Product Title and Initial U.S. Approval in the Highlights of Prescribing Information for Human Prescription Drug and Biological Products — Content and Format

Guidance for Industry

DRAFT GUIDANCE

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U.S. Department of Health and Human Services
Food and Drug Administration
Center for Drug Evaluation and Research (CDER)
Center for Biologics Evaluation and Research (CBER)

January 2018
Labeling

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Product Title and Initial U.S. Approval in the Highlights of Prescribing Information for Human Prescription Drug and Biological Products — Content and Format Guidance for Industry[1]

This draft guidance, when finalized, will represent the current thinking of the Food and Drug Administration (FDA or Agency) on this topic. It does not establish any rights for any person and is not binding on FDA or the public. You can use an alternative approach if it satisfies the requirements of the applicable statutes and regulations. To discuss an alternative approach, contact the FDA staff responsible for this guidance as listed on the title page.

I. INTRODUCTION

This guidance is intended to assist applicants in complying with certain labeling requirements for human prescription drug and biological products (21 CFR 201.56 and 201.57).[2] This guidance provides recommendations for applicants developing labeling for new drugs and revising labeling for already approved drugs. Specifically, this guidance provides recommendations on the content and format of the product title (21 CFR 201.57(a)(2))[3] and initial U.S. approval (21 CFR 201.57(a)(3)) lines in the Highlights of Prescribing Information (Highlights) as described in 21 CFR 201.57(a). This guidance provides recommendations on the content and format of the product title and year of initial U.S. approval to bring greater consistency to the presentation of these required elements in labeling and to help ensure these elements provide clear and useful information to the reader.

[1] This guidance has been prepared by the Office of New Drugs in the Center for Drug Evaluation and Research in cooperation with the Center for Biologics Evaluation and Research at the Food and Drug Administration.

[2] For purposes of this guidance, unless otherwise specified, references to *drugs* and *drug products* include drugs approved under the Federal Food, Drug, and Cosmetic Act (FD&C Act) and biological products licensed under the Public Health Service Act (PHS Act), other than devices regulated under a biologics license application.

[3] For purposes of this guidance, *product title* is defined as those elements required in 21 CFR 201.57(a)(2) (i.e., drug name(s), dosage form, route of administration, and, if applicable, controlled substance symbol). See the guidance for industry *Labeling for Human Prescription Drug and Biological Products — Implementing the PLR Content and Format Requirements*. There are also numerous other FDA guidances that address labeling, including prescription drug labeling, at https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/ucm065010.htm. We update guidances periodically. To make sure you have the most recent version of a guidance, check the FDA Drugs guidance web page at https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/default.htm.

The recommendations in this guidance apply only to the product title and initial U.S. approval in Highlights and do not apply to other parts of the prescribing information, or other types of labeling (e.g., container and carton labeling). The recommendations in this guidance generally are applicable to biological products (see the Glossary) licensed under the Public Health Service Act (PHS Act), but for some biological products (e.g., vaccines, blood products, allergenic extracts, or cellular and gene therapy products) other approaches may be more appropriate because of those biological products' special characteristics. Applicants for these products should contact the applicable review division to discuss appropriate alternative approaches for complying with 21 CFR 201.57(a)(2).

Lists of dosage form and route of administration terms have been created to assist the reader in selecting proper terminology for use in the product title and other human drug product labeling.[4] These lists are provided in Appendix A, Dosage Form Terms for Use in Human Drug Product Labeling, and Appendix B, Route of Administration Terms for Use in the Product Title. These appendixes will be updated as needed to add new or to revise existing terminology.

In general, FDA's guidance documents do not establish legally enforceable responsibilities. Instead, guidances describe the Agency's current thinking on a topic and should be viewed only as recommendations, unless specific regulatory or statutory requirements are cited. The use of the word *should* in Agency guidances means that something is suggested or recommended, but not required.

II. BACKGROUND

In January 2006, the FDA published a final rule amending the requirements for the content and format of labeling for human prescription drug and biological products.[5] This rule is commonly referred to as the *physician labeling rule* because it addresses prescription drug labeling that is used by physicians and other health care providers.

[4] The FDA identifies a list of drug products approved on the basis of safety and effectiveness in its publication "Approved Drug Products With Therapeutic Equivalence Evaluations," commonly referred to as the *Orange Book*. The Orange Book uses uniform terms to designate dosage forms and routes of administration (those terms are listed in Appendix C of the Orange Book). To the extent that there are differences between the dosage forms and routes of administration provided in this guidance and its appendixes and those listed in the current edition of the Orange Book, the Orange Book terms should be consulted for the purposes of section 505(j) of the FD&C Act and the FDA's implementing regulations (e.g., when determining whether drug products have the same dosage form and route of administration). Additionally, this guidance is not intended to be used in determining what constitutes a separate marketing application for assessing user fees (see the guidance for industry *Submitting Separate Marketing Applications and Clinical Data for Purposes of Assessing User Fees* for details).

[5] See the final rule "Requirements on Content and Format of Labeling for Human Prescription Drug and Biological Products" (71 FR 3922, January 24, 2006).

Under this rule, prescription labeling must contain three sections: Highlights, Full Prescribing Information: Contents, and Full Prescribing Information (21 CFR 201.56(d)(1)). Highlights must contain the drug's proprietary name,[6] nonproprietary name[7] together with any appropriate descriptors, dosage form, route of administration, and the controlled substance symbol, if applicable (21 CFR 201.57(a)(2)). This information follows the Highlights Limitation Statement (21 CFR 201.57(a)(1)) and is referred to as the *product title* in this guidance. Additionally, Highlights must include the year of the initial U.S. approval, which must be placed directly underneath the product title (21 CFR 201.57(a)(3)).

III. SOURCES FOR PRODUCT TITLE TERMINOLOGY

A. Drug Names

1. Proprietary Name

The proprietary name is the exclusive name of a drug product owned by a company under trademark law regardless of registration status with the U.S. Patent and Trademark Office.

2. Nonproprietary Name

a. Nonproprietary name of drug products approved under the Federal Food, Drug, and Cosmetic Act

The nonproprietary name of a drug product approved under the Federal Food, Drug, and Cosmetic Act (FD&C Act) is its *established name* (see the Glossary), which ordinarily will be the United States Pharmacopeia (USP) drug product monograph title for that drug product.[8] If there is no USP monograph for the drug product under review, then the applicant should refer to 21 CFR 299.4(e) (addressing established names for drugs) and the USP nomenclature guidelines as set forth in the USP General Chapter <1121> *Nomenclature* for guidance.[9]

[6] For purposes of this guidance, *proprietary name* refers to both the proprietary name of a drug product and to the trade name of a biological product (see the Glossary). The FDA recognizes that not all products have a proprietary name.

[7] For purposes of this guidance, *nonproprietary name* refers to both the established name of a drug product and to the proper name of a biological product except where indicated (see the Glossary).

[8] See section 502(e)(3) of the FD&C Act; 21 CFR 299.4.

[9] According to the USP Nomenclature Guidelines (http://www.usp.org) that are referenced in General Chapter <1121>, the general format for a drug product monograph title is [DRUG][ROUTE OF ADMINISTRATION][DOSAGE FORM]. Early identification of unique considerations for any of the three components of the monograph title for a drug product is important.

b. Nonproprietary name of biological products licensed under the Public Health Service Act

For biological products licensed under the PHS Act, the nonproprietary name of the product that is to appear in the product title is the product's *proper name*, which is the name designated in the license for use upon each package of the product.[10]

B. Dosage Form

Applicants should refer to the USP as the source for dosage form terminology for use in the nonproprietary name portion of the product title in Highlights.[11] Currently, this information is located in General Chapters <1151> *Pharmaceutical Dosage Forms*, <5> *Inhalation and Nasal Drug Products — General Information and Quality Tests*, and <1121> *Nomenclature*. The existing USP monograph titles for specific drug products also can be used as examples of appropriate dosage form terminology because, in some cases, the monographs for a new dosage form become official before incorporation of that new dosage form in one of the previously mentioned General Chapters.[12] See Appendix A for a list of commonly used dosage form terms. This list was developed using information obtained from the USP General Chapters and monographs. In addition, it includes FDA-recommended terms that have not yet received full endorsement by the USP. To assist the reader, older dosage form terms that are no longer used have been included on the list along with references to currently accepted terminology. If an applicant determines that a term different from any of the examples is appropriate, the applicant is encouraged to initiate discussions with the FDA as soon as possible.

The FDA Data Standards Manual (DSM) should not be used to select terminology for the dosage form of a drug product. The DSM often uses more specific dosage form terminology than is recommended for product title purposes.

C. Route of Administration

When the nonproprietary name does not include the route of administration, a route of administration must be added to the product title in Highlights (21 CFR 201.57(a)(2)) (see section IV.D, Route of Administration). Appendix B lists the most commonly used route of

[10] See 21 CFR 600.3(k).

[11] When there is an applicable USP monograph title for the drug product, applicants must use the monograph title as the source for dosage form terminology for use in the nonproprietary name portion of the product title in Highlights (section 502(e) of the FD&C Act).

[12] Knowledge of the history of USP monographs is important when selecting which monograph titles to use as models. USP notes in the USP Nomenclature Guidelines (http://www.usp.org) that are referenced in General Chapter <1121> that some existing monograph titles do not conform to the formats outlined in <1121> because the monograph titles were adopted before the establishment of the title formats and nomenclature policies set forth in <1121>. USP advises that such monograph titles should not be interpreted as establishing a precedent for other monograph titles.

administration terms for use in the product title in Highlights.[13] This list is derived from the FDA DSM Route of Administration list[14] with minor differences made to create a list for use in the product title. If an applicant determines that a route of administration term different from any of the examples is appropriate, the applicant is encouraged to initiate discussions with the FDA.

D. Controlled Substance Symbol

The controlled substance schedule, and thus its symbol, is assigned by the Drug Enforcement Administration (DEA). As described in 21 CFR parts 1302 and 1308, a drug may be assigned to controlled substance schedule I, II, III, IV, or V.

IV. PRODUCT TITLE CONTENT AND FORMAT

A. Basic Format

The product title must include the drug name(s) (proprietary and nonproprietary), dosage form, route of administration, and, when applicable, controlled substance symbol (21 CFR 201.57(a)(2)).

The entire product title must be in bold print (21 CFR 201.57(d)(5)). The product title should be in the same type face and font size as the rest of Highlights. The product title should be presented as continuous wrapping text to maintain consistency among all approved drug products and to preserve space in Highlights.[15] Abbreviations should be avoided in the product title because they may be misread, increasing the risk of confusion or medication errors.

It should be noted that 21 CFR 201.57(a)(2) does not include the drug product strength as part of the product title. The regulations under 21 CFR 201.57(a)(8) require that the strength appear under the Dosage Forms and Strengths heading in Highlights. Omitting strengths from the product title avoids clutter and redundancy within Highlights (see section V., Items That Should Not Be Included in the Product Title).

[13] Many of the terms in Appendix B are also used when including the route of administration in the nonproprietary name. When there is an applicable USP monograph title for the drug product, applicants must use the monograph title as the source for route of administration terminology for use in the nonproprietary name portion of the product title in Highlights (section 502(e) of the FD&C Act).

[14] http://www.fda.gov/Drugs/DevelopmentApprovalProcess/FormsSubmissionRequirements/ElectronicSubmissions/DataStandardsManualmonographs/ucm071667.htm.

[15] In rare cases, such as for complex product titles, it may be preferable not to wrap the text continuously for clarity. For example, the dosage form and route of administration could be presented on the line beneath the drug name(s).

B. Drug Names

1. General Format

a. Display of the proprietary name

The proprietary name should appear in uppercase letters, regardless of how it is displayed elsewhere (e.g., on the container and carton labeling), to easily identify the drug product and distinguish it from the rest of the product title.

b. Display of the nonproprietary name for nonbiological drug products

The nonproprietary name of a nonbiological drug product should appear in parentheses in lowercase letters.[16] The FDA recommends two options for the placement of the parentheses around the nonproprietary name. The option selected should correspond to the proprietary name that precedes it. Examples provided throughout the guidance illustrate the two different approaches, which are as follows:

(1) If the proprietary name corresponds to a drug product available in a single dosage form, the entire nonproprietary name including the dosage form and, when applicable, the route of administration should be included in the parentheses.

For example:

The drug name "**MYDRUG (drugozide nasal spray)**" indicates that the proprietary name "MYDRUG" is assigned only to the nasal spray dosage form.

(2) If an applicant intends to market other dosage forms of the same active ingredient (see the Glossary) under the same proprietary name, only the reference to the chemical component portion of the nonproprietary name should appear within the parentheses.[17]

For example:

The drug name "**MYDRUG (drugozide) nasal spray**" indicates that the proprietary name "MYDRUG" may be assigned to multiple dosage forms.

c. Display of the nonproprietary (proper) name for biological products

The proper names of biological products typically do not include a route of administration or dosage form. Therefore, the route of administration and/or dosage form should not be located

[16] Exceptions from this approach may be appropriate for certain drug products (lipids, liposomes, and for isotope nomenclature as described in section IV.E., Drug Products With Special Nomenclature Considerations) and for certain accepted scientific terms (e.g., microbiologic nomenclature for a genus or serogroup).

[17] For a nonbiological drug product, the name used for the chemical component (active ingredient or active moiety) is selected based on the recommendations set forth in General Chapter <1121>.

inside the parentheses, as shown in the example in this subsection and subsequent similar examples throughout this guidance, to signify certain characteristics of a drug product.

For example:

MYDRUG (drugimab-cznm) injection, for subcutaneous use

d. Special considerations for nonproprietary names of drug products that contain a salt

Applicants for new salt drug products should consult the General Chapter <1121> discussion of USP's naming policy for such drug products. Under the USP's policy, the titles of USP monographs for drug products formulated with a salt of an acid or base typically use the name of the active moiety (e.g., "**MYDRUG (drugozide) tablets, for oral use**"), rather than the salt form (e.g., "**MYDRUG (drugozide hydrochloride) tablets, for oral use**"). There are exceptions to this general rule if the salt conveys vital clinical information, in which case the nonproprietary name should include the salt.[18] The FDA also recommends that applicants for such drug products consult the relevant review division early in the development process for guidance on the appropriate nonproprietary name for such drug products.

2. Fixed-Combination Drug Products

For purposes of this guidance, a fixed-combination drug product is one in which two or more active ingredients are combined at a fixed dosage in a single dosage form.

For fixed-combination drug products, the word "and" should be used to separate the active ingredients in the nonproprietary name. Slash marks (/) should be avoided because they may be misread, leading to an increased risk of confusion and medication errors.

For example:

MYDRUG (drugozide and drugomycin capsules), for oral use

If there are more than two active ingredients, they should be written following the convention of *a, b, and c*.

For example:

MYDRUG (drugozide, drugomycin, and drugazole) capsules, for oral use

3. Drug Products Without Proprietary Names

If the drug product does not have a proprietary name, the chemical component portion of the nonproprietary name should appear in all uppercase letters to easily identify the subject drug and

[18] See the guidance for industry *Naming of Drug Products Containing Salt Drug Substances.*

distinguish it from the rest of the product title, and the parentheses around the name should be omitted entirely.

For example:

DRUGOZIDE oral solution
DRUGOZIDE tablets, for oral use

C. Dosage Form

1. General Format

The dosage form should appear in all lowercase letters. The plural noun of the dosage form (e.g., lozenges) should be used unless the drug product is supplied only as a single unit (e.g., intravitreal insert).

2. Multiple Dosage Forms

If the labeling discusses multiple dosage forms for a drug product under the same proprietary name, each dosage form should be presented on a separate line for ease of reading.

For example:

MYDRUG (drugozide) tablets, for oral use
MYDRUG (drugozide) oral solution
MYDRUG (drugozide) injection, for intravenous use

3. Dosage Form Descriptors

The descriptors *extended-release* and *delayed-release* are the only terms that should be used, if applicable, when describing a modified-release dosage form (see Appendix A).

For example:

MYDRUG (drugozide) delayed-release capsules, for oral use
MYDRUG (drugozide) for extended-release oral suspension

If a fixed-combination drug product contains active ingredients with a combination of release characteristics, the nomenclature of the product should be based on the following principles:

- A combination of immediate-release and extended-release is referred to as extended-release

- A combination of delayed-release and extended-release is referred to as extended-release

- A combination of immediate-release and delayed-release with at least one active ingredient exhibiting both release characteristics is referred to as extended-release

- A combination of immediate-release and delayed-release with no active ingredient exhibiting both characteristics is referred to as delayed-release

4. Drug Products Requiring Reconstitution

The use of the word "for" before a dosage form term should be used to describe a solid dosage form (e.g., lyophilized powder or granules) that requires reconstitution before administration (see Appendix A).

For example:

MYDRUG (drugozide) for oral suspension
MYDRUG (drugozide) for injection, for intravenous use

5. Injectable Drug Products

The dosage form *injection* should be used for drug products available as solutions that will be injected, regardless of whether or not they need further dilution before administration. The term injection assumes that the drug product is a solution, whereas *for injection* should be used when the drug product is a solid (e.g., lyophilized powder) that must be reconstituted before administration (see Appendix A).[19]

For example:

MYDRUG (drugozide injection), for intravenous use
MYDRUG (drugozide) injectable suspension, for subcutaneous use
MYDRUG (drugozide) for injectable suspension, for intramuscular use

6. Drug Delivery Systems

If the drug product includes a delivery system (e.g., inhaler or pen injector), the system should not be included in the nonproprietary name because the delivery system generally is not part of the dosage form of a drug product. Descriptions of delivery systems should be presented elsewhere in the labeling (e.g., in the DOSAGE AND ADMINISTRATION, DESCRIPTION, and HOW SUPPLIED/STORAGE AND HANDLING sections).

For example:

A drug product with a pen injector for subcutaneous administration should not include the delivery system in the product title (e.g., "**MYDRUG (drugozide) injection, for subcutaneous use**").

[19] See General Chapter <1121> for additional information on the nomenclature of injectable drug products.

The proprietary name of a delivery system can be included in the product title if it is part of the official proprietary name of the drug product, and therefore can appear with the proprietary name.

For example:

MYDRUG NEWHALER (drugozide) inhalation solution, for oral inhalation use

D. Route of Administration

1. General Format

For most dosage forms other than tablets, capsules, and injections, the route of administration usually precedes the dosage form (see Appendix A for recommendations for dosage forms). The route of administration need not be repeated if it precedes the dosage form.

For example:

MYDRUG (drugozide) otic solution
MYDRUG (drugozide nasal spray)

When the dosage form is not preceded by the route of administration, the route should be presented as "for [route] use," preceded by a comma, and should appear in all lowercase letters.

For example:

MYDRUG (drugozide) ointment, for topical use
MYDRUG (drugozide tablets), for oral use

Because the product title cannot address all potential safety concerns and many drug products are administered by a single route, the word "only" should not appear with the route of administration (e.g., for topical use only). However, omitting such descriptors from the product title is not intended to establish a precedent for how route of administration information should be presented elsewhere on the container and carton labeling (see section VI., Product Title and Implications for Container and Carton Labeling) and elsewhere in the prescribing information (e.g., in the DOSAGE AND ADMINISTRATION section).

2. Injectable Drug Products

When the dosage form is an injection, the route of administration should follow the dosage form, preceded by a comma. Abbreviations should be avoided in the product title because they may be misread, increasing the risk of confusion and medication errors. For example, applicants should use the words "intravenous" or "subcutaneous" instead of "IV" or "SC."

For example:

MYDRUG (drugozide) injection, for intramuscular use

3. Multiple Routes of Administration

If a drug product has more than one route of administration, the word "or" should be used to separate two routes. For more than two routes of administration, the convention of *a, b, or c* should be followed.

For example:

MYDRUG (drugozide) injection, for intramuscular, subcutaneous, or intravenous use

4. Intravenous Methods

For drugs that are administered by specific intravenous methods (e.g., intravenous push or intravenous infusion), the route of administration should remain *for intravenous use* because 21 CFR 201.57(a)(2) does not specify methods of administration as an element of the product title. Additional descriptors of the method should be included elsewhere in labeling (e.g., presented prominently under the Dosage and Administration heading in Highlights) to help ensure safe use of the drug. Additionally, container and carton labeling can include such descriptors (e.g., *for intravenous infusion* instead of *for intravenous use*) (see section VI., Product Title and Implications for Container and Carton Labeling).

5. Inhaled Drug Products

Inhaled drug products are unique because the definition of the route of administration term *inhalation* is used for drug products approved for *both* oral and nasal use. Therefore, the precise inhalation route (i.e., *oral inhalation*, *nasal inhalation*, or simply *inhalation* if both uses are approved) should be included in the product title (see Appendix B). This is an exception to the recommendation that the route need not be repeated if it is part of the nonproprietary name (see section IV.D.1., General Format).

For example:

MYDRUG (drugozide) inhalation aerosol, for oral inhalation use
MYDRUG (drugozide) inhalation solution, for inhalation use

E. Drug Products With Special Nomenclature Considerations

1. Infusion Solutions

Premixed drug products for infusion should have nonproprietary names formatted as "[drug] in [vehicle] injection." Examples of names of drug products for infusion as they should appear in the product title are given below.

For example:

MYDRUG (drugozide in dextrose injection), for intravenous use
MYDRUG (drugozide in dextrose and sodium chloride injection), for intravenous use

Premixed drug products for infusion that do not have a proprietary name should be named using the format described under section IV.B.3., Drug Products Without Proprietary Names. For example:

DRUGOZIDE IN DEXTROSE injection, for intravenous use

The strength of the vehicle should not be included in the product title. However, on container and carton labeling, the strength of the vehicle(s) should be stated as if part of the nonproprietary name (e.g., 5% Dextrose Injection, or Dextrose Injection 5%; 5% Dextrose and 0.2% Sodium Chloride Injection, or Dextrose (5%) and Sodium Chloride (0.2%) Injection).

Injectable drug products that are packaged in combination with an infusion solution in a manner that does not allow for separate use of either product and are therefore intended to be mixed together (i.e., admixed) before use should be named using the format for combination products (see section IV.B.2., Fixed-Combination Drug Products). An example of a product title for a dual chamber container that contains a lyophilized powder in one chamber and the infusion solution in another chamber is given below.

For example:

MYDRUG (drugozide for injection and dextrose injection), for intravenous use

For more complicated infusion solutions (e.g., three or more drug products in a closed, multichamber container that is mixed before administration), we encourage applicants to contact FDA review staff to determine the presentation of the product title.

2. Co-Packaged Drug Products

For purposes of this guidance, a co-packaged drug product is a product that contains two or more separate drugs in their final dosage forms that are intended to be used together for a common or related therapeutic purpose and that are contained in a single package or unit.

The dosage forms (and, if applicable as described in this guidance, the route of administration (see section IV.D., Route of Administration)) generally should appear within the nonproprietary name for clarity. Also, for such drug products, a semicolon should be used between the nonproprietary names instead of the word "and" to differentiate co-packaged drug products from fixed-combination drug products. The word "co-packaged" should appear after the nonproprietary names.

The route of administration should be included after the parentheses as recommended in section IV.D., Route of Administration.

For example:

MYDRUG (drugozide tablets; drugomycin capsules), co-packaged for oral use
MYDRUG (drugozide oral solution; drugomycin tablets), co-packaged for oral use

However, if each co-packaged drug product has the route of administration preceding the dosage form, the routes of administration need not be repeated in the product title.

For example:

MYDRUG (drugozide oral solution; drugomycin oral suspension), co-packaged
MYDRUG (drugozide oral solution; drugomycin nasal spray), co-packaged

If the co-packaged drug products have different routes of administration, the routes of administration should be listed in the same order in which the drug products appear within the parentheses, followed by the word "respectively" for clarity.

For example:

MYDRUG (drugozide injectable suspension; drugomycin tablets), co-packaged for intramuscular use and for oral use, respectively

For more complicated co-packaged drug products (e.g., those with more than three drug products), we encourage applicants to contact FDA review staff to determine the presentation of the product title.

For drug products for which the required diluent is enclosed in the package (e.g., a vial containing a lyophilized powder is packaged with a small vial of sterile water for injection to be used in the reconstitution of the powder), the name of the diluent generally should not be included in the product title. For purposes of this guidance, this is not considered a co-packaged drug product or an infusion solution (see section IV.E.1., Infusion Solutions).

3. Lipid Complexes

Applicants should use the general format "[drug] lipid complex type X [dosage form]" when naming a lipid complex drug product.

Applicants should assume that the first lipid complex product approved for a particular drug and dosage form is type A, so the type should not be given (i.e., "type A" should not be included in the labeling). For subsequent drug products of the same drug and dosage form, applicants should list the type and replace "X" sequentially with B, C, D, . . . Z. For generic drugs, the name and type designation should match the reference listed drug (RLD).

For example:

MYDRUG (drugozide lipid complex type B injection), for intravenous use

4. Liposomes

Applicants should use the general format "[drug] liposome type X [dosage form]" or "[drug] pegylated liposome type X [dosage form]" when naming a liposomal drug product.

Applicants should assume that the first liposome product approved for a particular drug and dosage form is type A, so the type should not be given (i.e., "type A" should not be included in the labeling). For subsequent drug products of the same drug and dosage form, applicants should list the type and replace "X" sequentially with B, C, D, . . . Z. For generic drugs, the name and type designation should match the RLD.

For example:

MYDRUG (drugozide liposome type C injection), for intravenous use
MYDRUG (drugozide pegylated liposome injection), for intravenous use

5. Radiopharmaceuticals

a. General format

Radiopharmaceuticals are composed of two parts, a pharmaceutical and a radionuclide (isotope). Applicants should use the general format "[drug][isotope][route of administration][dosage form]" when naming a radiopharmaceutical drug product.[20] When the drug is a salt and both parts of the salt appear in the nonproprietary name (e.g., *radium chloride*), the isotope should immediately follow the name of the radioactive element.

For example:

MYDRUG (urea C 14 capsules), for oral use
MYDRUG (fludeoxyglucose F 18) injection, for intravenous use
MYDRUG (radium Ra 223 chloride) injection, for intravenous use

For radiopharmaceuticals that include a ligand, applicants should use the general nomenclature format of the radiolabeled product "[drug][isotope][ligand][route of administration][dosage form]."

For example:

MYDRUG (technetium Tc 99m oxidronate injection), for intravenous use

[20] Because most radiopharmaceuticals are injections or capsules, the route of administration generally should not be included in the nonproprietary name. The route of administration should follow the radiopharmaceutical name and should be presented as described in section IV.D., Route of Administration.

For radiopharmaceuticals that are created using a kit that contains only a part of the active ingredient and/or for which the radionuclide is obtained from a separate source and added at the time of preparation, the name should be presented as "kit for the preparation of [product nonproprietary name]."

For example:

MYDRUG (kit for the preparation of technetium Tc 99m sestamibi injection), for intravenous use

For a radiopharmaceutical that is intended for ex-vivo radiolabeling with subsequent administration of the labeled drug product, the ultimate route of administration should not be included and should be described elsewhere in labeling. Instead the phrase "for radiolabeling" should appear after the drug product name.

For example:

MYDRUG (indium In 111 oxyquinolone solution), for radiolabeling

b. Radionuclide generator and associated drug product nomenclature

In many cases, a generator is used to produce the radionuclide that is subsequently used as a drug product or mixed with other components to produce a drug product. In these cases, the product title should display a name for both the generator and the final drug product and include the dosage form and route of administration. The following formats should be used to create these different portions of the product title.

- Generator Nomenclature: When a generator is used to produce the radionuclide, applicants should use the general format "[nuclide][isotope] generator."

  For example:

  MYDRUG (rubidium Rb 82 generator)

- Generated Drug Product Nomenclature: The name for the generator should be immediately followed by the phrase "to produce" and the name of the radionuclide that is produced. The salt should be included in this part of the product title when the eluting solution determines what salt is produced. Applicants should use the general format "to produce [drug][isotope]." If a salt is eluted, the placement of the cation or anion portion of the chemical name should follow standard nomenclature rules for chemical substances.

  For example:

  to produce rubidium Rb 82 chloride
  to produce sodium pertechnetate Tc99m

- Dosage Form and Route of Administration: The dosage form and route of administration should follow the name of the produced radionuclide and be presented as described earlier in sections IV.C., Dosage Form, and IV.D., Route of Administration.

In summary, the product title should be composed using the format "PROPRIETARY NAME ([nuclide][isotope] generator) to produce [drug][isotope]."

For example:

MYDRUG (rubidium Rb 82 generator) to produce rubidium Rb 82 chloride injection, for intravenous use
MYDRUG (technetium Tc 99m generator) to produce sodium pertechnetate Tc99m injection, for intravenous use

F. Controlled Substance Symbol

If the DEA issues an interim final rule assigning a controlled substance schedule, the controlled substance symbol must be included in the product title (21 CFR 201.57(a)(2)). The controlled substance symbol should appear at the end of the product title and be preceded by a comma. The symbol should be written as "C" followed by the Roman numeral designating the schedule. As described in 21 CFR 1302.03(c), the Roman numeral may immediately follow "C" or may be preceded by a hyphen (e.g., "CIII" or "C-III").

For example:

MYDRUG (drugozide) extended-release tablets, for oral use, CIV
MYDRUG (drugozide) injection, for intravenous use, C-II

If scheduling of the controlled substance is pending when the application is approved under section 505(c) of the FD&C Act or section 351(a) of the PHS Act, the product title should reflect the pending status of the scheduling action.

For example:

MYDRUG (drugozide) oral solution, [controlled substance schedule pending]

The product title must be updated with the controlled substance symbol after the DEA issues an interim final rule controlling the drug (21 CFR 201.57(a)(2)).[21]

[21] When the DEA issues an interim final rule controlling the drug, a supplement must be submitted to reflect the schedule (21 CFR 314.70 and 21 CFR 601.12(f)).

V. ITEMS THAT SHOULD NOT BE INCLUDED IN THE PRODUCT TITLE

In the interest of consistency, the FDA discourages the following content and/or formatting from being included in the product title in Highlights:

- Drug product origin (e.g., synthetic, natural, or rDNA) unless it is required by regulation, it is part of the established name or proper name, or it is clinically relevant for the prescriber (e.g., human).[22] (Important information on drug product origin can appear elsewhere in labeling (e.g., in the DESCRIPTION section).)

- Slash (/) marks when displaying the name of combination products (see section IV.B.2., Fixed-Combination Drug Products).

- Additional descriptors (e.g., *single-dose vial* or *film-coated*).

- Methods of intravenous administration (e.g., *infusion*, *bolus*, or *push*) (see section IV.D.4., Intravenous Methods).

- Dosage strength (e.g., *drugozide ointment, 0.05%*) (see section IV.A., Basic Format) (exceptions may be appropriate (e.g., for intravenous immunoglobulins or albumin biological products that are available in multiple strengths)).

- Inactive ingredients or lack thereof (e.g., *alcohol-free*).

- Abbreviations (e.g., IV for intravenous or HCl for hydrochloride) (see section IV.A., Basic Format).

- Embedded graphics (see section IV.F., Controlled Substance Symbol).

- Storage conditions (e.g., room temperature or frozen).

The following words should not be used in the product title in Highlights:

- "USP" as part of the nonproprietary name in the product title in Highlights (as distinct from use on container or carton labeling)

- "Concentrate" for drug products requiring dilution before administration (see Appendix A)[23]

[22] For example, 21 CFR 640.80 requires the inclusion of the word "human" for albumin biological products.

[23] There are a few historical exceptions. For example, USP retains "concentrate" in Potassium Chloride for Injection Concentrate and several other legacy drug products for various reasons.

- "Powder" as a dosage form for drug products requiring reconstitution before administration (see section IV.C.4., Drug Products Requiring Reconstitution, section IV.C.5., Injectable Drug Products, and Appendix A)

- "Solution" as a dosage form for injectable drug products (see Appendix A)

- "Drops" as a dosage form for ophthalmic or otic suspensions and solutions (see Appendix A)

- "Kit" (except when the marketed drug product does not contain the active ingredient (see section IV.E.5., Radiopharmaceuticals, and Appendix A))

- "Only" (e.g., for topical use only) (see section IV.D.1., General Format)

VI. PRODUCT TITLE AND IMPLICATIONS FOR CONTAINER AND CARTON LABELING

The drug product information in the product title and on the container and carton labeling should be as consistent as possible. We acknowledge the following differences that may exist between the product title in Highlights and the container and carton labeling:

- The proprietary name in the product title in Highlights should be presented in uppercase letters even if the proprietary name on the container and carton labeling is presented in a different manner.

- The placement of the elements of the product title (e.g., controlled substance symbol) may occasionally vary between the container and carton labeling and the product title in Highlights.

- Although all elements of a product title in Highlights should be presented on one line as space permits, dosage form and route of administration information can be presented beneath the drug or biological product name on container and carton labeling.

- Abbreviations for salts (e.g., HCl for hydrochloride) are appropriate for use on container and carton labeling provided their use is consistent with USP's labeling requirements.[24]

- Generally, the strength of the drug product does not appear in the product title in Highlights, but appears elsewhere in the prescribing information and on container and carton labeling.[25]

[24] See USP General Chapter <7> *Labeling* for additional information on labeling of drug products.

[25] For example, see 21 CFR 201.57(a)(8), 21 CFR 201.57(c)(4), 21 CFR 201.100(b)(4), 21 CFR 610.60, and 21 CFR 610.61.

- Route of administration information may differ between the container and carton labeling and the product title in Highlights. For example:

  – When important for patient safety, the word "only" may appear with the route of administration (e.g., For topical use only) on the container and carton labeling, and elsewhere in the prescribing information, but should not be in the product title.

  – Methods of intravenous administration (e.g., intravenous infusion) may be on the container and carton labeling, but such terms should not be in the product title.

VII. INITIAL U.S. APPROVAL

On the line immediately beneath the product title, the verbatim statement "**Initial U.S. Approval**" must be displayed, followed by a colon and the four-digit year in which the FDA initially approved the new molecular entity (NME),[26] the new biological product,[27] or the new combination of active ingredients (21 CFR 201.57(a)(3)). The statement must be in bold print (21 CFR 201.57(d)(5)). Applicants should not list multiple years or add footnotes in Highlights regarding the year of initial U.S. approval. Applicants should consider the following items when identifying the year of the initial U.S. approval in draft labeling and should contact the FDA if other concerns arise.

A. Active Moiety

For a drug product that is not a biological product and that contains only a single active moiety (see the Glossary), the initial U.S. approval is the year in which the first drug product containing that active moiety was approved, regardless of dosage form.

For example*:*

If the active moiety *drugozide* was originally approved as the NME *drugozide hydrochloride*, any subsequent product containing *drugozide* (e.g., *drugozide hydrobromide* or *drugozide* as a free base) should use the year of approval of *drugozide hydrochloride* when selecting the year of initial U.S. approval.

B. Multiple Dosage Forms

Multiple years should not be listed for drug products with multiple dosage forms approved in different years. The initial U.S. approval should be the year of first approval of the NME, new biological product, or new combination of active ingredients regardless of dosage form, even if

[26] In some cases, a prodrug may be considered an NME. Applicants should contact the FDA to determine if a prodrug meets the criteria to be considered an NME for the purposes of selecting the year of initial U.S. approval.

[27] For biosimilar products, see the draft guidance for industry *Labeling for Biosimilar Products*. When final, this guidance will represent the FDA's current thinking on this topic.

the labeling does not refer to the older formulation(s). Differences in indications or dosing do not affect the year of initial U.S. approval.

C. Fixed-Combination Drug Products and Co-Packaged Drug Products

For fixed-combination drug products, the novelty of the combination is the determining factor for the initial U.S. approval. For example, if a fixed-combination drug product contains components that have each been previously approved individually, then the initial U.S. approval should be the year of the approval of the combination. Likewise, if a fixed-combination drug product contains at least one component that has not previously been approved, then the initial U.S. approval should be the year of the approval of the combination, regardless of the date of approval of other previously approved components. The same approach applies to co-packaged drug products.

D. Controlled Substances

In the case of an NME, new biological product, or new combination of active ingredients for which the Department of Health and Human Services recommends controls under the Controlled Substances Act, the year of initial U.S. approval comes from the "date of approval" determined under section 505(x) of the FD&C Act for new drug applications (NDAs) and under section 351(n) of the PHS Act for 351(a) biologics license applications (BLAs).[28]

If scheduling of the controlled substance is pending when the application is approved under section 505(c) of the FD&C Act or section 351(a) of the PHS Act, the initial U.S. approval in the Highlights should reflect the pending status of the scheduling action.

For example:

Initial U.S. Approval: [pending controlled substance scheduling]

Highlights must be updated with the year of initial U.S. approval corresponding to the year in which the DEA issues an interim final rule controlling the drug (21 CFR 201.57(a)(3)).[29]

E. Racemates

If a drug product is to be approved containing only one enantiomer of an already approved racemate drug product, the year for the new drug product should be that of the racemate because the individual enantiomer has already been approved as part of the racemate. The nonproprietary name of the originally approved racemate can be included in parentheses.

[28] For affected applications approved after November 25, 2015 (the date that these subsections were added to the respective statutory provisions), the "date of approval" is the later of: (1) the date the application is approved; or (2) the date that the DEA issues an interim final rule controlling the drug. For applications approved before November 25, 2015, the "date of approval" is the date of the FDA approval letter for the NDA or BLA.

[29] When the DEA issues an interim final rule controlling the drug, a supplement must be submitted to reflect the year of initial U.S. approval (21 CFR 314.70 and 21 CFR 601.12(f)).

For example:

If the drug product MYDRUG (esdrugozide) capsules is approved any time after the racemic mixture drug product's approval in 1998, the line should read, "**Initial U.S. Approval: 1998 (drugozide)**."

Additional information identifying the drug product components can be included in the DESCRIPTION section of the prescribing information.

F. Drug Efficacy Study Implementation Drugs

For a drug efficacy study implementation (DESI) drug, the initial U.S. approval should be the year of the original approval of the NME, not the year of the postapproval DESI update.

G. Approval of Previous Marketed Unapproved Drugs

For marketed unapproved drugs for which an NDA is later submitted and approved, the initial U.S. approval should be the year of the first NDA approval for the "new molecular entity, new biological product, or new combination of active ingredients."[30] For marketed unapproved fixed-combination drug products, see section VII.C., Fixed-Combination Drug Products and Co-Packaged Drug Products.

H. Previously Approved Drug Product Reintroduced Into Market

When a previously approved drug product is removed from the market for any reason and subsequently reintroduced, the initial U.S. approval should be the year of the original approval of the "new molecular entity, new biological product, or new combination of active ingredients."[31] For previously approved fixed-combination drug products, see section VII.C., Fixed-Combination Drug Products and Co-Packaged Drug Products

[30] See 21 CFR 201.56(a)(3).

[31] See id.

GLOSSARY

Active ingredient: An active ingredient is "any component that is intended to furnish pharmacological activity or other direct effect in the diagnosis, cure, mitigation, treatment, or prevention of disease, or to affect the structure or any function of the body of man or other animals. The term includes those components that may undergo chemical change in the manufacture of the drug product and be present in the drug product in a modified form intended to furnish the specified activity or effect."[32]

Active moiety: Active moiety is "the molecule or ion, excluding those appended portions of the molecule that cause the drug to be an ester, salt (including a salt with hydrogen or coordination bonds), or other noncovalent derivative (such as a complex, chelate, or clathrate) of the molecule, responsible for the physiological or pharmacological action of the drug substance."[33]

Biological product: A biological product is "a virus, therapeutic serum, toxin, antitoxin, vaccine, blood, blood component or derivative, allergenic product, protein (except any chemically synthesized polypeptide) or analogous product, or arsphenamine or derivative of arsphenamine (or any other trivalent organic arsenic compound), applicable to the prevention, treatment, or cure of a disease or condition of human beings."[34]

Established name:[35] As defined in the FD&C Act, "the term 'established name,' with respect to a drug or ingredient thereof, means (A) the applicable official name designated pursuant to section 508, or (B) if there is no such name and such drug, or such ingredient, is an article recognized in an official compendium [see definition below], then the official title thereof in such compendium, or (C) if neither clause (A) or clause (B) of this subparagraph applies, then the common or usual name, if any of such drug or such ingredient, except that where clause (B) of this subparagraph applies to an article recognized in the United States Pharmacopeia and in the Homeopathic Pharmacopoeia under different official titles, the official title used in the United States Pharmacopeia shall apply unless it is labeled and offered for sale as a homeopathic drug, in which case the official title used in the Homeopathic Pharmacopoeia shall apply."[36]

New molecular entity: A new molecular entity is an active ingredient that contains no active moiety that has been previously approved by the FDA in an application submitted under section 505 of the FD&C Act or has been previously marketed as a drug in the United States.

Nonproprietary name: A name unprotected by trademark rights that is in the public domain. It may be used by the public at large, both lay and professional.

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[32] See 21 CFR 314.3(b).

[33] See 21 CFR 314.3(b).

[34] See section 351(i)(1) of the PHS Act.

[35] The nonproprietary name used in the product title for nonbiological drug products is the established name.

[36] See section 502(e)(3) of the FD&C Act.

Official compendium: Official compendium is defined in the FD&C Act as "the official United States Pharmacopoeia, official Homoeopathic Pharmacopoeia of the United States, official National Formulary, or any supplement to any of them."[37]

Product title: The product title of a drug product consists of the drug names, dosage form, route of administration, and controlled substance symbol (if applicable).[38]

Proper name: For biological products, the proper name means "the name designated in the license for use upon each package of the product."[39]

Proprietary name: The exclusive name of a drug product owned by a company under trademark law regardless of registration status with the Patent and Trademark Office.

[37] See section 201(j) of the FD&C Act.

[38] See 21 CFR 201.57(a)(2).

[39] See 21 CFR 600.3(k); the nonproprietary name used in the product title for biological products is the proper name.

APPENDIX A: DOSAGE FORM TERMS FOR USE IN HUMAN DRUG PRODUCT LABELING

The following list of dosage forms has been created to assist the reader in selecting the proper dosage form terminology for use in the nomenclature of human drug products.

The basic dosage form terms appear along the left margin. Examples of how the basic dosage form terms are used when combined with other modifiers and/or routes of administration are provided as indented text.

- A **bolded and underlined** term means both the FDA and the United States Pharmacopeia (USP) recommend use of the term

- A **bolded** term means the FDA recommends use of the term

- An underlined term means USP recommends use of the term

- A term neither bolded nor underlined means the term is a nonpreferred term

- *Italicized* examples are the subject of discussion between the FDA and USP

Dosage form terms that appear only in bolded or underlined print are being discussed by the FDA and USP and represent terminology that may be changed at a later date. If the term is neither bolded nor underlined, then the term is a nonpreferred term and the reader is directed to preferred terminology. In some cases, USP monographs using nonpreferred terms still exist. However, these older, noncompliant terms found in monographs should not be cited as a precedent for future use of the dosage form terms.

Indented beneath the basic dosage form term is a list of examples of how the dosage form term has been used in the nomenclature of drug products. Although an attempt has been made to make a complete list of all currently used route of administration/dosage form formats, it is recognized that new formats are created as new dosage forms or drug products with new routes of administration are developed. These examples often demonstrate how a route of administration is (or is not) used in association with the dosage form when creating a drug product nonproprietary name. There are also examples in which the dosage form includes an additional term that specifies that the release of the drug product has been modified.

The use of the word "for" before a dosage form term is used to describe a solid dosage form (e.g., lyophilized powder or granules) that requires reconstitution before administration. The plural noun of the dosage form (e.g., lozenges) should be used unless the drug product is supplied only as a single unit (e.g., intravitreal insert).

If an applicant determines that a format different from any of the examples is appropriate, the FDA encourages the applicant to initiate discussions with the FDA as soon as possible.

930 For biological products, applicants are encouraged to initiate discussions with the FDA on
931 selection of dosage form terminology.

Terminology

Aerosol

Aerosols are packaged under pressure. All aerosols are assumed to be metered except topical aerosols. Topical aerosols are assumed not to be metered unless labeling indicates they are metered.

inhalation aerosol — assumed to be for oral inhalation
lingual aerosol
nasal aerosol
topical aerosol

Bead — not preferred, see "Pellet"

Caplet — not preferred, see "Tablet"

Capsule

Capsules are assumed to be oral.
Note: In the past, the terminology "vaginal capsules" was used, but these drug products are now referred to as "vaginal inserts."

capsules
delayed-release capsules
extended-release capsules

Collodion — not preferred, see "Solution"
Note: Collodion is reserved for pyroxilin in alcohol and ether.

Concentrate — not preferred term for human drug products, see the appropriate dosage form (e.g., "Solution" or "Suspension")
Note: USP General Chapter <1121> *Nomenclature* refers to the USP Nomenclature Guidelines that currently restrict the use of "concentrate" to drug substances that are not intended for direct administration.

Cream

A cream is a semisolid emulsion dosage form. It is assumed to be topical unless otherwise specified.

cream
vaginal cream

Drop — not preferred, see the appropriate dosage form (e.g., "Solution" or "Suspension")

Elixir — not preferred, see "Solution"

Emulsion

Emulsion is used as a dosage form term only when a more specific term (e.g., cream, lotion, ointment) is not applicable.

ophthalmic emulsion
oral emulsion
topical emulsion — not preferred, see "Lotion"
see also "Injection" for injectable emulsion

Film

A film is a thin sheet of material.

buccal film
oral film
sublingual film

Foam

topical foam
see also "Injection" for injectable foam

Gas

The name of the specific gas should be used without the use of the term "gas."

medical air
oxygen

Gel

dental gel
nasal gel
ophthalmic gel
oral gel
periodontal gel
topical gel
vaginal gel

Gels

chewable gels

Granule

This term should be used when the drug product is administered as granules. For granules that are reconstituted to make the administered dosage form, the word "for" should be inserted in front of the route of administration and dosage form. For example: In the case of

granules that are reconstituted to make an oral solution, the appropriate nomenclature would be "[DRUG] for oral solution."

oral granules

Gum

Gum

Implant

Implants are inserted into the body often using a special injector or by surgical incision. As with injections, the specific route of administration typically is not included in the nonproprietary name unless there is only a single anatomical location for the implant.

implant(s)
intravitreal implant

Inhalant

The FDA and USP need to have further discussion regarding this dosage form.

inhalant(s)

Inhalation — not preferred, see the appropriate dosage form (e.g., "Solution" or "Suspension")

Health care providers often use the term "inhalation" as a dosage form when it is actually a method of administration. Inhaled drug products are administered orally with the use of a nebulization system or an external nebulizer. "Sterile water for inhalation" is the only drug product that uses "inhalation" as the dosage form.

Injection

For injections, the route should not be included in the nonproprietary name. The specific route of administration (e.g., intramuscular, subcutaneous) appears elsewhere.

injection
for injection
extended-release injection
injectable emulsion
injectable foam
injectable suspension
for injectable suspension
extended-release injectable suspension (The USP Nomenclature, Safety and Labeling Expert Committee voted to adopt this terminology, but the terminology has not yet become official in the United States Pharmacopeia-National Formulary (USP-NF).)
for extended-release injectable suspension (The USP Nomenclature, Safety and Labeling Expert Committee voted to adopt this terminology, but the terminology has not yet become official in the USP-NF.)

for injection concentrate (Currently reserved for "potassium chloride for injection concentrate." This terminology is restricted for use with only this drug product by the USP Nomenclature Guidelines that are referenced in General Chapter <1121>. Therefore, it may not be used for another drug product unless the FDA and USP agree its use is appropriate.)
see also "Lipid Complex" and "Liposome"

Drug products for infusion have monograph titles based on the following general format:

[drug] in [vehicle] injection

Specific examples of formats that currently appear in the USP are shown below. The concentration of the vehicle(s) named in the official title is/are stated as if part of the official title (e.g., "dextrose injection 5%," or "dextrose (5%) and sodium chloride (0.2%) injection") on the container label and carton labeling, but not on the product title line.

in dextrose injection
in dextrose and sodium chloride injection
in lactated ringer's and dextrose injection
in sodium chloride injection

Insert

Note: Inserts are inserted into a naturally occurring body cavity other than the mouth or rectum. See "Suppository" for drug products inserted into the rectum.

urethral inserts
vaginal inserts

Irrigation

Irrigation is a sterile solution intended to bathe or flush open wounds or body cavities. Irrigations are used to rinse body surfaces other than the mouth. There is a need to carefully differentiate among related terms (e.g., irrigation, rinse, and solution). The route of administration typically is not included in the nonproprietary name unless there is a highly specific route.

irrigation
for irrigation
intraocular irrigation

Jelly — not preferred, see "Gel"

Kit — not a dosage form

Lipid Complex

A lipid complex is not a dosage form. However, it has been included in this list to assist the user in developing proper nomenclature for drug products that are lipid complexes. The general nomenclature format is:

[drug] lipid complex type X [dosage form]

The drug name and dosage form replace the brackets. Applicants should assume that the first lipid complex product approved for a particular drug and dosage form is type A, so the type should not be given (i.e., "type A" should not be included in the labeling). For subsequent drug products of the same drug and dosage form, applicants should list the type and replace "X" sequentially with B, C, D, . . . Z.

Liposome

A liposome is not a dosage form. However, it has been included in this list to assist the user in developing proper nomenclature for liposomal drug products. The general nomenclature format is:

[drug] liposome type X [dosage form]

Or

[drug] pegylated liposome type X [dosage form]

The drug name and dosage form replace the brackets. Applicants should assume that the first liposome product approved for a particular drug and dosage form is type A, so the type should not be given (i.e., "type A" should not be included in the labeling). For subsequent drug products of the same drug and dosage form, applicants should list the type and replace "X" sequentially with B, C, D, . . . Z.

Liquid

A liquid is a dosage form consisting of a pure chemical in its liquid state. This dosage form should not be applied to solutions. Typically, the term "liquid" is not used in drug product nonproprietary names. Rare exceptions may be permitted (e.g., oral liquid).

Lotion

A lotion is an emulsion, liquid dosage form. It is assumed to be topical.

lotion

Lozenge

A lozenge is assumed to be oral.

lozenges

Mouthwash — not preferred, see "Rinse"

Ointment

An ointment is assumed to be topical unless otherwise specified. If multiple routes are approved (e.g., topical and rectal), no route is associated with the dosage form term (e.g., ointment). The route should be included only if it is the sole approved nontopical route (e.g., ophthalmic ointment).

ointment
nasal ointment
ophthalmic ointment

Paste

A paste is assumed to be topical unless otherwise specified.

paste
dental paste
oral paste

Patch — not preferred for use in nonbiologic drug product nomenclature, see "System"

Note: This term has been used historically for allergen patch test products.

Pellet

See also "Implant"; many pelletized dosage forms are implants. The FDA and USP need to have further discussion concerning this dosage form.

pellets
oral pellets

Pill — not preferred, see "Tablet" or "Capsule"

Note: Pill is reserved for a solid, spherical dosage form usually prepared by a wet massing, piping, and molding technique.

Plaster — not preferred

Pledget — not preferred, see "Swab"

Powder

This term is used when the drug product is administered as a powder. For a powder that is reconstituted to make the administered dosage form, the word "for" should be inserted in front of the route of administration and dosage form. For example: In the case of a powder that is reconstituted to make an oral solution, the appropriate terminology would be "[DRUG] for oral solution."

inhalation powder — assumed to be for oral inhalation
nasal powder — used topically in the nose
nasal inhalation powder — used for powder inhaled through the nose

oral powder
topical powder

Rinse

This term is reserved for drug products that are used to rinse the mouth, then expectorated. Use "Irrigation" for other routes of administration when the solution is used for rinsing.

rinse

Shampoo

A shampoo is assumed to be topical.

shampoo

Soap

A soap is assumed to be topical.

soap

Solution

inhalation solution
for inhalation solution — a powder that is reconstituted to make an inhalation solution
intraocular solution
intravesical solution
nasal solution — for local application to the nasal passages. A nasal solution will be assumed not to be metered unless labeling indicates that it is metered.
ophthalmic solution
for ophthalmic solution
oral solution
for oral solution
for effervescent oral solution
otic solution
for otic solution
rectal solution
solution — may appear without a route in unique circumstances such as when the solution is either: (1) for ex-vivo use (e.g., to radiolabel blood cells that subsequently will be readministered to a patient); or (2) labeled for both oral and rectal administration, where it would be misleading as either oral solution or rectal solution.[40]
solution for inhalation — a solution that has to be diluted before it is administered
topical solution
for topical solution

[40] The FDA text differs from the USP text because the USP text also addresses the development of titles for disinfectants that are not regulated as drug products.

see also "Injection," "Inhalation," "Irrigation," "Rinse," "Shampoo," "Soap," and "Spray"

Spirit — not preferred, see "Solution"

Spray

Sprays are nonpressurized dosage forms. All sprays are assumed to be metered except the topical sprays. Topical sprays are assumed not to be metered unless labeling indicates they are metered.

inhalation spray — assumed to be for oral inhalation
lingual spray
nasal spray
oral spray
topical spray

Strip — used only for diagnostic drug products, otherwise not preferred, see "Film"

Suppository

This term is reserved for drug products inserted into the rectum. See "Insert" for drug products inserted into other body cavities.

suppositories

Suspension

inhalation suspension
ophthalmic suspension
for ophthalmic suspension
oral suspension
delayed-release oral suspension
extended-release oral suspension
for oral suspension
for delayed-release oral suspension
for extended-release oral suspension
otic suspension
for otic suspension
rectal suspension
suspension — may appear without a route in unique circumstances such as when the suspension is either: (1) for ex-vivo use (e.g., to radiolabel blood cells that subsequently will be readministered to a patient); or (2) labeled for both oral and rectal administration, where it would be misleading as either oral suspension or rectal suspension.[41]
suspension for inhalation — a suspension that has to be diluted before it is administered

[41] The FDA text differs from the USP text because the USP text also addresses the development of titles for disinfectants that are not regulated as drug products.

topical suspension
for topical suspension
see also "Injection," "Inhalation," "Irrigation," "Rinse," "Shampoo," "Soap," and "Spray"

Swab

A swab is assumed to be topical unless otherwise specified. The FDA and USP need to have further discussion regarding this dosage form.

swabs

Syrup — not preferred, see "Solution" or "Suspension"

System

This term is used for a drug-containing delivery system that controls the release rate of the drug product from the system by diffusion kinetics, active transport, or other means. The activity is defined in terms of the release rate of the active ingredient(s) from the system over a stated period of time. The rate of release and the total duration of drug release typically appear on the drug product and on the container label and carton labeling, but not on the product title line.

intrauterine systems
ocular systems
oral mucosal systems
periodontal systems
topical systems
transdermal systems
iontophoretic transdermal systems
vaginal systems

Tablet

Note: In the past, the terminology "vaginal tablets" was used, but these drug products are now referred to as "vaginal inserts."

tablets
buccal tablets
chewable tablets — only if the tablet MUST ALWAYS be chewed; if it MAY be chewed, use "tablets"
delayed-release tablets
extended-release tablets
orally disintegrating tablets
delayed-release orally disintegrating tablets
sublingual tablets
tablets for oral solution
effervescent tablets for oral solution — A special type of tablet that is intended to be dissolved in water before administration. It contains mixtures of acids (e.g., citric

acid, tartaric acid) and carbonates and/or hydrogen carbonates, and upon contact with water it releases carbon dioxide.

tablets for topical solution

tablets for oral suspension

Tape — not preferred

Tincture — not preferred, see "Solution"

Troche — not preferred, see "Lozenge"

APPENDIX B: ROUTE OF ADMINISTRATION TERMS FOR USE IN THE PRODUCT TITLE

The following table lists the most commonly used route of administration terms for use in the product title. This list is derived from the FDA Data Standards Manual Route of Administration list with minor differences made to create a list that is appropriate for use in the product title. If an applicant determines that a route of administration term different from any of the examples is appropriate, the applicant is encouraged to initiate discussions with the FDA.

Name	Definition
Buccal	Administration directed toward the cheek, generally from within the mouth
Dental	Administration to a tooth or teeth
Endocervical	Administration within the canal of the cervix uteri
Endotracheal	Administration directly into the trachea
Enteral	Administration directly into the intestines
Epidural	Administration on or over the dura mater
Extracorporeal (For certain radiopharmaceuticals, it may be appropriate to use the phrase "for radiolabeling" instead of the route of administration "extracorporeal."	Administration outside of the body
Hemodialysis	Administration through hemodialysate fluid
Infiltration	Administration that results in substances passing into tissue spaces or into cells
Inhalation	Administration within the respiratory tract by inhaling orally **and** nasally for local or systemic effect (For purposes of the product title, this term is reserved for drug products that can be administered both orally and nasally (see also ORAL INHALATION and NASAL INHALATION).)
Interstitial	Administration to or in the interstices of a tissue
Intra-abdominal	Administration within the abdomen

continued

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Name	Definition
Intra-amniotic	Administration within the amnion
Intra-arterial	Administration within an artery or arteries
Intra-articular	Administration within a joint
Intrabiliary	Administration within the bile, bile ducts, or gallbladder
Intrabronchial	Administration within a bronchus
Intrabursal	Administration within a bursa
Intracardiac	Administration within the heart
Intracaudal	Administration within the cauda equina
Intracavernous	Administration within a pathologic cavity, such as occurs in the lung in tuberculosis
Intracorneal	Administration within the cornea (the transparent structure forming the anterior part of the fibrous tunic of the eye)
Intradermal	Administration within the dermis
Intradiscal	Administration within a disc
Intraductal	Administration within the duct of a gland
Intragingival	Administration within the gingivae
Intralesional	Administration within or introduced directly into a localized lesion
Intramuscular	Administration within a muscle
Intraocular	Administration within the eye
Intrapericardial	Administration within the pericardium
Intraperitoneal	Administration within the peritoneal cavity
Intrapleural	Administration within the pleura
Intrasynovial	Administration within the synovial cavity of a joint
Intratesticular	Administration within the testicle

1357 *continued*

1358 *continued*

Name	Definition
Intratympanic	Administration within the auris media
Intrauterine	Administration within the uterus
Intravenous	Administration within or into a vein or veins
Intravesical	Administration within the bladder
Intravitreal	Administration within the vitreous body of the eye
Nasal	Administration to the nose; administered by way of the nose
Nasal inhalation	Administration by way of the nose for local or systemic effect (see INHALATION)
Ophthalmic	Administration to the external eye
Oral	Administration to or by way of the mouth
Oral inhalation	Administration by way of the mouth and intended for delivery to the respiratory tract for local or systemic effect (see INHALATION)
Oropharyngeal	Administration directly to the mouth and pharynx
Otic	Administration to or by way of the ear
Periodontal	Administration around a tooth
Rectal	Administration to the rectum
Retrobulbar	Administration behind the pons or behind the eyeball
Soft tissue	Administration into any soft tissue
Subarachnoid	Administration beneath the arachnoid
Subconjunctival	Administration beneath the conjunctiva
Subcutaneous	Administration beneath the skin; hypodermic
Sublingual	Administration beneath the tongue
Topical	Administration on the outer surface of the body (For purposes of the product title, this term applies to products with either local or systemic effect.)

1359 *continued*

1360 *continued*

Name	Definition
Transdermal	Administration through the dermal layer of the skin to the systemic circulation by diffusion (For purposes of the product title, this term applies to delivery systems that are applied to the skin.)
Transmucosal	Administration across the mucosa
Transtracheal	Administration through the wall of the trachea
Urethral	Administration into the urethra
Vaginal	Administration into the vagina

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