AZELAIC ACID- azelaic acid gel
Taro Pharmaceuticals U.S.A., Inc.

HIGHLIGHTS OF PRESCRIBING INFORMATION
These highlights do not include all the information needed to use AZELAIC ACID GEL safely and effectively. See full prescribing information for AZELAIC ACID GEL.

AZELAIC ACID gel, for topical use
Initial U.S. Approval: 1995

RECENT MAJOR CHANGES
Warnings and Precautions:
Worsening Exacerbation of Asthma (5.4)

INDICATIONS AND USAGE
Azelaic acid gel, 15% is indicated for topical treatment of the inflammatory papules and pustules of mild to moderate rosacea. Efficacy for treatment of erythema in rosacea in the absence of papules and pustules has not been evaluated. (1)

DOSAGE AND ADMINISTRATION
• Apply a thin layer of azelaic acid gel twice daily to affected area(s). (2)
• Use only very mild soaps or soapless cleansing lotion before applying azelaic acid gel. (2)
• Cosmetics may be applied after the application of azelaic acid gel has dried. (2)
• Avoid spicy foods, thermally hot foods and drinks, alcoholic beverages. (2)
• Not for oral, ophthalmic or intravaginal use. (2)

DOSAGE FORMS AND STRENGTHS
Gel, 15% (3)

CONTRAINDICATIONS
None. (4)

WARNINGS AND PRECAUTIONS
• Hypersensitivity: In case of known hypersensitivity to any component of the gel, avoid the use of azelaic acid gel. If hypersensitivity develops during treatment, discontinue azelaic acid gel and institute appropriate therapy. (5.1)
• Skin Reactions: Skin irritation (i.e., pruritus, burning or stinging) may occur, usually during the first few weeks of treatment with azelaic acid gel. If sensitivity or severe irritation develops and persists, discontinue treatment and institute appropriate therapy. (5.2)
• Hypopigmentation: Isolated cases of hypopigmentation occurred after azelaic acid use. Monitor patients with dark complexion for early signs of hypopigmentation (5.2)
• Eye and Mucous Membrane Irritation: Azelaic acid gel has been reported to cause irritation of the eyes. Therefore, avoid contact with the eyes and mucous membranes. (5.3)
• Exacerbation of Asthma: Consult a physician if asthma is exacerbated with azelaic acid gel use. (5.4)

ADVERSE REACTIONS
The most common adverse reactions are burning/stinging/tingling (29%), pruritus (11%), scaling/dry skin/xerosis (8%) and erythema/irritation (4%). (6)

To report SUSPECTED ADVERSE REACTIONS, contact Taro Pharmaceuticals U.S.A., Inc. at 1-866-923-4914 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.
See 17 for PATIENT COUNSELING INFORMATION.

FULL PRESCRIBING INFORMATION: CONTENTS*
1 INDICATIONS AND USAGE
2 DOSAGE AND ADMINISTRATION
1 INDICATIONS AND USAGE
Azelaic acid gel, 15% is indicated for topical treatment of the inflammatory papules and pustules of mild to moderate rosacea. Although some reduction of erythema which was present in patients with papules and pustules of rosacea occurred in clinical studies, efficacy for treatment of erythema in rosacea in the absence of papules and pustules has not been evaluated.

2 DOSAGE AND ADMINISTRATION
- Apply and gently massage a thin layer of azelaic acid gel into the affected areas on the face twice daily (morning and evening).
- Use only very mild soaps or soapless cleansing lotion before application of azelaic acid gel.
- Cosmetics may be applied after the application of azelaic acid gel has dried.
- Avoid the use of occlusive dressings or wrappings.
- Instruct patients to avoid spicy foods, thermally hot foods and drinks, alcoholic beverages.
- Patients should be reassessed if no improvement is observed upon completing 12 weeks of therapy.
- Not for oral, ophthalmic or intravaginal use.
3 DOSAGE FORMS AND STRENGTHS
Azelaic acid gel, 15% is a white to yellowish white opaque gel. Each gram of azelaic acid gel contains 0.15 gm of azelaic acid (15% w/w).

4 CONTRAINDICATIONS
None.

5 WARNINGS AND PRECAUTIONS

5.1 Hypersensitivity
Hypersensitivity reactions, including cases of angioedema, eye swelling, facial swelling, dyspnea, urticaria, and adverse skin reactions, have been reported during post marketing surveillance.

Avoid the use of azelaic acid gel in patients with known hypersensitivity to any component of the gel. If hypersensitivity develops during treatment, discontinue azelaic acid gel and institute appropriate therapy.

5.2 Skin Reactions
Skin irritation (i.e. pruritus, burning or stinging) may occur during use of azelaic acid gel, usually during the first few weeks of treatment. If sensitivity or severe irritation develops and persists, discontinue treatment and institute appropriate therapy.

There have been isolated reports of hypopigmentation after use of azelaic acid. Since azelaic acid has not been well studied in patients with dark complexion, monitor these patients for early signs of hypopigmentation.

5.3 Eye and Mucous Membranes Irritation
Avoid contact with the eyes, mouth and other mucous membranes. If azelaic acid gel does come in contact with the eyes, wash the eyes with large amounts of water and consult a physician if eye irritation persists [see Adverse Reactions (6.2)].

5.4 Exacerbation of Asthma
Worsening of asthma has been reported in patients using azelaic acid formulations including azelaic acid gel. Consult a physician if asthma is exacerbated with use of azelaic acid gel.

6 ADVERSE REACTIONS

6.1 Clinical Trials Experience
Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice. In two vehicle-controlled and one active-controlled U.S. clinical trials, treatment safety was monitored in 788 subjects who used twice-daily azelaic acid gel for 12 weeks (N=333) or 15 weeks (N=124), or the gel vehicle (N=331) for 12 weeks. In all three trials, the most common treatment-related adverse events were: burning/stinging/tingling (29%), pruritus (11%), scaling/dry skin/xerosis (8%) and erythema/irritation (4%). In the active-controlled trial, overall adverse reactions (including burning, stinging/tingling, dryness/tightness/scaling, itching, and erythema/irritation/redness) were 19.4% (24/124) for azelaic acid gel compared to 7.1% (9/127) for the active comparator gel at 15 weeks.

Table 1: Adverse Events Occurring in ≥1% of Subjects in the Rosacea Trials by
### Treatment Group and Maximum Intensity*

<table>
<thead>
<tr>
<th></th>
<th>Azelaic acid gel, 15%</th>
<th>Vehicle</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=457 (100%)</td>
<td>N=331 (100%)</td>
</tr>
<tr>
<td><strong>Burning/stinging/tingling</strong></td>
<td>71 (16%)</td>
<td>42 (9%)</td>
</tr>
<tr>
<td><strong>Pruritus</strong></td>
<td>29 (6%)</td>
<td>18 (4%)</td>
</tr>
<tr>
<td><strong>Scaling/dry skin/xerosis</strong></td>
<td>21 (5%)</td>
<td>10 (2%)</td>
</tr>
<tr>
<td><strong>Erythema/irritation</strong></td>
<td>6 (1%)</td>
<td>7 (2%)</td>
</tr>
<tr>
<td><strong>Contact dermatitis</strong></td>
<td>2 (&lt;1%)</td>
<td>3 (1%)</td>
</tr>
<tr>
<td><strong>Edema</strong></td>
<td>3 (1%)</td>
<td>2 (&lt;1%)</td>
</tr>
<tr>
<td><strong>Acne</strong></td>
<td>3 (1%)</td>
<td>1 (&lt;1%)</td>
</tr>
</tbody>
</table>

* Subjects may have >1 cutaneous adverse event; thus, the sum of the frequencies of preferred terms may exceed the number of subjects with at least 1 cutaneous adverse event.

In patients using azelaic acid formulations, the following adverse events have been reported: worsening of asthma, vitiligo, depigmentation, small depigmented spots, hypertrichosis, reddening (signs of keratosis pilaris) and exacerbation of recurrent herpes labialis.

**Local Tolerability Studies**

Azelaic acid gel and its vehicle caused irritant reactions at the application site in human dermal safety studies. Azelaic acid gel caused significantly more irritation than its vehicle in a cumulative irritation study. Some improvement in irritation was demonstrated over the course of the clinical trials, but this improvement might be attributed to subject dropouts. No phototoxicity or photoallergenicity were reported in human dermal safety studies.

**6.2 Post-Marketing Experience**

The following adverse reactions have been identified post approval of azelaic acid gel. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate the frequency or establish a causal relationship to drug exposure:

- **Eyes**: iridocyclitis upon accidental exposure of the eyes to azelaic acid gel
- **Hypersensitivity**: angioedema, eye swelling, facial swelling, urticaria.
- **Respiratory**: worsening of asthma, dyspnea, wheezing.

**7 DRUG INTERACTIONS**

There have been no formal studies of the interaction of azelaic acid gel with other drugs.

**8 USE IN SPECIFIC POPULATIONS**

**8.1 Pregnancy**

*Teratogenic Effects: Pregnancy Category B*

There are no adequate and well-controlled studies in pregnant women. Therefore, azelaic acid gel should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Dermal embryofetal developmental toxicity studies have not been performed with azelaic acid, 15% gel. Oral embryofetal developmental studies were conducted with azelaic acid in rats, rabbits, and
Azelaic acid was administered during the period of organogenesis in all three animal species. Embryotoxicity was observed in rats, rabbits, and monkeys at oral doses of azelaic acid that generated some maternal toxicity. Embryotoxicity was observed in rats given 2500 mg/kg/day (162 times the maximum recommended human dose (MRHD) based on body surface area (BSA)), rabbits given 150 mg/kg/day or 500 mg/kg/day (19 or 65 times the MRHD based on BSA) and cynomolgus monkeys given 500 mg/kg/day (65 times the MRHD based on BSA) azelaic acid. No teratogenic effects were observed in the oral embryofetal developmental studies conducted in rats, rabbits and cynomolgus monkeys.

An oral peri- and post-natal developmental study was conducted in rats. Azelaic acid was administered from gestational day 15 through day 21 postpartum up to a dose level of 2500 mg/kg/day. Embryotoxicity was observed in rats at an oral dose of 2500 mg/kg/day (162 times the MRHD based on BSA) that generated some maternal toxicity. In addition, slight disturbances in the post-natal development of fetuses was noted in rats at oral doses that generated some maternal toxicity (500 mg/kg/day and 2500 mg/kg/day; 32 and 162 times the MRHD based on BSA). No effects on sexual maturation of the fetuses were noted in this study.

8.3 Nursing Mothers

It is not known whether azelaic acid is excreted in human milk; however, in vitro studies using equilibrium dialysis were conducted to assess the potential for human milk partitioning. The studies demonstrated that, at an azelaic acid concentration of 25 µg/mL, the milk/plasma distribution coefficient was 0.7 and the milk/buffer distribution was 1.0. These data indicate that passage of drug into maternal milk may occur. Since less than 4% of a topically applied dose of 20% azelaic acid cream is systemically absorbed, the uptake of azelaic acid into maternal milk is not expected to cause a significant change from baseline azelaic acid levels in the milk. Nevertheless, a decision should be made to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

8.4 Pediatric Use

Safety and effectiveness of azelaic acid gel in pediatric patients have not been established.

8.5 Geriatric Use

Clinical studies of azelaic acid gel did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects.

11 DESCRIPTION

Azelaic acid gel, 15%, is an aqueous gel which contains azelaic acid, a naturally-occurring saturated dicarboxylic acid. Chemically, azelaic acid is 1,7-heptanedicarboxylic acid. The molecular formula for azelaic acid is C_9H_{16}O_4. It has the following structure:

![Azelaic acid structure]

Azelaic acid has a molecular weight of 188.22. It is a white, odorless crystalline solid. It is poorly soluble in water at 20°C (0.24%) but freely soluble in boiling water and in ethanol.

Azelaic acid gel is a white to yellowish white opaque gel for topical use; each gram contains 0.15 gm azelaic acid (15% w/w) in an aqueous gel base containing benzoic acid (as a preservative), carboxomer homopolymer type C, edetate disodium, lecithin, medium-chain triglycerides, polysorbate 80,
propylene glycol, purified water, and sodium hydroxide to adjust pH.

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action
The mechanism(s) by which azelaic acid interferes with the pathogenic events in rosacea are unknown.

12.2 Pharmacodynamics
The pharmacodynamics of azelaic acid in association with the treatment of rosacea are unknown.

12.3 Pharmacokinetics
The percutaneous absorption of azelaic acid after topical application of azelaic acid gel could not be reliably determined. Mean plasma azelaic acid concentrations in rosacea subjects treated with azelaic acid gel twice daily for at least 8 weeks are in the range of 42 ng/mL to 63.1 ng/mL. These values are within the maximum concentration range of 24.0 ng/mL to 90.5 ng/mL observed in rosacea subjects treated with vehicle only. This indicates that azelaic acid gel does not increase plasma azelaic acid concentration beyond the range derived from nutrition and endogenous metabolism.

*In vitro* and human data suggest negligible cutaneous metabolism of ³H-azelaic acid after topical application of 20% azelaic acid cream. Azelaic acid is mainly excreted unchanged in the urine, but undergoes some β-oxidation to shorter chain dicarboxylic acids.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility
Systemic long-term animal studies have not been performed to evaluate the carcinogenic potential of azelaic acid. In a 26-week dermal carcinogenicity study using transgenic (Tg.AC) mice, azelaic acid gel and the gel vehicle, when applied once or twice daily, did not increase the number of female Tg.AC animals with papillomas at the treatment site. No statistically significant increase in the number of animals with papillomas at the treatment site was observed in male Tg.AC animals after once daily application. After twice daily application, azelaic acid gel and the gel vehicle induced a statistically significant increase in the number of male animals with papillomas at the treatment site when compared to untreated males. This suggests that the positive effect may be associated with the vehicle application. The clinical relevance of the findings in animals to humans is not clear.

Azelaic acid was not mutagenic or clastogenic in a battery of *in vitro* [Ames assay, HGPRT in V79 cells (Chinese hamster lung cells), and chromosomal aberration assay in human lymphocytes] and *in vivo* (dominant lethal assay in mice and mouse micronucleus assay) genotoxicity tests.

Oral administration of azelaic acid at dose levels up to 2500 mg/kg/day (162 times the MRHD based on BSA) did not affect fertility or reproductive performance in male or female rats.

14 CLINICAL STUDIES
Azelaic acid gel was evaluated for the treatment of mild to moderate papulopustular rosacea in two multicenter, randomized, double-blind, vehicle-controlled, 12-week clinical trials having identical protocols and involving a total of 664 (active: 333; vehicle: 331) subjects aged 21 to 86 years (mean age = 49). Overall, 92.5% of subjects were Caucasian and 73% of subjects were female. Enrolled subjects had mild to moderate rosacea with a mean lesion count of 18 (range 8 to 60) inflammatory papules and pustules. The following subjects were excluded: a) those without papules and pustules; b) those with nodules, rhinophyma, or ocular involvement and c) those with a history of hypersensitivity to propylene glycol or to any other ingredients of the study drug. Azelaic acid gel or its vehicle were to be applied
twice daily for 12 weeks; no other topical or systemic medication affecting the course of rosacea and/or evaluability was to be used during the studies. Subjects were instructed to avoid spicy foods, thermally hot food/drink and alcoholic beverages during the study. Subjects were also instructed to use only very mild soaps or soapless cleansing lotion for facial cleansing.

The primary efficacy endpoints included both 1) change from baseline in inflammatory lesion counts as well as 2) success defined as a score of “clear” or “minimal” with at least a 2-step reduction from baseline on the Investigator's Global Assessment (IGA), defined as follows below:

CLEAR:
No papules and/or pustules; no or residual erythema; no or mild to moderate telangiectasia
MINIMAL:
Rare papules and/or pustules; residual to mild erythema; mild to moderate telangiectasia
MILD:
Few papules and/or pustules; mild erythema; mild to moderate telangiectasia
MILD TO MODERATE:
Distinct number of papules and/or pustules; mild to moderate erythema; mild to moderate telangiectasia
MODERATE:
Pronounced number of papules and/or pustules; moderate erythema; mild to moderate telangiectasia
MODERATE TO SEVERE:
Many papules and/or pustules, occasionally with large inflamed lesions; moderate erythema; moderate degree of telangiectasia
SEVERE:
Numerous papules and/or pustules, occasionally with confluent areas of inflamed lesions; moderate or severe erythema; moderate or severe telangiectasia

Primary efficacy assessment was based on the "intent-to-treat" (ITT) population with the "last observation carried forward" (LOCF).

Both trials demonstrated a statistically significant difference in favor of azelaic acid gel over its vehicle in both reducing the number of inflammatory papules and pustules associated with rosacea (Table 2) as well as demonstrating success on the IGA in the ITT-LOCF population at the end of treatment.

Table 2: Inflammatory Papules and Pustules (ITT population)*

<table>
<thead>
<tr>
<th></th>
<th>Study One Azelaic acid gel, 15% N=164</th>
<th>Study One VEHICLE N=165</th>
<th>Study Two Azelaic acid gel, 15% N=167</th>
<th>Study Two VEHICLE N=166</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Lesion Count Baseline</td>
<td>17.5</td>
<td>17.6</td>
<td>17.9</td>
<td>18.5</td>
</tr>
<tr>
<td>End of Treatment</td>
<td>6.8</td>
<td>10.5</td>
<td>9.0</td>
<td>12.1</td>
</tr>
<tr>
<td>Mean Percent Reduction End of Treatment</td>
<td>57.9%</td>
<td>39.9%</td>
<td>50.0%</td>
<td>38.2%</td>
</tr>
</tbody>
</table>

* ITT population with last observation carried forward (LOCF)

Although some reduction of erythema which was present in subjects with papules and pustules of rosacea occurred in clinical trials, efficacy for treatment of erythema in rosacea in the absence of papules and pustules has not been evaluated.

Azelaic acid gel was superior to the vehicle with regard to success based on the IGA of rosacea on a
7-point static score at the end of treatment (ITT population; Table 3).

Table 3: Investigator's Global Assessment at the End of Treatment*

<table>
<thead>
<tr>
<th>Study</th>
<th>Study One</th>
<th>Study One</th>
<th>Study Two</th>
<th>Study Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>Azelaic acid gel, 15%</td>
<td>N=164</td>
<td>N=165</td>
<td>N=167</td>
<td>N=166</td>
</tr>
<tr>
<td>Clear, Minimal or Mild at End of Treatment (% of Subjects)</td>
<td>61%</td>
<td>40%</td>
<td>61%</td>
<td>48%</td>
</tr>
</tbody>
</table>

* ITT population with last observation carried forward (LOCF)

16 HOW SUPPLIED/STORAGE AND HANDLING

16.1 How Supplied
Azelaic acid gel, 15% is a white to yellowish white opaque gel supplied in the following:

- 50 g tube NDC 51672-1389-3

16.2 Storage and Handling
Store at 20° to 25°C (68° to 77°F) [see USP Controlled Room Temperature].

17 PATIENT COUNSELING INFORMATION
Inform patients using azelaic acid gel of the following information and instructions:

- For external use only.
- Before applying azelaic acid gel, cleanse affected area(s) with a very mild soap or a soapless cleansing lotion and pat dry with a soft towel.
- Avoid use of alcoholic cleansers, tinctures and astringents, abrasives and peeling agents.
- Avoid contact with the eyes, mouth and other mucous membranes. If azelaic acid gel does come in contact with the eyes, wash the eyes with large amounts of water and consult their healthcare providers if eye irritation persists.
- Wash hands immediately following application of azelaic acid gel.
- Cosmetics may be applied after the application of azelaic acid gel has dried.
- Avoid the use of occlusive dressings or wrappings.
- Skin irritation (e.g., pruritus, burning, or stinging) may occur during use of azelaic acid gel, usually during the first few weeks of treatment. If irritation is excessive or persists, or allergic reactions occur, discontinue use and consult your physician.
- If allergic reactions occur, discontinue use and consult their healthcare providers.
- Advise patients to report any worsening of asthma to their healthcare providers.
- Report abnormal changes in skin color to their healthcare providers.
- To help manage rosacea, avoid any triggers that may provoke erythema, flushing, and blushing. These triggers can include spicy and thermally hot food and drinks such as hot coffee, tea, or alcoholic beverages.
- Azelaic acid gel comes in a tube:
  - Tube instructions: Remove the cap before use. Squeeze the tube to dispense a small amount of azelaic acid gel.
PRINCIPAL DISPLAY PANEL - 50 g Tube Carton

NDC 51672-1389-3

50 g

Azelaic Acid

Gel

15%

For Topical Use Only
Not for oral, ophthalmic or intravaginal use

Rx only

Keep this and all medications out of the reach of children.

TARO
Each gram of Azelaic Acid Gel, 15% contains 0.15 g azelaic acid (15% w/w) as the active ingredient in an aqueous gel base containing benzoic acid (as a preservative), carboxymethyl hydroxypropyl cellulose, polyethylene glycol, purified water, and sodium hydroxide to adjust pH.

Usual Dosage: Apply and gently massage a thin layer of Azelaic Acid Gel, 15% into the affected areas on the face twice daily (morning and evening).

See accompanying package insert for full prescribing information.

Store at 20° to 25°C (68° to 77°F) [see USP Controlled Room Temperature].

For lot number and expiry date see label of carton and/or crimp of tube.

NDC 51672-1389-3 50 g

Azelaic Acid

Gel 15%

For Topical Use Only Not for oral, opthalmic or intravaginal use Rx only

Keep this and all medications out of the reach of children.

Directions for opening tube seal: Remove cap. Turn cap upside down and place puncture tip onto tube. Push cap until tube is punctured. Screw cap back on to reseal tube.

Md by: Taro Pharmaceuticals Inc.
Brampton, Ontario, Canada L6T 1C1
Dist by: Taro Pharmaceuticals U.S.A., Inc.
Hawthorne, NY 10532

Taro is a registered trademark of Taro Pharmaceuticals U.S.A., Inc.
AZELAIC ACID
azelaic acid gel

Product Information

<table>
<thead>
<tr>
<th>Product Type</th>
<th>HUMAN PRESCRIPTION DRUG</th>
<th>Item Code (Source)</th>
<th>NDC:51672-1389</th>
</tr>
</thead>
<tbody>
<tr>
<td>Route of Administration</td>
<td>TOPICAL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Active Ingredient/Active Moiety

<table>
<thead>
<tr>
<th>Ingredient Name</th>
<th>Basis of Strength</th>
<th>Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>Azelaic Acid (UNII: F2VW3D43YT) (Azelaic Acid - UNII:F2VW3D43YT)</td>
<td>Azelaic Acid</td>
<td>0.15 g in 1 g</td>
</tr>
</tbody>
</table>

Inactive Ingredients

<table>
<thead>
<tr>
<th>Ingredient Name</th>
<th>Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>benzoic acid (UNII: 8SKN0B0MIM)</td>
<td></td>
</tr>
<tr>
<td>CARBOMER HOMOPOLYMER TYPE C (ALLYL PENTAERYTHRITOL CROSSLINKED) (UNII: 4Q93RCW27E)</td>
<td></td>
</tr>
<tr>
<td>edetate disodium (UNII: 7FLD91C86K)</td>
<td></td>
</tr>
<tr>
<td>LECITHIN, SOYBEAN (UNII: 1DI56QDM62)</td>
<td></td>
</tr>
<tr>
<td>medium-chain triglycerides (UNII: C9H2L21V7U)</td>
<td></td>
</tr>
</tbody>
</table>
### Product Characteristics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Color</td>
<td>WHITE (white to yellowish white)</td>
</tr>
<tr>
<td>Shape</td>
<td>Score, Size</td>
</tr>
<tr>
<td>Flavor</td>
<td>Imprint Code</td>
</tr>
<tr>
<td>Contains</td>
<td></td>
</tr>
</tbody>
</table>

### Packaging

<table>
<thead>
<tr>
<th>#</th>
<th>Item Code</th>
<th>Package Description</th>
<th>Marketing Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>NDC:51672-1389-3</td>
<td>1 in 1 CARTON</td>
<td>08/23/2019</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>50 g in 1 TUBE; Type 0: Not a Combination Product</td>
<td></td>
</tr>
</tbody>
</table>

### Marketing Information

<table>
<thead>
<tr>
<th>Marketing Category</th>
<th>Application Number or Monograph Citation</th>
<th>Marketing Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANDA</td>
<td>ANDA210549</td>
<td>08/23/2019</td>
</tr>
</tbody>
</table>

### Labeler

- **Taro Pharmaceuticals U.S.A., Inc. (145186370)**

### Establishment

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>ID/FEI</th>
<th>Business Operations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taro Pharmaceuticals Inc.</td>
<td></td>
<td>206263295</td>
<td>MANUFACTURE(51672-1389)</td>
</tr>
</tbody>
</table>

Revised: 8/2019