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U.S. FOOD & DRUG ADMINISTRATION

Prescription Drug[1] Labeling

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

[1] References to *drugs* include drugs approved under section 505 of the FD&C Act and biological products licensed under section 351 of the PHS Act that are regulated as drugs

Disclaimer

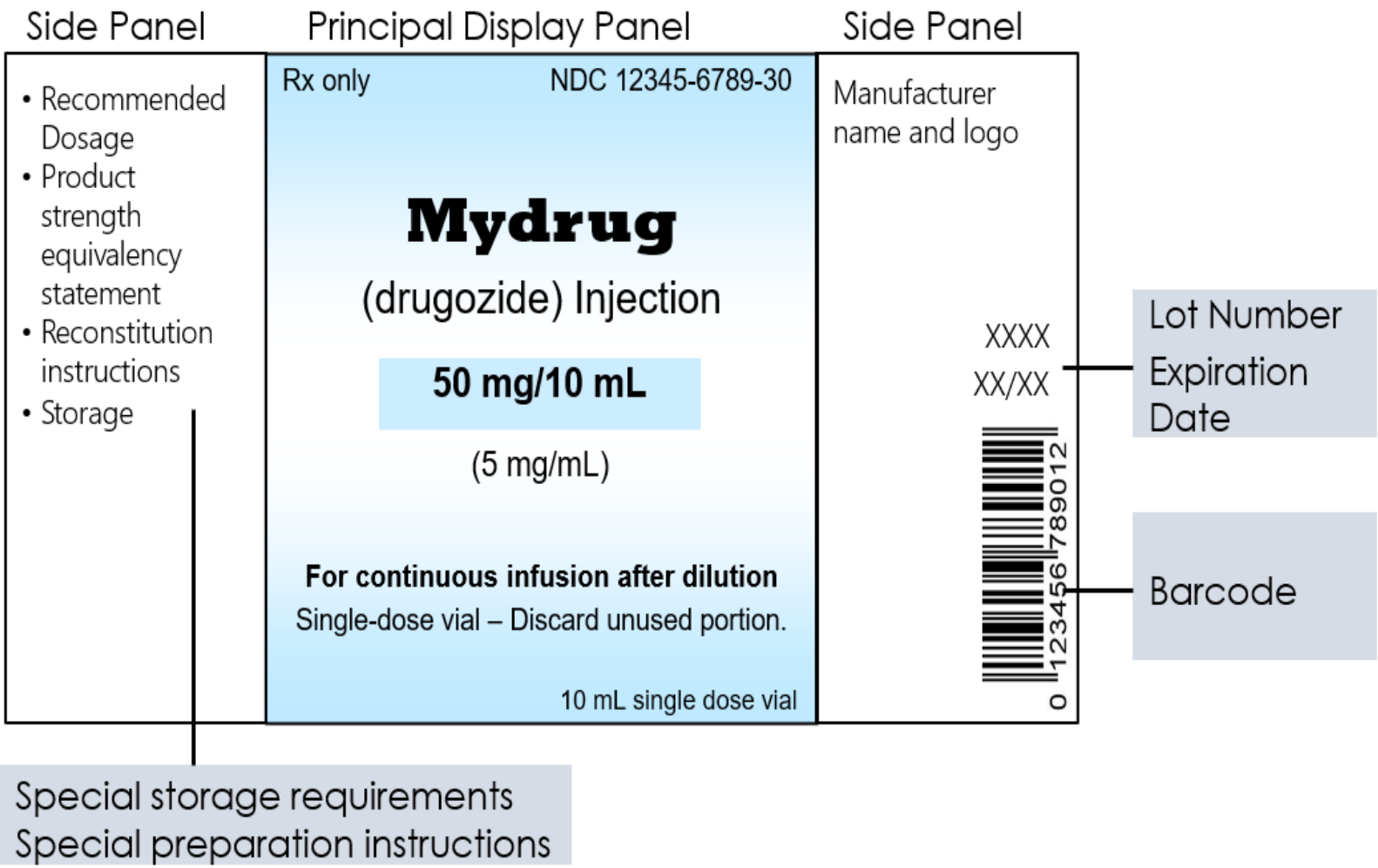
- The views and opinions expressed in this presentation represent those of the presenter, and do not necessarily represent an official FDA position.
- The labeling examples in this presentation are provided only to demonstrate current labeling development challenges and should not be considered FDA recommended templates.

Objectives

- Discuss the different types of prescription drug labeling
- Discuss the purpose of Prescribing Information (PI)
- Describe how PI is developed and reviewed
- Describe requirements and recommendations for BOXED WARNING, WARNINGS AND PRECAUTIONS, ADVERSE REACTIONS, DRUG ABUSE AND DEPENDENCE, and OVERDOSAGE sections
- Review prescription drug labeling review resources

Types of Prescription Drug Labeling

Container Label[1]



[1] See draft guidance for industry: *Safety Considerations for Container Labels and Carton Labeling Design to Minimize Medication Errors* (April 2013). When final, this guidance will represent FDA's current thinking (available at https://www.fda.gov/media/85879/download)

Medication Guide[1]
(FDA-Approved Patient Labeling)

MEDICATION GUIDE
DRUG-X [drug X]
(drugimab-cznm)
injection, for intramuscular use

What is the most important information I should know about DRUG-X? …
What is DRUG-X? …
Who should not take DRUG-X? …
Before taking DRUG-X, tell your healthcare provider about all of your medical conditions, including if you: …
How should I take DRUG-X? …
What should I avoid while taking DRUG-X? …
What are the possible side effects of DRUG-X? … Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.
How should I store DRUG-X? …
General information about the safe and effective use of DRUG-X. Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use DRUG-X for a condition for which it was not prescribed. Do not give DRUG-X to other people, even if they have the same symptoms that you have. It may harm them. You can ask your pharmacist or healthcare provider for information about DRUG-X that is written for health professionals.
What are the ingredients in DRUG-X? Active ingredients: Inactive ingredients:
Manufactured for: Manufactured by:

This Medication Guide has been approved by the U.S. Food and Drug Administration. Revised: MM/YYYY

[1] See 21 CFR 208

Patient Package Insert[1] (FDA-Approved Patient Labeling)

PATIENT INFORMATION
DRUG-X [drug X]
(drugoxide-a and drugoxide-b tablets)
for oral use

What is DRUG-X?
...

Do not take DRUG-X if you:
...

Before taking DRUG-X, tell your healthcare provider about all of your medical conditions, including if you:
...

How should I take DRUG-X?

What should I avoid while taking DRUG-X?
...

What are the possible side effects of DRUG-X?
...
Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should I store DRUG-X?
...

General information about the safe and effective use of DRUG-X.
Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet. Do not use DRUG-X for a condition for which it was not prescribed. Do not give DRUG-X to other people, even if they have the same symptoms that you have. It may harm them.

You can ask your pharmacist or healthcare provider for information about DRUG-X that is written for health professionals.

What are the ingredients in DRUG-X?
Active ingredients:
Inactive ingredients:

Manufactured for:
Manufactured by:

This Patient Information has been approved by the U.S. Food and Drug Administration. Revised: MM/YYYY

[1] For oral contraceptives see 21 CFR 310.501, for estrogen-containing products see 21 CFR 310.515, and for drugs approved based solely on animal studies see (21 CFR 314.610(b)(3) and 21 CFR 601.91(b)(3))

Instructions for Use[1]
(FDA-Approved Patient Labeling)

INSTRUCTIONS FOR USE
MYDRUG [mye-drug]
(drugoxide injection)
for intramuscular use

This Instructions for Use contains information on how to take MYDRUG.

Important Information You Need to Know Before Taking MYDRUG

…

Preparing to Take MYDRUG

…

Taking MYDRUG

…

Storing MYDRUG

…

Disposing of MYDRUG

…

Drug Company X, City, State, zip code

This Instructions for Use has been approved by the U.S. Food and Drug Administration.

Approved: MM/YYYY

1 See the draft guidance for industry: *Instructions for Use — Patient Labeling for Human Prescription Drug and Biological Products and Drug-Device and Biologic-Device Combination Products— Content and Format* (July 2019). When final, this guidance will represent the FDA's current thinking on this topic. (Available at https://www.fda.gov/media/128446/download)

Prescribing Information (PI)[1]

Written for **healthcare practitioners** and must:

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

[1] Applies to Physician Labeling Rule (PLR) labeling and "old" (non-PLR) format labeling; 21 CFR 201.56(a)

Prescribing Information

Two Types of PI[1]

- BOXED WARNING
- DESCRIPTION
- CLINICAL PHARMACOLOGY
- INDICATION AND USAGE
- CONTRAINDICATIONS
- WARNINGS
- PRECAUTIONS
  - General
  - Information for Patients
  - Laboratory Tests
  - Drug Interactions
  - Drug/Laboratory Test Interactions
  - Carcinogenes
  - Impairment of
  - Pregnancy
  - Labor and De
  - Nursing Mothers
  - Pediatric Use
  - Geriatric Use
- ADVERSE REACTIONS
- DRUG ABUSE AND DEPENDENCE
- OVERDOSAGE
- DOSAGE AND ADMINISTRATION
- HOW SUPPLIED

"Old" Format (1979 final rule)

PI = Prescribing Information

[1] (1) "Old" format labeling and
(2) Physician Labeling Rule (PLR) 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) M/YYYY
Section Title, Subsection Title (x.x) M/YYYY

----------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/YYYY

FULL PRESCRIBING INFORMATION: CONTENTS*

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

PLR Format (2006 final rule)

- 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
- …

"Old" Format[1] Labeling Sections

1979

- BOXED WARNING
- DESCRIPTION
- CLINICAL PHARMACOLOGY
- INDICATIONS 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

PLR Format[2]

(Full Prescribing Information Sections)

2006

- 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 Lactation
  - 8.3 Females and Males of Reproductive Potential
  - 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

[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

CDER-Regulated NDA/BLA PI With PLR Format[1]

Month/Year	Proportion of CDER PI With PLR Format (NDAs/BLAs only)
January 2014	~ 45%
January 2016	~ 56%
January 2017	~ 61%
January 2018	~ 63%
March 2019	~ 66%
August 2020	~ 70%
July 2021	**~ 71%**

NDAs = New Drug Applications; BLAs = Biologics License Applications

[1] PI = Prescribing Information; Analyses based on Structured Product Labeling (SPL) - generally only includes marketed products; excludes labeling from repackagers, relabelers, and authorized generics

How PI is Developed and Reviewed

Development and Review of PI (1 of 2)

- Applicant may start developing proposed PI as soon as the drug is determined suitable for first-in-human use
- Applicant may ask FDA to comment on aspects of the draft *before application or supplement submission*
- Applicant submits a drug application to approve a drug, or a supplement to an approved application that includes a draft PI
- FDA reviews draft PI upon submission and throughout review cycle
- FDA and applicant develop final PI
  - Iterative process of communications/discussions with both parties

PI = Prescribing Information; NDA = new drug application; BLA = biologics license application

CDER Staff Who May be Involved in PI Review[1]

OND	Clinical reviewer	Deputy Director for Safety
	Division management	Division of Pediatric and Maternal Health
	Regulatory project manager	Clinical Microbiology (antimicrobial products)
	Pharmacology/toxicology	Office Management (for NMEs and new biological products)
	Associate Director for Labeling	**Labeling Policy Team**
OTS	Office of Clinical Pharmacology divisions and **Labeling and Health Communications staff**	Office of Biostatistics
OPQ	**OPPQ,[2] OBP labeling reviewer** (for biological products), ONDP, OLDP, OPRO	
OSE	**Division of Medication Error Prevention and Analysis labeling reviewer**	Division of Risk Management
		Division of Pharmacovigilance
OMP	**Division of Medical Policy Programs patient labeling reviewer**	Office of Prescription Drug Promotion
CSS	Controlled Substance Staff in Office of Center Director (for controlled substances)	

Labeling specialists are in bold; OND = Office of New Drugs: OTS = Office of Translational Science; OPQ = Office of Pharmaceutical Quality; OPPQ = Policy for Pharmaceutical Quality; OBP = Office of Biotechnology Products; OSE = Office of Surveillance and Epidemiology; OMP = Office of Medical Policy; CSS = Controlled Substance Staff [1] Involvement depends on labeling type and review division

Development and Review of PI (2 of 2)

- Final PI is approved by FDA and attached to approval letter
- PI uploaded to Drugs@FDA[1]
- After approval (within 14 days), applicant submits PI electronically[2] and PI is posted on websites
- After approval, PI is updated:
  - Applicant submits new supplement
  - FDA may contact drug company and request firm update PI or require firm update PI

PI = Prescribing Information

[1] Posted to Drugs@FDA as a PDF file: [2] Posted electronically as a Structured Product Labeling (SPL) file

Updating PI

Application Holder's Responsibilities

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

Labeling Update Opportunities

Encourage updates in multiple labeling type submissions (e.g., PLR conversions, efficacy supplements)

[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.]

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

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

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

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

[1] 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. For example: Sullivan, H.W., Squire, C., Aikin, K.J., Tzeng, J., Ferriola-Bruckenstein, K., Brodsky, E., Trentacosti, A.M., & Johnson, M. (in press). *Physicians' use of and preferences for FDA-approved prescribing information*. Research in Social and Administrative Pharmacy.

Prescribing Information Content

Highlights

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

WARNING: TITLE OF WARNING
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- **Text (4)**
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Limitations of Use
Text (1)

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- Text (2.x)
- Text (2.x)

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

----------CONTRAINDICATIONS----------
- Text (4)
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Most common adverse reactions (incidence > x%) are text (6.x)

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

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- Text (8.x)
- Text (8.x)

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

Revised: M/YYYY

Table of Contents

Full Prescribing Information Sections

BOXED WARNING
1 INDICATIONS AND USAGE
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3 DOSAGE FORMS AND STRENGTHS
4 CONTRAINDICATIONS
5 WARNINGS AND PRECAUTIONS
6 ADVERSE REACTIONS
7 DRUG INTERACTIONS
8 USE IN SPECIFIC POPULATIONS
9 DRUG ABUSE AND DEPENDENCE
10 OVERDOSAGE
11 DESCRIPTION
12 CLINICAL PHARMACOLOGY
13 NONCLINICAL TOXICOLOGY
14 CLINICAL STUDIES
15 REFERENCES
16 HOW SUPPLIED/STORAGE AND HANDLING
17 PATIENT COUNSELING INFORMATION

Selected Sections of the Full Prescribing Information

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
9 DRUG ABUSE AND DEPENDENCE
10 OVERDOSAGE
11 DESCRIPTION
12 CLINICAL PHARMACOLOGY
13 NONCLINICAL TOXICOLOGY
14 CLINICAL STUDIES
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16 HOW SUPPLIED/STORAGE AND HANDLING
17 PATIENT COUNSELING INFORMATION

BOXED WARNING Section[1]

A Boxed Warning is ordinarily used when:

- An adverse reaction (AR) is so serious in proportion to potential benefit
- A serious AR can be prevented or reduced in frequency or severity by appropriate use of drug OR
- Drug can be safely used only if distribution or use is restricted

If you have a Boxed Warning:

- Must include details in WARNINGS AND PRECAUTIONS and/or CONTRAINDICATIONS sections

[1] See 21 CFR 201.57(c)(1) and guidance for industry: *Warnings and Precautions, Contraindications, and Boxed Warning Sections of Labeling for Human Prescription Drug and Biological Products – Content and Format* (October 2011). Available at http://www.ecfr.gov/cgi-bin/text-idx?SID=5408745407b957e41743749a0425e278&mc=true&node=se21.4.201_156&rgn=div8

WARNINGS AND PRECAUTIONS Section (Section 5)

- Include *clinically significant adverse reactions (AR) or risks*
  - Serious
  - Can be prevented or mitigated
  - Reasonable evidence of causality
  - Seriousness of treated condition
  - Incidence of AR
- Include clinically significant AR with unapproved use if drug commonly prescribed for use
- Subsection title for a warning, typically describes AR
  - Instead of “Pregnancy”, use “Embryo-Fetal Toxicity”

WARNINGS AND PRECAUTIONS Section: Components for Describing a Warning[1]

- Description of clinically significant AR or risk
- Risk factors, if known
- Incidence, if known
- Outcome (e.g., sequelae, hospitalization or time to resolution)
- Steps to prevent, reduce, or monitor risk
  - Avoid "use with caution"
- Management strategies if occurs

AR = adverse reactions

[1] See 21 CFR 201.57(c)(6) and guidance for industry: *Warnings and Precautions, Contraindications, and Boxed Warning Sections of Labeling for Human Prescription Drug and Biological Products – Content and Format* (October 2011) Available at http://www.ecfr.gov/cgi-bin/text-idx?SID=5408745407b957e41743749a0425e278&mc=true&node=se21.4.201_156&rgn=div8

ADVERSE REACTIONS Section (Section 6)[1]

- Adverse reactions (AR) are undesirable effects, reasonably associated with the use of a drug, for which there is some basis to believe there is a causal relationship to drug and occurrence of the event
- Typically, includes two subsections:
  - *Clinical Trials Experience* (from premarketing and post-marketing studies)
  - *Postmarketing Experience* (from domestic and foreign spontaneous AR)
- Avoid terms such as "adverse events" and exhaustive lists of events not plausibly related

[1] 21 CFR 201.57(c)(7) and guidance for industry: *Adverse Reactions Section of Labeling for Human Prescription Drug and Biological Products – Content and Format* (January 2006) Available at https://www.fda.gov/media/72139/download

Definitions in DRUG ABUSE AND DEPENDENCE Section[1]

- Abuse is the intentional, non-therapeutic use of a drug, even once, for its desirable psychological or physiological effects.
- Misuse is the intentional use, for therapeutic purposes, of a drug by an individual in a way other than prescribed by a health care provider or for whom it was not prescribed.
- Drug addiction is a cluster of behavioral, cognitive, and physiological phenomena that may include a strong desire to take the drug, difficulties in controlling drug use (e.g., continuing drug use despite harmful consequences, giving a higher priority to drug use than other activities and obligations), and possible tolerance or physical dependence.
- Physical dependence is a state that develops as a result of physiological adaptation in response to repeated drug use, manifested by withdrawal signs and symptoms after abrupt discontinuation or a significant dose reduction of a drug.
- Tolerance is a physiological state characterized by a reduced response to a drug after repeated administration (i.e., a higher dose of a drug is required to produce the same effect that was once obtained at a lower dose).

[1] See draft guidance for industry: *Drug Abuse and Dependence Section of Labeling for Human Prescription Drug and Biological Products – Content and Format* (July 2019) When final this guidance, will represent the FDA's current thinking on this topic.

Controlled Substance Subsection in the DRUG ABUSE AND DEPENDENCE Section[1] (1 of 2)

If a drug is scheduled under the Controlled Substances Act (CSA),[2] the *Controlled Substance* subsection (subsection 9.1) must state that the drug is a controlled substance and identify the schedule. For example:

9 ABUSE AND DEPENDENCE
9.1 Controlled Substance
DRUG-X contains active ingredient-Y, a Schedule II controlled s substance.

[1] 21 CFR 201.57(c)(10) and draft guidance for industry: *Drug Abuse and Dependence Section of Labeling for Human Prescription Drug and Biological Products – Content and Format* (July 2019) When final this guidance, will represent the FDA's current thinking on this topic. Available at https://www.fda.gov/media/128443/download.

[2] The list of all scheduled substances can be found at 21 CFR part 1308 (see https://www.ecfr.gov/current/title-21/chapter-II/part-1308)

Controlled Substance Subsection in the DRUG ABUSE AND DEPENDENCE Section[1] (2 of 2)

- If a drug is not scheduled but there is information about abuse, dependence, or tolerance in the DRUG ABUSE AND DEPENDENCE subsection,[2] the *Controlled Substance* subsection should state that the drug is not controlled.
- For example:

9 ABUSE AND DEPENDENCE
9.1 Controlled Substance
DRUG-X contains active ingredient-Y, which is not a controlled substance.

[1] 21 CFR 201.57(c)(10) and draft guidance for industry: *Drug Abuse and Dependence Section of Labeling for Human Prescription Drug and Biological Products – Content and Format* (July 2019) When final this guidance, will represent the FDA's current thinking on this topic. Available at https://www.fda.gov/media/128443/download.

Abuse Subsection in the DRUG ABUSE AND DEPENDENCE Section[1]

- For drugs associated with abuse, should include abuse definition
- Must state types of abuse that can occur with the drug and the associated adverse reactions
- Must identify susceptible patient populations

9 ABUSE AND DEPENDENCE

…

9.2 Abuse

Abuse is the intentional, non-therapeutic use of a drug, even once, for its desirable psychological or physiological effects. Signs and symptoms of central nervous system stimulant abuse include the following: tachycardia, tachypnea, hypertension, sweating, dilated pupils, hyperactivity, restlessness, insomnia, decreased appetite, tremors, and vomiting. Patients at high risk of DRUG-X abuse include those with a history of prolonged use of products containing active ingredient-Y and those who use DRUG-X in combination with other abused drugs.

[1] 21 CFR 201.57(c)(10) and draft guidance for industry: *Drug Abuse and Dependence Section of Labeling for Human Prescription Drug and Biological Products – Content and Format* (July 2019) When final this guidance, will represent the FDA's current thinking on this topic.

Dependence Subsection in the DRUG ABUSE AND DEPENDENCE Section[1]

- For drugs associated with dependence, should include dependence definition
- Should summarize signs and symptoms of withdrawal after chronic use or abuse of the drug
- Must include principles of treating or mitigating effects of abrupt withdrawal

9 ABUSE AND DEPENDENCE

…

9.3 Dependence

Physical dependence is a state that develops as a result of physiological adaptation in response to repeated drug use, manifested by withdrawal signs and symptoms after abrupt discontinuation or a significant dose reduction of a drug. If DRUG-X is abruptly discontinued in a physically dependent patient, a withdrawal syndrome may occur, typically characterized by restlessness, lacrimation, rhinorrhea, perspiration, chills, myalgia, and mydriasis. Discontinue DRUG-X by gradual taper over a 2-week period to reduce the risk of symptoms of withdrawal *[see Dosage and Administration (2.x)].*

[1] 21 CFR 201.57(c)(10) and draft guidance for industry: *Drug Abuse and Dependence Section of Labeling for Human Prescription Drug and Biological Products – Content and Format* (July 2019) When final this guidance, will represent the FDA's current thinking on this topic.

OVERDOSAGE Section (Section 10) Must Include Following Associated with an Overdosage[1]

- Signs, symptoms, laboratory findings, and complications (e.g., organ toxicity, delayed acidosis)
- Concentrations of drug in biologic fluids associated with toxicity
- Physiologic variables influencing excretion of drug
- Factors that influence dosage response relationship of drug
- Amount of drug in a single dose that is ordinarily associated with symptoms of overdosage
- Amount of drug in a single dose that is likely to be life-threatening
- Whether drug is dialyzable
- Recommended general treatment procedures and specific measures for support of vital functions (e.g., antidotes). Unqualified recommendations for which data are lacking for the specific drug or class of drugs must not be stated).

[1] 21 CFR 201.57(c)(11). Available at https://www.ecfr.gov/current/title-21/chapter-I/subchapter-C/part-201/subpart-B/section-201.57#p-201.57(c)(11)

OVERDOSAGE Section (Section 10): Consider Not Including:

- Information about an unapproved dosage[1] that is not associated with an overdosage because this information may imply or suggest an unapproved dosage regimen. For example:
  - ~~"Doses up to 400 mg have been studied in human volunteers, with no adverse effects reported"~~
- Specific number of spontaneous overdosage cases because the number of overdosage cases may increase over time

[1] For example, dosage greater than the maximum recommended dosage in DOSAGE AND ADMINISTRATION section

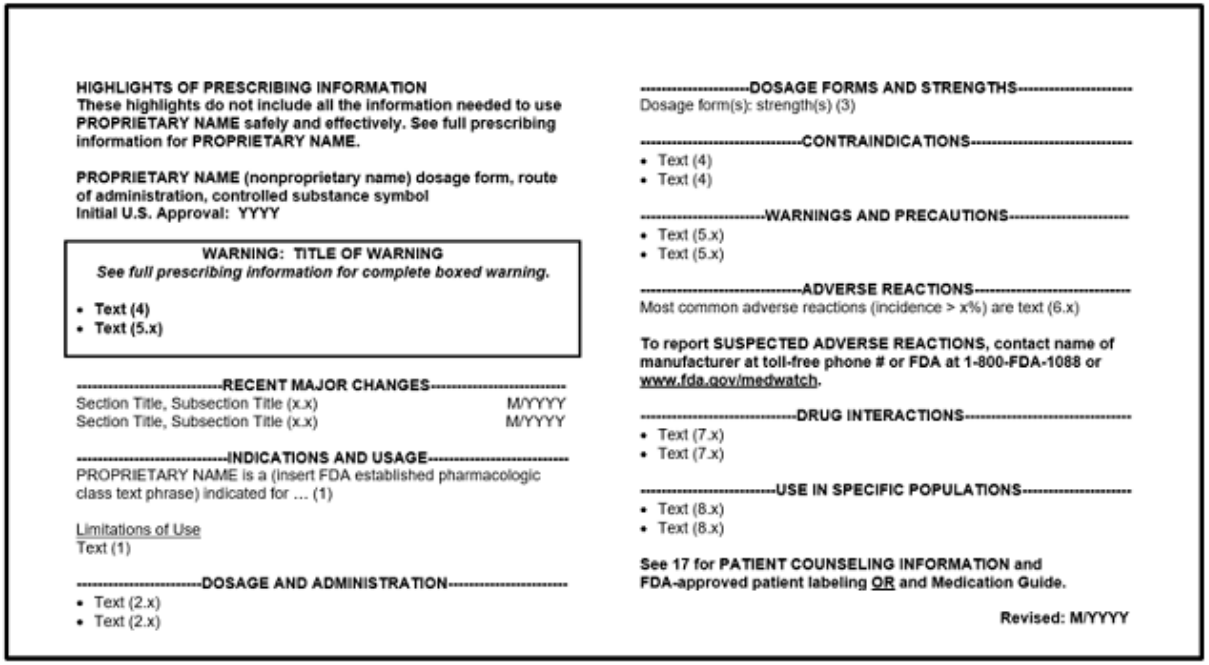
Prescription Drug Labeling Review Resources

Prescription Drug Labeling Resources

Share | Tweet | Linkedin | Email | Print

FDA's *Prescription Drug Labeling Resources* website provides over 150 labeling resources for the Prescribing Information, FDA-approved patient labeling, and/or carton and container labeling for human prescription drugs, including biological products (including over 50 guidances with labeling content) - see Overview of Website.

Highlights of Prescribing Information: Format Sample



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Initial U.S. Approval: YYYY

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

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Section Title, Subsection Title (x.x) M/YYYY

----------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.

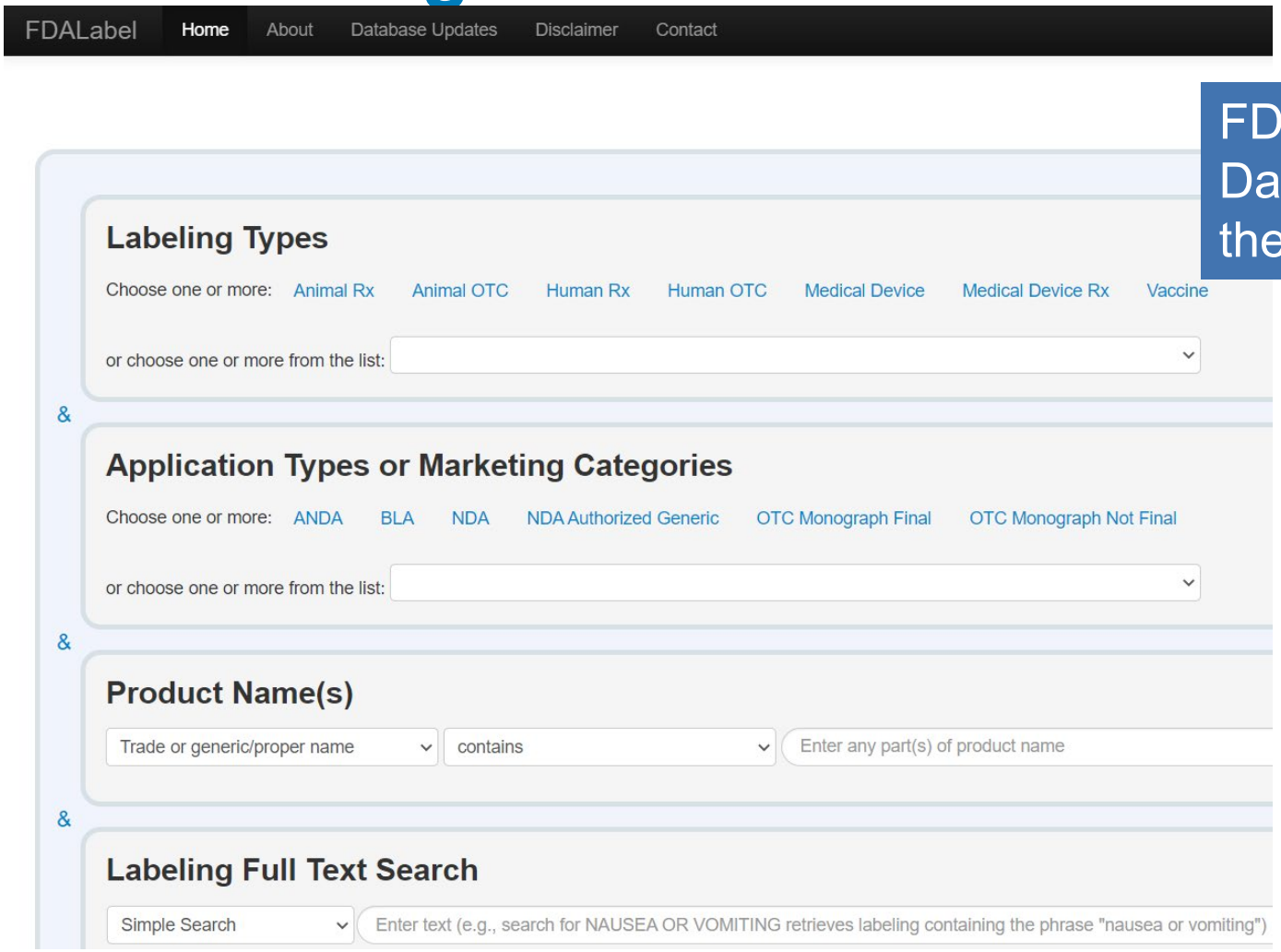
Revised: M/YYYY

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

Drugs@FDA[1]

[1] www.fda.gov/drugsatfda

FDALabel: Full-Text Search of Labeling for Drugs for Human Use[1]



FDALabel and Daily Med have the same data

[1] NCTR's FDALabel searches "in use" labeling (Structured Product Labeling files) of (available at https://nctr-crs.fda.gov/fdalabel/ui/search) for prescription drugs and nonprescription drugs as well as other FDA-regulated products

Questions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