

Over-the-Counter Drug Monograph United States Food and Drug Administration Approach

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OUTLINE



- Organizational Structure
- U.S. Regulatory Frameworks for Over-the-Counter (OTC) Drugs
 - New Drug Application
 - OTC Drug Monograph
- Origins of the OTC Drug Monograph
- OTC Monograph Review Process
- Future of the OTC Monograph

FDA ORGANIZATION RELEVANT TO OTC DRUGS



- Office of Medical Products and Tobacco
 - Center for Drug Evaluation and Research
 - Office of New Drugs
 - Office of Drug Evaluation IV
 - Division of Nonprescription Drug Products



OTC DRUG PRODUCTS



OTC drug products generally have these characteristics:

- Can be adequately <u>labeled</u> such that
 - The consumer can self-diagnose, self-treat, and self-manage the condition being treated
 - No health practitioner is needed for the safe and effective use of the product
- Drug has low potential for misuse and abuse
- Safety margin is such that the benefits of OTC availability outweigh the risks

TWO REGULATORY PATHWAYS



New Drug Application	OTC Monograph	
Product specific (including formulation and labeling)	Therapeutic category-specific regulations (product can contain permissible active ingredients in a monograph compliant formulation)	
Certain subsequent labeling and formulation changes require prior approval through supplemental application	Changes do not require approval when in compliance with monograph	
Confidentiality during the approval process	Public process for monograph changes	
Safety and effectiveness testing required for each individual product	Safety and effectiveness testing of each individual product not required if compliant with monograph	
Application submitted for premarket approval	No FDA product-specific premarket application or preapproval	
Application fees (i.e., user fees)	No user fees	
Adverse event and other reporting requirements	Limited reporting requirements (serious adverse events only)	
Comply with good manufacturing practices	Comply with good manufacturing practices	
A period of market exclusivity (if certain conditions are met)	No market exclusivity	

New Drug Application OR MONOGRAPH?







EXAMPLES OF OTC MONOGRAPH DRUG CATEGORIES



- Antacids
- Laxatives
- Antidiarrheal products
- Antiemetics
- Antiperspirants
- Sunscreens
- Cough and cold products
- Wart removers

- Sedatives/Sleep aids
- Stimulants
- Ophthalmic products
- Hemorrhoidal products
- Dandruff products
- Anticaries products
- Otic products
- Analgesics
- Allergies

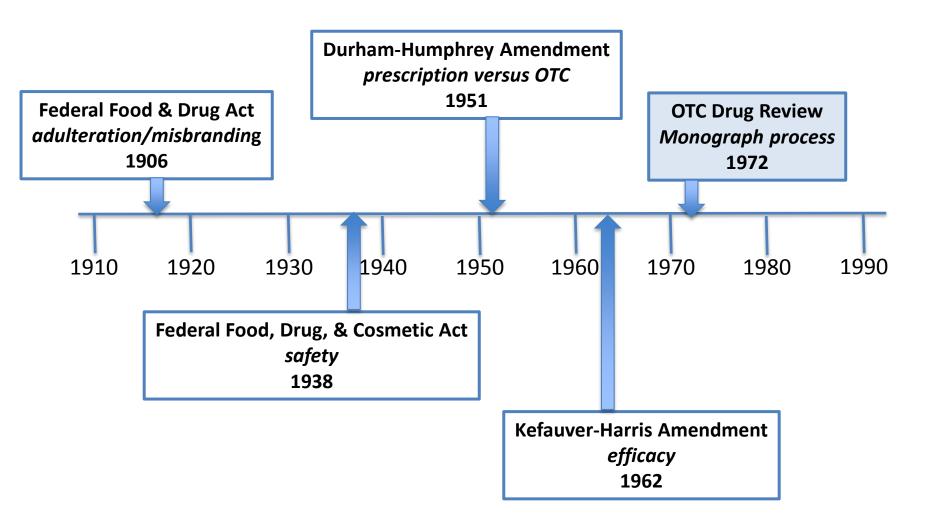


ORIGINS OF THE OTC MONOGRAPH



HISTORICAL DEVELOPMENT OF FDA DRUG REGULATION





CURRENT OTC MONOGRAPH PROCESS



- OTC drug review established in 1972
 - Implemented 1962 Congressional directive to review the safety and effectiveness of drugs
- Rather than review hundreds of thousands of individual OTC products, FDA began issuing monographs establishing conditions under which OTC drugs are generally recognized as safe and effective (GRASE)
 - Monographs are "rulebooks" establishing indications, strengths, dosing information, warnings, etc., for OTC products containing the covered ingredients to be GRASE
 - Each monograph generally provides for the marketing of hundreds or thousands of products
 - Products meeting the specifications of a monograph are not required to be reviewed by FDA before marketing
- The monographs cover some 800 active ingredients for over 1,400 different uses and over 100,000 products
- Each monograph is established by regulation
 - There are >150 final rules related to OTC drugs
 - Approximately 88 ongoing rulemakings in 26 broad therapeutic categories



WHAT GOES IN A MONOGRAPH?

Conditions include:

- Active ingredients (must comply with a USP drug monograph)
- Dosage strength and form and route of administration
- Patient population (age, gender) and indications for use
- Required labeling: Uses Warnings Directions
- Final formulation testing, if required for the specific product (not all monographs)



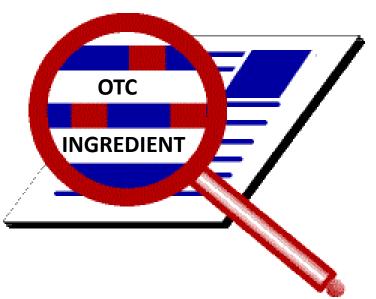


Drug Facts Active ingredient (in each dosage unit) Purpose xxxxxxxxxxxxx mg.....xxxxxxxxx Uses ■ XXXXXXXXXXXXXXX ■ XXXXXXXXXXXXXXX Warnings Ask a doctor before use if you have ■ XXXXXXXXXXXXXX ■ XXXXXXXXXXXXXXX When using this product ■ XXXXXXXXXXXXXX ■ XXXXXXXXXXXXXXX Stop use and ask a doctor if ■ XXXXXXXXXXXXXXX ■ XXXXXXXXXXXXXX If pregnant or breast-feeding, ask a health professional before use. Keep out of reach of children. In case of overdose, get medical help or contact a Poison Control Center right away.

Drug Facts (continued)	
Directions ■ xxxxxxxxxxxxx ■ xxxxxxxxxxxxxxxxxxxx	
Other information xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	
Inactive ingredients xxxxxxxxxxxxxxxxxx	
Questions? 123-555-1234	



THE OTC MONOGRAPH REVIEW PROCESS





GRASE CATEGORIES

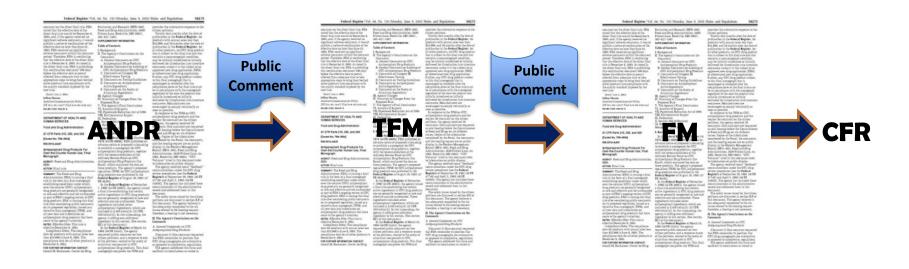
- In 1970s, Advisory Review Panels reviewed therapeutic classes of OTC drugs and put products into three categories:
 - Category I: GRASE (Generally Recognized as Safe and Effective)
 - Category II: not GRASE
 - <u>Category III</u>: insufficient data available to determine if generally recognized as safe and effective
- Monograph products using original ingredients may stay on the market until FDA makes a final determination of ingredient status

CURRENT OTC MONOGRAPH RULEMAKING PROCESS



Requires a three-step public notice and comment rulemaking process

- Advance Notice of Proposed Rulemaking
- Tentative Final Monograph
- Final Monograph → Code of Federal Regulations



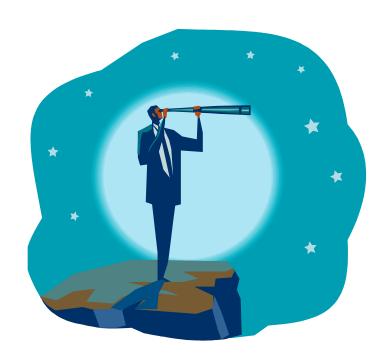
REALITY OF THE MONOGRAPH PROCESS



<u>Published</u>	Fed Reg citation	<u>Topic</u>	
12-4-79	44FR69768	ANPR for External Analgesic Drug Products	
2-5-80	45FR7820	Correction	
9-26-80	45FR63878	Reopening of administrative record	
9-7-82	47FR39412	Reopening of administrative record	
12-7-82	47FR54981	Correction	
12-28-82	47FR57738	Extension of comment and reply periods	
2-8-83	48FR5852	TFM (Tentative Final Monograph = Proposed Rule)	
3-11-83	48FR10373	Correction	
10-2-85	50FR40260	Amend TFM to add male genital desensitizer indication	
7-30-86	51FR27360	Amend TFM to add seborrheic dermatitis	
8-25-88	53FR32592	Amend TFM to add seborrheic dermatitis a SUCCESS SUCCESS	
4-3-89	54FR13490	Amend TFM to remove astringent drug pro	
10-3-89	54FR40818	Amend TFM to add poison ivy, poison oak, bite indications	
1-31-90	55FR3370	Amend TFM to address fever blister and co	
2-27-90	55FR6932	Amend TFM to make hydrocortisone 1% O	
3-27-90	55FR11291	Correction	
6-20-90	55FR25234	Amend TFM to address treatment and pre	
8-30-91	56FR43025	Hydrocortisone; Notice of Enforcement Po	
6-19-92	57FR27654	FR (Final Rule) Male genital desensitizer	
12-18-92	57FR60426	FR (Final Rule) Diaper rash labeling	
8-29-97	62FR45767	Amend TFM to add warning about diphen WHAT PEUPLE THINK WHAT IT KEALLY	
11-19-97	62FR61710	Reopening of administrative records to cor IT LOOKS LIKE LOOKS LIKE	



FUTURE OF THE MONOGRAPH



BENEFITS AND CHALLENGES OF THE MONOGRAPH SYSTEM



- Well-functioning OTC drug market should promote selfcare, patient choice, and industry innovation
- But the current process is not working well
 - Burdensome, multi-step rulemakings take years to complete
 - Even urgent safety issues are subject to lengthy rulemakings, frustrating FDA, industry and patient groups
 - The difficulty in staying up-to-date impairs consumer confidence
 - Process is backward-looking
 - Intended to cover products on the market in 1972
 - Innovation has stalled
 - Program not supported by user fees
 - Significantly under-resourced
 - Status quo does not serve public health or industry well



OTC DRUG REFORM PROPOSAL

(Under Consideration by Congress)

Process Weaknesses

Burdensome, multistep rulemakings

Limitations on innovation Inadequate resources

Current Problems

Delays in finalizing monographs

Limited, burdensome process for innovation

Challenges in responding quickly to urgent safety issues

Challenges in keeping pace with evolving science and changing market

FDA and Industry Supported Solutions

Improve process by replacing rulemaking with administrative orders

Make innovation process more nimble and flexible

Help speed response to urgent safety issues through interim final orders

Finalize proposed monographs by statute

Resources for reform supported by user fees

