

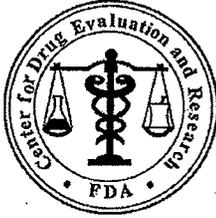
**CENTER FOR DRUG EVALUATION AND
RESEARCH**

APPLICATION NUMBER:

22-214

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

5/2/08



**Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Office of Surveillance and Epidemiology**

Date: May 2, 2008

To: Robert Justice, M.D., Director
Division of Drug Oncology Products

Through: Jodi Duckhorn, M.A., Team Leader
Patient Labeling and Education Team
Division of Risk Management (DRISK)

From: Sharon R. Mills, BSN, RN, CCRP.
Patient Product Information Specialist
Patient Education and Labeling Team
Division of Risk Management (DRISK)

Subject: Review of Patient Labeling (Patient Package Insert)

Drug Name(s): Arimidex (anastrozole) tablets

Application Type/Number: NDA 20-541

Submission Number: 023

Applicant/sponsor: AstraZeneca

OSE RCM #: 2008-568

1 INTRODUCTION

AstraZeneca submitted a Prior Approval Labeling Supplement, with a request for expedited review, to their New Drug Application (NDA) for Arimidex, sNDA20-541/S-023 on November 29, 2007. The purpose of the supplement is to convert the existing labeling to PLR format. The sponsor has submitted patient labeling in the form of a PPI as part of section 17 in the proposed draft PI. The sponsor currently has a Type 6 New Drug Application, NDA 22-214 with the Division of Metabolism and Endocrinology Drug Products which is pending the review of this supplement by the Division of Drug Oncology Products

2 MATERIAL REVIEWED

- Arimidex Patient Package Insert (PPI) submitted April 22, 2008
- Arimidex Prescribing Information (PI) revised by the review division on April 8, 2008
- Arimidex Prescribing Information (PI) revised and submitted by the sponsor on April 22, 2008

3 DISCUSSION

The purpose of patient information leaflets is to enhance appropriate use and provide important risk information about medications. Our recommended changes are consistent with current research to improve risk communication to a broad audience, including those with lower literacy.

The draft PPI submitted by the sponsor has a Flesch Kinkaid grade level of 6.5, and a Flesch Reading Ease score of 64.8. To enhance patient comprehension, materials should be written at a 6th to 8th grade reading level, and have a reading ease score of at least 60% (60% corresponds to an 8th grade reading level). The reading scores as submitted by the sponsor are acceptable.

In our review of the PPI, we have:

- simplified wording where possible,
- made it consistent with the Professional Information,
- rearranged information due to conversion of the PI to PLR format,
- removed unnecessary or redundant information
- Although not required for Patient Information, we have put this PPI in the question-and-answer format specified in the Medication Guide Regulations (21 CFR 208.20) that we recommend for all FDA approved patient labeling.
- ensured that the PPI meets the criteria as specified in FDA's Guidance for Useful Written Consumer Medication Information (published July 2006).

In 2008, The American Society of Consultant Pharmacists Foundation in collaboration with The American Foundation for the Blind published *Guidelines for Prescription Labeling and Consumer Medication Information for People with Vision Loss*. They recommend using fonts such as Arial, Verdana, or APHont to make medical information more accessible for patients with low vision. We have reformatted the PPI document using the font APHont, which was developed by the American Printing House for the Blind specifically for low vision readers.

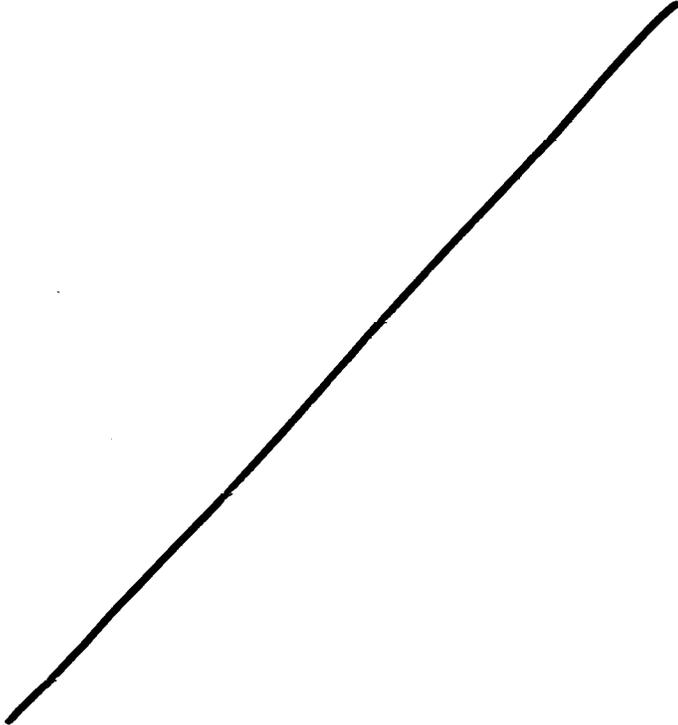
See the attached document for our recommended revisions to the PPI. Comments to the review division are ***bolded, underlined and italicized.***

We are providing the review division a marked-up and clean copy of the revised PPI. We recommend using the clean copy as the working document.

All future relevant changes to the PI should also be reflected in the PPI.

4 CONCLUSIONS AND RECOMMENDATIONS

1. The Review Division should consult the Safety Requirements Team as soon as possible to determine if this new PPI will trigger a Risk Mitigation and Evaluation Strategy (REMS).
2. Arimidex tablets are supplied in bottles of 30 tablets. A PPI for TRADENAME is voluntary. Except where drug products are dispensed in unit-of-use packaging with the PPI enclosed, it is highly unlikely that patients will receive the PPI. The Sponsor should state their mechanism for intended distribution of the PPI to patients.
3. In the section "What are the possible side effects of Arimidex?"
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b(4)

4. We have added the statement, "Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088." This verbatim statement is required for all Medication Guides effective January 2008 (see 21 CFR 208.20 (b)(7)(iii); also see Interim Final Rule, *Toll-Free Number for Reporting Adverse Events on Labeling for Human Drug Products* in Federal Register Vol. 73, No. 2, p.402-404, 1/3/2008).

Although not required for voluntary PPIs like Arimidex, we recommend adding this language to all FDA-approved patient labeling for consistency.

Please let us know if you have any questions.

14 Page(s) Withheld

Trade Secret / Confidential (b4)

Draft Labeling (b4)

Draft Labeling (b5)

Deliberative Process (b5)

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

/s/

Sharon Mills
5/2/2008 01:34:47 PM
DRUG SAFETY OFFICE REVIEWER

Jodi Duckhorn
5/2/2008 02:47:23 PM
CSO