident Human Skin Flora on Abdomen and Groin Regions (Study 1)

LIMS 8918: Pivotal Study to Assess the Antimicrobial Effectiveness of 3M™ DuraPrep™ Surgical Solution Against Resident Human Skin Flora on Abdomen and Groin Regions (Study 2)

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 # 49,411	YES ☒	! NO ☐
		! Explain:

Investigation #2		!
		!
IND # 49,411	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 ☐	! NO ☐
Explain:	! Explain:

Investigation #2	!
	!
YES ☐	! NO ☐
Explain:	! 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: Laura Shay
Title: Regualtory Project Manager
Date: October 26, 2006

Name of Office/Division Director signing form: Joel Schiffenbauer, MD
Title: Deputy Director, Division of Nonprescription Clinical Evaluation

---

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

/s/

Joel Schiffenbauer
10/26/2006 03:14:52 PM

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PEDIATRIC PAGE

(Complete for all filed original applications and efficacy supplements)

NDA/BLA # :21-586 **Supplement Type (e.g. SE5): _____** **Supplement Number: _____**

Stamp Date: March 29, 2006 **PDUFA Goal Date: September 29, 2006**

ONP **Trade and generic names/dosage form:** DuraPrep™ Surgical (iodine povacrylex (0.7% available iodine) and 74% w/w isopropyl alcohol) Solution

Applicant: 3M **Therapeutic Class: 4S**

Does this application provide for new active ingredient(s), new indication(s), new dosage form, new dosing regimen, or new route of administration? *

X Yes. Please proceed to the next question.

☐ No. PREA does not apply. Skip to signature block.

** SE5, SE6, and SE7 submissions may also trigger PREA. If there are questions, please contact the Rosemary Addy or Grace Carmouze.*

Indication(s) *previously approved* (please complete this section for supplements only):

Each indication covered by current application under review must have pediatric studies: *Completed, Deferred, and/or Waived.*

Number of indications for this application(s):1

Indication #1:Pre-operative Skin Prep

Is this an orphan indication?

☐ Yes. PREA does not apply. Skip to signature block.

X No. Please proceed to the next question.

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 (fill in applicable criteria below):

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**
- X **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 (fill in applicable criteria below):

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 (fill in applicable criteria below):

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}

Laura Shay
Regulatory Project Manager

FOR QUESTIONS ON COMPLETING THIS FORM CONTACT THE PEDIATRIC AND MATERNAL HEALTH STAFF at 301-796-0700

(Revised: 10/10/2006)

Attachment A

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

Indication #2: _____

Is this an orphan indication?

- ☐ **Yes. PREA does not apply. Skip to signature block.**
- ☐ **No. Please proceed to the next question.**

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

- ☐ **Yes: Please proceed to Section A.**
- ☐ **No: Please check all that apply: ____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 (fill in applicable criteria below)::

Min _____ **kg**_____ **mo.**_____ **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 (fill in applicable criteria below)::

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 (fill in applicable criteria below):

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

FOR QUESTIONS ON COMPLETING THIS FORM CONTACT THE PEDIATRIC AND MATERNAL HEALTH STAFF at 301-796-0700

(Revised: 10/10/2006)

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

/s/

Laura Shay
10/31/2006 01:27:11 PM

Debarment Certification

3M Health Care 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.

Suzanne M. Danielson
Suzanne M. Danielson
Director of Regulatory Affairs and Quality

September 23, 2003
Date

1.2.1.5 FINANCIAL DISCLOSURE/CERTIFICATION BY INVESTIGATORS

In accordance with 21 CRF 314.50(k), this item contains financial disclosure/certification by the applicant, 3M, as required under 21 CFR 54, for all clinical investigators (as defined in 21 CFR 54.2 (d)) who have enrolled subjects into the "covered clinical studies" identified below (as defined in 21 CFR 54.2 (e)) in support of this application with DuraPrep Surgical Solution.

1.2.1.5.0 Covered Clinical Studies

LIMS 8304: Pivotal Study to Assess the Antimicrobial Effectiveness of 3M™ DuraPrep™ Surgical Solution Against Resident Human Skin Flora on Abdomen and Groin Regions (Study 1)

LIMS 8918: Pivotal Study to Assess the Antimicrobial Effectiveness of 3M™ DuraPrep™ Surgical Solution Against Resident Human Skin Flora on Abdomen and Groin Regions (Study 2)

LIMS 8197: Evaluation of the Persistent Antimicrobial Activity of 3M™ DuraPrep™ Surgical Solution and DuraPrep w/o I_2 Control Using a Bacterial Challenge Method (Study 1)

LIMS 9302: Evaluation of the Persistent Antimicrobial Activity of 3M™ DuraPrep™ Surgical Solution and DuraPrep w/o I_2 Control Using a Bacterial Challenge Method (Study 2)

LIMS 8198: Evaluation of the Durability and Persistent Antimicrobial Activity of 3M™ DuraPrep™ Surgical Solution and Betadine® Scrub and Solution Following Exposure to Blood and Saline Using a Bacterial Challenge Method

LIMS 7294: A Twenty One-day Cumulative Irritation Test To Assess Irritation of Topically Applied 3M™ DuraPrep™ Surgical Solution vs. Active Controls

LIMS 7296: A Study to Evaluate the Contact Sensitization Potential of Topically Applied 3M™ DuraPrep™ Surgical Solution

LIMS 9567: Adhesion to Skin

I2MS 05-010214: Study to Assess the Antimicrobial Effectiveness of DuraPrep™ Surgical Solution Against Resident Human Skin Flora on the Groin Region

I2MS 05-009834: Flammability/Vapor Dissipation Study

I2MS 05-009855: Nurse Panel for DuraPrep Solution Dry Time Study

1.2.1.5.0 Disclosure Statement

Table 1 lists investigators who enrolled subjects into the covered clinical studies referenced above who were full-time employees of 3M at the time of the clinical investigation. Employees were compensated by salary and other agreements as a part of their employment. Financial disclosure forms were not signed by employees. Attached is Form FDA 3455 which indicates that the investigators listed in Table 1 entered into a financial agreement by being employees of the sponsor, 3M, at the time of the investigation.

1.2.1.5.0 Certification Statement

3M certifies to the absence of financial interests and arrangements regarding compensation affected by the outcome of clinical studies (as defined in 21 CFR 54.2(a)), financial interests and arrangements regarding significant equity interest in the sponsor of a covered study (as defined in 21 CRF 54.2(b)), proprietary interest in the test product (as defined in 21 CFR 54.2(c)), and significant payments of other sorts (as defined in 21 CRF 54.2(f)) for clinical investigators who have enrolled subjects into the covered clinical studies referenced above and who were not employees of 3M at the time of the clinical investigation. These investigators are listed in Table 2.

3M certifies that it acted with due diligence to obtain the information required under 21 CRF 54 from all clinical investigators who have enrolled subjects in the covered clinical studies listed above and who were not employees of Company at the time of the clinical investigation. Attached is Form FDA 3454 with a list of clinical investigators (who were not employees of Company; Table 2).

E C Hedblom — 2 March 06

Edwin C. Hedblom, Pharm. D.
Clinical Research Manager
3M Health Care

Date

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
Food and Drug Administration

CERTIFICATION: FINANCIAL INTERESTS AND ARRANGEMENTS OF CLINICAL INVESTIGATORS

Form Approved: OMB No. 0910-0396
Expiration Date: February 28, 2006.

TO BE COMPLETED BY APPLICANT

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

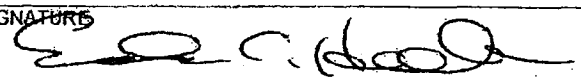
Please mark the applicable checkbox.

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

Clinical Investigators		

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

☐ (3) As the applicant who is submitting a study or studies sponsored by a firm or party other than the applicant, I certify that I have acted with due diligence to obtain from the listed clinical investigators (attach list of names) or from the sponsor the information required under 54.4 and it was not possible to do so. The reason why this information could not be obtained is attached.

NAME	TITLE
Edwin C. Hedblom, Pharm. D.	Clinical Research Manager
FIRM / ORGANIZATION: 3M Health Care	
SIGNATURE: 	DATE: 2 March 06

Paperwork Reduction Act Statement

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 1 hour per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information to the address to the right.

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

FORM FDA 3454 (2/03)

1 Page(s) Withheld

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

_____ § 552(b)(4) Draft Labeling

_____ § 552(b)(5) Deliberative Process

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Food and Drug Administration

DISCLOSURE: FINANCIAL INTERESTS AND ARRANGEMENTS OF CLINICAL INVESTIGATORS

Form Approved: OMB No. 0910-0396
Expiration Date: February 28, 2006

TO BE COMPLETED BY APPLICANT

The following information concerning Mr. John Dell and Dr. Karen Rittle (*Name of clinical investigator*), who participated as a clinical investigator in the submitted study 05-009834 and 05-009855 and LIMS 9567 (*Name of clinical study*), is submitted in accordance with 21 CFR part 54. The named individual has participated in financial arrangements or holds financial interests that are required to be disclosed as follows:

Please mark the applicable checkboxes.

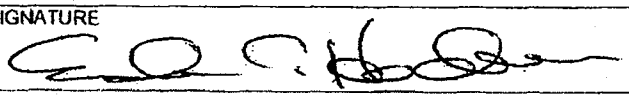
☐ any financial arrangement entered into between the sponsor of the covered study and the clinical investigator involved in the conduct of the covered study, whereby the value of the compensation to the clinical investigator for conducting the study could be influenced by the outcome of the study;

☐ any significant payments of other sorts made on or after February 2, 1999 from the sponsor of the covered study such as a grant to fund ongoing research, compensation in the form of equipment, retainer for ongoing consultation, or honoraria;

☐ any proprietary interest in the product tested in the covered study held by the clinical investigator;

☐ any significant equity interest as defined in 21 CFR 54.2(b), held by the clinical investigator in the sponsor of the covered study.

Details of the individual's disclosable financial arrangements and interests are attached, along with a description of steps taken to minimize the potential bias of clinical study results by any of the disclosed arrangements or interests.

NAME	TITLE
Edwin C. Hedblom, Pharm. D.	Clinical Research Manager
FIRM / ORGANIZATION: 3M Health Care	
SIGNATURE: 	DATE: 2 March '06

Paperwork Reduction Act Statement

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Department of Health and Human Services
Food and Drug Administration
5600 Fishers Lane, Room 14-72
Rockville, MD 20857

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X § 552(b)(4) Trade Secret / Confidential
(b)(6) Personal Privacy

_____ § 552(b)(4) Draft Labeling

_____ § 552(b)(5) Deliberative Process

M E M O R A N D U M

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION
CENTER FOR DRUG EVALUATION AND RESEARCH

CLINICAL INSPECTION SUMMARY

DATE: September 27, 2006

TO: Laura Shay, R.N., M.S.N., Regulatory Project Manager
David Bostwick, M.D., Clinical Reviewer
Division of Non-Prescription Drug Products, HFD-560

THROUGH: Leslie K. Ball, M.D.
Branch Chief
Good Clinical Practice Branch 2, HFD-47
Division of Scientific Investigations

FROM: Dianne Tesch, Consumer Safety Officer

SUBJECT: Evaluation of Clinical Inspections

NDA: #21-586

NME: No

APPLICANT: 3M Healthcare Medical Division

DRUG: DuraPrep™ Surgical Solution

THERAPEUTIC CLASSIFICATION: Standard Review

INDICATION: Skin antisepsis prior to surgery, injection or puncture

CONSULTATION REQUEST DATE: May 16, 2006

DIVISION ACTION GOAL DATE: August 29, 2006

PDUFA DATE: September 29, 2006

I. BACKGROUND:

DuraPrep Surgical Solution is a film-forming presurgical skin preparation. It is designed to provide prolonged antisepsis when applied topically prior to invasive procedures. This study was performed on healthy volunteers 18 years of age or older. The primary efficacy endpoint was a 3 log 10 per cm^2 reduction in bacterial skin count at 10 minutes, and counts that remain below baseline at the 6 hour time point. The secondary endpoint was to demonstrate the 24 hour efficacy of DuraPrep solution by achieving bacterial counts that remain significantly below baseline, and to compare the log reduction achieved by DuraPrep solution to that of the comparator product, Hibiclens Skin Cleanser.

Summary Report of U.S. Inspections

II. RESULTS (by protocol/site):

Name of CI and site #, if known	City, State*	Protocol #	Insp. Date	EIR Received Date	Final Classification
[redacted]	[redacted]	[redacted]	7/17-7/28/06	9/22/06	VAI

*If international site, please insert column for country.

Key to Classifications
NAI = No deviation from regulations. Data acceptable.
VAI-No Response Requested= Deviations(s) from regulations. Data acceptable.
VAI-Response Requested = Deviation(s) form regulations. See specific comments below for data acceptability
OAI = Significant deviations for regulations. Data unreliable.

A. Protocol [redacted]

1. [redacted] NDA# 21-586

a. The inspection took place July 17-28, 2006. The inspector was on site 5 days. one hundred-seven subjects were screened; eighty-one subjects were randomized and 62 subjects completed the study. An audit of all subjects' records was conducted.

b. There were no limitations to the inspection.

c. A Form FDA 483, Inspectional Observations, was issued at the end of inspection. The single item observation concerned failure to follow the protocol in that four subjects had bacterial enumeration performed by study staff who were not blinded to the test materials.

d. It is unlikely that this protocol deviation had an effect on overall data integrity.

III. OVERALL ASSESSMENT OF FINDINGS AND GENERAL RECOMMENDATIONS

The study appears to have been well conducted. A one item Form FDA 483 was issued. No follow up other than routine surveillance is recommended.

{See appended electronic signature page}

GCPB Reviewer Name
Title

CONCURRENCE:

Supervisory comments

{See appended electronic signature page}

Leslie K. Ball, M.D.
Branch Chief
Good Clinical Practice Branch II
Division of Scientific Investigations

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

/s/

Dianne Tesch
10/2/2006 09:27:08 AM
CSO

Leslie Ball
10/2/2006 02:12:33 PM
MEDICAL OFFICER

Target Product Information

3M™ DuraPrep™ Surgical Solution

Response to FDA's comments of September 19, 2006 and September 22, 2006

PRODUCT TITLE
3M™ DuraPrep™ Surgical Solution
Iodine Povacrylex (0.7% Available Iodine) and Isopropyl Alcohol (74% w/w)
Patient Preoperative Skin Preparation

DESCRIPTION
3M™ DuraPrep™ Surgical Solution is a film-forming iodophor complex that provides fast acting, persistent, broad-spectrum antimicrobial activity. DuraPrep solution is indicated for use as a patient preoperative skin preparation, for the preparation of the skin prior to surgery and to help reduce bacteria that can potentially cause skin infection.

DuraPrep solution contains alcohol and gives off flammable vapors. Pooled solution or solution-stained materials can lead to fire. Follow all instructions in product insert.

CLINICAL PHARMACOLOGY
In vitro Microbiology Studies

The following *in vitro* data are available but their clinical significance is unknown.

Time Kill Studies (LIMS 8919):
In an independent Time Kill Study, the speed of the microbicidal activity of DuraPrep solution was measured using a select battery of microorganisms including antibiotic resistant organisms. As shown in Table 1, DuraPrep solution demonstrated rapid bactericidal activity against the broad range of microorganisms tested.

Table 1. Microbial Kill for DuraPrep Solution

Microorganism	% Microbial Kill 15 Seconds
	DuraPrep solution
Enterococcus faecalis (ATCC 29212)	99.99
Escherichia coli (ATCC 11229)	99.99
Escherichia coli (ATCC 25922)	99.99
Micrococcus luteus (ATCC 7468)	98.90
Pseudomonas aeruginosa (ATCC 15442)	99.99
Pseudomonas aeruginosa (ATCC 27853)	99.99
Serratia marcescens (ATCC 14756)	99.99
Staphylococcus aureus (ATCC 29213)	99.99
Staphylococcus aureus (ATCC 6538)	99.99
Staphylococcus epidermidis (ATCC 12228)	99.99
Staphylococcus aureus (MRSA) (ATCC 33592)	99.99
Enterococcus faecalis (VRE) (ATCC 51299)	99.99
Enterococcus faecium (MDR) (ATCC 51559)	99.99
Staphylococcus epidermidis (MRSE) (ATCC 51625)	99.99
Candida albicans (ATCC 10231)	99.84

MRSA – methicillin-resistant *Staphylococcus aureus*
MDR – multiple drug resistant (ampicillin, ciprofloxacin, gentamicin, rifampin, teicoplanin, vancomycin)
VRE – vancomycin-resistant *Enterococcus sp.*
MRSE – methicillin-resistant *Staphylococcus epidermidis*

In an independent Time Kill Study (LIMS 7311) where bacteria (~10^7 CFU) were placed on top of the dried film, the speed of the microbicidal activity was measured using a select battery of microorganisms including antibiotic resistant organisms. As shown in Table 2, DuraPrep solution demonstrated rapid bactericidal activity against the broad range of microorganisms tested.

Table 2. Microbial Kill For DuraPrep Film

Microorganism	Organisms Placed on Top of Dried DuraPrep Film % Microbial Kill		
	1 Minute	5 Minutes	15 Minutes
Acinetobacter baumannii (ATCC 19606)	99.99	99.99	99.99
Acinetobacter lwoffii (ATCC 15309)	99.99	99.96	99.99
Burkholderia cepacia (ATCC 25416)	99.92	99.61	99.99
Enterobacter aerogenes (ATCC 13048)	88.39	95.07	99.99
Enterobacter cloacae (ATCC 13047)	99.99	99.99	99.99
Escherichia coli (ATCC 11229)	99.99	99.99	99.99
Escherichia coli (ATCC 25922)	99.77	99.99	99.99
Haemophilus influenzae (ATCC 19418)	99.99	99.99	99.99
Klebsiella oxytoca (ATCC 43165)	99.97	99.99	99.99
Klebsiella pneumoniae (ATCC 11296)	99.13	99.99	99.99
Proteus mirabilis (ATCC 7002)	99.99	99.99	99.99
Pseudomonas aeruginosa (ATCC 9027)	99.99	99.99	99.99
Serratia marcescens (ATCC 14756)	99.61	99.99	99.99
Corynebacterium jeikeium (ATCC 43734)	99.99	99.99	99.99
Enterococcus faecalis (ATCC 19433)	99.82	99.99	99.99
Enterococcus faecalis (VRE) (ATCC 51299)	99.19	99.99	99.99
Enterococcus faecium (ATCC 19434)	82.12	99.99	99.99
Micrococcus luteus (ATCC 4698)	99.95	99.99	99.99
Staphylococcus aureus (ATCC 6538)	97.72	99.96	99.99
Staphylococcus aureus (MRSA) (ATCC 33592)	84.93	99.60	99.99
Staphylococcus epidermidis (ATCC 12228)	99.99	99.99	99.99
Staphylococcus haemolyticus (ATCC 29970)	99.99	99.99	99.99
Staphylococcus hominis (ATCC 27844)	99.99	99.99	99.99
Staphylococcus saprophyticus (ATCC 15305)	99.61	99.99	99.99
Streptococcus pneumoniae (ATCC 6303)	99.99	99.99	99.99
Streptococcus pyogenes (ATCC 19615)	96.08	99.99	99.99
Candida albicans (ATCC 10231)	80.59	99.06	99.99

MRSA – methicillin-resistant *Staphylococcus aureus*
VRE – vancomycin-resistant *Enterococcus sp.*

Minimum Bactericidal Concentration (MBC) (LIMS 7720):
In an independent study conducted at one laboratory, MBCs were measured for DuraPrep solution against 1051 isolates while the vehicle control and reference product were tested against 211 isolates of the organisms listed in Table 3 below. DuraPrep solution demonstrated antiseptic activity against all organisms tested.

Table 3. MBC Ranges for Laboratory Strains and Clinical Isolates

Microorganism	Lab Strains		Clinical Isolates	
	N	MBC Range (µg/ml)	N	MBC Range (µg/ml)
Acinetobacter sp.	25	0.25-2	25	0.25-4
Bacteroides fragilis	20	0.25-2	31	0.25-8
Haemophilus influenzae	25	0.125-2	25	0.125-1
Enterobacter sp.	25	0.5-2	25	0.5-2
Escherichia coli	25	0.5-1	25	0.5-2
Klebsiella sp.	25	0.25-1	25	0.5-2
Pseudomonas aeruginosa	25	0.5-8	25	1-4
Proteus mirabilis	25	0.5-2	25	0.5-4
Serratia marcescens	25	0.5-2	25	0.25-4
Staphylococcus aureus including MRSA	25	0.5-2	25	0.5-4
Staphylococcus epidermidis including MRSE	25	0.125-2	25	0.25-1
Staphylococcus hominis	12	0.5-2	38	0.25-4
Staphylococcus haemolyticus	6	0.5-1	44	0.5-2
Staphylococcus saprophyticus	5	1-2	45	0.5-2
Micrococcus luteus	25	0.5-4	25	0.5-4
Streptococcus pyogenes	25	0.25-16	25	0.5-8
Enterococcus. faecalis including VRE	25	0.5-4	25	1-4
Enterococcus faecium including VRE	25	1-4	25	1-4
Streptococcus pneumoniae	25	0.125-8	25	0.25-4
Candida sp.	25	1-16	25	2-16
Candida albicans	25	2-8	25	2-8

MRSA – methicillin-resistant *Staphylococcus aureus*
VRE – vancomycin-resistant *Enterococcus sp.*
MRSE – methicillin-resistant *Staphylococcus epidermidis*

Clinical Studies

Patient Preoperative Prep Studies: The procedure used was the FDA specified test method for Patient Preoperative Skin Preparation (2). FDA currently requires that patient preoperative skin preparations meet the following effectiveness criteria: a 2-log reduction on the abdomen in 10 minutes, a 3-log reduction on the groin in 10 minutes, and counts not exceeding baseline values at 6 hour post-application. A correlation between these effectiveness criteria and clinical outcomes has not been established.

In Study 1, the bactericidal effect of DuraPrep solution after a single application resulted in a 3.3 log reduction (n = 66) in 10 minutes and a 2.7 (n = 66) log reduction at 6 hours on the groin. In Study 2, the bactericidal effect of DuraPrep solution after a single application resulted in a 2.6 log reduction (n = 61) on the abdomen in 2 minutes and a 2.8 log reduction (n = 70) on the groin in 10 minutes. In Study 3, the bactericidal effect of DuraPrep solution after a single application resulted in a 2.4 log reduction (n = 45) on the abdomen in 2 minutes and a 2.2 log reduction (n = 60) on the groin in 10 minutes.

Safety Studies

In a Human Repeat Insult Patch Test (LIMS 7296), conducted in 204 subjects, DuraPrep solution under occlusive conditions exhibited scattered mild inflammatory responses in several subjects. Additionally, in a few subjects, some of the responses became sufficiently irritated to require moving the test materials to new skin sites. DuraPrep solution exhibited no indication of potential sensitization following challenge application to both the original and naïve skin sites.

In a 21-Day Human Cumulative Irritation Potential Test (LIMS 7294) involving 32 subjects, DuraPrep solution's Base 10 cumulative Irritation Score when patched wet under occlusive conditions (the standard procedure for testing of this type) was 453.7 (Class 4: experiment cumulative irritant). When DuraPrep solution was allowed to dry on the skin prior to patch application, reflecting intended use, the Base 10 cumulative irritation score was 307.7 (Class 3: possibly mild in normal use).

INDICATIONS AND USAGE
DuraPrep Surgical Solution is indicated for use as a patient preoperative skin preparation, for the preparation of the skin prior to surgery and to help reduce bacteria that can potentially cause skin infection.

CONTRAINDICATIONS
Do not use DuraPrep Surgical Solution on patients with known allergies to iodine or any other ingredients in this product. Do not use on open wounds, on mucous membranes, or as a general skin cleanser. Do not use in infants less than 2 months old due to the risk of excessive skin irritation and transient hypothyroidism.

WARNINGS
FOR EXTERNAL USE ONLY. FLAMMABLE, KEEP AWAY FROM FIRE OR FLAME.

To reduce the risk of fire, do not use 26-mL applicator for head and neck surgery or on an area smaller than 8 in. x 10 in. Use a small applicator instead. DuraPrep solution contains alcohol and gives off flammable vapors. Do not drape or use ignition source (e.g., cautery, laser) until solution is completely dry (minimum of 3 minutes on hairless skin). Avoid getting DuraPrep solution into hairy areas. Solution may take much longer to dry or may not dry completely. Do not allow DuraPrep solution to pool. Remove solution-stained material from prep area.

When using this product, keep out of eyes, ears, and mouth. May cause serious injury if permitted to enter and remain. If contact occurs, flush with cold water right away and contact a doctor. To avoid skin injury, care should be taken when removing incise drapes, tapes, etc…applied over film. Use with caution in women who are breast-feeding due to the potential for transient hypothyroidism in the nursing newborn.

Stop use and ask a doctor if irritation, sensitization or allergic reaction occurs. These may be signs of a serious condition. On rare occasions, use of this product has been associated with skin blistering.

Keep out of reach of children. If swallowed, get medical help or contact a Poison Control Center right away..

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ADVERSE REACTIONS

Adverse Reactions from Clinical Trials

The efficacy studies consisted of 6 pivotal studies and 11 pilot studies, and adverse event (AE) data from these studies were pooled for analysis. In the efficacy studies, subjects were exposed to a single application of all treatments to which they were randomized. The safety studies consisted of 2 studies with a total of 288 randomized subjects who were exposed to repeated applications of the treatment over 3 or more weeks. Adverse event data from these studies were pooled for analysis. Data from the efficacy and safety studies were not pooled because of difference in study designs and objectives.

There were no serious AEs (SAEs) related to DuraPrep solution. In safety studies, the number and percentage of subjects with AEs considered by the investigator to be associated with Betadine solution (36 subjects [12.5%]) was similar to DuraPrep solution (48 subjects [16.7%]). The number and percentage of subjects with treatment-related AEs associated with Betadine solution (30 subjects [10.5%]) was similar to DuraPrep solution (43 subjects [15.0%]). Application site pruritus, burning, and pain were the most frequent treatment-related AEs, reported by 41 (14.3%), 18 (6.3%), and 10 (3.5%) total subjects, respectively. Although there was a slight trend for these AEs to be more frequently associated with DuraPrep solution compared with DuraPrep w/o I_2 or Betadine solution, the percentages of DuraPrep solution-treated subjects were low (≤10.8% with each of these AEs).

In the efficacy studies, 8 subjects each had 1 AE; all were mild and none were serious. Six of these AEs were considered probably not or not related to study treatment. One subject had an application site erythema (verbatim term: 2 pin-sized red dots at the scrub site) considered possibly related to DuraPrep solution and one had an application site erythema considered probably related to DuraPrep solution (verbatim term: skin redness upon tape removal).

Postmarketing Complaints

All DuraPrep solution clinical complaints from 1988 through November 30, 2005 based on total units sold are presented in Table 4. The most frequent overall complaint was skin irritation (382 reports). No skin injuries have been reported with the use of DuraPrep solution alone.

Reports of infection or infection rate increase were the second most common with 109 reports. Flammability incidents were the third most prevalent complaint (a total of 97 flammability complaints since 1988, all but one of these was associated with use of the 26 mL applicator). Based on sales per million per year, the annual incidence rate has been < 2.0 since 1993.

Table 4. All DuraPrep Solution Clinical Complaints

Complaint	Total
Skin irritation (total), includes	381
• Blistering	175
• Rash, hives, itching, burning, irritation	79
• Chemical burn	42
• Skin stripping	39
• Redness/abrasion	19
• Allergy	12
• Wound dehiscence	5
• Bruise	4
• Contact dermatitis	4
• Skin breakdown	2
Infection or infection rate increase	109
Flammability	97
Flaking/rolling/falling into wound	24
Staff skin laceration/cut from glass	15
Staff headache/watery eyes	7
DuraPrep squirted on face	6
Bronchial spasm	5
Skin staining	4
Eye irritation/damage	3
Corneal abrasion	1
Elevated temperature	1
Film/color gone	1
Cellulitis	1
Anaphylaxis	1
Scratch on skin from glass	1
Unidentified Event	2

DIRECTIONS FOR USE

Follow all directions for use. At the end of the prep, discard any portion of the solution which is not required to cover the prep area. It is not necessary to use the entire amount available.

Getting Patient Ready for Solution:

- Use in a well-ventilated area.
- Do not microwave or heat the solution applicator.
- Apply to clean, completely dry, residue-free, intact skin.
- When hair removal is necessary, use a surgical clipper on the morning of the surgery. If a wet shave is used, thoroughly remove all soap residues.

Activating the Applicator:

8630 Applicator:

- With sponge face parallel to floor, press the cap end of the applicator. Solution will begin to flow into the sponge.
- Wait for fluid level to reach indicator line of applicator barrel.

8635 Applicator:

- Grasp product by wrapping hand and fingers around the labeled portion of the applicator. Place thumb on the lever.
- With sponge parallel to the floor, snap lever. Allow all fluid to flow into sponge.

When Applying Solution:

- **DO NOT SCRUB.** Paint a single, uniform application and do not re-prep area.
- **Do not allow solution to pool.** Use sponge applicator to absorb excess solution and continue to apply a uniform coating. If solution accidentally gets outside of prep area, remove excess with gauze.
- When using the 8630 applicator, clean umbilicus with enclosed swabs, when applicable. (Moisten swab by pressing against solution-soaked sponge applicator.)
- Tuck prep towels as needed under both sides of the neck to absorb excess solution. Remove towels before draping.
- Avoid getting solution into hairy areas. If this occurs, wipe hair with towel. Solution may take much longer to dry or may not dry completely.
- When prepping skin folds, toes, or fingers, use a sterile-gloved hand to hold skin apart until completely dry. Otherwise, skin may adhere to itself.

After Applying Solution:

- To reduce the risk of fire, **wait until solution is dry (minimum of 3 minutes on hairless skin).** Solution will turn from a shiny to a dull appearance on skin alerting the user that the solution is completely dry and no longer flammable.

While Waiting for Solution to Completely Dry:

- Do no drape or use ignition source (e.g., cautery, laser).
- Check for pooled solution. Use gauze to soak up pooled solution. Do not blot because it may remove solution from skin.
- Remove solution-stained materials. Replace if necessary.

After Solution is Completely Dry:

- To reduce the risk of fire, begin draping and/or using cautery only after solution is completely dry and all solution-stained materials are removed.
- If incise drapes are used, apply directly to dry prep. On completion of surgical procedure, removal of incise drape will remove film.
- Apply dressing following standard practices.

HOW SUPPLIED

DuraPrep Surgical Solution 8630 applicator contains 0.9 fl oz (26 mL) of solution which covers a 15 in. x 30 in. area (approximately from shoulder to groin in an average size adult).

For procedures requiring less coverage a smaller applicator is available. DuraPrep Surgical Solution 8635 applicator contains 0.2 fl oz (6 mL) of solution which covers an approximate 8 in. x 10 in. area. Do not use more than required for the area.

Store between 20-25°C (68-77°F). Avoid excessive heat above 40°C (104°F).

INFORMATION FOR THE USER

DuraPrep Surgical Solution is not water soluble and may stain. Therefore avoid contact with reusable items (basins, instruments).

Made in U.S.A. for
3M Health Care
St. Paul, MN 55144-1000
(U.S.A.) 1-800-228-3957
www.3M.com

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REFERENCES

1. Roberts AJ, Wilcox K, Devineni R, Harris RB, and Osevala MA. Skin preparations in CABG surgery: a prospective randomized trial. Comp Surg 1995 Nov/Dec; 14(6): 724, 741-744, 747.
2. Tentative Final Monograph for Health Care Antiseptic Products; Federal Register; Vol. 59, No. 116, Friday, June 17, 1994.

Artwork #:	38-9001-8944-0
Date:	9/25/06
Author:	S Barker
Supersedes 38#:	38-9001-7488-9
Pkg. Spec. Reference :	34-7060-
Structure:	Label

Scale 1 Inch

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■ = PMS 2685
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Artwork #:	38-9001-8948-1
Date:	9/25/06
Author:	S Barker
Supersedes 38#:	38-9001-7480-6
Pkg. Spec. Reference :	34-7060-
Structure:	Label

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OTC LABELING REVIEW

Food and Drugs Administration
Center For Drug Evaluation and Research
Office of Nonprescription Products

NDA 21-586

Sponsor Package Submission: September 26, 2006
Received by CDER White Oak: September 26, 2006
Received by Reviewer: September 26, 2006
Review Completed: September 27, 2006

REVIEWER: Michelle M. Jackson, Ph.D.

PROJECT MANAGER: Laura Shay, R.N., M.S.

NAME AND ADDRESS OF APPLICANT
3M Health Care
3M Center 275-5W-06
St. Paul, MN 55144-1000

CONTACT PERSON
Dianne L. Gibbs, RAC
Regulatory Affairs Manager
(651) 737-9117

DRUG PRODUCT NAMES:
Proprietary Name: DuraPrep™ Surgical Solution
Established Name: Iodine Povacrylex (0.7% available iodine) and Isopropyl Alcohol (74% w/w) Solution

INDICATION: Patient preoperative skin preparation

PHARMACOLOGICAL CATEGORY: Healthcare Antiseptic

DOSAGE FORM: Topical Solution

MATERIAL REVIEWED:
1) Labeling
- 6-mL and 26-mL immediate container applicator barrel
- 6-mL and 26-mL *Drug Facts*
- 6-mL and 26-mL PDP
- Package insert (Target Product Information-TPI)

Background:
On October 2003, the sponsor submitted an NDA for which an approvable letter was issued in August 2004. The primary deficiency in the submission was the data provided failed to show that DuraPrep achieved the 3-log standard for bacterial reduction in the groin at 10 minutes after application. To address these deficiencies the sponsor was advised to repeat the pivotal study and demonstrate that DuraPrep meets the 3-log reduction standard at the groin site.

On March 28, 2004, the sponsor submitted an amendment (N-000/AZ) to the original submission that included a pivotal study, draft labeling, and revised package insert (target product information-TPI) containing product performance information. The proposed labeling in the submission includes American and Canadian color draft labeling of the Principle Display Panel (PDP), ***Drug Facts***, applicator handle labeling, shipping labeling for the 6-mL and 26-mL applicators, and TPI.

On August 2, 2006 and August 30, 2006, FDA had an internal discussion on the labeling for DuraPrep™ Surgical Solution in 6- and 26-mL applicators for use as a patient preoperative skin preparation.

On September 19, 2006, FDA had an internal discussion on the additional labeling to address the potential for [redacted] and the possibility of hypothyroidism in newborns.

On September 19, 2006, a teleconference was held with the sponsor to discuss the DuraPrep™ Surgical Solution labeling. This was in regard to FDA's facsimile dated September 15, 2006. FDA stated that it was concerned that flammability incidents, ignition accidents continue to occur and have revised the warning label accordingly. The sponsor concurred with most of our recommended changes and later submitted revised changes to the labeling in follow-up to the teleconference.

On September 22, 2006, a teleconference was held with the sponsor to discuss the DuraPrep™ Surgical Solution labeling, TPI and Phase IV commitment.

- The sponsor had concerns with the warning statements on the immediate container applicator barrel. The sponsor stated that there was too much additional verbiage, therefore reducing the font size and making it difficult to read. FDA and the sponsor agreed to reduce the wording to accommodate the appropriate font size labeling on the immediate container applicator barrel.

- On September 20, 2006, the sponsor submitted revised labeling on the TPI in response to FDA's facsimile date September 19, 2006. The sponsor concurred with the Agency's recommended changes. FDA also recommended removing the [redacted] for DuraPrep Surgical Solution in each study. FDA requested that the sponsor include specific types of skin irritation and the number of incidences in the postmarketing complaints table.

- FDA discussed Phase IV Commitment studies. The sponsor will need to conduct drying time and vapor dissipation of the 6-mL and 26-mL DuraPrep solution in human hair, at least shoulder length and under normal surgical suite conditions.

On September 26, 2006, the sponsor submitted an amendment (N-000/AZ) to the March 28, 2006 submission that included final product labeling, Drug Facts specifications, TPI, and Phase IV Commitment. The final product labeling submitted included color draft labeling of the Principle Display Panel (PDP), ***Drug Facts*** (specifications), and applicator handle labeling for the 6-mL and 26-mL applicators.

Reviewer's comments on the final product labeling:

Drug Facts **Specifications**

1. FDA strongly recommends that ***Drug Facts*** labeling be presented using the graphics specifications set forth in Appendix A to part 201:
   a) ***Drug Facts*** box or enclosure barline containing all information should be a 2.5-point type size. A 2-point type size is indicated on the 6-mL and 26-mL size applicator.

   b) The horizontal barline separating the headings should be a 2.5-point type size. A 2-point type size is indicated on the 6-mL and 26-mL size applicator.

   c) The horizontal hairlines between the warning subheadings, should be a 0.5-point type size. A 1-point type size is indicated on the 6-mL and 26-mL size applicator.

   The Agency recognizes the extensive labeling involved in the ***Drug Facts*** enclosure and the various adjustments that had to be made to include all the proper information in order to prevent misuse of the product. No changes on the ***Drug Facts*** specification are needed.

TPI

2. On page 7, remove the extra period at the end of the sentence under the subheader "Keep out of reach of children".

3. On page 8, adjust the second paragraph under the subheader "Adverse Reactions".

Comments to the sponsor:

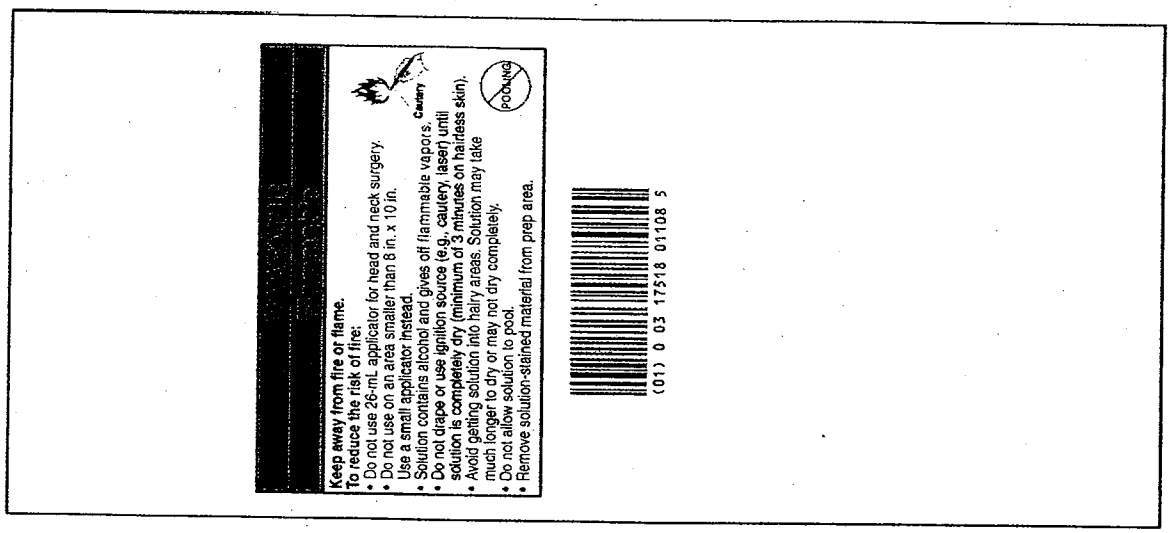
1. Remove the extra period at the end of the sentence under the subheader "Keep out of reach of children" on page 7 of the TPI.

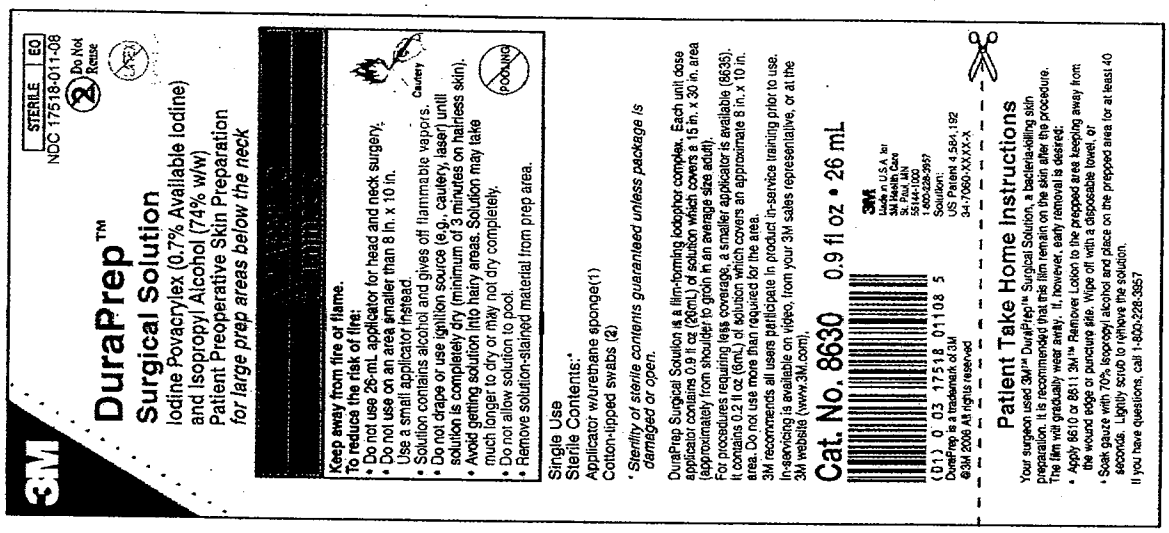
2. Adjust the second paragraph under the subheader "Adverse Reactions" on page 8 of the TPI.

Michelle M. Jackson, Ph.D. – 9/28/06
Microbiologist/IDS Reviewer

Concurrence – 9/28/06
Debbie Lumpkins, Team Leader

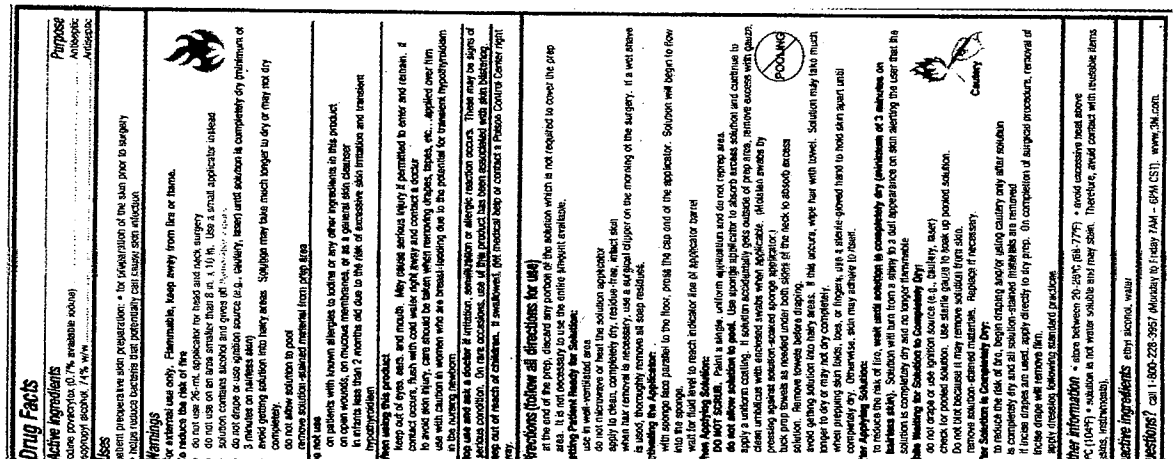
Final Prototype of PDP 26-mL Applicator





Appears This Way
On Original

Final Prototype of *Drug Facts* for 26-mL Applicator



Drug Facts

Active ingredients — **Purpose**
Iodine povacrylex (0.7% available iodine) ..... Antiseptic
Isopropyl alcohol, 74% w/w ..... Antiseptic

Uses
- patient preoperative skin preparation • for antisepsis of the skin prior to surgery
- helps reduce bacteria that potentially can cause skin infection

Warnings
For external use only. Flammable, keep away from fire or flame.
To reduce the risk of fire
- do not use 26-mL applicator for head and neck surgery
- do not use on an area smaller than 8 in. x 10 in. Use a small applicator instead
- solution contains alcohol and gives off flammable vapors
- do not drape or use ignition source (e.g., cautery, laser) until solution is completely dry (minimum of 3 minutes on hairless skin)
- avoid getting solution into hairy areas. Solution may take much longer to dry or may not dry completely.
- do not allow solution to pool
- remove solution-stained material from prep area

Do not use
- on patients with known allergies to iodine or any other ingredients in this product
- on open wounds, on mucous membranes, or as a general skin cleanser
- in infants less than 2 months old due to the risk of excessive skin irritation and transient hypothyroidism

When using this product
- keep out of eyes, ears, and mouth. May cause serious injury if permitted to enter and remain. If contact occurs, flush with cold water right away and contact a doctor
- to avoid skin injury, care should be taken when removing drapes, backs, etc., applied over skin
- use with caution in women who are breast-feeding due to the potential for transient hypothyroidism in the nursing newborn

Who can and can't use it
- under the direction of a doctor if irritation, sensitization or allergic reaction occurs. These may be signs of a serious condition. On rare occasions, use of this product has been associated with skin blistering
- keep out of reach of children. If swallowed, get medical help or contact a Poison Control Center right away.

Directions (follow all directions for use)
- at the end of the prep, discard any portion of the solution which is not required to cover the prep area. It is not necessary to use the entire amount available.

Getting Patient Ready for Solution:
- use in well-ventilated area
- do not microwave or heat the solution applicator
- apply to clean, completely dry, residue-free, intact skin
- wash hair, trim if necessary, use a surgical stopper on the morning of the surgery. If a wet shave is used, thoroughly remove all soap residue.

Activating the Applicator:
- with sponge face parallel to the floor, press the cap end of the applicator. Solution will begin to flow into the sponge.
- wait for fluid level to reach indicator line of applicator barrel

When Applying Solution:
- DO NOT SCRUB. Paint a single, uniform application and do not remop area.
- do not allow solution to pool. Use sponge applicator to absorb excess solution and continue to apply a uniform coating. If solution accidentally gets outside of prep area, remove excess with gauze, clean umbilicus with enclosed swabs when applicable. (Moisten swabs by pressing against solution-soaked sponge applicator.)
- tuck prep towels as needed under both sides of the neck to absorb excess solution. Remove towels before draping.
- avoid getting solution into hairy areas. If that occurs, wipe hair with towel. Solution may take much longer to dry or may not dry completely.
- when preparing skin folds, toes, or fingers, use a sterile-gloved hand to hold skin apart until completely dry. Otherwise, skin may adhere to itself.

After Solution is Completely Dry:
- to reduce the risk of fire, wait until solution is completely dry (minimum of 3 minutes on hairless skin). Solution will turn from a yellow to a dull appearance on skin alerting the user that the solution is completely dry and no longer flammable

While Waiting for Solution to Completely Dry:
- do not drape or use ignition source (e.g., cautery, laser)
- check for pooled solution. Use sterile gauze to soak up pooled solution.
- Do not blot because it may remove solution from skin.
- remove solution-stained materials. Replace if necessary.

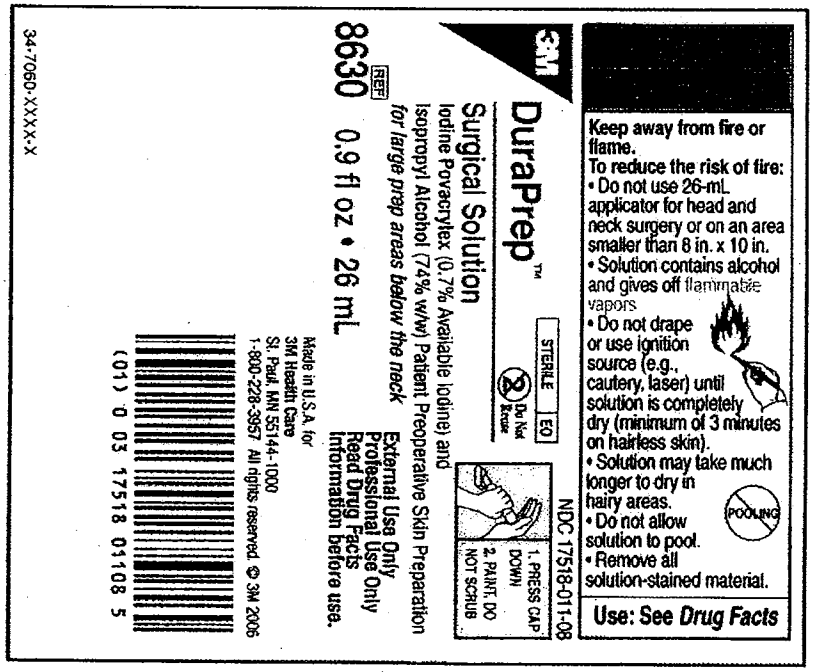
After Solution is Completely Dry:
- to reduce the risk of skin irritation, begin draping and/or prepping cautery only after solution is completely dry and all solution-stained materials are removed
- if incise drapes are used, apply directly to dry prep. On completion of surgical procedure, removal of incise drape will remove film.
- apply dressing following standard practices

Other information • store between 20-25°C (68-77°F) • avoid excessive heat above 40°C (104°F) • solution is not water soluble and may stain. Therefore, should contact with reusable items (tests, instruments).

Inactive ingredients ethyl alcohol, water

Questions? call 1-800-228-3957 (Monday to Friday 7AM – 6PM CST). www.3M.com.

Final Prototype of Warnings for the 26-mL Immediate Container Applicator Handle



Keep away from fire or flame.
To reduce the risk of fire:
• Do not use 26-mL applicator for head and neck surgery or on an area smaller than 8 in. x 10 in.
• Solution contains alcohol and gives off flammable vapors
• Do not drape or use ignition source (e.g., cautery, laser) until solution is completely dry (minimum of 3 minutes on hairless skin).
• Solution may take much longer to dry in hairy areas.
• Do not allow solution to pool.
• Remove all solution-stained material.
POOLING
Use: See *Drug Facts*

3M
DuraPrep™
STERILE EO
Do Not Reuse
Surgical Solution
Iodine Povacrylex (0.7% Available Iodine) and Isopropyl Alcohol (74% w/w) Patient Preoperative Skin Preparation
for large prep areas below the neck
REF 8630 0.9 fl oz • 26 mL
External Use Only
Professional Use Only
Read Drug Facts Information before use.
1. PRESS CAP DOWN
2. PAINT, DO NOT SCRUB
NDC 17518-011-08
Made in U.S.A. for 3M Health Care St. Paul, MN 55144-1000 1-800-228-3957
All rights reserved. © 3M 2006
(01) 0 03 17518 01108 5
34-7060-XXXX-X

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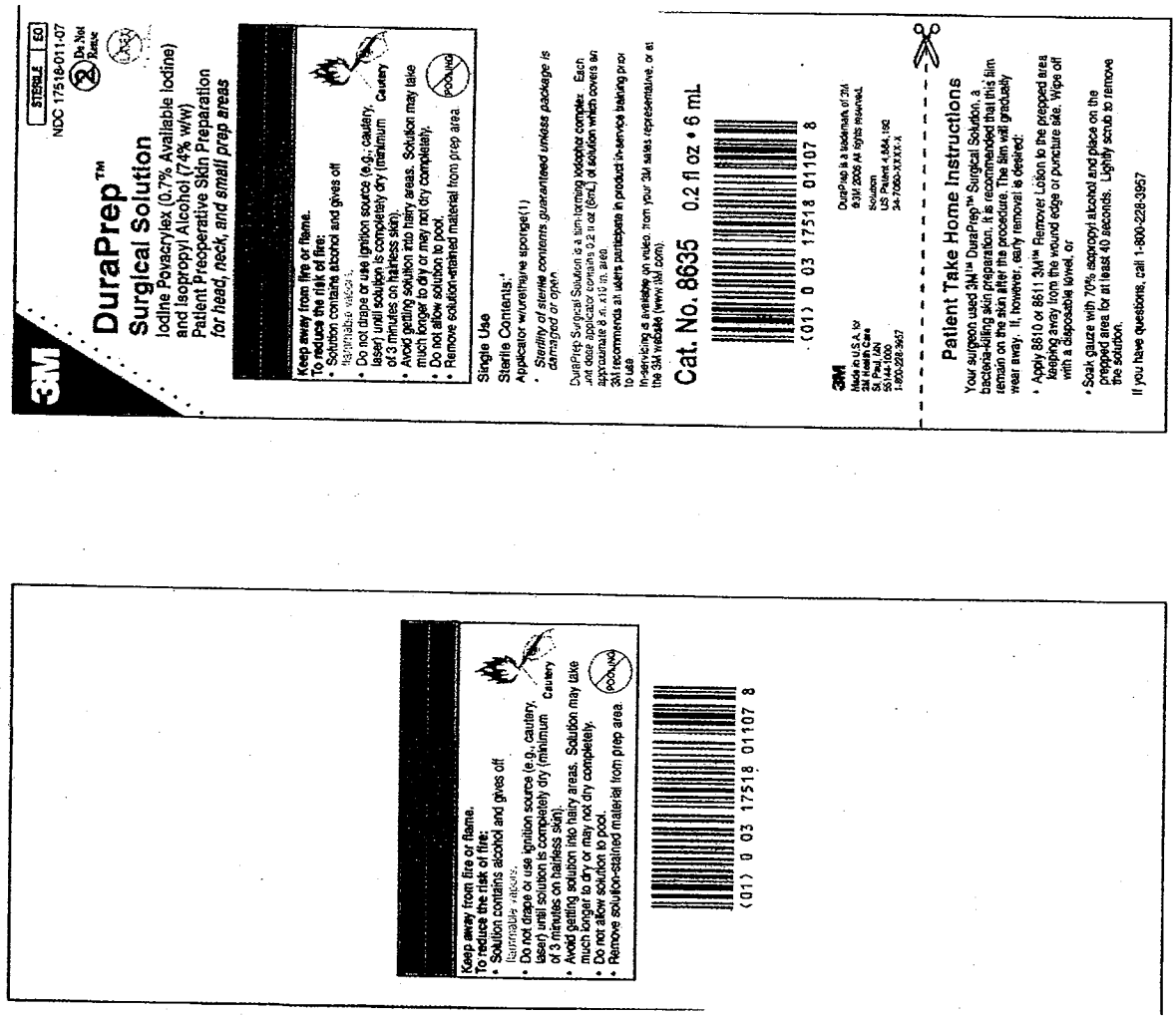
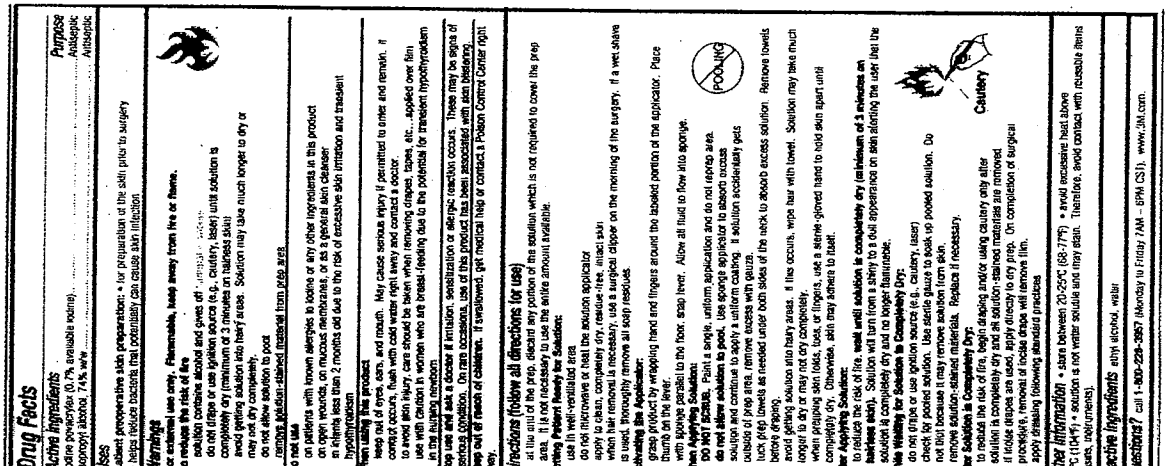
On Original

Final Prototype of PDP 6-mL Applicator



Appears This Way
On Original

Final Prototype of *Drug Facts* for 6-mL Applicator



Drug Facts

Active Ingredients — **Purpose**

Iodine povacrylex (0.7% available iodine) ..... Antiseptic
Isopropyl alcohol, 74% w/w ..... Antiseptic

Uses

patient preoperative skin preparation: • for preparation of the skin prior to surgery
• helps reduce bacteria that potentially can cause skin infection

Warnings

For external use only. Flammable, keep away from fire or flame.

To reduce the risk of fire

- solution contains alcohol and gives off [illegible]
- do not drape or use ignition source (e.g., cautery, laser) until solution is completely dry (minimum of 3 minutes on hairless skin)
- avoid getting solution into hairy areas. Solution may take much longer to dry or may not dry completely
- do not allow solution to pool
- remove solution-stained material from prep area

Do not use

- on patients with known allergies to iodine or any other ingredients in this product
- on open wounds, on mucous membranes, or as a general skin cleanser
- in infants less than 2 months old due to the risk of excessive skin irritation and transient hypothyroidism

When using this product

- keep out of eyes, ears, and mouth. May cause serious injury if permitted to enter and remain. If contact occurs, flush with cold water right away and contact a doctor.
- to avoid skin injury, care should be taken when removing drapes, tapes, etc., applied over film
- use with caution in women who are breast-feeding due to the potential for transient hypothyroidism in the nursing newborn

Stop use and ask a doctor if irritation, sensitization or allergic reaction occurs. These may be signs of a serious condition. On rare occasions, use of this product has been associated with skin blistering.

Keep out of reach of children. If swallowed, get medical help or contact a Poison Control Center right away.

Directions (follow all directions for use)

- at the end of the prep, discard any portion of this solution which is not required to cover the prep area. It is not necessary to use the entire amount available.

Getting Patient Ready for Solution:

- use in well-ventilated area
- do not microwave or heat the solution applicator
- apply to clean, completely dry, residue-free, intact skin
- when hair removal is necessary, use a surgical clipper on the morning of the surgery. If a wet shave is used, thoroughly remove all soap residues.

Activating the Applicator:

- grasp product by wrapping hand and fingers around the labeled portion of the applicator. Place thumb on the bevel.

When Applying Solution:

- with applicator pointed to the floor, snap lever. Allow all fluid to flow into sponge.
- **DO NOT SCRUB.** Paint a single, uniform application and do not reprep area.
- **do not allow solution to pool.** Use sponge applicator to absorb excess solution and continue to apply a uniform coating. If solution accidentally gets outside of prep area, remove excess with gauze.
- tuck prep towels as needed under both sides of the neck to absorb excess solution. Remove towels before draping.
- avoid getting solution into hairy areas. If this occurs, wipe hair with towel. Solution may take much longer to dry or may not dry completely.
- when prepping skin folds, toes, or fingers, use a sterile-gloved hand to hold skin apart until completely dry. Otherwise, skin may adhere to itself.

After Applying Solution:

- to reduce the risk of fire, **wait until solution is completely dry (minimum of 3 minutes on hairless skin).** Solution will turn from a stinky to a dull appearance on skin alerting the user that the solution is completely dry and no longer flammable.

While Waiting for Solution to Completely Dry:

- do not drape or use ignition source (e.g., cautery, laser)
- check for pooled solution. Use sterile gauze to soak up pooled solution. Do not blot because it may remove solution from skin.
- remove solution-stained materials. Replace if necessary.

After Solution is Completely Dry:

- to reduce the risk of fire, begin draping and/or using cautery only after solution is completely dry and all solution-stained materials are removed
- if iodine drapes are used, apply directly to dry prep. On completion of surgical procedure, removal of iodine drape will remove film.
- apply dressing following standard practices

Other information • store between 20-25°C (68-77°F) • avoid excessive heat above 40°C (104°F) • solution is not water soluble and may stain. Therefore, avoid contact with reusable items (gowns, instruments)

Inactive Ingredients ethyl alcohol, water

Questions? call 1-800-228-3957 (Monday to Friday 7AM - 6PM CST), www.3M.com

Final Prototype of Warnings for the 6-mL Immediate Container Applicator Handle

3M DuraPrep™

Surgical Solution

Iodine Povacrylex (0.7% Available Iodine) and Isopropyl Alcohol (74% w/w) Patient Preoperative Skin Preparation

for head, neck, and small prep areas

External Use Only Professional Use Only

Read Drug Facts Information before use.

8635 0.2 fl oz • 6 mL

(01) 0 03 17518 01107 8

34-0600-XXXX-X

STERILE EO

Do Not Rinse

1. SNAP
2. PAINT, DO NOT SCRUB

Keep away from fire or flame.
To reduce the risk of fire:
• Solution contains alcohol and gives off flammable vapors
• Do not drape or use ignition source (e.g., cautery, laser) until solution is completely dry (minimum of 3 minutes on hairless skin).
• Solution may take much longer to dry in hairy areas.
• Do not allow solution to pool.
• Remove all solution-stained material.

POOLING

Use: See *Drug Facts*

NDC 17518-011-07

Made in U.S.A. for
3M Health Care
St. Paul, MN 55144-1000
1-800-228-3957

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/s/

Michelle Jackson
9/28/2006 10:33:18 AM
MICROBIOLOGIST

Debbie Lumpkins
9/28/2006 01:01:05 PM
INTERDISCIPLINARY

Food and Drug Administration
Center for Drug Evaluation and Research
Office of Nonprescription Products

FACSIMILE TRANSMITTAL SHEET

DATE: September 22, 2006

To: Dianne Gibbs	**From:** Laura Shay, MS, RN, C-ANP Regulatory Project Manager
Company: 3M	Division of Nonprescription Regulatory Evaluation
Fax number: 651-737-5320	**Fax number:** (301) 796-9899
Phone number: 651-737-9117	**Phone number:** (301) 796-0994
Subject: Postmarketing Comment	
Total no. of pages including cover: 2	

Document to be mailed: ☐ YES ☑ NO

Please refer to your March 28, 2006 resubmission to your new drug application for DuraPrep™ Surgical (iodine povacrylex (0.7% available iodine) and 74% w/w isopropyl alcohol) Solution.

Below is the postmarketing commitment discussed in today's teleconference (September 22 2006). You will need to respond in writing and submit your response as an official correspondence to your NDA.

Demonstrate the drying time and vapor dissipation of the 6-mL and 26-mL solution in hair, at least shoulder length, under normal surgical suite conditions.

Protocol Submission:	by December 2006
Study Start:	by March 2007
Final Report Submission:	by June 2008

If you have any questions you may call Laura Shay, regulatory project manager, at (301) 796-0994.

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

/s/

Laura Shay
9/26/2006 07:21:34 PM

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Food and Drug Administration
Center for Drug Evaluation and Research
Office of Nonprescription Products

FACSIMILE TRANSMITTAL SHEET

DATE: September 22, 2006

To: Dianne Gibbs	**From:** Laura Shay, MS, RN, C-ANP Regulatory Project Manager
Company: 3M	Division of Nonprescription Regulatory Evaluation
Fax number: 651-737-5320	**Fax number:** (301) 796-9899
Phone number: 651-737-9117	**Phone number:** (301) 796-0994
Subject: Labeling and TPI Comments	
Total no. of pages including cover: 6	

Document to be mailed: ☐ YES ☑ NO

Please refer to your March 28, 2006 resubmission to your new drug application for DuraPrep™ Surgical (iodine povacrylex (0.7% available iodine) and 74% w/w isopropyl alcohol) Solution.

Below is a revised prototypes of the labels based on our teleconferences this afternoon (September 22, 2006). In addition to minor revisions to the applicator handle label, you agreed to add under the Do Not Use heading:

Do not use

- in infants less than 2 months old due to the risk of excessive skin irritation and transient hypothyroidism

And remove the statements under **When using this product**:

The above label change is based on your request for a pediatric waiver if you labeled your product not to be used in infants less than 2 months of age. The waiver was submitted in your original NDA submission and the Agency has agreed to approve this waiver if the product is labeled not to be used "in infants less than two months of old due to the risk of excessive skin irritation and transient hypothyroidism".

In addition make the following revisions to the Targeted Product Information (TPI):

Under the Clinical Study Section, 2nd paragraph:

1. Remove the last sentence that reads "
2. Remove the figures

Under the Adverse Reaction Section, 2nd paragraph: Remove the firs two sentences and begin the paragraph with "There were no serious AEs (SAEs) related to DuraPrep solution".

Under the Postmarketing Complaints, remove '

In Table 4, under Skin Reactions, add sub-bullets listing our the numbers of individuals who had each type of reaction: redness, itching, rash, chemical burn, blistering, and skin removal.

Prototype of *Drug Facts* for 26-mL Applicator

Drug Facts	
Active ingredients	***Purpose***
Iodine povacrylex (0.7% available iodine)	Antiseptic
Isopropyl alcohol, 74% w/w	Antiseptic
Uses	
patient preoperative skin preparation: • for preparation of the skin prior to surgery • helps reduce bacteria that can potentially cause skin infection	

4 Page(s) Withheld

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

X § 552(b)(4) Draft Labeling

_____ § 552(b)(5) Deliberative Process

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/s/

Laura Shay
9/26/2006 07:15:52 PM

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Food and Drug Administration
Center for Drug Evaluation and Research
Office of Nonprescription Products

FACSIMILE TRANSMITTAL SHEET

DATE: September 19, 2006

To: Dianne Gibbs	**From:** Laura Shay, MS, RN, C-ANP Regulatory Project Manager
Company: 3M	Division of Nonprescription Regulatory Evaluation
Fax number: 651-737-5320	**Fax number:** (301) 796-9899
Phone number: 651-737-9117	**Phone number:** (301) 796-0994
Subject: Labeling and TPI Comments	
Total no. of pages including cover: 6	

Document to be mailed: ☐ YES ☑ NO

Please refer to your March 28, 2006 resubmission to your new drug application for DuraPrep™ Surgical (iodine povacrylex (0.7% available iodine) and 74% w/w isopropyl alcohol) Solution.

Below is a table of the label commitments based on today's teleconferences (September 19, 2006):

If you have any questions you may call Laura Shay, regulatory project manager, at (301) 796-0994.

Principle Display Panel (PDP)		
FDA 9/15/06 Labeling Comment	***3M Labeling Comment Response***	***FDA/3M Tele-Con 9/19/06 Meeting***
1. Revise the labeling to meet the requirements of 21 CFR 201.61... (See below and PDP prototype attached)".	1. Agree	Per 9/19 3M telecon agreement.
2. The term "flammable vapors" still appears in a light orange color.... Revise the font used for the term "flammable vapors... to increase its prominence."	2. Agree. 3M would appreciate the Agency's input on a preferred red pantone for this text.	Per 9/19 telecon discussion Any dark red print color to enhance the prominence of the term.
3. "...Revise the boxed warnings found on the PDP and applicator barrels as follows: a) "Incorporate the following statement on the 26-ml applicator PDP, "Do not use on an area smaller than 8 in. x 10 in. "as the second bulleted statement followed by the statement, "A 6-ml applicator is available for these uses."	3a) Agree	Per 9/19 3M telecon agreement.
3. "...Revise the boxed warnings found on the PDP and applicator barrels as follows: b) "Revise the statement [redacted], to read "Solution contains alcohol and gives off flammable vapor."	3b) Agree	Per 9/19 3M telecon agreement.
3. "...Revise the boxed warnings found on the PDP and applicator barrels as follows: c) "Revise the statement, [redacted] to read.	3c) Based on our discussion with Laura Shay, FDA project manager, 3M understands that the Agency wants to remove the "[redacted]" from the DuraPrep warnings section to differentiate the warnings for preps that may be used with electro-cautery from those preps that may not. However, 3M believes that providing the 3-minutes dry time directly on the applicator label in the Warning box which faces the customer while the product is being applied, provides better information to the customer to ensure the product's safe and proper use. The 3-minute dry time for DuraPrep solution is well supported by data that demonstrates within 95% confidence that DuraPrep solution does dry	Per 9/19 telecon discussion • It is 3M's position to retain the [redacted] this is to ensure a specified time to wait before draping and using an ignition source • FDA agreed, however the statement should be revised to read "(minimum of 3 minutes on hairless skin)". • The bulleted statement should be revised to read, "Do not drape or use ignition source (e.g. cautery, laser) until solution is completely dry

	within 3 minutes. Thus 3M would prefer to retain the ' ' in the warnings box.	(minimum of 3 minutes on hairless skin)".
3. "...Revise the boxed warnings found on the PDP and applicator barrels as follows: d) "Include the bulleted statement, "Avoid getting solution into hairy areas. Solution may take much longer to dry or may not dry completely." to come after the bulleted statement "Do not drape or use ignition source (e.g., cautery, laser) until solution is completely dry".	3d) 3M agrees with the proposed change, however would like to retain the use of the term, , as opposed to "hairy areas". It is important to note that the concern that needs to be conveyed to the customer is specifically in getting prep solution into the head hair, and must be differentiated from "hairy areas". If prepping in or around a "hairy area", prepping practice would be to clip the area first – where it is unlikely that all head hair would be clipped. 3M proposes revised wording to read, ' '	Per 9/19 telecon discussion • FDA disagreed with 3M's position. The Agency is concerned with hirsute patients catching fire due to solution run-offs into other areas of the body. • FDA's suggested statement will remain.
3. "...Revise the boxed warnings found on the PDP and applicator barrels as follows: e) "Revise the statement "	3e) While 3M understands the Agency's goal to broaden the scope of this direction to instruct the user to remove all "wet" materials from the prep area, 3M feels that the more specific term of "solution-soaked" materials provides more meaningful, better direction and does not require the customer to make a judgment as to whether soaked materials have dried. DuraPrep complaint history includes flammability incidents where solution was allowed to completely dry on the patient, however solution-soaked materials were not removed. 3M would prefer to retain the term "solution-soaked" to describe these materials.	Per 9/19 telecon discussion • FDA agreed with 3M's position • Revise the statement to read "Remove solution-stained material from the prep area"
4. "	4. Standard practice in patient prep labeling is to indicate coverage area in inches or centimeters. These are the units that are more meaningful to the end user, and would also avoid confusion between labeling the 8635 product coverage area in inches versus labeling the 8630 coverage area in feet. 3M would like to understand the Agency's rationale for proposing this change.	Per 9/19 telecon discussion • FDA agreed with 3M's position
5. Revise the statement, ' .The revised statement should read as follows: "For procedures requiring less coverage, a smaller applicator is available (8635). It contains 0.2 fl oz (6mL) of solution which covers an approximate 8 in. x 10 in. area. Do not use more than required for the area."	5. Agree	Per 9/19 3M telecon agreement.
6. Indicate the location of the expiration date as required by 21 CFR 201.17.	6. The product expiration date is ink-jet printed on line in the lower left-hand corner of each immediate container (applicator) label, as well as embossed on each individual applicator pouch.	Per 9/19 3M telecon agreement.

7. Indicate the location of the lot information as required by 21 CFR 201.18.	6. The product lot information is ink-jet printed on line in the lower left-hand corner of each immediate container (applicator) label, as well as embossed on each individual applicator pouch.	Per 9/19 3M telecon agreement.
Drug Facts		
8. "The use of pictograms to improve the visibility and prominence of information relevant to risk management of the product is acceptable. However, the pictogram of the applicator in Directions of section ***Drug Facts*** does not directly relate to the safe and effective use of the product and must be removed. This pictogram can be used elsewhere in labeling."	8. Agree	Per 9/19 3M telecon agreement.
9. "Provide ***Drug Facts*** specifications for the revised 26-mL and 6-mL applicator labels."	9. Agree. 3M will provide specifications upon submission of revised labeling.	Per 9/19 3M telecon agreement.
10. "Italicize and bold type all of the headers...(See ***Drug Facts*** prototype attached.)"	10. Agree	Per 9/19 3M telecon agreement.
11. "Shorten the hairline below the ***Drug Facts*** title to extend within two spaces of either side of the ***Drug Facts*** Box as described in 21 CFR 201.66(d)(8)."	11. Agree	Per 9/19 3M telecon agreement.
12. "Revise the first letter of the second word in the active ingredients to be lower case."	12. Agree	Per 9/19 3M telecon agreement.
13. "Place a comma after the word alcohol, under ***Active ingredients.***"	13. Agree	Per 9/19 3M telecon agreement.
14. "Change the contrasting term "flammable vapors" to red print and bold the phrase to increase its size and prominence."	14. Agree. See comment 2, above. 3M requests suggested red pantone color.	Per 9/19 3M telecon agreement.
15. "Revise the bulleted statements under ***Warnings*** for the 26-mL and 6-mL applicator to appear the same as the warnings described for the PDP warnings. (See ***Drug Facts*** prototype attached.)"	15. 3M agrees that ***Warnings*** statements in the ***Drug Facts*** will appear the same as the ***Warnings*** statements in the PDP. However, see 3M response to comments 3c, 3d and 3e, above.	Per 9/19 3M telecon agreement. See response to comments 3c, 3d and 3e, above.
16. "Additional labeling is needed to address the potential for iodine toxicity and the possibility of hypothyroidism in children. Add the following warning as the second bullet under the **Do not use** subheader:	16. 3M does not agree with this comment and has serious concerns as to the impact of adding this contraindication on all iodine-based patient preps. Since CHG preps are contraindicated for use in contact with the meninges due to the neural toxicity of CHG, these types of preps	Per the FDA 9/19 comments, the Agency considered 3M's concern regarding iodine in pregnant women and recommended the following revised warning: **Do not use**

[redacted]	cannot be used for epidural catheters. Iodine based preps are then the prep of choice in pregnant women when epidurals are required. Historically, Betadine and other iodine-based preps have routinely been used to prep pregnant women for epidurals as well as cesarean section, and these iodine-based preps have never been contraindicated for use in pregnant women. 3M would like to better understand the Agency's basis for adding this contraindication now, and the Agency's plans to extend this contraindication to all OTC iodine-based preps currently on the market.	• on patients with known allergies to iodine or any other ingredients in this product • on open wounds, on mucous membranes, or as a general skin cleanser **When using this product** • keep out of eyes, ears, and mouth. May cause serious injury if permitted to enter and remain. If contact occurs, flush with cold water right away and contact a doctor. • to avoid skin injury, care should be taken when removing drapes, tapes, etc…applied over film • use with caution in women who are breast-feeding due to the potential for transient hypothyroidism in the nursing newborn • with repeated use of this product in newborns, particularly premature or very low birthweight newborns, thyroid function should be monitored • use with caution in infants less than 2 months old due to the risk of excessive skin irritation Per 9/19 3M telecon agreement.
17 Revise the bulleted statement '[redacted] Under the **Do not use** subheader."	17. Based on the data presented in the Pediatric Waiver submitted in DuraPrep NDA 21-586, 3M believes that it is important to retain the statement, "[redacted] As fully described in the waiver, the risk of prepping an infant less than 2 months of age is based on FDA's stated position that "…the permeability of > 2 month old skin is essentially that of an adult (Dr. Martin Okun, Team Leader, Division of Dermatologic and Dental Drug Products, in ChloraPrep SBOA).	Per 9/19 3M telecon agreement. See response 16 above.
18. "Revise the directions for use to be consistent with the revised warnings as follows: • Revise the fifth bulleted statement under the subheader "When applying solution" by adding [redacted] • Revise the statement '[redacted] to read [redacted] under the subheaders "While waiting for solution to completely dry" and "After solution is completely dry." (See ***Drug***	18. • See 3M response to 3d above. 3M proposes that the fifth bulleted statement under the subheader "When applying solution" will be revised to read, "Avoid getting solution into [redacted] If this occurs wipe hair with towel. Solution may take much longer to dry or may not dry completely." • See 3M response to 3e, above.	Per 9/19 telecon discussion See response 3d and 3e above.

Facts prototype attached)."		
19. "Remove the period at the first bulleted statements, more than one sentence."	19. Agree	Per 9/19 3M telecon agreement.
Immediate Container Applicator Handle		
20. "Revise the bulleted statements in the warning box for the 26-mL and 6-mL applicator to appear... (...prototype attached)."	20. 3M is concerned that the amount of text in the warning box, when applied to the applicator label will result in this important information being very hard to read. 3M will mock up the 26-mL and 6-mL container applicator handle labels with FDA proposed warnings, to review with the Agency. We request that the Agency consider options for abbreviated warnings on the applicator handle warning box. For example, combining bullets number 1 and 2, to read, "Do not use 26-mL applicator for head and neck surgery or on an area smaller than 8 in. x 10 in. Use a 6-mL applicator instead."	Per 9/19 telecon discussion • FDA agreed with 3M's position • Revise the combined bulleted statement to read, "Do not use 26-mL applicator for head and neck surgery or on an area smaller than 8 in. x 10 in. Use a small applicator instead." • The statement "Use a small applicator instead" will be incorporated in the PDP warning box and ***Drug Facts***.
Targeted Product Information (TPI)		
21. "Revise the coverage area "15" x 30" and 8" x 10" to read "1.25 ft x 2.5 ft." and 8 in. x 10 in." for the 26-mL and 6-mL applicator on page 12. Also include the storage conditions."	21. Agree with proposed revised statement, and incorporation of storage conditions, with the exception of the change from inches to feet for the 8630 coverage area. See 3M response to comment 4, above.	Per 9/19 telecon discussion See response 4 above.
22. "Additional comments on the TPI to follow."	22. We have received the Agency's comments on the TPI and are in the process of reviewing this document.	Telecon scheduled for 9/22/06
Canadian Labeling		
23. "FDA recommend that the sponsor consider incorporated the storage temperature to read, "Store at 20°C to 25°C (68 to 77°F)" and the newly revised warnings on their Canadian labels.	23. The wording on DuraPrep solution Canadian labels reflects the language required and approved through Health Canada. 3M Canada will be made aware of changes to US product labeling, for their review and consideration.	Per 9/19 3M telecon agreement

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/s/

Laura Shay
9/26/2006 07:13:16 PM

3M Health Care Business

3M Center, Building 0275-04-W-02
St. Paul, MN 55144-1000
651 733 1110

September 25, 2006

3M

Andrea Leonard-Segal, M.D.
Acting Director
Division of Non-Prescription Clinical Evaluation (HFD-560)
Office of Non-Prescription Drug Products
Center for Drug Evaluation and Research
Food and Drug Administration
5901-B Ammendale Road
Beltsville, MD 20705-1266

Dear Dr. Leonard-Segal:

RE: 3M's Commitment to Phase IV Study

Reference is made to pending NDA 21-586 for DuraPrep Surgical Solution, dated October 27, 2003.

This letter is to provide 3M's commitment to conduct the following phase IV study:

Study Description: Demonstrate the drying time and vapor dissipation of the 6-mL and 26-mL DuraPrep Solution in hair, at least shoulder length, under normal surgical suite conditions.

Study Timing:

Protocol Submission: by December 2006
Study Start: by March 2007
Final Report Submission: by June 2008

3M will work with the Agency to develop an agreed upon study protocol in advance of the protocol submission date.

Sincerely,

Suzanne M. Danielson

Suzanne M. Danielson
Director of Regulatory Affairs and Quality
3M Medical Division
3M Center, Building 275-5W-06
St. Paul, MN 55144-1000

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Food and Drug Administration
Center for Drug Evaluation and Research
Office of Nonprescription Products

FACSIMILE TRANSMITTAL SHEET

DATE: September 19, 2006

To: Dianne Gibbs	**From:** Laura Shay, MS, RN, C-ANP Regulatory Project Manager
Company: 3M	Division of Nonprescription Regulatory Evaluation
Fax number: 651-737-5320	**Fax number:** (301) 796-9899
Phone number: 651-737-9117	**Phone number:** (301) 796-0994
Subject: Labeling Comments	
Total no. of pages including cover: 3	

Document to be mailed: ☐ YES ☑ NO

Please refer to your March 28, 2006 resubmission to your new drug application for DuraPrep™ Surgical (iodine povacrylex (0.7% available iodine) and 74% w/w isopropyl alcohol) Solution.

Below is a revised prototype of the label based on our internal discussion this morning based on your e-mail stating your concern regarding the warning [redacted]. If you have any questions you may call Laura Shay, regulatory project manager, at (301) 796-0994.

1 Page(s) Withheld

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

X § 552(b)(4) Draft Labeling

_____ § 552(b)(5) Deliberative Process

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/s/

Laura Shay
9/19/2006 02:42:49 PM

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