

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Form Approved: OMB No. 0910-0001
 Expiration Date: March 31, 2024
 See PRA Statement on last page.

TRANSMITTAL OF ADVERTISEMENTS AND PROMOTIONAL LABELING FOR DRUGS AND BIOLOGICS FOR HUMAN USE

1. Date Submitted

2. Application Information

Single product

Multiple products

For multiple products, submit completed form and specimen of advertising/promotional materials to one application of choice, and attach separate sheet addressing items 3-5 for remainder of products. Refer to No. 3 on instruction sheet.

Application Type:

Application Number:

NDA
 ANDA
 BLA
 PMA
 CDER IND

NOTE: Form FDA 223 (04/21) Reports are required for approved NDAs, ANDAs (21 CFR 314.81), and BLAs (601.12(f)(4))

3. Proprietary Name

4. Established Name

Product Code No.:

5. Package Insert Date and ID Number
 (Latest final printed labeling)

6. Manufacturer Name

License No. (Biologics):

7. **Advertisement / Promotional Labeling Materials**

a. Please check only one: Professional Consumer

Material Type (use FDA codes) b.	Dissemination/ Publication Date c.	Material ID Code d.	Material Description e.	Delete Row

To delete a row, click the "Delete Row" button for that row (or press the enter key if you've tabbed into the button). You cannot delete the last remaining row.

Add New Row

f. Comments

8. Applicant's (or Agent's) Return Address

Address 1 (Street address, P.O. box, company name c/o)

Address 2 (Apartment, suite, unit, building, floor, etc.)

City

State/Province/Region

Country

ZIP or Postal Code

9. Responsible Official's (or Agent's)

a. Telephone Number (Include area code)

b. FAX Number (Include area code)

c. Email Address

10. Typed Name and Title of Responsible Official or Agent	11. Signature of Responsible Official or Agent <div style="text-align: right;">Sign</div>	12. Date
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13. For CBER Products Only (<i>Check one</i>) <div style="text-align: center;"> <input type="checkbox"/> Draft <input type="checkbox"/> Final </div>
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This section applies only to requirements of the Paperwork Reduction Act of 1995.

DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF EMAIL ADDRESS BELOW.

The burden time for this collection of information is estimated to average 2 hours per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to:

Department of Health and Human Services
 Food and Drug Administration
 Office of Chief Information Officer
 Paperwork Reduction Act (PRA) Staff
PRASStaff@fda.hhs.gov

“An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number.”