

# **CENTER FOR DRUG EVALUATION AND RESEARCH**

***APPLICATION NUMBER:***

**210361Orig1s000**

## **MULTI-DISCIPLINE REVIEW**

**Summary Review**

**Office Director**

**Cross Discipline Team Leader Review**

**Clinical Review**

**Non-Clinical Review**

**Statistical Review**

**Clinical Pharmacology Review**

**NDA Multi-disciplinary Review and Evaluation**

<b>Application Type</b>	NDA – 505(b)(2)
<b>Application Number(s)</b>	210361
<b>Priority or Standard</b>	Standard
<b>Submit Date(s)</b>	August 31, 2017
<b>Received Date(s)</b>	August 31, 2017
<b>PDUFA Goal Date</b>	June 30, 2018
<b>Division/Office</b>	DDDP/ODE III
<b>Review Completion Date</b>	See DARRTS electronic signature page
<b>Established Name</b>	Glycopyrronium
<b>(Proposed) Trade Name</b>	QBREXZA
<b>Pharmacologic Class</b>	Anticholinergic agent
<b>Code name</b>	DRM04
<b>Applicant</b>	Dermira, Inc.
<b>Formulation</b>	Cloth
<b>Dosing Regimen</b>	For topical use only. Apply Qbrexza once daily to both axillae using a single cloth
<b>Applicant Proposed Indication(s)/Population(s)</b>	For the topical treatment of primary axillary hyperhidrosis in adults and children 9 years of age and older
<b>Recommendation on Regulatory Action</b>	Approval
<b>Recommended Indication(s)/Population(s)</b>	Qbrexza is an anticholinergic indicated for topical treatment of primary axillary hyperhidrosis in adults and pediatric patients 9 years of age and older.

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