

§ 347.3 Definitions.

(d) *Poison ivy, poison oak, or poison sumac dermatitis.* An allergic contact dermatitis (usually an intensely itching skin rash) due to exposure to plants of the genus *Rhus* (poison ivy, poison oak, poison sumac), which contain urushiol, a potent skin-sensitizing agent.

3. Section 347.10 is amended by adding new paragraphs (n), (o), (p), (q), (r), and (s) and reserving them and by adding new paragraphs (t) and (u) to read as follows:

§ 347.10 Skin protectant active ingredients.

(n)-(s) [Reserved]  
(t) Colloidal oatmeal.  
(u) Sodium bicarbonate, 1 to 100 percent.

4. Section 347.50 is amended by adding an introductory text paragraph, by revising paragraph (a), by adding new paragraph (b)(4), by revising paragraphs (c)(1), (c)(2), and (c)(3), by adding new paragraph (c)(9), and by revising paragraph (d) to read as follows:

§ 347.50 Labeling of skin protectant drug products.

A skin protectant drug product may have more than one labeled use. When the labeling of the product contains more than one labeled use, then the appropriate statement(s) of identity, indications, warnings, and directions must be stated in the labeling. For multiple use skin protectant drug products, the labeling appropriate to different uses may be combined to eliminate duplicative words or phrases so that the resulting information is clear and understandable.

(a) *Statement of identity.* The labeling of the product contains the established name of the drug, if any, and identifies the product with one or more of the following:

- (1) "Skin protectant."
- (2) *For products containing any ingredient in § 347.10 (b), (c), (g), (k), (l), or (m).* "Poison ivy, oak, sumac drying" (insert dosage form, e.g., "cream," "lotion," or "ointment").
- (3) *For products containing any ingredient in § 347.10 (b), (c), (g), (k), (l), (m), (t), or (u).* "Poison ivy oak, sumac treatment."

(b) \* \* \*

(4) *For products containing any ingredient in § 347.10 (t) and (u).* "Provides temporary skin protection and relieves minor irritation and itching due to poison ivy, poison oak, poison sumac, and insect bites."

(c) \* \* \*

(1) "Avoid contact with the eyes."

(2) "If condition worsens or does not improve within 7 days, consult a doctor."

(3) *For products containing any ingredient in § 347.10 (a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k), (l), (m), and (t).* "For external use only."

(9) *For products containing colloidal oatmeal identified in § 347.10(t) when labeled for use as a soak in a tub.* "Take special care to avoid slipping when getting into and out of the tub."

(d) *Directions.* The labeling of the product contains the following information under the heading "Directions":

(1) *For products containing any ingredient in § 347.10 (a), (b), (c), (d), (e), (f), (g), (h), (l), (j), (k), (l), or (m).* Apply liberally as often as necessary.

(2) *For products containing colloidal oatmeal identified in § 347.10(t).* Adults and children 2 years of age and over: *For use as a soak in a tub.* Turn tub warm water faucet on to full force, then slowly sprinkle 1 cupful of colloidal oatmeal directly under the faucet into the tub. Before entering the tub, stir any colloidal oatmeal that may have settled to the bottom of the tub. Soak the affected area for 15 to 20 minutes as needed. Do not rub area dry, but instead pat dry so that a thin layer of the colloidal oatmeal will be left on the skin. Soak once or twice daily, or as directed by your doctor. Children under 2 years of age: Consult a doctor.

(3) *For products containing sodium bicarbonate identified in § 347.10(u).* Adults and children 2 years of age and over: Topical dosage is 1 to 100 percent sodium bicarbonate.

(i) *For use as a paste.* Add sufficient water to the sodium bicarbonate to form a paste and apply to the affected area of the skin as needed. Children under 2 years of age: Consult a doctor.

(ii) *For use as a soak in a tub.* Dissolve 1 to 2 cupfuls of this product in a tub of warm water and soak for 10 to 30 minutes as needed. Do not rub dry, but instead pat dry so that a thin layer of the sodium bicarbonate will be left on the skin. Children under 2 years of age: Consult a doctor.

(iii) *For use as a wet dressing.* Add sodium bicarbonate to water to make a solution. Use a container in which you can saturate a cloth. Saturate a clean, soft, white cloth (such as a diaper or torn sheet) in the solution, gently squeeze, and apply loosely to the affected area. Saturate the cloth in the

solution every 15 to 30 minutes and apply to the affected area. Repeat as often as necessary. Discard remaining solution after use.

Dated: August 26, 1989.

Frank E. Young,

Commissioner of Food and Drugs.

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21 CFR Part 348

[Docket No. 78N-301P]

RIN 0905-AA06

**External Analgesic Drug Products for Over-the-Counter Human Use; Proposed Rulemaking for Poison Ivy, Poison Oak, Poison Sumac, and Insect Bites Drug Products**

**AGENCY:** Food and Drug Administration.

**ACTION:** Notice of proposed rulemaking.

**SUMMARY:** The Food and Drug Administration (FDA) is issuing a notice of proposed rulemaking amending the tentative final monograph (proposed rule) for over-the-counter (OTC) external analgesic drug products. The proposed rulemaking would establish conditions under which OTC external analgesic drug products for the treatment of the symptoms of poison ivy, poison oak, poison sumac, and insect bites are generally recognized as safe and effective and not misbranded. FDA is issuing this notice of proposed rulemaking after considering the statements on OTC drug products for poison ivy, poison oak, and poison sumac, and for use as insect bite neutralizers of the Advisory Review Panel on OTC Miscellaneous External Drug Products, public comments on an advance notice of proposed rulemaking that was based on those statements, and public comments on the notice of proposed rulemaking for OTC external analgesic drug products. (See the *Federal Register* of February 8, 1983; 48 FR 5852.) The agency's proposals concerning the use of other OTC drug products for the treatment and/or prevention of poison ivy, poison oak, and poison sumac and for the treatment and/or neutralization of insect bites are being published elsewhere in this issue of the *Federal Register*. These proposals are part of the ongoing review of OTC drug products conducted by FDA.

**DATES:** Written comments, objections, or requests for oral hearing on the proposed rulemaking before the Commissioner of Food and Drugs by

January 31, 1990. The agency is allowing a period of 120 days for comments and objections instead of the normal 60 days for the following reasons: (1) The concurrent publication of two rulemakings regarding OTC drug products for poison ivy, poison oak, poison sumac, and insect bites and (2) this document contains the first published evaluation of several submissions of data on OTC drug products for the treatment of symptoms of these conditions that were made to, but not reviewed by, the Advisory Review Panel on OTC Miscellaneous External Drug Products (Miscellaneous External Panel). New data by October 3, 1990. Comments on the new data by December 3, 1990. Written comments on the agency's economic impact determination by January 31, 1990.

**ADDRESS:** Written comments, objections, new data, or requests for oral hearing to the Dockets Management Branch (HFA-305), Food and Drug Administration, Rm. 4-62, 5600 Fishers Lane, Rockville, MD 20857.

**FOR FURTHER INFORMATION CONTACT:** William E. Gilbertson, Center for Drug Evaluation and Research (HFD-210), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301-295-8000.

**SUPPLEMENTARY INFORMATION:** In the Federal Register of September 7, 1982, FDA published, under § 330.10(a)(6) (21 CFR 330.10(a)(6)), advance notices of proposed rulemaking and reopened the administrative records for OTC external analgesic drug products (47 FR 39412) and skin protectant drug products (47 FR 39436). The notices were published to allow for consideration of statements on OTC drug products for the prevention of poison ivy, poison oak, poison sumac, and for use as insect bite neutralizers. The statements were prepared by the Miscellaneous External Panel, which was the advisory review panel responsible for evaluating data on the active ingredients used for these conditions. Interested persons were invited to submit comments by December 6, 1982. Reply comments in response to comments filed in the initial comment period could be submitted by January 5, 1983.

In the Federal Register of December 28, 1982 (47 FR 57738), in response to a request for an extension of time, the comment period and reply comment period for OTC external analgesic drug products were extended to February 4, 1983, and to March 7, 1983, respectively.

In accordance with § 330.10(a)(10), the data and information considered by the Panel were put on public display in the Dockets Management Branch (address

above), after deletion of a small amount of trade secret information.

One trade association and five drug manufacturers submitted comments concerning the use of external analgesic drug products for poison ivy, poison oak, poison sumac, and insect bites (poison ivy-oak-sumac and insect bites). Some of these comments were submitted to both the external analgesic and skin protectant rulemakings. In those cases where the same comments were submitted to both rulemakings, the comments will be addressed only in the appropriate amendment to either the proposed rule for OTC external analgesic drug products or for OTC skin protectant drug products published elsewhere in this issue of the Federal Register. Copies of the comments received are on public display in the Dockets Management Branch.

The Panel provided general statements on OTC drug products for the prevention of poison ivy, poison oak, poison sumac, and for use as insect bite neutralizers. However, the Panel did not review all of the submitted individual ingredients nor develop labeling for drug products for these indications. Also, the Panel reviewed only ingredients with labeling claims for prevention of poison ivy, poison oak, or poison sumac, or for treatment of insect bites by neutralization or inactivation of insect venom. However, many submissions to the Panel were for drug products used to treat the symptoms (i.e., itching, minor irritations) of poison ivy-oak-sumac and insect bites by the mechanism of depressing or stimulating cutaneous sensory receptors. Additionally, a number of external analgesic drug products labeled for the treatment of poison ivy-oak-sumac and insect bites were not submitted to the Miscellaneous External Panel. Therefore, the agency is expanding the scope of this segment of the external analgesic rulemaking to include all OTC external analgesic drug products labeled for any of these uses.

In this document, the agency is addressing comments concerning drug products for the treatment of symptoms of poison ivy-oak-sumac and insect bites when the mechanism of action involves the depression or stimulation of cutaneous sensory receptors. In the skin protectant rulemaking (published elsewhere in this issue of the Federal Register), the agency is addressing the claims for the treatment and/or prevention of poison ivy, poison oak, and poison sumac and for the treatment and/or neutralization of insect bites when the mechanism of action for these claims involves the ingredient's ability to neutralize or inactivate insect venom or the ingredient's ability to provide a

mechanism barrier to protect the exposed skin surfaces from harmful or annoying stimuli.

In the Federal Register of February 8, 1983 (48 FR 5852), the agency published a tentative final monograph (proposed rule) for OTC external analgesic drug products. The agency issued this notice after considering the report and recommendations of the Advisory Review Panel on OTC Topical Analgesic, Antirheumatic, Otic, Burn, and Sunburn Prevention and Treatment Drug Products (Topical Analgesic Panel) and public comments on an advance notice of proposed rulemaking that was based on those recommendations.

Interested persons were invited to submit comments by April 11, 1983; new data by February 8, 1984, and comments on new data by April 9, 1984. In response to that notice, one manufacturer's association and five drug manufacturers submitted comments concerning the use of external analgesic ingredients for the treatment of poison ivy-oak-sumac and insect bites. The agency is also addressing these comments in this notice of proposed rulemaking. Copies of the comments received are on public display in the Dockets Management Branch (address above).

In this notice of proposed rulemaking, FDA responds to public comment and further discusses its position on OTC external analgesic drug products for the treatment of poison ivy-oak-sumac and insect bites. Final agency action on this matter will occur with the publication at a future date of a final rule relating to OTC external analgesic drug products for the treatment of these conditions.

The OTC drug procedural regulations (21 CFR 330.10) now provide that any testing necessary to resolve the safety or effectiveness issues that formerly resulted in a Category III classification, and submission to FDA of the results of that testing or any other data, must be done during the OTC drug rulemaking process before the establishment of a final monograph. Accordingly, FDA will no longer use the terms "Category I" (generally recognized as safe and effective and not misbranded), "Category II" (not generally recognized as safe and effective or misbranded), and "Category III" (available data are insufficient to classify as safe and effective, and further testing is required) at the final monograph stage, but will use instead the terms "monograph conditions" (old Category I) and "nonmonograph conditions" (old Categories II and III). This document retains the concepts of Categories I, II,

and III at the tentative final monograph stage.

The agency advises that the conditions under which the drug products that are subject to this monograph would be generally recognized as safe and effective and not misbranded (monograph conditions) will be effective 12 months after the date of publication of the final monograph in the *Federal Register*. On or after that date, no OTC drug product that is subject to the monograph and that contains a nonmonograph condition, i.e., a condition that would cause the drug to be not generally recognized as safe and effective or to be misbranded, may be initially introduced or initially delivered for introduction into interstate commerce unless it is the subject of an approved application. Further, any OTC drug product subject to this monograph that is repackaged or relabeled after the effective date of the monograph must be in compliance with the monograph regardless of the date the product was initially introduced or initially delivered for introduction into interstate commerce. Manufacturers are encouraged to comply voluntarily with the monograph at the earliest possible date.

If the agency determines that any labeling for a condition included in the final monograph should be implemented sooner than the 12-month effective date, a shorter deadline may be established. Similarly, if a safety problem is identified for a particular nonmonograph condition, a shorter deadline may be set for removal of that condition from OTC drug products.

All "OTC Volumes" cited throughout this document refer to the submissions made by interested persons pursuant to the call-for-data notices published in the *Federal Register* on December 12, 1972 (37 FR 26456), November 16, 1973 (38 FR 31697), and August 27, 1975 (40 FR 38179), or to additional information that has come to the agency's attention since publication of the advance notices of proposed rulemaking. The volumes are on public display in the Dockets Management Branch (address above).

#### I. The Agency's Tentative Conclusions on the Comments

The agency has reviewed the comments submitted to this rulemaking. As noted above, most of the comments were also submitted to the skin protectant rulemaking. Several of these comments are general in scope and will be addressed in this rulemaking for external analgesic drug products. Any of these general comments that are applicable to the skin protectant

rulemaking are incorporated into that rulemaking.

1. One comment contended that OTC drug monographs are interpretive, as opposed to substantive, regulations. The comment referred to statements on this issue submitted earlier to other OTC drug rulemaking proceedings.

The agency addressed this issue in paragraphs 85 through 91 of the preamble to the procedures for classification of OTC drug products, published in the *Federal Register* of May 11, 1972 (37 FR 9464), and in paragraph 3 of the preamble to the tentative final monograph for antacid drug products, published in the *Federal Register* on November 12, 1973 (38 FR 31260). FDA reaffirms the conclusions stated in those documents. Court decisions have confirmed the agency's authority to issue substantive regulations by rulemaking. (See, e.g., *National Nutritional Foods Association v. Weinberger*, 512 F.2d 688, 696-98 (2d Cir. 1975) and *National Association of Pharmaceutical Manufacturers v. FDA*, 487 F. Supp. 412 (S.D.N.Y. 1980), *aff'd*, 637 F.2d 887 (2d Cir. 1981).)

2. Noting its continued opposition to FDA's exclusivity of labeling policy for OTC drugs, one comment stated that FDA should not prohibit the use of alternative OTC labeling terminology that is truthful, not misleading, and intelligible to the consumer. Another comment stated that its objections to FDA's "exclusivity" policy were presented at the agency's hearing on this subject on September 29, 1982.

In the *Federal Register* of May 1, 1986 (51 FR 16258), the agency published a final rule changing its labeling policy for stating the indications for use of OTC drug products. Under 21 CFR 330.1(c)(2), the label and labeling of OTC drug products are required to contain in a prominent and conspicuous location, either (1) the specific wording on indications for use established under an OTC drug monograph, which may appear within a boxed area designated "Approved Uses"; (2) other wording describing such indications for use that meets the statutory prohibitions against false or misleading labeling, which shall neither appear within a boxed area nor be designated "Approved Uses"; or (3) the approved monograph language on indications, which may appear within a boxed area designated "Approved Uses," plus alternative language describing indications for use that is not false or misleading, which shall appear elsewhere in the labeling. All other OTC drug labeling required by a monograph or other regulation (e.g., statement of identity, warnings, and directions) must

appear in the specific wording established under the OTC drug monograph or other regulation where exact language has been established and identified by quotation marks, e.g., 21 CFR 201.63 or 330.1(g). The proposed rule in this document is subject to the labeling provisions of § 330.1(c)(2).

3. Two comments in response to the tentative final monograph for OTC external analgesic drug products (48 FR 5852) requested that specific indications for rashes caused by poison ivy be added to the monograph. One comment stated that the phrase "and rashes due to poison ivy, poison oak, or poison sumac" should be added to the indication "for the temporary relief of itching associated with sunburn, insect bites, or minor skin irritations." The comment requested that the agency revise this indication for external analgesic ingredients identified in § 348.10 (a), (b), and (c) to read "For the temporary relief of" (select one of the following: "pain," "itching," or "pain and itching") which may be followed by: "associated with" (select one or more of the following: "minor burns," "sunburn," "minor cuts," "scrapes," "insect bites," "minor skin irritations," or "rashes due to poison ivy, poison oak, or poison sumac"). The comment used the example of Category I combination products containing an external analgesic (antihistamine) and a skin protectant to support its request. The comment noted that the agency proposed the indication "Dries the oozing and weeping of poison ivy, poison oak, and poison sumac" in the skin protectant tentative final monograph (February 15, 1983; 48 FR 6820 at 6832). According to the comment, the purpose of a combination product containing a topical antihistamine and a skin protectant is both to help dry the poison ivy, poison oak, or poison sumac lesions and to relieve the itch associated with these conditions. The comment argued that not permitting an indication for the relief of itch associated with rashes due to poison ivy, poison oak, and poison sumac in the external analgesic monograph is not only inconsistent with the allowed combination but also misleading and would cause confusion to consumers.

The second comment stated that the proposed indication for external analgesic ingredients identified in § 348.10 (a), (b), and (c) of the tentative final monograph is too restrictive for the broad range of uses for these products. The comment proposed the following as an example of a truthful statement that is an appropriate indication for external analgesic drug products: "For the

temporary relief of pain and itching associated with poison ivy, poison oak, and poison sumac."

The agency agrees that indications for the relief of pain and itching associated with rashes due to poison ivy, poison oak, and poison sumac are appropriate for external analgesic ingredients identified in § 348.10 (a), (b), and (c).

The Topical Analgesic Panel recognized that the causes of pain and itch are multivariied but did not provide an exhaustive list of these causes in its report on OTC external analgesic drug products (December 4, 1979; 44 FR 69768 at 69776 and 69777). The Panel stated that itching is amenable to topically applied OTC external analgesic drug products that have antipruritic activity. The Panel explained that the anatomic pathways subserving pain and itch are identical and that itching results when cutaneous pain fibers are weakly stimulated, i.e., the difference between stimuli causing pain and itch is one of intensity. Further, the Panel stated that since the sensation of itch is mediated via pain fibers, local anesthetics and analgesics that block conduction along the axonal membranes, such as the nitrogenous drugs of the "caine" type and of the alcohol type, all have antipruritic activity. In addition, itching due to chemomediators can be relieved by drugs such as antihistamines that act competitively or combine with chemical agents released by trauma and other factors. The Panel recommended the following indication for external analgesic ingredients with antipruritic activity: "For the temporary relief of pain and itching due to minor burns, sunburn, minor cuts, abrasions, insect bites, and minor skin irritations."

In the tentative final monograph for OTC external analgesic drug products, the agency revised the Topical Analgesic Panel's recommended indication to allow the claim "For the temporary relief of itching" without listing examples of causes of itching (48 FR 5852 at 5863). The agency stated that such labeling would be clearly recognizable and meaningful to a consumer who was experiencing itching without knowing the cause. The agency also proposed in § 348.50(b)(2) the Topical Analgesic Panel's recommended list of examples of causes of itching as optional labeling as follows: "For the temporary relief of" (select one of the following: "pain," "itching," or "pain and itching") (which may be followed by: "associated with" (select one or more of the following: "minor burns," "sunburn," "minor cuts," "scrapes," "insect bites," or "minor skin irritations.")). At that time, the agency

did not expand the Panel's recommended list of causes of itching to include poison ivy, poison oak, and poison sumac because it had not evaluated the Miscellaneous External Panel's recommendations on products for that use.

The agency believes that, as with other conditions that cause pain and itching, external analgesic drug products with antipruritic activity will help to relieve the pain and itching associated with rashes due to poison ivy, poison oak, and poison sumac. Poison ivy, poison oak, and poison sumac dermatitis is an allergic contact dermatitis that usually causes an intensely itching skin rash due to exposure to plants of the genus *Rhus* (poison ivy, poison oak, and poison sumac), which contain urushiol, a potent skin-sensitizing agent (Refs. 1 and 2). The agency believes that the pain and itching of rashes caused by contact of the skin with poison ivy, poison oak, or poison sumac are readily recognizable by the consumer. The agency accepts one comment's suggestion that the phrase "rashes due to" be included in the indications statement. However, because manifestations of contact with poison ivy, oak, or sumac or other than a rash, such as blistering, may be present and not all manufacturers may want to use the phrase "rashes due to" in the indications statement, the agency is proposing that the use of this phrase be optional.

The agency is therefore proposing that the indication in § 348.50(b)(2) be revised to read "For the temporary relief of" (select one of the following: "pain," "itching" or "pain and itching,") (which may be followed by: "associated with" (select one or more of the following: "minor burns," "sunburn," "minor cuts," "scrapes," "insect bites," "minor skin irritations," (optional, may include the following: "rashes due to") "poison ivy," "poison oak," or "poison sumac.")). This revised indication will also provide for consistent labeling of a combination product containing an external analgesic and a skin protectant, as noted by one comment.

In addition, the agency is proposing in § 348.3(g) of the tentative final monograph the following definition for poison ivy, poison oak, or poison sumac dermatitis: an allergic contact dermatitis (usually an intensely itching skin rash) due to exposure to plants of the genus *Rhus* (poison ivy, poison oak, poison sumac), which contain urushiol, a potent skin-sensitizing agent.

#### References

- (1) "Dorland's Illustrated Medical Dictionary," 27th Ed., W. B. Saunders Co., Philadelphia, 1988, s.v. "rhus dermatitis."
- (2) "Webster's New Collegiate Dictionary," G. & C. Merriam Co., Springfield, MA, 1979, s.v. "poison ivy."

4. One comment submitted data to the agency in support of claims for 3.6 percent ammonium hydroxide for the "relief of pain and itching from insect bites and discomfort due to nettle and berry bush scratches" (Ref. 1). In a later submission (Ref. 2), the company stated that the ingredient does not work by reducing inflammation or wheal size, nor is there any indication that it neutralizes insect venom. The company described a possible mechanism of action and concluded that the ingredient has a generalized antipruritic effect in relieving pain and itching that follow insect bites. The company noted the Topical Analgesic Panel's Category I classification of 1 to 2.5 percent ammonium hydroxide as a counterirritant (44 FR 69768 at 69792) and stated that the transcripts of the Panel's meetings show that members of that Panel recognized that ammonium hydroxide was effective for relief of itching due to insect bites. The company requested that 3.6 percent ammonium hydroxide be classified as a Category I antipruritic external analgesic ingredient in the final monograph for OTC external analgesic drug products.

Because the company has requested an antipruritic claim for all conditions included in the external analgesic tentative final monograph, the agency is not addressing the data in this document, which addresses only poison ivy-oak-sumac and insect bite claims. The agency will discuss the data regarding ammonium hydroxide in the final monograph for OTC external analgesic drug products in a future issue of the Federal Register.

#### References

- (1) Comment No. C00046, Docket No. 78N-0301, Dockets Management Branch.
- (2) Comment coded HER, Docket No. 78N-0301, Dockets Management Branch.

## II. The Agency's Evaluation of the Submissions

The Miscellaneous External Panel reviewed only the use of OTC drug products for the prevention of poison ivy, poison oak, and poison sumac and for use as insect bite neutralizers. The Panel recommended that the agency consider in appropriate rulemakings ingredients and labeling claims submitted for treating poison ivy, poison oak, poison sumac, and their related symptoms (47 FR 39412 at 39417).

In this document, the agency discusses the use of OTC external analgesic drug products for the treatment of poison ivy-oak-sumac and insect bites. The agency has evaluated a number of submissions (Ref. 1) that were not reviewed by the Panel. Some of the submissions include drug products that are no longer marketed or that have been reformulated to include active ingredients and/or conditions that were proposed in the tentative final monograph for OTC external analgesic drug products (48 FR 5852). The manufacturers of these drug products have requested that their submissions or portions of their submissions concerning these drug products be withdrawn from further consideration in this rulemaking, as follows:

(1) Submissions (Ref. 2) concerning drug products containing pyrilamine maleate for the treatment of the symptoms of insect bites and/or poison ivy, poison oak, and poison sumac were withdrawn by the manufacturers (Refs. 3 and 4).

(2) A submission (Ref. 5) concerning a combination drug product containing chlorobutanol, glycerin, boric acid, salicylic acid, resorcinol, phenol, oxyquinoline sulfate, camphor, and 28 percent alcohol for the treatment of the symptoms of insect bites and poison ivy was withdrawn by the manufacturer (Ref. 6).

(3) A submission (Ref. 7) concerning a combination drug product containing benzocaine, phenol, and iodine for the treatment of the symptoms of insect bites and poison ivy was withdrawn by the manufacturer (Ref. 8).

(4) A submission (Ref. 9) concerning a combination drug product containing ethyl alcohol, gum camphor, oil of eucalyptus, and boric acid for the itch of insect bites and poison ivy, poison oak, and poison sumac was withdrawn by the manufacturer (Ref. 10).

(5) A portion of two submissions (Ref. 11) concerning drug products containing dexpanthenol in lotion form for the treatment of the symptoms of insect bites, poison ivy, and poison sumac was withdrawn by the manufacturer (Ref. 12).

#### References

- (1) OTC Volumes 160006, 160076, 160104, 160124, 160204, and 160288.
- (2) OTC Volumes 160074, 160080, 160132, 160156, and 160216.
- (3) Letter from J. Wright, North Health Care, to W.E. Gilbertson, FDA, dated April 15, 1988, included in OTC Volume 06PIETFM.
- (4) Letter from W.E. Byerley, Law Offices of W.E. Byerly, to H. Cothran, FDA, dated April 29, 1988, included in OTC Volume 06PIETFM.
- (5) OTC Volume 160059.

(6) Letter from S. Smith, Dep Corp., to W.E. Gilbertson, FDA, dated May 3, 1988, included in OTC Volume 06PIETFM.

(7) OTC Volume 160278.

(8) Letter from M.H. Davis, Whitehall Laboratories, to W.E. Gilbertson, FDA, dated July 13, 1988, included in OTC Volume 06PIETFM.

(9) OTC Volume 160084.

(10) Letter from L. Sonopp, Clairol, to W.E. Gilbertson, FDA, dated June 9, 1987, included in OTC Volume 06PIETFM.

(11) OTC Volumes 160104 and 160204.

(12) Letter from A. Ryan, Armour Pharmaceutical Co., to L. Geismar, FDA, dated January 7, 1987, included in OTC Volume 06PIETFM.

5. One manufacturer submitted data in 1975 (Refs. 1 and 2) in support of the safety and efficacy of the combination of 2 percent dexpanthenol, 0.1 percent camphor, and 0.1 percent menthol "for use in mild eczemas and dermatoses; itching skin, minor wounds, stings, bites, poison ivy and poison oak (dry stage), minor skin irritations." The current labeling (submitted in 1987) contains the same indications, but lists dexpanthenol 2 percent as the only active ingredient (Ref. 3)

Because camphor and menthol are no longer listed as active ingredients in the product, the agency is addressing only dexpanthenol for use in the treatment of poison ivy-oak-sumac and insect bites in this comment. Dexpanthenol was not reviewed by any OTC advisory review panel for these uses.

The agency has evaluated one study on acute oral toxicity of dexpanthenol in male rats (Ref. 1). In a 14-day study, three preparations containing 2 percent dexpanthenol were orally administered to groups of six rats at a dose level of 50 milliliters per kilogram; no toxic or untoward effects, mortality, or loss of body weight occurred. However, the data provided no detailed information, and were neither blinded nor well-controlled. Dixon and Mastin (Ref. 4) treated 69 patients with various skin conditions of the lower extremities with a 2-percent dexpanthenol cream and reported that no evidence of sensitization was encountered. Likewise, no evidence of sensitization with the topical use of 2 percent dexpanthenol was observed by Welsh and Ede (Ref. 5) in 54 patients treated for dermatoses of various causes, by Kline and Caldwell (Ref. 6) in 31 patients treated for a variety of dermatoses, or by Kline (Ref. 7) in 500 dermatologic patients.

Regarding effectiveness, Dixon and Mastin (Ref. 4) cited 17 representative cases out of 69 patients and summarized the results in a table. In the table, the authors report some clinical evidence of relief of irritation and pruritus in a

variety of skin diseases. However, none of the subjects had poison ivy, poison oak, poison sumac, or insect bites. Kline and Caldwell (Ref. 6) summarized 31 cases of various dermatoses treated with topical application of 2 and/or 5 percent dexpanthenol. The authors reported that many of the patients with skin diseases that cause itching obtained excellent results. However, none of the subjects had poison ivy, poison oak, poison sumac, or insect bites. The authors did state that further investigation of the topical application of this drug in other types of dermatoses is indicated. Kline (Ref. 7) reported 12 years of experience with topical dexpanthenol treatment of 500 dermatologic patients with a variety of itching dermatoses, including 64 patients with acute or chronic contact dermatitis (412 patients out of 500 or 82.4 percent obtained satisfactory results). However, none of the above studies were either blinded or well-controlled. Because no well-controlled safety or efficacy data were submitted to support topical use of 2 percent dexpanthenol for itching, such as that associated with poison ivy-oak-sumac or insect bites, the agency is classifying 2 percent dexpanthenol in Category III for safety and effectiveness for these uses.

Although the submitted labeling lists dexpanthenol as the active ingredient in the drug product, the United States Pharmacopeia recognizes both panthenol, which is a racemic mixture, and dexpanthenol, which is the dextro-form of panthenol (Ref. 8). Therefore, the agency is classifying both dexpanthenol and panthenol in Category III.

#### References

- (1) OTC Volume 160104.
- (2) OTC Volume 160204.
- (3) Letter from A. Ryan, Armour Pharmaceutical Co., to L. Geismar, FDA, dated January 7, 1987, in OTC Volume 06PIETFM.
- (4) Dixon, F. C., and M. N. Mastin, "The Use of Panthothenylol in Lower Extremity Lesions," *Journal of the National Association of Chiropodists*, 47:61-62 and 108, 1957.
- (5) Welsh, A. L., and M. Ede, "Panthoderm: A Topical Therapeutic Adjuvant," *A.M.A. Archives of Dermatology and Syphilology*, 69:732-734, 1945.
- (6) Kline, P. R., and A. Caldwell, "Treatment of Various Dermatoses with Topical Application of Panthenol," *New York State Journal of Medicine*, 52:1141-1143, 1952.
- (7) Kline, P. R., "12 Years Experience Using Pantothényl Topically," *Western Medicine*, 4:78-81, 1963.
- (8) "United States Pharmacopeia XXI—National Formulary XVI," United States Pharmacopeial Convention, Inc., Rockville, MD, pp. 296 and 781, 1985.

6. One comment submitted data to the Miscellaneous External Panel to support the safety and effectiveness of 1 to 2 percent diphenhydramine hydrochloride applied topically "for relief of itching due to insect bites, mild cases of sunburn, poison ivy or oak, and other minor skin irritations" and "for relief of itching due to mild poison ivy or oak, insect bites, or other minor skin irritations, and soothing relief of mild sunburn" (Ref. 1). The data included the results of three studies of a test product containing 1 percent diphenhydramine hydrochloride, calamine lotion, camphor, and 2 percent alcohol for the relief of itching caused by poison ivy/oak. In these studies, the antipruritic effect of diphenhydramine hydrochloride in the test product was compared with the antipruritic effect of calamine lotion alone as a control. The control did not contain diphenhydramine, camphor, or alcohol. According to the comment, the principal difference between the test product and the control is the presence of 1 percent diphenhydramine hydrochloride in the test product. No adverse reactions were reported in any of the studies.

The agency has evaluated the following three studies:

(1) Protocol 282-15 (Ref. 2) is a double-blind controlled study which included 45 subjects with a history of contact dermatitis (poison ivy/oak) with a pruritic component. To induce a contact dermatitis, poison ivy antigen patches were applied to both forearms and removed after 24 to 48 hours of contact with the skin. Both subjective and objective evaluations and examinations of the contact dermatitis were made. Subjects then applied the test product on one arm and the control containing calamine on the other arm every 3 hours and at night, as desired, for 3 consecutive days after development of contact dermatitis. After 3 days of observation, 84 percent preferred the test product for relief of itching. The investigators concluded that the test product reduced pruritus more than the control.

(2) Protocol 282-12 (Ref. 3) is a double-blind, randomized, controlled study. Poison ivy was induced with challenge patches in 50 subjects with a history of hypersensitivity to poison ivy. Twenty subjects with the most severe itching after the application of challenge patches were selected for the study. The test product was applied to one arm, and the control was applied to the other arm every 3 hours in six applications over a 24-hour period. Pruritus was assessed after each application. The investigator stated that a statistical

analysis utilizing a t-test ( $t_{19} = 3.75$ ,  $p < 0.01$ ) strongly indicates that the antipruritic response with the use of the test product is significantly superior to the control.

(3) Protocol 282-10 (Ref. 4) is a double-blind, randomized, controlled study. Sixteen out of 29 subjects with artificially-induced poison ivy were studied after developing moderate to severely pruritic lesions. The test product was applied to one arm and the control was applied to the other arm every 3 hours for 48 hours. Pruritus was assessed after each application. The investigators found a significant difference ( $p < 0.05$ ) in favor of the test product.

The agency has determined that these studies were inappropriately designed because the test product contained camphor and alcohol but the control did not contain camphor and alcohol. The Topical Analgesic Panel has recommended (December 4, 1979; 44 FR 69768) and the agency has proposed (February 8, 1983; 48 FR 5852) that camphor be a Category I analgesic, anesthetic, and antipruritic at a 0.1- to 0.3-percent concentration. Because of the nature of the studies, it cannot be determined whether the 1 percent diphenhydramine hydrochloride, the camphor, or both provided the relief obtained. Although there is a problem with the study design, based on other information discussed below concerning the antipruritic properties of diphenhydramine hydrochloride, the agency believes that the above studies provide supporting evidence that 1 percent diphenhydramine hydrochloride relieves itching caused by poison ivy or oak.

The above data were not examined by the Miscellaneous External Panel in its statement on OTC drug products for the prevention of poison ivy, poison oak, and poison sumac. That Panel stated that ingredients such as diphenhydramine hydrochloride should be considered in other appropriate rulemakings for their use in treating poison ivy, poison oak, poison sumac, and their related symptoms. (See 47 FR 39412 at 39417 and 39440.) The Miscellaneous External Panel was aware that the Topical Analgesic Panel had reviewed similar data (Ref. 5) concerning the antipruritic effectiveness of 1 to 2 percent diphenhydramine hydrochloride and had recommended Category I status for this ingredient in its proposed monograph with the indication "For the temporary relief of pain and itching due to minor burns, sunburn, minor cuts, abrasions, insect bites, and minor skin irritations" (44 FR

69768 at 69865). In the tentative final monograph for OTC external analgesic drug products (48 FR 5852), the agency concurred with the Topical Analgesic Panel's recommendations and also agreed with a comment to that Panel's report that products containing antipruritic ingredients (including diphenhydramine hydrochloride) should be allowed to use the general indication "For the temporary relief of itching" without listing specific examples of the causes of the itching, or for itching associated with one or more causes. (See comment 28 at 48 FR 5863.) Section 348.50(b)(2) of the external analgesic tentative final monograph already provides the option of listing specific causes of itching such as "insect bites," "sunburn," and "minor skin irritations."

After reviewing the above data, the agency is now proposing to amend § 348.50(b)(2) to expand the list of optional causes of itching by adding "poison ivy," "poison oak," and "poison sumac." As revised, proposed § 348.50(b)(2) will now read as follows: *For products containing any external analgesic active ingredients identified in § 348.10 (a), (b), and (c).* "For the temporary relief of" (select one of the following: "pain," "itching," or "pain and itching") (which may be followed by: "associated with" (select one or more of the following: "minor burns," "sunburn," "minor cuts," "scrapes," "insect bites," "minor skin irritations," (optional, may include the following: "rashes due to") "poison ivy," "poison oak," or "poison sumac.")) (See also comment 3 above.)

#### References

- (1) OTC Volume 160124.
- (2) Protocol 282-15, draft of unpublished data, in OTC Volume 160124.
- (3) Protocol 282-12, draft of unpublished data, in OTC Volume 160124.
- (4) Protocol 282-10, draft of unpublished data, in OTC Volume 160124.
- (5) OTC Volume 060095.

7. One manufacturer submitted data and information (Refs. 1 and 2) to the Miscellaneous External Panel on three combination drug products containing either 8 or 10 percent tannic acid and requested that these combinations be Category I for the temporary relief of itching associated with poison ivy, poison oak, or poison sumac. In addition to 10 percent tannic acid, one product contains 12.5 percent isopropanol as an active ingredient and is labeled "for temporary relief of itching associated with poison ivy, oak or sumac." A second product contains the following active ingredients: 10 percent tannic acid, 1.25 percent benzocaine, 0.4

percent camphor, 0.2 percent menthol, and 35 percent isopropanol, and is labeled "for the temporary relief of poison ivy-oak-sumac, sunburn, insect bites and other minor irritations." The third product contains the active ingredients 8 percent tannic acid, 0.5 percent benzocaine, 0.4 percent menthol, and 0.6 percent camphor, and is labeled "for the relief of minor pain and itching caused by poison ivy, poison oak, insect bites, sunburn and other minor skin irritations." The manufacturer stated that the tannic acid-isopropanol combination has been marketed since 1943, based on the findings of Schwartz and Warren (Ref. 3) and on informal testing by "local physicians," as a "safe, simple and economical product which helped to dry the blisters and relieved the itching due to poison ivy rash." The submissions included a 1949 "Federal Security Agency Public Health Service Health Information Series No. 65" publication that describes a method of using a 10-percent alcoholic solution of tannic acid to treat mild cases of poison ivy (Ref. 1). The manufacturer stated that the multicomponent combination drug products "were added as additional forms [of the original drug product] for the convenience of the users," and that all of the active and inactive components of the products have been acceptable to the medical profession and have been used in OTC drugs for many years. The manufacturer submitted several letters from consumers supporting the safety and effectiveness of these products and stated that it has an extensive file containing testimonials from satisfied customers confirming the effectiveness of its products. The submissions contained several studies on the safety of tannic acid or tannin and a table of summaries of several studies on the carcinogenicity of tannic acid (Refs. 2 and 4 through 8). The manufacturer concluded that 35 years of marketing experience with no serious complaints other than staining of the skin or clothing substantiates the fact that the products are safe and effective for the labeling claims. The manufacturer added that over this period of time its tannic acid-isopropanol product "has proven to be a mild, safe product to alleviate the discomforts of mild cases of poison ivy, sunburn, insect bites and minor skin irritations due to its astringent and protein precipitating properties." The manufacturer noted that it had compared its product "subjectively to every other leading OTC product on the market" and found its product to be at least as effective and generally more effective than other

products, with no undesirable side effects.

The Topical Analgesic Panel reviewed tannic acid and stated that this ingredient is not safe for use as an OTC skin protectant (August 4, 1978; 43 FR 34628 at 34644). The Panel reviewed studies concerning the safety of topical use of tannic acid (Refs. 9, 10, and 11) and stated that the documented hepatotoxicity of tannic acid with repeated topical applications over large areas of damaged skin make this ingredient unsuitable for use as a skin protectant. In addition, the Panel stated that the desired effect of tannic acid, i.e., to produce a protein precipitate which would act as a protective coat (43 FR 34628 at 34644), causes the formation of an outer crust under which bacterial growth may flourish. The Miscellaneous External Panel and the agency concurred with the Topical Analgesic Panel's conclusions regarding the safety of tannic acid (47 FR 39412 at 39426 and 48 FR 6820 at 6825).

The manufacturer's summaries of some of the studies cited in support of the safety of tannic acid (Ref. 1) indicate that either no data were presented in the studies (Refs. 2 and 7) or the studies concerned the carcinogenic effect of tannic acid (Refs. 4, 6, and 8). One other study cited by the manufacturer (Ref. 5) was reviewed by the Topical Analgesic Panel in its discussion of tannic acid (43 FR 34628 at 34644). The Panel's evaluation of this study did not change its view that tannic acid is not safe for use as an OTC skin protectant. The studies cited in the submissions do not address the issues raised by the Panel, i.e., (1) that repeated use of tannic acid over large areas of damaged skin can cause liver damage, or (2) that formation of an outer crust on the skin (produced by the tannin's ability to precipitate protein) may allow bacteria to grow and flourish under the crust.

In addition, the information submitted on the effectiveness of 10 percent tannic acid to relieve itching of poison ivy-oak-sumac or insect bites is inadequate. The 1949 Public Health Service publication (Ref. 1) describes the use of a 10-percent alcoholic solution of tannic acid to treat mild cases of poison ivy, but does not present any data concerning the effectiveness of this solution. The 1941 Schwartz and Warren study (Ref. 3) involved "only 11 patients having dermatitis presumably caused by poison ivy," one of whom failed to return for final observation. The authors state that itching and discomfort in nine of the patients stopped within 1 or 2 days and all nine had recovered at the end of 1 week. The authors go on to state that the

10th patient, who did not fully recover for 2 weeks, was suspected of having dermatitis caused by crab grass, not poison ivy. This study does not support the effectiveness of 10 percent tannic acid because it is uncontrolled, the etiology of the dermatitis is uncertain, and objective methods of determining the effectiveness of the treatment are not described. In fact, the authors state that this treatment is reported in the hope that other physicians will give it a trial, and either confirm or disprove the efficacy of this treatment on a larger number of patients.

The testimonials included in the submissions are not adequate to establish effectiveness. The standards for establishing effectiveness in the OTC drug review state that isolated case reports, random experience, and reports lacking the details which permit scientific evaluation will not be considered. (See 21 CFR 330.10(a)(4)(ii).)

Based on the above, the agency is placing 8 to 10 percent tannic acid in Category III for the temporary relief of itching associated with poison ivy-oak-sumac and insect bites. Therefore, any combination drug product that contains 8 to 10 percent tannic acid for these uses is also Category III.

With respect to the other active ingredients in the submitted combination drug products, 0.2 percent menthol and 0.4 percent camphor are Category I external analgesics and may be combined; isopropanol has not been classified as an external analgesic or as a skin protectant and would require adequate data to support its safety and effectiveness for such use; and although 5 to 20 percent benzocaine is Category I as an external analgesic, 0.5 to 1.25 percent benzocaine and any combination containing 0.5 to 1.25 percent benzocaine are Category III and would require adequate data to demonstrate effectiveness.

#### References

- (1) OTC Volume 160076.
- (2) OTC Volume 160288.
- (3) Schwartz, L., and L. H. Warren, "Tannic Acid Treatment of Poison Ivy (*Rhus Spp.*) Dermatitis," *Public Health Reports*, 56:1039-1041, 1941.
- (4) Armstrong, D. M. G., E. G. C. Clark, and E. Cotchin, "A Note on the Acute Toxicity of Hydrolyzable and Condensed Tannins," *The Journal of Pharmacy and Pharmacology*, 9:98-101, 1957.
- (5) Korpassy, B., and M. Mosonyi, "The Carcinogenic Action of Tannic Acid: Effect of Casein on the Development of Liver Tumors," *Acta Morphologica Academiae Scientiarum Hungaricae*, 1:37-54, 1951.
- (6) Krezanoski, J. Z., "Tannic Acid: Chemistry, Analysis, and Toxicology," *Radiology*, 87:655-657, 1966.

(7) Korpassy, B., and M. Mosonyi, "The Carcinogenic Activity of Tannic Acid; Liver Tumors Induced in Rats by Prolonged Subcutaneous Administration of Tannic Acid Solutions," *British Journal of Cancer*, 4:411-420, 1950.

(8) Robinson, H. J., and O. E. Graessle, "Toxicity of Tannic Acid," *Journal of Pharmacology*, 77:63-69, 1943.

(9) Wells, D. B., H. D. Humphrey, and J. J. Coll, "The Relation of Tannic Acid to Liver Necrosis Occurring in Burns," *The New England Journal of Medicine*, 226:629-636, 1942.

(10) Barnes, J. M., and R. J. Rossiter, "Toxicity of Tannic Acid," *The Lancet*, 2:218-222, 1943.

(11) McClure, R. D., C. R. Lam, and H. Romence, "Tannic Acid and the Treatment of Burns: An Obsequy," *Annals of Surgery*, 120:387-398, 1944.

8. One manufacturer (Ref. 1) submitted data and information for a product containing 0.5 percent tripeleannamine hydrochloride, and 0.5 percent methapyrilene hydrochloride, and 0.1 percent menthol in combination with 0.0495 percent benzalkonium chloride with the labeling claims "Relieves itch and discomforts of skin allergies, hives, bee stings, nonpoisonous insect bites, poison ivy and oak, sunburn and minor skin disorders," and "Helps prevent skin infection." The comment subsequently informed the agency that it had reformulated its product by substituting 1 percent diphenhydramine hydrochloride for the 0.5 percent methapyrilene hydrochloride, but did not submit any additional data on the reformulated product (Ref. 2). The company subsequently submitted updated labeling stating that the active ingredients are diphenhydramine hydrochloride 1.0 percent, tripeleannamine hydrochloride 0.5 percent, and benzalkonium chloride 0.12 percent and that menthol is an inactive ingredient (Ref. 3).

Two of the three active ingredients (tripeleannamine hydrochloride and diphenhydramine hydrochloride) have been proposed as Category I for the temporary relief of pain and/or itching associated with insect bites and minor skin irritations in the tentative final monograph for OTC external analgesic drug products (48 FR 5852 at 5868). The Topical Analgesic Panel stated that there is evidence that topical creams containing 2 to 3 percent tripeleannamine hydrochloride are effective in temporarily relieving the pruritus of poison ivy eruptions (44 FR 69768 at 69839). Based on the agency's discussion of poison ivy, poison oak, and poison sumac claims for all Category I antipruritic ingredients in comments 3 and 6 above, tripeleannamine

hydrochloride and diphenhydramine hydrochloride are being proposed as Category I ingredients for the temporary relief of pain and/or itch associated with poison ivy-oak-sumac, insect bites, and minor skin irritations. The agency proposed that benzalkonium chloride, the third active ingredient in the product, be classified Category III for use as a skin antiseptic and as a skin wound protectant in the tentative final monograph for OTC topical antimicrobial drug products (January 6, 1978; 43 FR 1210 at 1229). This ingredient will be discussed further in the tentative final monograph for OTC first aid antiseptic drug products in a future issue of the **Federal Register**.

Proposed § 348.20(b)(2) of the external analgesic tentative final monograph provides for the combination of the antihistamine tripeleannamine hydrochloride or diphenhydramine hydrochloride and any Category I topical antimicrobial active ingredient or combination identified in Part 333, when labeled for concurrent symptoms (48 FR 5852 at 5868). However, because the product described above contains two antihistamines, it does not qualify as a permitted combination included in § 348.20, nor does it meet the agency's combination policy for OTC drugs as stated in 21 CFR 330.10(a)(4)(iv) and in the agency's general guidelines for OTC drug combination products (Ref. 4). These guidelines state that Category I active ingredients from the same therapeutic category (antihistamines, in this case) that have the same mechanism of action should not ordinarily be combined unless there is some advantage over the single ingredients in terms of enhancing effectiveness, safety, patient acceptance, or quality of formulation. No data have been submitted demonstrating any of these advantages. Therefore, such a combination of ingredients is classified as Category III for treating poison ivy-oak-sumac and insect bites. Further, in a telephone conversation between representatives of the agency and the company, a company representative indicated that the diphenhydramine "was likely to be deleted" from the product at the time that a final order goes into effect (Ref. 5).

#### References

- (1) OTC Volume 160006.
- (2) Letter from H.W. Gordon, Commerce Drug Co., Inc., to W.E. Gilbertson, FDA, dated January 14, 1983, included in OTC Volume 06PIETFM.
- (3) Letter from H.W. Gordon, Commerce Drug Co., Inc., to M. Benson, FDA, dated April 20, 1988, included in OTC Volume 06PIETFM.

(4) "Food and Drug Administration General Guidelines for OTC Drug Combination Products," September 1978, Docket No. 78D-0322, Dockets Management Branch.

(5) Memorandum of telephone conversation between H.W. Gordon, Commerce Drug Co., Inc., and M. Benson, FDA, dated March 3, 1983, included in OTC Volume 06PIETFM.

### III. The Agency's Tentative Conclusions and Adoption of the Panel's Statements

#### A. Summary of Ingredient Categories and Testing of Category II and Category III Conditions

##### 1. Summary of Ingredient Categories

In the Miscellaneous External Panel's advance notice of proposed rulemaking for external analgesic drug products (47 FR 39412 at 39416 and 39430), the Panel stated that, although the agency's call-for-data notices (38 FR 31697 and 40 FR 38179) requested the submission of data and information for a number of specific active ingredients (47 FR 39412 at 39416 and 39430) or any other active ingredients used in OTC poison ivy and oak remedy drug products and insect bites drug products, the Panel reviewed only those ingredients with claims for preventing poison ivy, poison oak, or poison sumac or for treating insect bites by neutralization or inactivation of insect venom. As stated above, drug products for the treatment and/or prevention of poison ivy, poison oak, and poison sumac and for the treatment and/or neutralization of insect bites are discussed in the skin protectant rulemaking published elsewhere in this issue of the **Federal Register** and will not be discussed further here.

Although the Miscellaneous External Panel mentioned the use of external analgesic ingredients for the treatment of poison ivy-oak-sumac and insect bites, it did not review or classify all of the individual ingredients. Most of the ingredients in marketed products submitted to the Panel or ingredients that appeared in the call-for-data notices were simply listed in the Panel's statements on OTC drug products for the prevention of poison ivy, poison oak, and poison sumac (47 FR 39412 at 39416) and on OTC insect bite neutralizer drug products (47 FR 39412 at 39430). The Panel noted at 47 FR 39417 that many of these ingredients labeled with claims for the relief of minor skin irritations, itching, and rashes due to poison ivy, poison oak, and poison sumac have been previously addressed by another OTC panel, the Topical Analgesic Panel. The agency has further considered the recommendations of the Topical Analgesic Panel on OTC external analgesic drug products (44 FR 69768), the tentative final monograph on OTC



external analgesic drug products (48 FR 5852), and the additional data and information available at this time. Based upon this information, the agency is adding several active ingredients to the "Summary of Ingredient Categories" table for analgesic, anesthetic, and antipruritic active ingredients that appeared in the tentative final monograph for OTC external analgesic drug products (48 FR 5852 at 5865). These ingredients are benzocaine 0.5 to 1.25 percent, dexpanthenol, panthenol, and tannic acid. An updated table appears below for the convenience of the reader.

SUMMARY OF INGREDIENT CATEGORIES

Analgesic, anesthetic, and antipruritic active ingredients	Category
Aspirin.....	III
Benzocaine	I
(a) 5 to 20 percent.....	I
(b) 0.5 to 1.25 percent.....	I
Benzyl alcohol.....	III
Butamben picrate.....	I
Camphor.....	I
Camphorated metacresol.....	I
Chloral hydrate.....	I
Chlorobutanol.....	II
Cyclomethycaine sulfate.....	III
Dexpanthenol.....	III
Dibucaine.....	III
Dibucaine hydrochloride.....	I
Dimethisoquin hydrochloride.....	I
Diphenhydramine hydrochloride.....	I
Dyclonine hydrochloride.....	I
Eugenol.....	I
Glycol salicylate.....	III
Hexylresorcinol.....	III
Hydrocortisone <sup>1</sup> .....	III
Hydrocortisone acetate <sup>1</sup> .....	III
Juniper tar.....	I
Lidocaine.....	I
Lidocaine hydrochloride.....	I
Menthol.....	I
Methapyrilene hydrochloride.....	I
Panthenol.....	II
Phenol.....	III
Phenolate sodium.....	I
Pramoxine hydrochloride.....	I
Resorcinol.....	I
Salicylamide.....	I
Tannic acid.....	III
Tetracaine.....	III
Tetracaine hydrochloride.....	I
Thymol.....	I
Trolamine salicylate <sup>2</sup> .....	III
Triplennamine hydrochloride.....	I

<sup>1</sup> Hydrocortisone and hydrocortisone acetate are OTC external analgesics only for use as topical antipruritics.

<sup>2</sup> Identified by the Topical Analgesic Panel as triethanolamine salicylate.

The Miscellaneous External Panel's list of ingredients in marketed products for treating poison ivy, poison oak, poison sumac, and their related symptoms (47 FR 39412 at 39417) included a number of ingredients, with the exception of sodium bicarbonate, for which no information was provided. These ingredients are considered Category II. The agency is addressing sodium bicarbonate in the skin

protectant document published elsewhere in this issue of the Federal Register because the mechanism of action of sodium bicarbonate involves the ingredient providing a mechanical barrier to protect the exposed skin surfaces from harmful or annoying stimuli.

2. Testing of Category II and Category III Conditions

The agency is not proposing specific testing guidelines in this document. Interested persons may communicate with the agency about the submission of data and information to demonstrate the safety or effectiveness of any external analgesic ingredients or conditions included in the review for the treatment of poison ivy-oak-sumac and insect bites by following the procedures outlined in the agency's policy statement published in the Federal Register of September 29, 1981 (46 FR 47740) and clarified April 1, 1983 (48 FR 14050). That policy statement includes procedures for the submission and review of proposed protocols, agency meetings with industry or other interested persons, and agency communications on submitted test data and other information.

B. Summary of the Agency's Changes

FDA has considered comments submitted to the Topical Analgesic Panel and the Miscellaneous External Panel, the submissions to the Miscellaneous External Panel, and other relevant information and concludes that it will tentatively adopt the substance of the Miscellaneous External Panel's statements. This Panel did not recommend a specific monograph for external analgesic drug products for use in the treatment of poison ivy-oak-sumac and insect bites. However, the Topical Analgesic Panel did recommend a monograph for external analgesic drug products (44 FR 69768), and the agency adopted this recommended monograph with some revisions in the tentative final monograph for OTC external analgesic drug products (48 FR 5852 at 5867). In this document, the agency is amending that tentative final monograph to include conditions for the treatment of poison ivy-oak-sumac and insect bites based on its evaluations of the data and its responses to the comments described above. A summary of the changes made by the agency follows.

1. The agency is proposing in § 348.3(g) to add a definition for poison ivy, poison oak, or poison sumac dermatitis to the tentative final monograph. (See comment 3 above.)

2. The agency is amending proposed § 348.50(b)(2) ("Indications") by expanding the optional list of causes of

itching to include "poison ivy," "poison oak," and "poison sumac" to read: "For the temporary relief of" (select one of the following: "pain," "itching," or "pain and itching") (which may be followed by: "associated with" (select one or more of the following: "minor burns," "sunburn," "minor cuts," "scrapes," "insect bites," "minor skin irritations," (optional, may include the following: "rashes due to") "poison ivy," "poison oak," or "poison sumac.")) (See comment 3 above.)

The agency has examined the economic consequences of this proposed rulemaking in conjunction with other rules resulting from the OTC drug review. In a notice published in the Federal Register of February 8, 1983 (48 FR 5806), the agency announced the availability of an assessment of these economic impacts. The assessment determined that the combined impacts of all the rules resulting from the OTC drug review do not constitute a major rule according to the criteria established by Executive Order 12291. The agency therefore concludes that not one of these rules, including this proposed rule for OTC external analgesic drug products for the treatment of poison ivy-oak-sumac and insect bites, is a major rule.

The economic assessment also concluded that the overall OTC drug review was not likely to have a significant economic impact on a substantial number of small entities as defined in the Regulatory Flexibility Act (Pub. L. 96-354). That assessment included a discretionary Regulatory Flexibility Analysis in the event that an individual rule might impose an unusual or disproportionate impact on small entities. However, this particular rulemaking for OTC external analgesic drug products for the treatment of poison ivy-oak-sumac and insect bites is not expected to pose such an impact on small businesses. Therefore, the agency certifies that this proposed rule, if implemented, will not have a significant economic impact on a substantial number of small entities.

The agency invited public comment in the advance notice of proposed rulemaking regarding any impact that this rulemaking would have on OTC external analgesic drug products. No comments on economic impacts were received. Any comments on the agency's initial determination of the economic consequences of this proposed rulemaking should be submitted by January 31, 1990. The agency will evaluate any comments and supporting data that are received and reassess the economic impact of this rulemaking in the preamble to the final rule.

The agency has determined under 21 CFR 25.24(c)(6) that this action is of a type that does not individually or cumulatively have a significant effect on the human environment. Therefore, neither an environmental assessment nor an environmental impact statement is required.

Interested persons may, on or before January 31, 1990, submit to the Dockets Management Branch (address above) written comments, objections, or requests for oral hearing before the Commissioner on the proposed regulation. A request for an oral hearing must specify points to be covered and time requested. Written comments on the agency's economic impact determination may be submitted on or before January 31, 1990. Three copies of all comments, objections, and requests are to be submitted, except that individuals may submit one copy. Comments, objections, and requests are to be identified with the docket number found in brackets in the heading of this document and may be accompanied by a supporting memorandum or brief. Comments, objections, and requests may be seen in the office above between 9 a.m. and 4 p.m., Monday through Friday. Any scheduled oral hearing will be announced in the **Federal Register**.

Interested persons, on or before October 3, 1990, may also submit in writing new data demonstrating the safety and effectiveness of those conditions not classified in Category I. Written comments on the new data may be submitted on or before December 3, 1990. These dates are consistent with the time periods specified in the agency's final rule revising the procedural regulations for reviewing and classifying OTC drugs, published in the

**Federal Register** of September 29, 1981 (46 FR 47730). Three copies of all data and comments on the data are to be submitted, except that individuals may submit one copy, and all data and comments are to be identified with the docket number found in brackets in the heading of this document. Data and comments should be addressed to the Dockets Management Branch. Received data and comments may also be seen in the office above between 9 a.m. and 4 p.m., Monday through Friday.

In establishing a final monograph for OTC external analgesic drug products, the agency will ordinarily consider only data submitted prior to the closing of the administrative record on December 3, 1990. Data submitted after the closing of the administrative record will be reviewed by the agency only after a final monograph is published in the **Federal Register**, unless the Commissioner finds good cause has been shown that warrants earlier consideration.

#### List of Subjects in 21 CFR Part 348

External analgesic drug products, Labeling, Over-the-counter drugs.

Therefore, under the Federal Food, Drug, and Cosmetic Act and the Administrative Procedure Act, it is proposed that subchapter D of chapter I of title 21 of the Code of Federal Regulations be amended in part 348 as proposed in the **Federal Register** of February 8, 1983 (48 FR 5852) as follows:

#### PART 348—EXTERNAL ANALGESIC DRUG PRODUCTS FOR OVER-THE-COUNTER HUMAN USE

1. The authority citation for 21 CFR Part 348 continues to read as follows:

Authority: Secs. 201(p), 502, 505, 701, 52 Stat. 1041-1042 as amended, 1050-1053 as amended, 1055-1056 as amended by 70 Stat. 919 and 72 Stat. 948 (21 U.S.C. 321(p), 352, 355, 371); 5 U.S.C. 553; 21 CFR 5.10 and 5.11.

2. Section 348.3 is amended by adding new paragraph (g) to read as follows:

#### § 348.3 Definitions.

(g) *Poison ivy, poison oak, or poison sumac dermatitis.* An allergic contact dermatitis (usually an intensely itching skin rash) due to exposure to plants of the genus *Rhus* (poison ivy, poison oak, poison sumac), which contain urushiol, a potent skin-sensitizing agent.

3. Section 348.50 is amended by revising paragraph (b)(2) to read as follows:

#### § 348.50 Labeling of external analgesic drug products.

(b) \* \* \*

(2) *For products containing any external analgesic active ingredients identified in § 348.10 (a), (b), and (c).* "For the temporary relief of" (select one of the following: "Pain," "itching," or "pain and itching") (which may be followed by: "associated with" (select one or more of the following: "minor burns," "sunburn," "minor cuts," "scrapes," "insect bites," "minor skin irritations," (optional, may include the following: "rashes due to") "poison ivy," "poison oak," or "poison sumac."))

Dated: August 26, 1989.

Frank E. Young,

Commissioner of Food and Drugs.

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