CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER:

215875Orig1s000

OTHER REVIEW(S)

MEMORANDUM

REVIEW OF REVISED LABEL AND LABELING

Division of Medication Error Prevention and Analysis 2 (DMEPA 2)

Office of Medication Error Prevention and Risk Management (OMEPRM)

Office of Surveillance and Epidemiology (OSE)

Center for Drug Evaluation and Research (CDER)

Date of This Memorandum:	March 31, 2023
Requesting Office or Division:	Division of Cardiology and Nephrology (DCN)
Application Type and Number:	NDA 215875
Product Name, Dosage Form, and Strength:	Epinephrine in 0.9% Sodium Chloride Injection, 2 mg/250 mL (8 mcg/mL), 4 mg/250 mL (16 mcg/mL), 5 mg/250 mL (20 mcg/mL), 8 mg/250 mL (32 mcg/mL), 10 mg/250 mL (40 mcg/mL)
Applicant/Sponsor Name:	Par Sterile Products, LLC
TTT ID #:	2022-4-2
DMEPA 2 Safety Evaluator:	Jody Kundreskas, PharmD
DMEPA 2 Team Leader:	Hina Mehta, PharmD

1 PURPOSE OF MEMORANDUM

The Applicant submitted revised overwrap labels, container labels and carton labels received on March 30, 2023 for Epinephrine in 0.9% Sodium Chloride Injection. We reviewed the revised overwrap labels, container labels and carton labels for Epinephrine in 0.9% Sodium Chloride Injection (Appendix A) to determine if they are acceptable from a medication error perspective. The revisions are in response to recommendations that we made during a previous label and labeling review.[a]

2 CONCLUSION

The Applicant implemented all of our recommendations and we have no additional recommendations at this time.

[a] Kundreskas, J. Label and Labeling Review for Epinephrine in 0.9% Sodium Chloride (NDA 215875). Silver Spring (MD): FDA, CDER, OSE, DMEPA 2 (US); 2023 MAR 02. TTT ID No.: 2022-4-1.

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/s/

JODY K KUNDRESKAS
03/31/2023 06:55:05 AM

HINA S MEHTA
04/03/2023 03:55:05 PM

MEMORANDUM

REVIEW OF REVISED LABEL AND LABELING
Division of Medication Error Prevention and Analysis 2 (DMEPA 2)
Office of Medication Error Prevention and Risk Management (OMEPRM)
Office of Surveillance and Epidemiology (OSE)
Center for Drug Evaluation and Research (CDER)

Date of This Memorandum:	March 2, 2023
Requesting Office or Division:	Division of Cardiology and Nephrology (DCN)
Application Type and Number:	NDA 215875
Product Name and Strength:	Epinephrine in 0.9% Sodium Chloride Injection, 2 mg/250 mL (8 mcg/mL), 4 mg/250 mL (16 mcg/mL), 5 mg/250 mL (20 mcg/mL), 8 mg/250 mL (32 mcg/mL), 10 mg/250 mL (40 mcg/mL)
Applicant/Sponsor Name:	Par Sterile Products, LLC
TTT ID #:	2022-4-1
DMEPA 2 Safety Evaluator:	Jody Kundreskas, PharmD
DMEPA 2 Team Leader:	Hina Mehta, PharmD

1 PURPOSE OF MEMORANDUM

The Applicant submitted revised overwrap labels, container labels and carton labels received on February 9, 2023 for Epinephrine in 0.9% Sodium Chloride Injection. We reviewed the revised overwrap labels, container labels and carton labels for Epinephrine in 0.9% Sodium Chloride Injection (Appendix A) to determine if it is acceptable from a medication error perspective. The revisions are in response to recommendations that we made during a previous label and labeling review.[a]

2 CONCLUSION

We note the revision of the product name from Epinephrine in 0.9% Sodium Chloride Injection (b) (4)

[a] Kundreskas, Jody. Label and Labeling Review for (b) (4) (NDA 215875). Silver Spring (MD): FDA, CDER, OSE, DMEPA 2 (US); 2023 JAN 20. TTT No.: 2022-4.

(b) (4)

The revised overwrap labels, container labels and carton labels are unacceptable from a medication error perspective.

- The labels were revised to include the quantitative amount of each inactive ingredient per Agency recommendation. Per USP <7>, labels should state the quantity or proportion of each substance in a specified volume. The volume is not specified on the labels as proposed and may contribute to confusion on strength or concentration.

3 RECOMMENDATIONS FOR PAR STERILE PRODUCTS, LLC

We recommend the following be implemented prior to approval of this NDA Supplement:

A. The quantitative amount of each inactive ingredient should be revised to specify the amount per volume. Revise to "Each mL contains epinephrine X mcg…"
B. We recommend removing the (b) (4) and labeling as per your correspondence dated February 24, 2023 you intend on submitting (b) (4)

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HINA S MEHTA
03/02/2023 02:57:13 PM

FOOD AND DRUG ADMINISTRATION
Center for Drug Evaluation and Research
Office of Prescription Drug Promotion

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

Memorandum

Date: February 15, 2023

To: Maryam Changi, Regulatory Project Manager
The Division of Cardiology and Nephrology (DCN)

Michael Monteleone, MS, RAC
Associate Director for Labeling, DCN

From: Meena Savani, Regulatory Review Officer
Office of Prescription Drug Promotion (OPDP)

CC: Susannah O'Donnell, Team Leader, OPDP

Subject: OPDP Labeling Comments for EPINEPHRINE IN SODIUM CHLORIDE INJECTION, for intravenous use

NDA: 215875

Background:

In response to DCN's consult request dated February 14, 2023, OPDP has reviewed the proposed Prescribing Information (PI) for the original NDA submission for Epinephrine in Sodium Chloride Injection, and we do not have any comments at this time.

Thank you for your consult. If you have any questions, please contact Meena Savani at 240-402-1348 or Meena.Savani@fda.hhs.gov.

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/s/

MEENA R SAVANI
02/15/2023 10:49:27 AM

LABEL AND LABELING REVIEW
Division of Medication Error Prevention and Analysis 2 (DMEPA 2)
Office of Medication Error Prevention and Risk Management (OMEPRM)
Office of Surveillance and Epidemiology (OSE)
Center for Drug Evaluation and Research (CDER)

*** This document contains proprietary information that cannot be released to the public***

Date of This Review:	January 20, 2023
Requesting Office or Division:	Division of Cardiology and Nephrology (DCN)
Application Type and Number:	NDA 215875
Product Name, Dosage Form, and Strength:	Epinephrine in Sodium Chloride Injection, 2 mg/250 mL (8 mcg/mL), 4 mg/250 mL (16 mcg/mL), 5 mg/250 mL (20 mcg/mL), 8 mg/250 mL (32 mcg/mL), 10 mg/250 mL (40 mcg/mL)
Product Type:	Combination Product (Drug-Device)
Rx or OTC:	Prescription (Rx)
Applicant/Sponsor Name:	Nevakar Injectables, Inc.
FDA Received Date:	06/22/2022 and 01/04/2023
TTT ID #:	2022-4
DMEPA 2 Safety Evaluator:	Jody Kundreskas, PharmD
DMEPA 2 Team Leader:	Hina Mehta, PharmD

1 REASON FOR REVIEW

As part of the approval process for NDA 215875 Epinephrine in Sodium Chloride Injection, we reviewed the proposed Epinephrine in Sodium Chloride Prescribing Information (PI), overwrap labels, container labels and carton labels for areas of vulnerability that may lead to medication errors.

1.1 BACKGROUND INFORMATION

Epinephrine in Sodium Chloride Injection, NDA 215875, is a 505(b)(2) application, referencing NDA 204200, Adrenalin (Epinephrine) Injection Solution. Adrenalin is supplied as 1 mg/mL single dose vials and 30 mg/30 mL (1 mg/mL) multiple dose vials. Adrenalin is approved for emergency treatment of allergic reactions (type 1) including anaphylaxis via intravenous or subcutaneous route and to increase mean arterial blood pressure in adult patients with hypotension associated with septic shock via intravenous infusion. Nevakar Injectables, Inc. is seeking approval for NDA 215875 for a single indication and route – a treatment to increase mean arterial blood pressure in adult patients with hypotension associated with septic shock via intravenous infusion. NDA 215875 will be supplied in ready-to-use premixed bags.

2 MATERIALS REVIEWED

We considered the materials listed in Table 1 for this review. The Appendices provide the methods and results for each material reviewed.

Table 1. Materials Considered for this Review

Material Reviewed	Appendix Section (for Methods and Results)
Product Information/Prescribing Information	A
Previous DMEPA Reviews	B
Human Factors Study	C – N/A
ISMP Newsletters*	D – N/A
FDA Adverse Event Reporting System (FAERS)*	E – N/A
Other	F
Labels and Labeling	G

N/A=not applicable for this review

*We do not typically search FAERS or ISMP Newsletters for our label and labeling reviews unless we are aware of medication errors through our routine postmarket safety surveillance

3 OVERALL ASSESSMENT OF THE MATERIALS REVIEWED

We performed a risk assessment of the proposed Prescribing Information (PI), overwrap labels, container labels and carton labels for Epinephrine in Sodium Chloride Injection to identify deficiencies that may lead to medication errors and other areas of improvement. We noted

that carton labeling was not provided with the initial submission, and we submitted an information request on 12/15/2022 to have the Applicant supply those images so that we can perform a review. The Applicant responded to our request and provided the images requested as well as updated bag and overwrap labels on January 4, 2023.

We identified areas of the submitted proposed PI, overwrap labels, container labels and carton labels that could be revised to improve clarity, readability and availability of important information. For the Division, we recommend editing the descriptions of the available products to reduce clutter and improve readability of important information and removing unnecessary information from the PI. For the Applicant, we recommend adding required information to the labeling and improving the visual differentiation on the carton and overwrap labels between available products. We provide recommendations for the Division in section 4.1 and the Applicant in section 4.2 to address these deficiencies.

4 CONCLUSION & RECOMMENDATIONS

We conclude that the proposed PI, overwrap labels, container labels and carton labels for Epinephrine in Sodium Chloride Injection may be improved to promote the safe use of the product. We provide specific recommendations to the Division in Section 4.1 and the Applicant in Section 4.2, below.

4.1 RECOMMENDATIONS FOR DIVISION OF CARDIOLOGY AND NEPHROLOGY (DCN)

A. Highlights of Prescribing Information

1. Dosage Forms and Strengths:

a. We recommend removing [redacted] (b) (4) from each bullet to improve readability of available strengths and concentrations. Revise to:

"Injection: 250 mL single-dose container with:

- 2 mg epinephrine (8 mcg/mL) in 0.9% sodium chloride
- 4 mg epinephrine (16 mcg/mL) in 0.9% sodium chloride
- 5 mg epinephrine (20 mcg/mL) in 0.9% sodium chloride
- 8 mg epinephrine (32 mcg/mL) in 0.9% sodium chloride
- 10 mg epinephrine (40 mcg/mL) in 0.9% sodium chloride".

B. Prescribing Information

1. Dosage and Administration Section

a. We note the use of symbols such as '-' to mean to. To prevent confusion, we recommend replacing the symbol with its intended meaning. Revise "…such as every 10 – 15 minutes…" to "…such as every 10 to 15 minutes…".

b. The unit of measure is missing in the dosage described for hypotension associated with septic shock. We recommend revising the dosage

information to include the unit of measure after each dose range (e.g., 0.05 mcg/kg/min to 0.2 mcg/kg/min).

2. Dosage Forms and Strengths Section

    a. We recommend removing [redacted] (b) (4) from each bullet to improve readability of available strengths and concentrations. Revise to:

    Injection: Epinephrine in sodium chloride is a clear, colorless solution in a ready-to-use single-dose container available as:

    - 2 mg/250 mL (8 mcg/mL)
    - 4 mg/250 mL (16 mcg/mL)
    - 5 mg/250 mL (20 mcg/mL)
    - 8 mg/250 mL (32 mcg/mL)
    - 10 mg/250 mL (40 mcg/mL)

3. How Supplied/Storage and Handling Section

    a. We recommend including the package type term "single-dose" prior to "250 mL non-PVC infusion bag".

    b. As currently presented the middle column is incorrectly titled and the format of the presentation of the strength is inverted. We recommend reversing the amount per mL and total quantity per total volume so that the total mg and total mL are the first populated and remove the word "bag." For example: "2 mg/250 mL (8 mcg/mL)". Revise the title to "Strength".

    c. We recommend removing the [redacted] (b) (4) tatement as this is already included in Section 2 and is not required here.

4. Patient Counseling Section

    a. We defer to the Division on the presence and content of this section. We note that other epinephrine products approved for infusion only do not have this section included in their labeling.

4.2 RECOMMENDATIONS FOR NEVAKAR INJECTABLES, INC.

We recommend the following be implemented prior to approval of this NDA:

A. Overwrap Labels

1. We recommend adding a statement to the storage conditions section to advise against freezing the product. Revise to read "Store at 20°C to 25°C (68°F to 77°F); excursions permitted to 15°C to 30°C (59°F to 86°F). Protect from light and freezing.".

2. We recommend debolding the statement “Do not use if solution is discolored” as it is more prominent than other information on the principal display panel as currently presented.

3. We note that you are differentiating between strengths on the overwrap with a different colored thin-lined pentagon around the active ingredient, strength, and concentration as well as increasing the font size of the strength and total volume. A product’s strength is critically important, and labels should be designed to help differentiate products to minimize selection errors.

    a. As presented, the 8 mg per 250 mL strength has a (b) (4) pentagon color on the overwrap. This color is not distinct enough compared to the black font color used on the rest of the label. Revise the color scheme of this pentagon so that it appears in its own unique color which does not overlap with any other colors used to highlight the different strengths and is sufficiently different from the (b) (4) font color used on the rest of the label.

    b. As currently proposed, the colored pentagons do not provide enough distinction between available strengths. Please consider additional mitigation strategies to prevent mix ups between the five available strengths for this product. For example, you may want to consider colored boxing of the strength to increase the differentiation between available strengths.

B. Bag Container Labels

1. We recommend adding a statement to the storage conditions section to advise against freezing the product. Revise to read “Store at 20°C to 25°C (68°F to 77°F); excursions permitted to 15°C to 30°C (59°F to 86°F). Protect from light and freezing.”.

2. As currently presented on the container labels, the net quantity is displayed as (b) (4) 250 mL”. We suggest removing the (b) (4) statement, leaving only “250 mL” as the label is for the bag.

C. Carton Labels

1. We recommend adding a statement to the storage conditions section to advise against freezing the product. Revise to read “Store at 20°C to 25°C (68°F to 77°F); excursions permitted to 15°C to 30°C (59°F to 86°F). Protect from light and freezing.”.

2. We note that you are differentiating between strengths on the overwrap with a different colored thin pentagon around the active ingredient, strength, and concentration as well as increasing the font size of the strength and total volume. A product’s strength is critically important, and labels should be designed to help differentiate products to minimize selection errors. We note that the carton labels do not share this color differentiation. Boxboard shipping cartons may be stocked on pharmacy storage shelves, and we recommend improving the distinction on the cartons between the

available strengths through the use of different colors, boxing around the strength/concentration, or some other means. The distinction chosen for the cartons should be consistent with the dress displayed on the overwrap labels.

APPENDICES: METHODS & RESULTS FOR EACH MATERIALS REVIEWED

APPENDIX A. PRODUCT INFORMATION/PRESCRIBING INFORMATION

Table 2 presents relevant product information for Epinephrine in Sodium Chloride received on 06/22/2022 from Nevakar Injectables, Inc., and the listed drug (LD).

Table 2. Relevant Product Information for Epinephrine in Sodium Chloride and the Listed Drug		
Product Name	Epinephrine in Sodium Chloride	Adrenalin (Epinephrine)[a] NDA 204200
Initial Approval Date	N/A	12/07/2012
Active Ingredient	Epinephrine in Sodium Chloride	Epinephrine
Indication	Hypotension associated with Septic Shock Epinephrine in Sodium Chloride is indicated to increase mean arterial blood pressure in adult patients with hypotension associated with septic shock.	Anaphylaxis Emergency treatment of allergic reactions (Type I), including anaphylaxis, which may result from insect stings or bites, foods, drugs, sera, diagnostic testing substances and other allergens, as well as idiopathic anaphylaxis or exercise-induced anaphylaxis. Hypotension associated with Septic Shock Adrenalin is indicated to increase mean arterial blood pressure in adult patients with hypotension associated with septic shock.
Route of Administration	Intravenous	Intramuscular Subcutaneous Intravenous
Dosage Form	Injection	Injection
Strength	• 2 mg/250 mL (8 mcg/mL)	1 mg/mL

[a] Adrenalin [Prescribing Information]. Drugs@FDA. U.S. Food and Drug Administration. 2019 JAN. Accessed 12/08/2022. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/204200Orig1s009,204640Orig1s009lbl.pdf

	• 4 mg/250 mL (16 mcg/mL) • 5 mg/250 mL (20 mcg/mL) • 8 mg/250 mL (32 mcg/mL) • 10 mg/250 mL (40 mcg/mL)	
Dose and Frequency	Administration Epinephrine in Sodium Chloride Injection is a ready to administer product that requires no further dilution prior to infusion. Inspect visually for particulate matter and discoloration prior to administration; solution should be clear and colorless. Do not use if the solution is colored or cloudy, or if it contains particulate matter. Do not open the aluminum overwrap until time of use. The premixed, ready-to-use infusion bag has a single port for insertion of the infusion set only. This port should not be used to remove content from the bag or add another medication. Once the infusion bag has been connected to the infusion set, it is stable for 24 hours, as long as the bag stays connected to the infusion set. Single dose only. Discontinuation When discontinuing the infusion, reduce the flow rate gradually. Avoid abrupt withdrawal. Discard unused portion. Hypotension associated with Septic Shock Whenever possible, give infusions of epinephrine into a	General Considerations Inspect visually for particulate matter and discoloration prior to administration; solution should be clear and colorless. Do not use if the solution is colored or cloudy, or if it contains particulate matter. Anaphylaxis Inject Adrenalin intramuscularly or subcutaneously into the anterolateral aspect of the thigh, through clothing if necessary. When administering to a child, to minimize the risk of injection related injury, hold the leg firmly in place and limit movement prior to and during an injection. The injection may be repeated every 5 to 10 minutes as necessary. For intramuscular administration, use a needle long enough (at least 1/2 inch) to ensure the injection is administered into the muscle. Monitor the patient clinically for the severity of the allergic reaction and potential cardiac effects of the drug, and repeat as needed. Do not administer repeated injections at the same site, as the resulting vasoconstriction may cause tissue necrosis.

	large vein. Avoid using a catheter tie-in technique, because the obstruction to blood flow around the tubing may cause stasis and increased local concentration of the drug. Avoid the veins of the leg in elderly patients or in those suffering from occlusive vascular diseases. To provide hemodynamic support in septic shock associated hypotension in adult patients, the suggested dosing infusion rate of intravenously administered epinephrine is 0.05 to 2 mcg/kg/min and is titrated to achieve a desired mean arterial pressure (MAP). The dosage may be adjusted periodically, such as every 10 - 15 minutes, in increments of 0.05 to 0.2 mcg/kg/min, to achieve the desired blood pressure goal. After hemodynamic stabilization, wean incrementally over time, such as by decreasing doses of epinephrine every 10 minutes to determine if the patient can tolerate gradual withdrawal.	Adults and Children 30 kg (66 lbs) or more: 0.3 to 0.5 mg (0.3 to 0.5 mL) of undiluted Adrenalin administered intramuscularly or subcutaneously in the anterolateral aspect of the thigh, up to a maximum of 0.5 mg (0.5 mL) per injection, repeated every 5 to 10 minutes as necessary. Monitor clinically for reaction severity and cardiac effects. Children less than 30 kg (66 lbs): 0.01 mg/kg (0.01 mL/kg) of undiluted Adrenalin administered intramuscularly or subcutaneously in the anterolateral aspect of the thigh, up to a maximum of 0.3 mg (0.3 mL) per injection, repeated every 5 to 10 minutes as necessary. Monitor clinically for reaction severity and cardiac effects. Hypotension associated with Septic Shock Dilute 1 mL (1 mg) of epinephrine from its vial to 1,000 mL of a 5 percent dextrose or 5 percent dextrose and sodium chloride solution to produce a 1 mcg per mL dilution. Administration in saline solution alone is not recommended. If indicated, administer whole blood or plasma separately. Whenever possible, give infusions of epinephrine into a large vein. Avoid using a catheter tie-in technique,

		because the obstruction to blood flow around the tubing may cause stasis and increased local concentration of the drug. Avoid the veins of the leg in elderly patients or in those suffering from occlusive vascular diseases. To provide hemodynamic support in septic shock associated hypotension in adult patients, the suggested dosing infusion rate of intravenously administered epinephrine is 0.05 to 2 mcg/kg/min, and is titrated to achieve a desired mean arterial pressure (MAP). The dosage may be adjusted periodically, such as every 10 - 15 minutes, in increments of 0.05 to 0.2 mcg/kg/min, to achieve the desired blood pressure goal. After hemodynamic stabilization, wean incrementally over time, such as by decreasing doses of epinephrine every 10 minutes to determine if the patient can tolerate gradual withdrawal. Adrenalin diluted in 5 percent dextrose solutions or 5 percent dextrose and sodium chloride solutions are stable for 4 hours at room temperature or 24 hours under refrigerated conditions.
How Supplied	Epinephrine in Sodium Chloride Injection is supplied as a clear, colorless sterile solution in a 250 mL non-PVC infusion bag	Adrenalin 1 mg/mL Single Dose Vials:

<table>
<tr>
<td></td>
<td>with a single function connector system consisting of a port and cap, packaged individually in an aluminum overwrap with an oxygen scavenger. Supplied as:
<table>
<tr><th>Unit of Sale</th><th>Concentration</th><th>Pack Factor</th></tr>
<tr><td>NDC 42023-261-10</td><td>8 mcg/mL (2 mg/250 mL bag)</td><td>10 units</td></tr>
<tr><td>NDC 42023-262-10</td><td>16 mcg/mL (4 mg/250 mL bag)</td><td>10 units</td></tr>
<tr><td>NDC 42023-263-10</td><td>20 mcg/mL (5 mg/250 mL bag)</td><td>10 units</td></tr>
<tr><td>NDC 42023-264-10</td><td>32 mcg/mL (8 mg/250 mL bag)</td><td>10 units</td></tr>
<tr><td>NDC 42023-265-10</td><td>40 mcg/mL (10 mg/250 mL bag)</td><td>10 units</td></tr>
</table>
Inspect visually for particulate matter and discoloration prior to administration. Do not use the solution if it is colored or cloudy, or if it contains particulate matter.
Keep in foil overwrap until ready to use. Discard after 24 hours of opening overwrap.</td>
<td>Each carton contains 25 single dose vials containing 1 mg/mL Adrenalin (epinephrine injection, USP) solution in a 3 mL clear glass vial.
• NDC 42023-159-01 1 mL Single Dose Vial
• NDC 42023-159-25 25 Single Dose Vials x 1 mL each
Discard unused portion.
Adrenalin 30 mg/30 mL (1 mg/mL) Multiple Dose Vials:
Each carton contains 1 multiple dose vial containing 30 mg/30 mL (1 mg/mL) Adrenalin (epinephrine injection, USP) solution in a 36 mL amber glass vial.
• NDC 42023-168-01 30 mL Multiple Dose Vial
Vial and contents must be discarded 30 days after initial use.
Inspect visually for particulate matter and discoloration prior to administration. Do not use the solution if it is colored or cloudy, or if it contains particulate matter.</td>
</tr>
<tr>
<td>Storage</td>
<td>Store between 20° to 25°C (68° to 77°F) [See USP Controlled Room Temperature]. Epinephrine is light sensitive. Protect from light and freezing.</td>
<td>Store between 20° to 25°C (68° to 77°F) [See USP Controlled Room Temperature]. Epinephrine is light sensitive. Protect from light and freezing.</td>
</tr>
<tr>
<td>Container Closure</td>
<td>The proposed container closure system for the drug product is a 250-mL [redacted]^{(b) (4)} non-</td>
<td>Adrenalin injection: clear, colorless solution supplied as 1 mg/1 mL in a single dose clear glass vial and as 30 mg/30 mL</td>
</tr>
</table>

	PVC infusion bag with a single function connector (SFC) system consisting of an SFC (b) (4) Port and an SFC Cap (b) (4) an SFC (b) (4) (b) (4) packaged individually in (b) (4) aluminum foil (b) (4) with an oxygen scavenger. (b) (4)	(1 mg/mL) in a multiple dose amber glass vial.

APPENDIX B. PREVIOUS DMEPA REVIEWS

On December 8, 2022, we searched for previous DMEPA reviews relevant to this current review using the terms, 'epinephrine,' 'NDA 215875' and 'IND 148210'. Our search identified no previous reviews.

APPENDIX F. INFORMATION REQUEST

FDA Information Request: We note that the Prescribing Information (PI) states that the individually packaged bags will be supplied as a unit of sale pack factor of 10 units. The submitted draft labeling only contains images of the container bag labels and the overwrap labels. Please submit the draft carton labeling for the saleable package of 10 units for our review. We request a response by close of business January 04, 2023.

Applicant Response received on January 4, 2023: see \\CDSESUB1\EVSPROD\nda215875\0007\m1\us\114-labeling\draft\carton-and-container\shipper-labels.pdf

APPENDIX G. LABELS AND LABELING

G.1 List of Labels and Labeling Reviewed

Using the principles of human factors and Failure Mode and Effects Analysis,[b] along with postmarket medication error data, we reviewed the following Epinephrine in Sodium Chloride labels and labeling submitted by Nevakar Injectables, Inc..

- Container label received on 01/04/2023
- Overwrap labeling received on 01/04/2023
- Shipper label received on 01/04/2023
- Prescribing Information (Image not shown) received on 06/22/2022, available from \\CDSESUB1\EVSPROD\nda215875\0001\m1\us\114-labeling\draft\labeling\draft-labeling-text.pdf

G.2 Label and Labeling Images

Individual Bag Labels:

[b] Institute for Healthcare Improvement (IHI). Failure Modes and Effects Analysis. Boston. IHI:2004.

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