CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER:

217469Orig1s000

OTHER REVIEW(S)

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

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

Memorandum

Date: May 23, 2023

To: Crystal Bland, Regulatory Health Project Manager
Office of Regulatory Operations
Division of Regulatory Operations for Specialty Medicine (DROSM)

From: Carrie Newcomer, Regulatory Review Officer
Office of Prescription Drug Promotion (OPDP)

CC: James Dvorsky, Team Leader, OPDP

Subject: OPDP Labeling Comments for VEVYE (cyclosporine ophthalmic solution) 0.1%, for topical ophthalmic use

NDA: 217469

Background:
In response to DROSM's consult request dated September 29, 2022, OPDP has reviewed the proposed Prescribing Information (PI), Instructions for Use (IFU), and carton and container labeling for the original NDA submission for VEVYE (cyclosporine ophthalmic solution) 0.1%, for topical ophthalmic use**.**

PI/IFU:
OPDP's review of the proposed PI is based on the draft labeling emailed to OPDP on May 17, 2023, and our comments are provided below.

A combined OPDP and Division of Medical Policy Programs (DMPP) review was completed for the proposed IFU and comments were sent under separate cover on May 22, 2023.

Carton and Container Labeling:
OPDP's review of the proposed carton and container labeling is based on the draft labeling emailed to OPDP on May 17, 2023, and our comments are provided below.

Thank you for your consult. If you have any questions, please contact Carrie Newcomer at carrie.newcomer@fda.hhs.gov.

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CARRIE A NEWCOMER
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Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Office of Medical Policy

PATIENT LABELING REVIEW

Date:	May 22, 2023
To:	Crystal Bland Regulatory Project Manager **Division of Ophthalmology (DO)**
Through:	LaShawn Griffiths, MSHS-PH, BSN, RN Associate Director for Patient Labeling **Division of Medical Policy Programs (DMPP)** Marcia Williams, PhD Team Leader, Patient Labeling **Division of Medical Policy Programs (DMPP)**
From:	Maria Nguyen, MSHS, BSN, RN Patient Labeling Reviewer **Division of Medical Policy Programs (DMPP)** Carrie Newcomer, PharmD Regulatory Review Officer **Office of Prescription Drug Promotion (OPDP)**
Subject:	Review of Patient Labeling: Instructions for Use (IFU)
Drug Name (established name):	VEVYE (cyclosporine ophthalmic solution) 0.1%
Dosage Form and Route:	for topical ophthalmic use
Application Type/Number:	NDA 217469
Applicant:	Novaliq GmbH

1 INTRODUCTION

On August 8, 2022, Novaliq GmbH, submitted for the Agency's review New Drug Application (NDA) #217469 for VEVYE (cyclosporine ophthalmic solution), 0.1%. The proposed indication for VEVYE (cyclosporine ophthalmic solution), 0.1% is the treatment of the signs and symptoms of dry eye disease.

This collaborative review is written by the Division of Medical Policy Programs (DMPP) and the Office of Prescription Drug Promotion (OPDP) in response to a request by the Division of Ophthalmology (DO) on August 8, 2022, for DMPP and OPDP to review the Applicant's proposed Instructions for Use (IFU) for VEVYE (cyclosporine ophthalmic solution), 0.1%, for topical ophthalmic use.

2 MATERIAL REVIEWED

- Draft VEVYE (cyclosporine ophthalmic solution), 0.1%, IFU received by the review division on August 8, 2022, and received by DMPP and OPDP on May 17, 2023.
- Draft VEVYE (cyclosporine ophthalmic solution), 0.1% Prescribing Information (PI) received on August 8, 2022, revised by the Review Division throughout the review cycle, and received by DMPP on May 17, 2023.

3 REVIEW METHODS

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%.

Additionally, in 2008 the American Society of Consultant Pharmacists Foundation (ASCP) in collaboration with the American Foundation for the Blind (AFB) published *Guidelines for Prescription Labeling and Consumer Medication Information for People with Vision Loss*. The ASCP and AFB recommended using fonts such as Verdana, Arial or APHont to make medical information more accessible for patients with vision loss. We reformatted the IFU document using the Arial font, size 10.

In our collaborative review of the IFU we:

- simplified wording and clarified concepts where possible
- ensured that the IFU is consistent with the Prescribing Information (PI)
- removed unnecessary or redundant information
- ensured that the IFU is free of promotional language or suggested revisions to ensure that it is free of promotional language
- ensured that the IFU meets the criteria as specified in FDA's Guidance for Useful Written Consumer Medication Information (published July 2006)
- ensured that the IFU is consistent with the approved comparator labeling where applicable.

4 CONCLUSIONS

The IFU is acceptable with our recommended changes.

5 RECOMMENDATIONS

- Please send these comments to the Applicant and copy DMPP and OPDP on the correspondence.
- Our collaborative review of the IFU is appended to this memorandum. Consult DMPP and OPDP regarding any additional revisions made to the PI to determine if corresponding revisions need to be made to the IFU.

Please let us know if you have any questions.

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MARIA T NGUYEN
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DMPP-OPDP review of NDA 217469 (VEYVE) cyclosporine ophthalmic solution IFU

CARRIE A NEWCOMER
05/22/2023 01:18:41 PM

MARCIA B WILLIAMS
05/22/2023 01:35:06 PM

LASHAWN M GRIFFITHS
05/22/2023 01:55:32 PM

Clinical Inspection Summary

Date	March 21, 2023
From	Roy Blay, Ph.D. Michele Fedowitz, M.D. Jenn Sellers, M.D., Ph.D. Good Clinical Practice Assessment Branch (GCPAB) Division of Clinical Compliance Evaluation (DCCE) Office of Scientific Investigations (OSI)
To	Rhea Lloyd, M.D., Clinical Team Leader/Medical Officer William Boyd, M.D, Deputy Division Director Crystal Bland, P.M. Division of Ophthalmology
NDA	217469
Applicant	Novaliq GmbH (US Rep: Strategic Drug Development Services, LLC)
Drug	Vevye (cyclosporine ophthalmic solution, 0.1%)
NME	No
Therapeutic Classification	Immunosuppressant regulator of T-cell function
Proposed Indication(s)	Treatment of signs and symptoms of dry eye disease
Consultation Request Date	7 Sep 22
Summary Goal Date	7 Apr 23
Action Goal Date	7 May 23
PDUFA Date	7 Jun 23

I. OVERALL ASSESSMENT OF FINDINGS AND RECOMMENDATIONS

Clinical data from Protocols CYS-003 and CYS-004, entitled "A Phase 2b/3, multicenter, randomized, double-masked, vehicle-controlled clinical study to assess the efficacy and safety of topical CyclASol® for the treatment of signs and symptoms of Dry Eye Disease", and "A Phase 3, multi-center, randomized, double-masked, vehicle-controlled clinical trial to assess the efficacy and safety of topical CyclASol® for the treatment of Dry Eye Disease", respectively, were submitted to the Agency in support of an NDA (217469) for the use of Vevye for the treatment of signs and symptoms of dry eye disease.

The clinical sites of Drs. Pattar and Downing were inspected in support of this NDA. Based on the results of these inspections, Protocols CYS-003 and CYS-004 appear to have been conducted adequately and the data generated by these sites appear acceptable in support of the respective indication.

II. BACKGROUND

The Applicant submitted this NDA to support the use of Vevye, an immunosuppressant, for the treatment of signs and symptoms of dry eye disease (DED). Protocols CYS-003 and CYS-004 are of similar design but not identical.

Inspections were requested of the following protocols in support of this application:

Protocol Number: CYS-003

Title: A Phase 2b/3, multicenter, randomized, double-masked, vehicle-controlled clinical study to assess the efficacy and safety of topical CyclASol® for the treatment of signs and symptoms of Dry Eye Disease

This was a Phase 2b/3, multi-center, randomized, double-masked study whose objective was to evaluate the efficacy, safety, and tolerability of Vevye compared to vehicle in subjects with DED.

Qualifying subjects received twice a day (BID) treatment with either Vevye or vehicle in a 1:1 ratio. This study had a 14-day run-in period and an 84-day treatment period. Scheduled study visits included Visit 0 (Screening; Day -14 ± 2), Visit 1 (Baseline/Randomization; Day 1), Visit 2 (Day 15 ± 1), Visit 3 (Day 29 ± 2), Visit 4 (Day 57 ± 2), and Visit 5 (Study Exit; Day 85 ± 2). The primary efficacy measures were the change from baseline in total corneal fluorescein staining score (National Eye Institute, NEI scale) at Day 29, and the change from baseline in total Ocular Surface Disease Index (OSDI) score at Day 29. A secondary efficacy endpoint was the unanesthetized Schirmer's tear test responders and the changes from baseline to each measured post baseline visit (other than Day 29).

The study was conducted at nine centers in the U.S. The study period was from 19 October 2017 (first subject, first visit) to 22 May 2018 ((last subject completed). A total of 328 subjects were randomized to the study.

Protocol Number: CYS-004

Title: A Phase 3, multi-center, randomized, double-masked, vehicle-controlled clinical trial to assess the efficacy and safety of topical CyclASol® for the treatment of Dry Eye Disease

This was a Phase 3, multi-center, randomized, double-masked, vehicle-controlled study to assess the efficacy and safety of Vevye for the treatment of DED.

Qualifying subjects received twice a day (BID) treatment with either Vevye or vehicle in a 1:1 ratio. This study had a 14-day run-in period and a 29-day treatment period. Scheduled study visits included Visit 0 Screening: Day -14± 2), Visit 1 (Baseline/Randomization; Day 1), Visit 2 (Day 15 ± 1), and Visit 3 (Day 29 ± 2), The primary efficacy endpoints were the change from baseline (CFB) in total corneal fluorescein staining score (tCFS, NEI scale) in the study eye at

Day 29 and the CFB in Dryness Score (VAS) at Day 29. An exploratory efficacy measure was the unanesthetized Schirmer's tear test and the CFB to each measured post-baseline visit.

The study was conducted at 27 centers in the US. The study period was from 19 November 2020 (date first subject screened) to 3 September 2021 (date last subject completed trial). A total of 834 subjects completed the trial.

III. RESULTS:

1. **Guruprasad Pattar, M.D.**
   Eye Care Institute
   1536 Story Avenue
   Louisville, KY 40206

   Site: 41
   Inspection Dates: 21-28 Nov 22

   At this site, 100 subjects were screened, 30 were enrolled, and one subject withdrew from the study. The records of the 30 enrolled subjects were reviewed in their entirety. Paper records were transcribed into eCRFs (iMedNet) by qualified personnel. The primary efficacy endpoint data, change from baseline in total corneal fluorescein staining score at Day 29 and change from baseline in total OSDI score at Day 29, were verified. In addition, the data regarding the proportion of Schirmer's tear test responders at Day 85 were also verified. Other records reviewed included informed consent forms, delegation logs, eligibility worksheets, financial disclosures, medical histories, randomization confirmation, concomitant medications, adverse events, protocol deviations, case report forms for each visit, subject diaries regarding dosing, and sponsor, monitor, and IRB correspondence.

   The inspection compared the source records with the data listings and no significant discrepancies were observed. Adherence to the regulations and the investigational plan appeared adequate.

2. **Jonathon Downing, M.D.**
   Premier Practice Management
   420 E. Third Street, Suite 603
   Los Angeles, CA 90013

   Site: 45
   Inspection Dates: 13-15 Dec 22

   At this site, 145 subjects were screened, 30 subjects failed screening, and 115 subjects completed the study. The records of 51 subjects were reviewed. Paper records were transcribed into eCRFs by qualified personnel. The primary efficacy endpoint data, change from baseline in total corneal fluorescein staining score at Day 29 and change from baseline

in dryness score at Day 29, were verified. In addition, the data regarding the proportion of Schirmer's tear test responders at Day 29 were also verified. Other records reviewed included site training, financial disclosure, IRB, sponsor, and monitor correspondence, informed consent documents and required elements, inclusion/exclusion criteria, randomization, subject records, electronic records, IP shipping, storage, and administration, concomitant medications, adverse events, and record retention.

The inspection compared the source records with the data listings, and no significant discrepancies were observed. Adherence to the regulations and the investigational plan appeared adequate.

{See appended electronic signature page}

Roy Blay, Ph.D.
Good Clinical Practice Assessment Branch
Division of Clinical Compliance Evaluation
Office of Scientific Investigations

CONCURRENCE: {See appended electronic signature page}

Michele Fedowitz, M.D.
Team Leader,
Good Clinical Practice Assessment Branch
Division of Clinical Compliance Evaluation
Office of Scientific Investigations

CONCURRENCE: {See appended electronic signature page}

Jenn Sellers, M.D., Ph.D.
Branch Chief
Good Clinical Practice Assessment Branch
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Office of Scientific Investigations

CC:
Central Doc. Rm.
DO/Division Director/Wiley Chambers
DO/Deputy Director/William Boyd
DO/Medical Team Leader/Rhea Lloyd
DO/Project Manager/Crystal Bland
OSI/Office Director/David Burrow
OSI/Deputy Director/Laurie Muldowney
OSI/DCCE/Division Director/Kassa Ayalew
OSI/DCCE/GCPAB/Branch Chief/Jenn Sellers
OSI/DCCE/GCPAB/Team Leader/Michele Fedowitz
OSI/DCCE/GCPAB Reviewer/Roy Blay
OSI/DCCE/GCPAB/Program Analyst/Yolanda Patague

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JENN W SELLERS
03/21/2023 11:47:02 AM

LABEL AND LABELING REVIEW
Division of Medication Error Prevention and Analysis 1 (DMEPA 1)
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:	March 15, 2023
Requesting Office or Division:	Division of Ophthalmology (DO)
Application Type and Number:	NDA 217469
Product Name and Strength:	Vevye (cyclosporine) ophthalmic solution, 0.1%
Product Type:	Combination Product (Drug-Device)
Rx or OTC:	Prescription (Rx)
Applicant/Sponsor Name:	Novaliq GmbH
FDA Received Date:	August 8, 2022,
TTT ID #:	2022-781
DMEPA 1 Safety Evaluator:	Sofanit Getahun, PharmD., BCPS.
DMEPA 1 Team Leader:	Valerie S. Vaughan, PharmD.

1 REASON FOR REVIEW

As part of the approval process for Vevye (cyclosporine) ophthalmic solution, the Division of Ophthalmology (DO) requested that we review the proposed Vevye prescribing information (PI), container label and carton labeling for areas of vulnerability that may lead to medication errors.

1.1 BACKGROUND

NDA 217469 is a 505(b)(2) NDA and the listed drug product is Sandimmune, NDA 05073.

2 MATERIALS REVIEWED

Table 1. Materials Considered for this Label and Labeling Review

Material Reviewed	Appendix Section (For Methods and Results)
Product Information/Prescribing Information	A
Previous DMEPA Reviews	B
ISMP Newsletters*	C – N/A
FDA Adverse Event Reporting System (FAERS)*	D – N/A
Other (Administration instructions used in Clinical Studies CYS-003, CYS-004 and CYS-005)	E
Labels and Labeling	F

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 DISCUSSION

Our preliminary review of the (b) (4)

(b) (4)

(b) (4)

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Beyond what is described here, we identified additional areas within the label and labeling that can be improved to mitigate medication errors.

4 CONCLUSION AND RECOMMENDATIONS

The proposed prescribing information (PI), container label, and carton labeling may be improved to promote the safe use of this product from a medication error perspective. We provide the identified medication error issues, our rationale for concern, and our proposed recommendations to minimize the risk for medication error in Section 4 for the Division and in Section 5 for Novaliq GmbH.

5 RECOMMEDATIONS FOR DIVISION OF OPHTHALMOLOGY (DO)

Table 2. Identified Issues and Recommendations for Division of Ophthalmology (DO)

	IDENTIFIED ISSUE	RATIONALE FOR CONCERN	RECOMMENDATION
Full Prescribing Information – Section 3 Dosage Forms and Strengths			
1.	As currently presented, the appropriate information to facilitate identification of the dosage form is not included.	A description of identifying characteristic can be used to help identify the product and is required by 21 CFR 201.57(c)(4)(ii).	Include the description of identifying characteristics of the dosage form, such as color (e.g., colorless to slightly yellow) and clarity (e.g., opalescent) in accordance with 21 CFR 201.57(c)(4)(ii). Similar

Table 2. Identified Issues and Recommendations for Division of Ophthalmology (DO)			
	IDENTIFIED ISSUE	RATIONALE FOR CONCERN	RECOMMENDATION
			to what is stated in *Section 11 Description*, "(b) (4) ."
Full Prescribing Information – Section 16 How Supplied/Storage and Handling			
1.	As currently presented, the appropriate information to facilitate identification of the dosage form is not included.	A description of identifying characteristic can be used to help identify the product and is required by 21 CFR 201.57(c)(iii).	Include the description of identifying characteristics of the dosage form, such as color (e.g., colorless to slightly yellow) and clarity (e.g., opalescent) in accordance with 21 CFR 201.57(c)(iii). Similar to what is stated in *Section 11 Description*, "(b) (4) ."

6 RECOMMENDATIONS FOR NOVALIQ GMBH

Table 3. Identified Issues and Recommendations for Novaliq GmbH (entire table to be conveyed to Applicant)			
	IDENTIFIED ISSUE	RATIONALE FOR CONCERN	RECOMMENDATION
Prescribing Information – General Issues			
1.	As currently presented, the established name Cyclosporine is not presented in Tallman lettering format.	The name Cyclosporine is on the Office of Generic Drug's list of names for which the Tallman lettering format presentation is recommended.[b]	Consider revising the established name "Cyclosporine" to read "cycloSPORINE," with the Tallman lettering format presentation. Apply this revision to the container label and carton labeling.
Container Label(s)			

[b] FDA Name Differentiation Project available at the FDA website: https://www.fda.gov/drugs/medication-errors-related-cder-regulated-drug-products/fda-name-differentiation-project. Cited 20 DEC 2022

1.	As currently presented, the usual dosage statement includes "package insert".	The term "package insert" is inconsistent with terminology used in the Prescribing Information.	Revise the usual dosage statement to "Dosage: See Prescribing Information."
Carton Labeling			
1.	(b) (4)		
2.	As currently presented, we note that the product identifier is not included on the carton labeling.	The Drug supply Chain Security Act (DSCSA) requires, for certain prescription products, that the smallest saleable unit display a human-readable and machine-readable (2D data matrix barcode) product identifier. The DSCSA guidance on product identifier recommends a machine-readable (2D data matrix barcode) product identifier and a human-readable product identifier. Include the human-readable product identifier to the container label. The guidance also recommends the format of the human-readable portion be located	We recommend that you review the guidance to determine if the product identifier requirements apply to your product's labeling. See *Guidance for Industry: Product Identifiers under the Drug Supply Chain Security Act – Questions and Answers* (July 2021).[c] If you determine that the product identifier requirements apply to your product's labeling, add a placeholder for the product identifier on the carton labeling. Additionally, we recommend you ensure there is sufficient white space between the linear barcode and 2-D matrix

[c] Guidance for Industry: Product Identifiers Under the Drug Supply Chain Security Act - Questions and Answers. 2021. Available from: https://www.fda.gov/regulatory-information/search-fda-guidance-documents/product-identifiers-under-drug-supply-chain-security-act-questions-and-answers

		near the 2D data matrix barcode as the following: NDC: [insert NDC] Serial: [insert serial number] LOT: [insert lot number] EXP: [insert expiration date]	barcode to allow barcode scanners the ability to correctly read each barcode.

APPENDICES: METHODS & RESULTS FOR EACH MATERIAL REVIEWED

APPENDIX A. PRODUCT INFORMATION/PRESCRIBING INFORMATION

Table presents relevant product information for Vevye that Novaliq GmbH submitted on August 8, 2022, and the Sandimmune.

Table 4. Relevant Product Information for Listed Drug and Vevye		
Product Name	Sandimmune (cyclosporine)	Vevye
Initial Approval Date	November 14, 1983	N/A
Active Ingredient	Cyclosporine	Cyclosporine
Indication	For the prophylaxis of organ rejection in kidney, liver, and heart allogeneic transplants. It is always to be used with adrenal corticosteroids. The drug may also be used in the treatment of chronic rejection in patients previously treated with other immunosuppressive agents. Because of the risk of anaphylaxis, Sandimmune Injection (cyclosporine injection, USP) should be reserved for patients who are unable to take the soft gelatin capsules or oral solution.	The treatment of the signs and symptoms of dry eye disease.
Route of Administration	Oral and intravenous	Ophthalmic
Dosage Form	Capsule, oral solution and injection	Ophthalmic solution
Strength	Capsules: 25 mg and 100 mg Oral solution: 100 mg/mL Injection: 50 mg/mL	0.1%
Dose and Frequency	Oral: The initial oral dose of Sandimmune (cyclosporine) should be given 4 to 12 hours prior to transplantation as a single dose of 15 mg/kg. Although a daily single dose of 14 to 18 mg/kg was used in most clinical trials, few centers continue to use the highest	Instill one drop twice a day in each eye approximately 12 hours apart.

	dose, most favoring the lower end of the scale. There is a trend towards use of even lower initial doses for renal transplantation in the ranges of 10 to 14 mg/kg/day. The initial single daily dose is continued postoperatively for 1 to 2 weeks and then tapered by 5% per week to a maintenance dose of 5 to 10 mg/kg/day. Some centers have successfully tapered the maintenance dose to as low as 3 mg/kg/day in selected renal transplant patients without an apparent rise in rejection rate. In pediatric usage, the same dose and dosing regimen may be used as in adults although in several studies, children have required and tolerated higher doses than those used in adults. Adjunct therapy with adrenal corticosteroids is recommended. Sandimmune and Neoral are not bioequivalent and cannot be used interchangeably without physician supervision. Intravenous: Note: Anaphylactic reactions have occurred with Sandimmune Injection (cyclosporine injection, USP). Patients unable to take Sandimmune Soft Gelatin Capsules or Oral Solution pre- or postoperatively may be	

	treated with the intravenous (IV) concentrate. Sandimmune Injection (cyclosporine injection, USP) is administered at 1/3 the oral dose. The initial dose of Sandimmune Injection (cyclosporine injection, USP) should be given 4 to 12 hours prior to transplantation as a single intravenous dose of 5 to 6 mg/kg/day. This daily single dose is continued postoperatively until the patient can tolerate the soft gelatin capsules or oral solution. Patients should be switched to Sandimmune Soft Gelatin Capsules or Oral Solution as soon as possible after surgery. In pediatric usage, the same dose and dosing regimen may be used, although higher doses may be required.	
How Supplied	Sandimmune® Soft Gelatin Capsules (cyclosporine capsules, USP) 25 mg: Oblong, pink, branded "78/240". Unit dose packages of 30 capsules, 3 blister cards of 10 capsules. NDC 0078-0240-15 100 mg: Oblong, dusty rose, branded "78/241". Unit dose packages of 30 capsules, 3 blister cards of 10 capsules NDC 0078-0241-15	5 mL bottle

	Sandimmune® Injection (cyclosporine injection, USP) FOR INTRAVENOUS INFUSION Supplied as a 5 mL sterile ampul containing 50 mg of cyclosporine per mL, in boxes of 10 ampuls. NDC 0078-0109-01	
Storage	Capsules: Store at 25°C (77°F); excursions permitted to 15C to 30°C (59 to 86°F) [see USP Controlled Room Temperature]. Oral solution: In the original container at temperatures below 30°C (86°F). Do not store in the refrigerator. Protect from freezing. Once opened, the contents must be used within 2 months. Injection: At temperatures below 30°C (86°F). Protect from light.	Store at 15°C to 25°C (59°F to 77°F). Do not freeze or refrigerate. (b) (4)
Container Closure	Capsules: Blister pack Oral solution: Bottle Injection: Ampule	5 mL transparent squeezable polypropylene bottle with a transparent polyethylene tip and a white polyethylene cap with tamper-evident ring.

APPENDIX B. PREVIOUS DMEPA REVIEWS

On September 12, 2022, we searched for previous DMEPA reviews relevant to this current review using the terms, cyclosporine and 217469. Our search identified two (2) previous reviews[d,e], and we considered our previous recommendations to see if they are applicable for this current review. We determined that our previous recommendations are not applicable to this current review.

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[d] Roosta, N. Label and Labeling Review for Verkazia (cyclosporine) (NDA 214965). Silver Spring (MD): FDA, CDER, OSE, DMEPA (US); 2021 MAR 10. RCM No.: 2020-1783.

[e] Roosta, N. Label and Labeling Review for Cequa (cyclosporine A) (NDA 210913). Silver Spring (MD): FDA, CDER, OSE, DMEPA (US); 2018 MAY 02. RCM No.: 2017-2223.

APPENDIX F. LABELS AND LABELING

F.1 List of Labels and Labeling Reviewed

Using the principles of human factors and Failure Mode and Effects Analysis,[f] along with postmarket medication error data, we reviewed the following Vevye labels and labeling submitted by Novaliq GmbH.

- Container label received on August 8, 2022
- Carton labeling received on August 8, 2022
- Prescribing Information (Image not shown) received on August 8, 2022, available from
    - Annotated version: \\CDSESUB1\EVSPROD\nda217469\0001\m1\us\114-labeling\draft\annotated\annotated-draft-labeling-text.pdf
    - Clean version: \\CDSESUB1\EVSPROD\nda217469\0001\m1\us\114-labeling\draft\labeling\draft-labeling-text-word-file.docx

F.2 Label and Labeling Images

Container label

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

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