DEPARTMENT OF HEALTH & HUMAN SERVICES Public Health Service

Food and Drug Administration
Rockville MD 20857

NDA XX-XXX
NDA XX-XXX

COMPANY
Attention: CONTACT
ADDRESS

Dear ___:

Please refer to your new drug application(s) submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for DRUG NAME, STRENGTH, FORM FOR (EACH NDA NUMBER).

We additionally refer to the February 16-18, 2005, joint meeting of the Arthritis and Drug Safety and Risk Management Advisory Committees to discuss the overall benefit to risk considerations (including cardiovascular (CV) and gastrointestinal (GI) safety concerns) of COX-2 selective and non-selective, non-steroidal anti-inflammatory drugs (NSAIDs) and related agents.

We also refer to FDA's letter dated April 7, 2005, requesting cardiovascular information regarding your drug.

Consistent with recommendations made by the committee members and following a thorough review of the available data, we believe that labeling changes are warranted to include more specific information for practitioners, patients, family members and caregivers about potential risks of CV and GI adverse effects for patients taking NSAIDs. Additionally, we recommend revising the label to include a description of early symptoms associated with Stevens-Johnson Syndrome (SJS) in the **Skin Reactions** section in **WARNINGS**. For additional information regarding these risks, go to www.fda.gov/cder/drug/infopage/cox2/default.htm. On this page you can find links to a number of relevant documents including the decision memo entitled "Analysis and Recommendations for Agency Action - COX-2 Selective and Non-selective NSAIDS."

We request that you revise the following sections of your labeling: **boxed warning, INDICATIONS, CONTRAINDICATIONS, WARNINGS, PRECAUTIONS,** and **DOSAGE AND ADMINISTRATION**

As outlined in 21 CFR 208, please prepare a Medication Guide for all drugs in this therapeutic class, which would replace, if applicable, any patient package insert and will contain consistent language for all drugs in this therapeutic class. We encourage you to make your product available in unit-of-use packaging to facilitate patients receiving the Medication Guide.

Attached are templates with the recommended changes that you are requested to follow in preparing new labeling:

1. NSAID Package Insert Labeling Template (changes noted)
2. Medication Guide for Rx NSAID

We recommend that these precise labeling revisions be submitted to FDA in the form of a "**Supplement - Changes Being Effected**" within 30 days from the date of this letter in accordance with the requirements of 21 CFR 314.70. If you deviate from the attached templates, we advise you to submit a prior approval supplement for our review and comment.

Labeling changes should be implemented within 3 months or at the first printing following the submission of your supplement, whichever comes first.

If you have any questions, call Parinda Jani, Chief Regulatory Project Manager, at (301) 827-7422.

Sincerely,

{See appended electronic signature page}

Bob A. Rappaport, M.D.
Director
Division of Anesthesia, Analgesia,
and Rheumatology Products
Office of Drug Evaluation II
Center for Drug Evaluation and Research

Attachments:

1. NSAIDs Package Insert Labeling Template
2. Medication Guide for Rx NSAIDs