CDER Prescription Drug Labeling Conference
December 4th and 5th 2019

U.S. FOOD & DRUG ADMINISTRATION

Welcome to the CDER Prescription Drug Labeling Conference 2019!

Eric Brodsky, M.D.

Associate Director, Labeling Policy Team*, Office of New Drug Policy, Office of New Drugs, Center for Drug Evaluation and Research, FDA

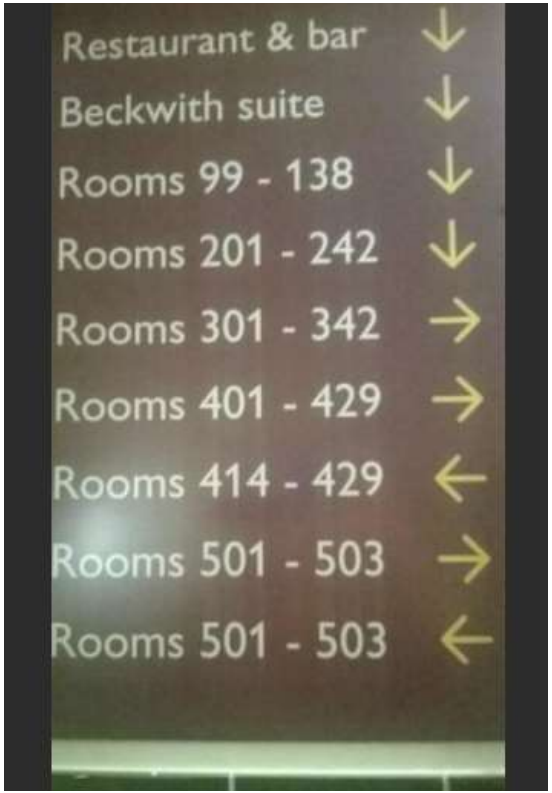
* Labeling Policy Team (previously known as the Labeling Development Team)

Welcome to the CDER Prescription Drug Labeling Conference 2019!

Why is Labeling Important?[1]

[1] https://www.ranker.com/list/confusing-signs-that-cant-make-up-their-mind/nathandavidson; https://www1.guff.com/signs-that-are-just-straight-up-confusing/

Why is Labeling Important?



[1] https://www.tripadvisor.co.uk/LocationPhotoDirectLink-g186394-d571216-i111424824-Premier_Inn_Newcastle_Quayside_hotel Newcastle_upon_Tyne_Tyne_and_Wear_En.html; https://www.abc.net.au/news/2019-03-21/quiz-sydney-confusing-parking-signs/10683014

Goals of Conference

- Provide practical information on a variety of prescription drug labeling topics including:
  - Prescribing Information
  - FDA-approved patient labeling
  - Carton/container labeling
  - Structured Product Labeling submissions

- Maintain and improve labeling quality

Topics Outside Scope of Conference

FDA presenters and panelists will **not** discuss:

- How to incorporate real world data or patient experience information in labeling
- Evidentiary standards needed to support labeling claims
  - Consider submitting comments to the Docket[1]

[1] Promoting Effective Drug Development Programs: Opportunities and Priorities for FDA's Office of New Drugs (Docket No. FDA–2019–N–3453)

Today's Agenda (Day 1)

Topics	Presenters *(additional panelists)*
Voluntary PLR Conversions and Updating Prescribing Information (PI)	Eric Brodsky
Indications and Usage Section of Labeling Draft Guidance and Drug Abuse and Dependence Section of Labeling Draft Guidance	Iris Masucci
Break	
Adverse Reaction Information in PI	Jeanne Herndon
Lunch	
Pediatric Information In PI	Eric Brodsky
PLLR: Four Years In - What's next?	Miriam Dinatale Kristie Baisden *(Tamara Johnson)*
Labeling Case Study: Transformation of an Indication	Ann Marie Trentacosti
Break	
Labeling Finalization: Recommendations for Final Check of Labeling Format and Appearance in the PI	John Gallagher
Improving the Accuracy of SPL Submissions: "The Missing LOINC"	Farrokh Sohrabi

PLLR = Pregnancy Lactation and Labeling Rule; SPL = Structured Product Labeling

Tomorrow's Agenda (December 5, 2019) (Day 2)

Topics	Presenters *(additional panelists)*
Labeling for Biological Products	Ruby (Chi-Ann) Wu Jessica Greenbaum
A Recipe for Clinical Pharmacology Information in Labeling That is Easy to Digest	Joseph Grillo *(Mongthuong Tran)*
Break	
Instructions for Use Draft Guidance	Morgan Walker *(Byron Pearsall)* *(LaShawn Griffiths)*
Lunch	
Product Title and Initial U.S. Approval in Highlights of Prescribing Information Draft Guidance	Debra Beitzell
Drug Product Nomenclature	Jibril Abdus-Samad
Break	
Safety Considerations for Container Labels and Carton Labeling to Minimize Medication Errors	Chi-Ming (Alice) Tu
Improving Consistency of Information Between the PI and Carton/Container Labeling	Eric Brodsky

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Voluntary PLR Conversions and Updating Prescribing Information (PI)

Eric Brodsky, M.D.

Associate Director, Labeling Policy Team*, Office of New Drug Policy,
Office of New Drugs, Center for Drug Evaluation and Research, FDA

* Labeling Policy Team (previously known as the Labeling Development Team)

Disclaimer

- The views and opinions expressed in this presentation represent those of the presenter, and do not necessarily represent an official FDA position.
- The labeling examples in this presentation are provided only to demonstrate current labeling development challenges and should not be considered FDA recommended templates.
- Reference to any marketed products is for illustrative purposes only and does not constitute endorsement by the FDA.

Learning Objectives

- Encourage submission of voluntary physician labeling rule (PLR) conversion labeling supplements
- Review principles in updating Prescribing Information (PI)
- Review updated prescription drug labeling resources

"Old" (non-PLR) Format[1] vs. PLR Format[2] PI

"Old" Format Labeling Sections
BOXED WARNING
DESCRIPTION
CLINICAL PHARMACOLOGY
INDICATION AND USAGE
CONTRAINDICATIONS
WARNINGS
PRECAUTIONS
ADVERSE REACTIONS
DRUG ABUSE AND DEPENDENCE
OVERDOSAGE
DOSAGE AND ADMINISTRATION
HOW SUPPLIED

1979

Subsections in PRECAUTIONS Section:
General, Information for Patients, Laboratory Tests, Drug Interactions, Drug/Laboratory Test Interactions, Carcinogenesis, Mutagenesis, Impairment of Fertility, Pregnancy, Labor and Delivery, Nursing Mothers, Pediatric Use, Geriatric Use

[1] "Labeling and Prescription Drug Advertising; Content and Format for Labeling for Human Prescription Drugs"; 44 FR 37434 (June 26, 1979), 21 CFR 201.80

2 "Requirements on Content and Format of Labeling for Human Prescription Drug and Biological Products,"; 71 FR 392221 (January 24, 2006),.CFR 201.56(d) and 21 CFR 201.57

PLR Format (Full Prescribing Information Sections)
BOXED WARNING
1 INDICATIONS AND USAGE
2 DOSAGE AND ADMINISTRATION
3 DOSAGE FORMS AND STRENGTHS
4 CONTRAINDICATIONS
5 WARNINGS AND PRECAUTIONS
6 ADVERSE REACTIONS
7 DRUG INTERACTIONS
8 USE IN SPECIFIC POPULATIONS
8.1 Pregnancy
8.2 Labor and Delivery
8.3 Nursing Mothers
8.4 Pediatric Use
8.5 Geriatric Use
9 DRUG ABUSE AND DEPENDENCE
9.1 Controlled Substance
9.2 Abuse
9.3 Dependence
10 OVERDOSAGE
11 DESCRIPTION
12 CLINICAL PHARMACOLOGY
12.1 Mechanism of Action
12.2 Pharmacodynamics
12.3 Pharmacokinetics
13 NONCLINICAL TOXICOLOGY
13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility
13.2 Animal Toxicology and/or Pharmacology
14 CLINICAL STUDIES
15 REFERENCES
16 HOW SUPPLIED/STORAGE AND HANDLING
17 PATIENT COUNSELING INFORMATION

2006

CDER Encourages Submission of Voluntary PLR Conversions

- "PLR format represents a more useful and modern approach for communicating accurate and up-to-date information on the safe and effective use of drugs and makes prescription information more accessible for use with electronic prescribing tools and other electronic information resources"[1]
- "FDA strongly encourages all applicants to voluntarily convert the labeling of their drug products to the PLR format, regardless of the date of approval"[1]

234 voluntary PLR conversions approved to date!

[1] See 78 FR 8446 (February 6, 2013); also see final rule (PLR) "Requirements on Content and Format of Labeling For Human Prescription Drug and Biological Products" 71 FR 3922 (January 24, 2006)

CDER-Regulated PI in PLR Format Over the Last Five Years (NDAs/BLAs only)[1]

Month/Year	Proportion of CDER-Regulated PI in PLR Format (NDAs/BLAs only)
January 2014	~ 45%
January 2016	~ 56%
January 2017	~ 61%
January 2018	~ 63%
November 2019	**~ 65%**

NDAs: 64%

BLAs: 94%

CDER-regulated ANDA labeling in PLR format (November 2019): ~ 44%

NDAs = New Drug Applications [includes 505(b)(1) and 505(b)(2) NDAs]; BLAs = Biologics License Applications [includes 351(a) and 351(k) BLAs]

[1] November 2019 analysis based on Structured Product Labeling (SPL) files generally only includes marketed products and excludes repacker labeling and authorized generic labeling; excludes CBER-regulated products (e.g., vaccines, allergenic products, cellular and gene therapy products)

CDER's Efforts to Improve PI (1 of 2)

- Encourage submission of voluntary PLR conversions
- Train CDER staff on labeling review and development
- Publish draft and final labeling guidances
- Provide labeling oversight
- Public outreach
  (e.g., labeling conferences)

CDER's Efforts to Improve PI (2 of 2)

- Work with application holders on updating labeling during NDA, BLA, and supplement[1] submission
- Conduct qualitative research to learn how physicians interpret wording in labeling[2]
- Provide new and improve existing public labeling resources

[1] NDA/BLA efficacy and labeling supplements

[2] The research is intended to inform FDA's thinking on labeling and serve as a basis for future quantitative research Findings from this qualitative research will not be used to make regulatory decisions. When final, the results of this research will be published on this webpage.

CDER's Dedicated Prescription Drug Labeling Specialists (NDAs/BLAs)[1]

- Associate Directors for Labeling (ADLs)
- Clinical pharmacology labeling specialists
- Product quality labeling specialists
- Biological product labeling specialists
- Patient labeling specialists

[1] List is not comprehensive. CDER has multiple staff that review and develop prescription drug labeling for NDAs/BLAs (e.g., clinical, clinical pharmacology, pharmacology/toxicology, clinical microbiology, biostatistics, medication errors, risk management, epidemiology, pharmacovigilance, promotion, controlled substance, maternal health, pediatrics, and other staff)

Updating Prescribing Information (PI)

Prescribing Information (PI)

Written for healthcare practitioners and must:[1]

- Contain a summary of essential scientific information needed for safe and effective use of the **human prescription drug**
- Be informative and accurate and neither promotional in tone nor false or misleading
- Be updated when new information becomes available that causes labeling to become inaccurate, false, or misleading

[1] See 21 CFR 201.56(a)(2)

Updating PI is Application Holder's Responsibility

- Should review PI at least annually for outdated information[1]
- Must update PI when new information becomes available that causes PI to become inaccurate, false, or misleading[2]
  - "a drug … shall be deemed to be misbranded … (i)f its labeling is false or misleading"[3]

[1] Guidance for industry: *Labeling for Human Prescription Drug and Biological Products - Implementing the PLR Content and Format Requirements* (February 2013)
[2] 21 CFR 201.56(a)(2); [3] FD&C Act [section 352(a) of the U.S.C.]

Principles of Updating PI[1]
(in addition to ensuring scientific accuracy)

- Ensure PI meets statutory/regulatory requirements and is consistent with final guidance recommendations[2]
- Ensure consistent message
- Improve organization/formatting[3]
- Update terminology and remove/revise outdated, misleading, or clearly inapplicable information[3,4]
- When updating PI, review and develop *entire* PI

[1] Guidance for industry: *Labeling for Human Prescription Drug and Biological Products - Implementing the PLR Content and Format Requirements* (February 2013); [2] Final guidances represents the Agency's current thinking (alternative approaches are acceptable if they satisfy statutes/regulations); [3] If applicable; [4] 21 CFR 201.56(a)(2) and 21 CFR 201.56(d)(4)

Ensure Labeling Meets Statutory/Regulatory Requirements and Is Consistent with Final Guidance Recommendations

- Recent statutes/regulations, for example:
  - Susceptibility test interpretive criteria[1]
  - Limited population pathway drugs[2]
  - Pregnancy and Lactation Labeling Rule (PLLR)[3]
- Recent final PI guidances,[4] for example:
  - Pediatric Information Incorporated Into Human Prescription Drug and Biological Product Labeling (March 2019)
  - Labeling for Human Prescription Drug and Biological Products Approved Under the Accelerated Approval Regulatory Pathway (January 2019)

[1] 21st Century Cures Act (Section 511A of FD&C Act); [2] 21st Century Cures Act (Section 506 of FD&C Act); [3] Final PLLR rule; 79 FR 72064 (December 4, 2014);
[4] See Prescription Drug Labeling Resources website for other labeling guidances (final guidances represents the Agency's current thinking – alternative approaches are acceptable if they satisfy statutes/regulations)

Ensure Consistent Message in PI: Unclear Prevention/Mitigation Strategies[1] (Before)

4 CONTRAINDICATIONS

DRUG-X is **contraindicated** in patients with severe renal impairment.

5 WARNINGS AND PRECAUTIONS

5.3 Increased Risk of Adverse Reaction-Y in Patients with Severe Renal Impairment

DRUG-X is **not recommended** in patients with severe renal impairment

8 USE IN SPECIFIC POPULATIONS

8.6 Renal Impairment

If DRUG-X is used in patients with severe renal impairment, use **cautiously**.

[1] This example does not contain all the required and recommended elements for these sections/subsections. To see other examples of labeling inconsistencies see *Consistency in Labeling and Methods to Optimize Communication in Labeling*.

Ensure Consistent Message in PI: Consistent Prevention/Mitigation Strategies[1] (After)

5 WARNINGS AND PRECAUTIONS

5.3 Increased Risk of Adverse Reaction-Y in Patients with Severe Renal Impairment

DRUG-X is **not recommended** in patients with severe renal impairment.

8 USE IN SPECIFIC POPULATIONS

8.6 Renal Impairment

DRUG-X is **not recommended** in patients with severe renal impairment.

[1] This example does not contain all the required and recommended elements for these sections/subsections. To see other examples of labeling inconsistencies see *Consistency in Labeling and Methods to Optimize Communication in Labeling*.

Improve Organization/Formatting (Before)

2 DOSAGE AND ADMINISTRATION

2.2 General

Dosage interruption is recommended for the management of neutropenia. The DRUG-X dosage should be reduced to 10 mg once daily in patients receiving strong CYP3A4 inhibitors

2.2 General Considerations for Administration

- Concomitant use of DRUG-X with strong CYP3A4 inducers may result in reduced clinical response to DRUG-X.
- DRUG-X should not be used in patients with absolute neutrophil count less than 500 cells/mm^3

Improve Organization/Formatting (After)

2.2 Dosage Modifications due to Neutropenia

… See Table 1 for recommended dosage adjustments if significant neutropenia occurs during DRUG-X administration.

Table 1: Recommended DRUG-X Dosage Modifications for Neutropenia

ANC Value (cells/microL)	Recommendation
> 1000	No change in dosage
500-1000	Interrupt dosage until ANC > 1000
< 500	Discontinue DRUG-X

2.3 Dosage Modifications with Concomitant Use of Strong CYP3A4 Inhibitors

Reduce the DRUG-X dosage to 10 mg once daily in patients taking concomitant strong CYP3A4 inhibitors *[see Drug Interactions (7)]*.

Update Terminology; Remove/Revise Outdated, Misleading, or Clearly Inapplicable Information in PI[1] (1 of 3)

- Update terminology, e.g., from Wegener's granulomatosis to granulomatosis with polyangiitis
- Change "in man" to "in patients"
  (if product is approved for use in men and women)
- Remove general statements that are not related to the drug
- Unapproved indications or uses or dosing regimens must not be implied or suggested[2]

[1] 21 CFR 201.56(a)(2) and 21 CFR 201.56(d)(4); [2] 21 CFR 201.57(c)(2)(iv), (c)(2)(v), and (c)(3)(ii)

Update Terminology; Remove/Revise Outdated, Misleading, or Clearly Inapplicable Information in PI[1] (2 of 3)

- Remove investigational name of product
- Remove products that are not generally available in U.S. (e.g., cisapride, gatilfoxacin, pergolide, astemizole)
- Remove recommendations that are no longer standard of care (e.g., assess “liver biopsies” prior to and during treatment)

[1] 21 CFR 201.56(a)(2) and 21 CFR 201.56(d)(4)

Update Terminology; Remove/Revise Outdated, Misleading, or Clearly Inapplicable Information in PI (3 of 3)

- Remove or revise statements that are directed to the patient
- Remove unhelpful risk mitigation strategies
- Avoid nonspecific quantitative terms
  (e.g., many, few, large, small, frequent, infrequent, rare, rapid-onset, rapidly absorbed, potent)[1]

[1] See the guidance for industry: *Adverse Reactions Section of Labeling for Human Prescription Drug and Biological Products – Content and Format* (January 2006) and the guidance for industry: *Clinical Studies Section of Labeling for Human Prescription Drug and Biological Products – Content and Format* (January 2006)

When Updating PI, Review and Develop Entire PI

- Frequently more than one section/subsection is affected by a PI update
- Review other sections/subsections not affected by PI update
  - For an efficacy supplement in addition to updating Sections 1, 2, 6, and 14, recommend updating other sections (e.g., not related to new proposed indication)

Review Entire Labeling

[1] Sections 1, 2, 6, and 14 are the INDICATIONS AND USAGE, DOSAGE AND ADMINISTRATION, ADVERSE REACTIONS, and CLINICAL STUDIES sections, respectively

505(b)(2) NDA Labeling Are *Not* ANDA Labeling

ANDA PI (for generic drugs)	PI for Drug Submitted Under a 505(b)(2) NDA
Must be **same as** the last approved NDA Reference Listed Drug PI except for for permissible differences[1]	Does **not** need to be the "same as" the PI for the listed drug[2] ➢ Must meet all labeling statutory/regulatory requirements and should be consistent with labeling guidance recommendations ➢ Must reflect currently available information needed for safe and effective use of the drug

[1] Permissible differences include different manufacturer/packer/distributor information, package size, inactive ingredients, omission of information protected by patent or exclusivity, differences due to an approved suitability petition (for ANDAs associated with a withdrawn RLD, see draft guidance for industry: *Updating ANDA Labeling After the Marketing Application for the Reference Listed Drug Has Been Withdrawn* (July 2016) (when final, this guidance will represent the Agency's current thinking)

[2] Listed drug [e.g., a drug submitted under a 505(b)(1) NDA]

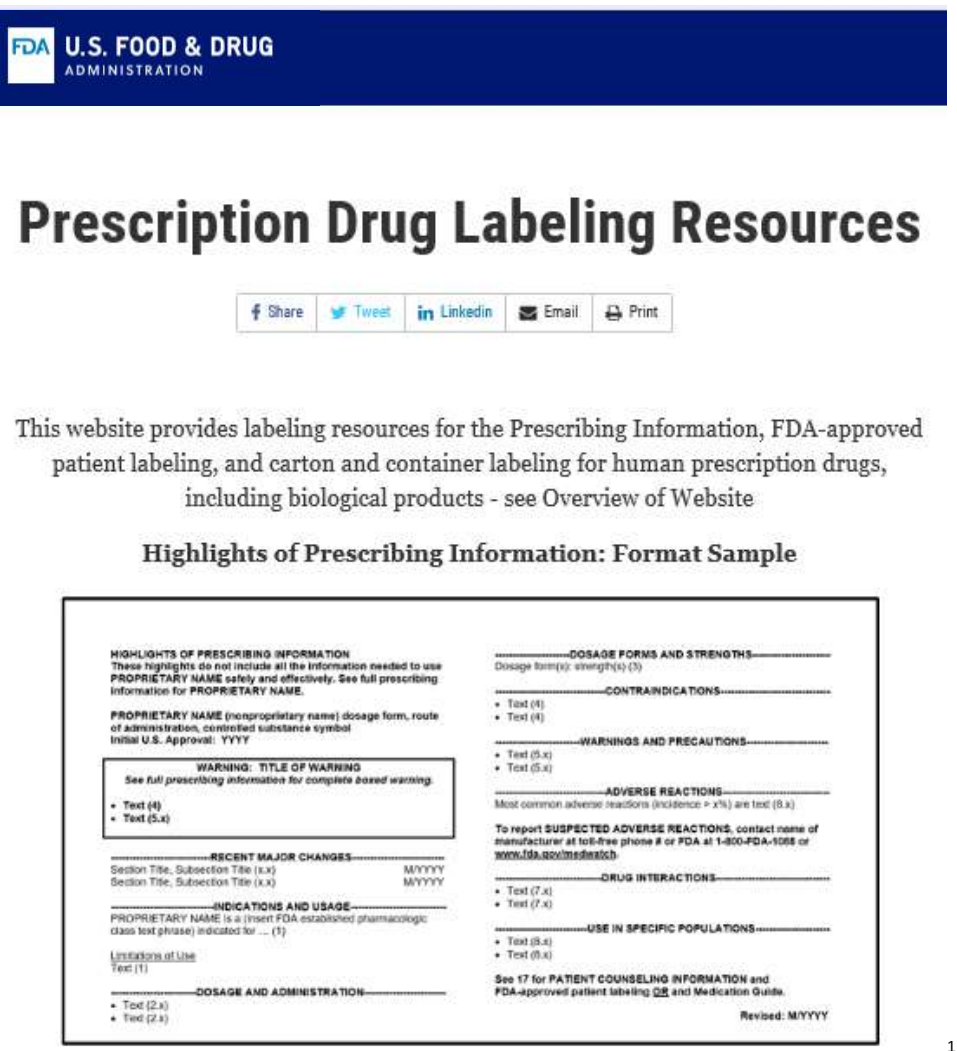
Opportunities for Application Holders to Update PI

Before submitting any supplement to an NDA/BLA, review entire PI and assess if information is outdated, misleading, unclear, and/or inapplicable. Consider updating *entire* PI:

- Labeling supplements (e.g., PLLR conversion, voluntary PLR conversion)
- Efficacy supplements

Prescription Drug Labeling Review Resources

Prescription Drug Labeling Resources Webpage[1]



- Formerly named *"PLR Requirements for Prescribing Information"*
- Over 100 labeling resources!

[1] https://www.fda.gov/drugs/laws-acts-and-rules/prescription-drug-labeling-resources

Prescription Drug Labeling Resources Webpage

(information about PI, FDA-approved patient labeling, and carton/container labeling)

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use PROPRIETARY NAME safely and effectively. See full prescribing information for PROPRIETARY NAME.

PROPRIETARY NAME (nonproprietary name) dosage form, route of administration, controlled substance symbol
Initial U.S. Approval: YYYY

WARNING: TITLE OF WARNING
See full prescribing information for complete boxed warning.

- Text (4)
- Text (5.x)

RECENT MAJOR CHANGES
Section Title, Subsection Title (x.x) MYYYY
Section Title, Subsection Title (x.x) MYYYY

INDICATIONS AND USAGE
PROPRIETARY NAME is a (insert FDA established pharmacologic class text phrase) indicated for … (1)

Limitations of Use
Text (1)

DOSAGE AND ADMINISTRATION
- Text (2.x)
- Text (2.x)

DOSAGE FORMS AND STRENGTHS
Dosage form(s) (strength(s)) (3)

CONTRAINDICATIONS
- Text (4)
- Text (4)

WARNINGS AND PRECAUTIONS
- Text (5.x)
- Text (5.x)

ADVERSE REACTIONS
Most common adverse reactions (incidence ≥ x%) are text (6.x)

To report SUSPECTED ADVERSE REACTIONS, contact name of manufacturer at toll-free phone # or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

DRUG INTERACTIONS
- Text (7.x)
- Text (7.x)

USE IN SPECIFIC POPULATIONS
- Text (8.x)
- Text (8.x)

See 17 for PATIENT COUNSELING INFORMATION and FDA-approved patient labeling (QR) and Medication Guide.

Revised: MYYYY

FULL PRESCRIBING INFORMATION: CONTENTS*

* Sections or subsections omitted from the full prescribing information are not listed.

(1) **INSTRUCTIONS FOR USE**
(2) **[Insert Product Title]**

(3) This "Instructions for Use" contains information on how to [insert applicable action verb*] **[Insert Drug Name*]**

(4) [Insert visual of drug product]

(5) **Important Information You Need to Know Before [Insert Applicable Action Verb*] [Insert Drug Name]**

(6) **Preparing to [Insert Applicable Action Verb*] [Insert Drug Name]**

(7) **[Insert Applicable Action Verb*] [Insert Drug Name]**

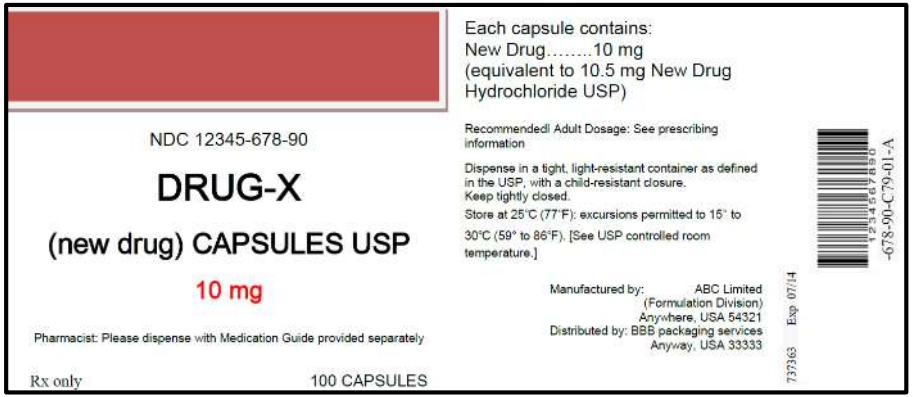
(8) **Storing [Insert Drug Name]**

(9) **Disposing of [Insert Drug Name]**

(10) [Insert resources for additional information on how to use the drug product (for example, a telephone number that patients can call to speak with a customer service representative)]

(10) [Insert name and place of business of manufacturer, packer, or distributor of drug product]

(10) This "Instructions for Use" has been approved by the U.S. Food and Drug Administration. Approved: [Insert Month Year] or Revised: [Insert Month Year]



Each capsule contains:
New Drug.....10 mg
(equivalent to 10.5 mg New Drug Hydrochloride USP)

NDC 12345-678-90

DRUG-X

(new drug) CAPSULES USP

10 mg

Pharmacist: Please dispense with Medication Guide provided separately

Rx only

100 CAPSULES

Recommended Adult Dosage: See prescribing information

Dispense in a tight, light-resistant container as defined in the USP, with a child-resistant closure.
Keep tightly closed.
Store at 25°C (77°F); excursions permitted to 15° to 30°C (59° to 86°F). [See USP controlled room temperature.]

Manufactured by: ABC Limited (Formulation Division) Anywhere, USA 54321
Distributed by: BBB packaging services Anyway, USA 33333

737363 Exp 07/14

12345678910 -678-90-C79-01-A

Prescription Drug Labeling Resources Webpage (1 of 2)[1]

- PI Requirements and Rules
- PI Guidances
- Presentations – Sections of the PI
- Presentations – Broad Labeling Content
- Sample Templates and Format Tools for PI
- Established Pharmacologic Class (EPC) Resources

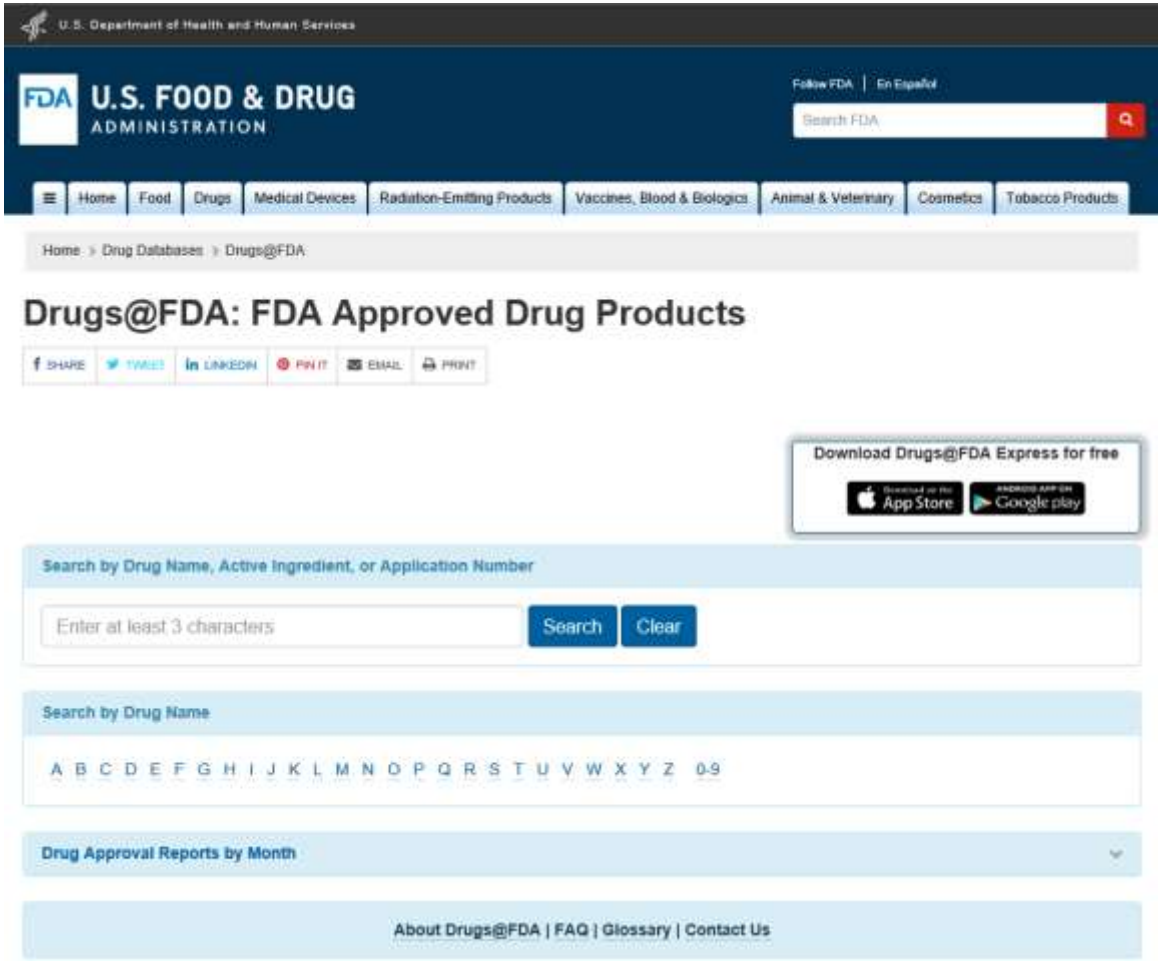
[1] https://www.fda.gov/drugs/laws-acts-and-rules/prescription-drug-labeling-resources

Prescription Drug Labeling Resources Webpage (2 of 2)[1]

- ANDA-Specific Labeling Resources
- Biological Product-Specific Labeling Resources
- Product Quality-Related Labeling Resources
- Carton/Container Labeling Specific Resources
- Patient Labeling Specific Resources
- Labeling Databases

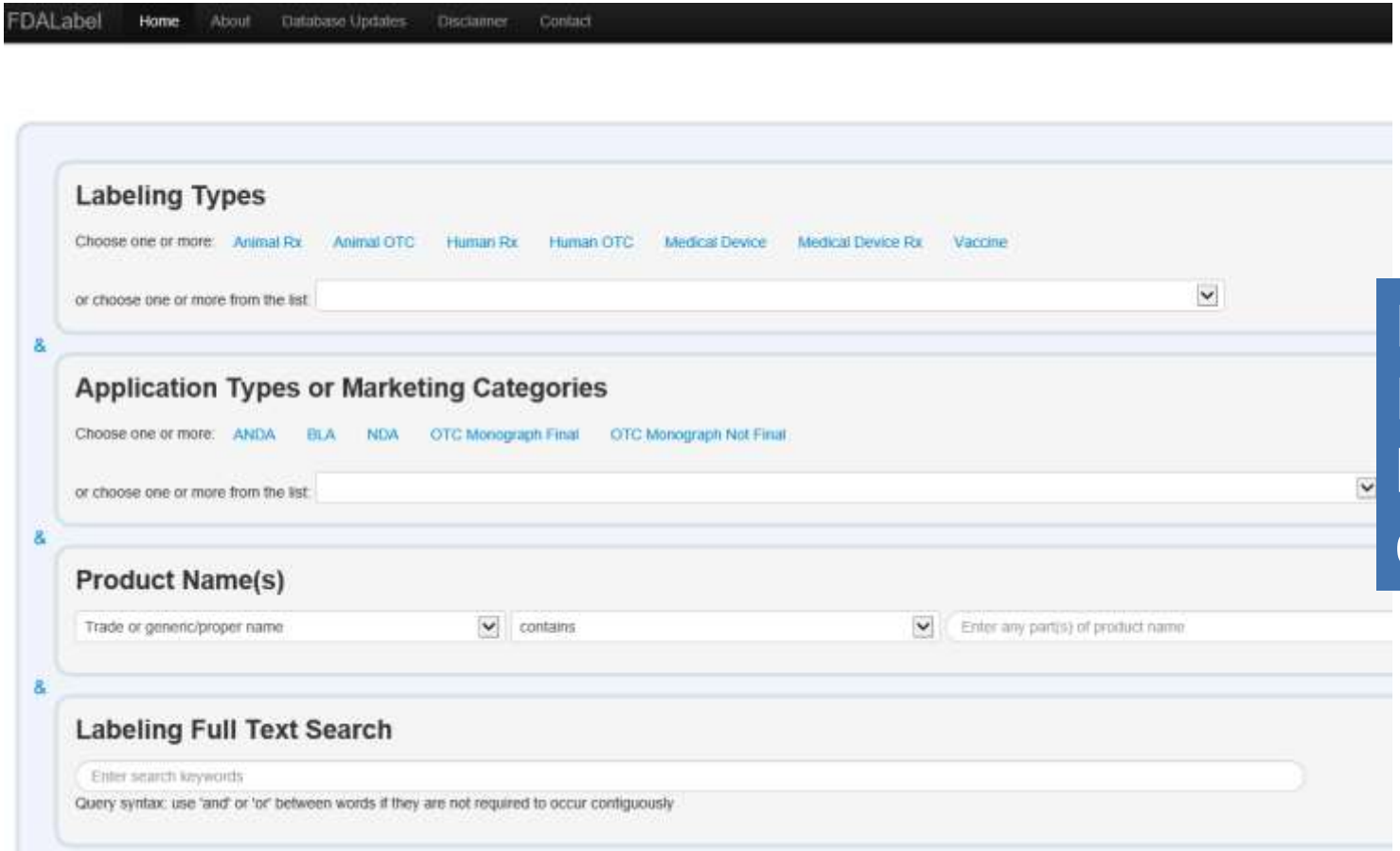
[1] https://www.fda.gov/drugs/laws-acts-and-rules/prescription-drug-labeling-resources

Drugs@FDA Will Be Updated Soon[1]



[1] www.fda.gov/DrugsatFDA

FDALabel (New Labeling Search Tool)[1]



FDALabel and Daily Med have the same data

[1] https://nctr-crs.fda.gov/fdalabel/ui/search

Question: 505(b)(2) Labeling Must Be the Same As the Listed Drug's Labeling Except for Which of the Following Items:

a) Inactive ingredients
b) Dosage form(s)
c) Recommended dosage
d) Warnings (e.g., in WARNINGS AND PRECAUTIONS section)
e) a and b
f) None of the above

Summary

- CDER encourages voluntary PLR conversion
- Before submitting any supplement to an NDA/BLA, review entire PI and update PI (if applicable)
- Multiple prescription drug labeling resources are available
  - We welcome your input to add/revise resources!

Questions: cdersbia@fda.gov

Questions: cdersbia@fda.gov

Back-Up Slides

"Old" (non-PLR) Format PI

"Old" Format Labeling Sections
BOXED WARNING
DESCRIPTION
CLINICAL PHARMACOLOGY
INDICATION AND USAGE
CONTRAINDICATIONS
WARNINGS
PRECAUTIONS
ADVERSE REACTIONS
DRUG ABUSE AND DEPENDENCE
OVERDOSAGE
DOSAGE AND ADMINISTRATION
HOW SUPPLIED

Subsections in PRECAUTIONS Section
General
Information for Patients
Laboratory Tests
Drug Interactions
Drug/Laboratory Test Interactions
Carcinogenesis, Mutagenesis, Impairment of Fertility
Pregnancy
Labor and Delivery
Nursing Mothers
Pediatric Use
Geriatric Use

[1] "Labeling and Prescription Drug Advertising; Content and Format for Labeling for Human Prescription Drugs"; 44 FR 37434 (June 26, 1979), 21 CFR 201.80

PLR Format PI (Highlights is only shown)

HIGHLIGHTS OF PRESCRIBING INFORMATION
These highlights do not include all the information needed to use PROPRIETARY NAME safely and effectively. See full prescribing information for PROPRIETARY NAME.

PROPRIETARY NAME (non-proprietary name) dosage form, route of administration, controlled substance symbol
Initial U.S. Approval: YYYY

WARNING: TITLE OF WARNING
See full prescribing information for complete boxed warning.

- **Text (4)**
- **Text (5.x)**

----------RECENT MAJOR CHANGES----------
Section Title, Subsection Title (x.x) M/201Y
Section Title, Subsection Title (x.x) M/201Y

----------INDICATIONS AND USAGE----------
PROPRIETARY NAME is a (insert FDA established pharmacologic class text phrase) indicated for … (1)

Limitations of Use: Text (1)

----------DOSAGE AND ADMINISTRATION----------
- Text (2.x)
- Text (2.x)

----------DOSAGE FORMS AND STRENGTHS----------
Dosage form(s): strength(s) (3)

----------CONTRAINDICATIONS----------
- Text (4)
- Text (4)

----------WARNINGS AND PRECAUTIONS----------
- Text (5.x)
- Text (5.x)

----------ADVERSE REACTIONS----------
Most common adverse reactions (incidence > x%) are text (6.x)

To report SUSPECTED ADVERSE REACTIONS, contact name of manufacturer at toll-free phone # or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

----------DRUG INTERACTIONS----------
- Text (7.x)
- Text (7.x)

----------USE IN SPECIFIC POPULATIONS----------
- Text (8.x)
- Text (8.x)

See 17 for PATIENT COUNSELING INFORMATION and FDA-approved patient labeling OR and Medication Guide.

Revised: M/201Y

[1] Although Highlights of Prescribing Information (Highlights) is only shown on this slide, PLR labeling includes Highlights, Table of Contents, and Full Prescribing Information. "Requirements on Content and Format of Labeling for Human Prescription Drug and Biological Products" 71 FR 3922 (January 24, 2006)

Future Draft and Revised Labeling Draft Guidances[1]

- PK in Patients with Impaired Renal Function –Study Design, Data Analysis and Impact on Dosing and Labeling (revised draft)
- Pregnancy, Lactation and Reproductive Potential: Labeling for Human Prescription Drug and Biological Products (revised draft)
- Quantification of Sodium, Potassium, and Phosphate in Human OTC and Prescription Drug Labeling (draft)

[1] See March 2019 Guidance Agenda https://www.fda.gov/media/124386/download; PK = pharmacokinetics