



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

NDA 21-336/S-001

Somerset Pharmaceuticals, Inc.
Attention: Melissa L. Goodhead, B.S., RAC
Group Director, Regulatory Affairs/Quality Assurance
2202 N. West Shore Blvd., Suite 450
Tampa, FL 33607

Dear Ms. Goodhead:

We acknowledge receipt of your supplemental new drug application dated March 20, 2007, submitted pursuant to section 505(b)(2) of the Federal Food, Drug, and Cosmetic Act for Emsam (selegiline transdermal system) patches, 6mg/24 hours, 9mg/24 hours, and 12mg/24hours.

Additionally, we acknowledge receipt of your amendment dated November 2, 2007.

Your submission of November 2, 2007, constituted a complete response to our May 29, 2007 action letter.

This supplement, submitted as a "Prior Approval" application, provides for revisions to the **Boxed Warning, Warnings- Clinical Worsening and Suicide Risk, Precautions-Pediatric Use, Dosage and Administration-Special Populations, and Medication Guide** informing practitioners that Emsam should not be used in children under the age of 12 years old.

The specific changes are listed below (double underline font denotes additions).

1. Revisions to the Boxed Warning

Suicidality and Antidepressant Drugs

Antidepressants increased the risk compared to placebo of suicidal thinking and behavior (suicidality) in children, adolescents, and young adults in short-term studies of major depressive disorder (MDD) and other psychiatric disorders. Anyone considering the use of EMSAM or any other antidepressant in a child, adolescent, or young adult must balance this risk with the clinical need. Short term studies did not show an increase in the risk of suicidality with antidepressants compared to placebo in adults beyond age 24; there was a reduction in risk with antidepressants compared to placebo in adults aged 65 and older.

Depression and certain other psychiatric disorders are themselves associated with increases in the risk of suicide. Patients of all ages who are started on antidepressant therapy should be monitored appropriately and observed closely for clinical worsening, suicidality, or unusual changes in behavior. Families and caregivers should be advised for the need for close observation and communication with the prescriber. EMSAM is not approved for use in pediatric patients. Furthermore, EMSAM at any dose should not be used in children under the age of 12, even when administered with dietary modifications. (See WARNINGS: Clinical Worsening and Suicide Risk, PRECAUTIONS: Information for Patients, and PRECAUTIONS: Pediatric Use.)

2. Revisions to **Warnings-Clinical Worsening and Suicide Risk**

All patients being treated with antidepressants for any indication should be monitored appropriately and observed closely for clinical worsening, suicidality, and unusual changes in behavior, especially during the initial few months of a course of drug therapy, or at times of dose changes, either increases or decreases.

Due to the limited data, EMSAM at any dose should not be used in children under the age of 12 years even when administered with dietary modifications. EMSAM is not approved for use in pediatric patients (See PRECAUTIONS/Pediatric Use).

3. Revisions to the **Precautions-Pediatric Use** section

Safety and effectiveness in the pediatric population have not been established (see BOX WARNING and WARNINGS, Clinical Worsening and Suicide Risk).

Anyone considering the use of EMSAM (selegiline transdermal system) in a child or adolescent must balance the potential risks with the clinical need.

Due to limited data, EMSAM at any dose should not be used in children under the age of 12 years even when administered with dietary modifications. EMSAM is not approved for use in pediatric patients.

Commercially available doses of EMSAM have not been studied in children under the age of 12 years. Limited pharmacokinetic data with lower doses than in the commercially available formulations suggest that children under the age of 12 years treated with EMSAM may be exposed to increased levels of selegiline compared to adolescents or adults. Therefore, the possibility exists for an increased risk of hypertensive crisis, even at the lowest dose of commercially available EMSAM, when administered without dietary modifications.

4. Revisions to the **Dosage and Administration-Special Populations** section.

EMSAM at any dose should not be used in children under the age of 12 years even when administered with dietary modifications. EMSAM is not approved for use in pediatric patients.

5. Revisions to the **Medication Guide**

ABOUT USING ANTIDEPRESSANTS IN CHILDREN AND TEENAGERS

EMSAM at any dose should not be used in children under the age of 12 years even when administered with dietary modifications. EMSAM is not approved for use in pediatric patients.

We completed our review of this application, as amended, and it is approved, effective on the date of this letter, for use as recommended in the revisions noted above.

Within 21 days of the date of this letter, submit content of labeling [21 CFR 314.50(l)] in structured product labeling (SPL) format, as described at <http://www.fda.gov/oc/datacouncil/spl.html>, that incorporates the same revisions listed above into your last approved labeling dated July 30, 2007. Upon receipt, we will transmit that version to the National Library of Medicine for public dissemination. For administrative purposes, please designate this submission “SPL for approved supplement NDA 21-336/S-001.”

If you issue a letter communicating important information about this drug product (i.e., a “Dear Health Care Professional” letter), we request that you submit a copy of the letter to this NDA and a copy to the following address:

MEDWATCH
Food and Drug Administration
5515 Security Lane
HFD-001, Suite 5100
Rockville, MD 20852

We remind you that you must comply with the requirements for an approved NDA set forth under 21 CFR 314.80 and 314.81.

If you have any questions, call LCDR Renmeet Grewal, Senior Regulatory Project Manager, at 301-796-1080.

Sincerely,

{See appended electronic signature page}

Thomas Laughren, M.D.
Director
Division of Psychiatry Products
Office of Drug Evaluation I
Center for Drug Evaluation and Research

**This is a representation of an electronic record that was signed electronically and
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/s/

Thomas Laughren
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