DEPARTM. OF HEALTH & HUMAN SERVICES

Health Service

Food and Drug Administration
Rockville MD 20857

NOV 7 1997

TRANSMITTED VIA FACSIMILE

Ms. Mary Jane Nehring
Director, Marketed Products Support
Worldwide Regulatory Affairs
Schering Corporation
Galloping Hill Road
Kenilworth, NJ 07033

RE: NDA# 18-521
Vancenase (beclomethasone dipropionate) Pockethaler Nasal Inhaler
MACMIS ID # 5889

Dear Ms. Nehring:

This letter concerns promotional materials for Vancenase (beclomethasone dipropionate) Pockethaler Nasal Inhaler (e.g., detail/sales aid brochures VP0704 and VP0708) disseminated by Schering Corporation (Schering). The Division of Drug Marketing, Advertising, and Communications (DDMAC) has reviewed these brochures and determined that they make false and/or misleading comparative claims and lack fair balance and therefore violates the Federal Food, Drug, and Cosmetic Act and its implementing regulations.

Implied Clinical Benefit Based on Comparative Nonclinical Nasal Inhaler Dimension Data

The brochures contain mathematically inaccurate data comparing inhaler dimensions data (i.e., stem diameter or stem length, or height) for Vancenase Pockethaler versus Nasacort (triamcinolone acetonide) Nasal Inhaler and Rhinocort (budesonide) Nasal Inhaler (e.g., "The stem diameter of Vancenase Pockethaler is 52% **smaller** than Rhinocort"; the correct figure is 34% not 52%). Moreover, these comparative claims are misleading by using such nonclinical data to suggest or imply clinical significance, including superiority, when no such clinical significance or advantage has been demonstrated.

Unsubstantiated Efficacy Claim in "9 out of 10 patients"

"A GENTLE, DRY CHOICE FOR ALLERGIC RHINITIS WITH RHINORRHEA, A dry choice for efficacy, aerosol beclomethasone was effective in 9 out of 10 patients in a clinical trial* (footnote* Randomized, double-blind, 12-week study (n=40) followed by a 48-week open phase (n=35)."

The above efficacy claim is not substantiated by data in the cited Knight article because of study deficiencies in design methodology and analysis (e.g., the basis of 4-part "relief of symptom" scale is not identified, the data reported from Table 1 used as the basis of "9 out of 10 patients" efficacy claim should not have included data from the uncontrolled, open label extension of the trial designed to assess safety, the reported data should have used a denominator that reflected the number of answers given not the total number of patients in the trial, and there was no adjustment for multiple endpoints). Moreover, the headline refers to patients with allergic rhinitis while over 75% of patients who completed the trial suffered from non-allergic perennial rhinitis. Finally, even if the study did substantiate the claims, the presentation lacks adequate context to avoid being misleading (e.g., disclosing the placebo comparator and basis of four-point effectiveness scale).

Unsubstantiated Safety Claim
Headline: "A dry choice for safety"

- "In clinical studies using beclomethasone dipropionate intranasally, there was no evidence of adrenal insufficiency"

The unreferenced claim of lack of adrenal insufficiency based on "clinical studies" is an unsubstantiated safety claim. In addition, the claim lacks fair balance given the precautionary language of the approved product labeling. PRECAUTIONS: "Beclomethasone dipropionate is absorbed into the circulation. Use of excessive doses of Vancenase Pockethaler Nasal Inhaler may suppress HPA function." WARNING: "The replacement of a systemic corticosteroid with Vancenase Pockethaler Nasal Inhaler can be accompanied by signs of adrenal insufficiency."

- "Vancenase Pockethaler provides a gentle puff for physicians and patients who prefer an aerosol delivery system"

The "gentle puff" claim is an unsubstantiated subjective claim. Please provide substantiation for this preference data.

Schering should cease its dissemination and use of promotional materials that contain these and similar claims immediately. Schering should respond in writing no later than November 24, 1997. Schering's response should include a list of all similarly violative materials and a description of its method for discontinuing their use.

Schering's response should be directed to the undersigned by facsimile at (301) 594-6771, or at the Food and Drug Administration, Division of Drug Marketing, Advertising and Communications, HFD-40, Rm 17-B-20, 5600 Fishers Lane, Rockville, MD 20857. DDMAC reminds Schering that only written communications are considered official.

In all future correspondence regarding this particular matter, please refer to MACMIS ID #5889 in addition to the NDA number.

Sincerely,

Joan Hankin, JD
Regulatory Review Officer
Division of Drug Marketing,
Advertising, and Communications