AMERICAN SOCIETY FOR
CLINICAL PHARMACOLOGY AND THERAPEUTICS

Organized May 1, 1900

103rd Annual Meeting: Marriott Marquis Hotel, Atlanta, Georgia, March 24-27, 2002

23 May 2001

Dockets Management Branch (HFA-305)
Food and Drug Administration
5630 Fishers Lane, Room 1061
Rockville, MD 20857

RE: **Proposal for "New Physician Labeling for Prescription Drugs" (Federal Register, Vol. 65, No. 247, Friday, December 22, 2000)**

To Whom It May Concern:

The American Society for Clinical Pharmacology and Therapeutics (ASCPT) wishes to voice support and make specific comments with regard to the Food and Drug Administration (FDA) proposal to alter and enhance the format for prescription drug labeling.

By way of introduction, ASCPT represents the largest professional organization in the world devoted to the discipline of human clinical pharmacology. Our society is comprised of over 2000 members from the U.S. and abroad with representation from the disciplines of medicine, pharmacy, dentistry and nursing. The general mission of ASCPT is to promote the development and safe use of medications in humans through application of the broad principles of clinical pharmacology. The potential impact of the aforementioned FDA proposal regarding implications for improved drug safety provides just cause for ASCPT to offer comment.

ASCPT wholeheartedly concurs with FDA opinion that practitioners find the current format for labeling of approved products to be lengthy, complex and difficult to use in support of therapeutic decision making. As a result, approved product labeling may be often ignored as a source of drug information – all of which must be supported by well-designed controlled clinical trials subjected to rigorous scientific and clinical scrutiny by the FDA. Given that much of the data from clinical trials used to support a New Drug Application (NDA) may never be described and/or summarized through the process of publication in the biomedical literature, it may remain relatively "invisible" to the practitioner who does not, for whatever reason, consult the approved product label. The absence of such information at the time of therapeutic decision making can only serve to increase the risk of drug-associated adverse effects that result from the availability of incomplete information.

The virtual complete re-organization of product labeling format proposed by FDA represents an important initiative that has the potential to bring "life" and renewed utility to a document (i.e., the product labeling) that is often ignored by the practitioner. This initiative will dramatically improve product labeling by improving the avenues for its prospective utilization as a therapeutic decision making tool. Making accurate information easier to find, read and use can only improve the safety and efficacy of drug therapy by reducing drug-associated adverse events that often occur consequent to iatrogenic causes fueled by inadequate communication of information. This innovation should also reduce the medicolegal risks to practitioners by either reducing the extent of "off-label" prescribing or alternatively, insuring that the decision to prescribe a drug "off-label" considers the information that is actually included in the approved product labeling.

00N-1269

C38

528 North Washington Street, Alexandria, VA 22314
Phone: (703) 836-6981• Fax: (703) 836-5223
www.ascpt.org • info@ascpt.org

The one element in the proposed new format for prescription drug labeling that will most enhance the clinical utility of the information contained therein is the inclusion of the "Highlights" section of bulleted prescribing information. Appropriately indexed to more complete drug/prescribing information (as provided for in the FDA proposal), the distillation of data contained in the "Highlights" section will provide the practitioner with the most critical information to be considered in the process of drug prescribing. ASCPT recognizes that these "highlights" are not intended to reflect complete prescribing information and by their very nature, must be limited in scope so as to maximize the potential benefits associated with such a concise summary. Nonetheless, we offer the following recommendations for consideration by FDA that if instituted, could potentially improve the "Highlights" section of the proposed labeling format:

- Under the subheading *"Recent Label Changes"* (see example for Capoten Tablets® contained in the Federal Register, vol. 65, no. 247, December 22, 2000, p. 81125), indicate the date when a given label change was inserted into the revised product labeling.
- Immediately prior to the subheading *"Indications and Usage"*, insert a new subheading entitled "Pharmacologic Class". Bullet points under this subheading would include a concise description of how a given drug works (i.e., mechanism of action) and its pharmacologic class (e.g., ACE inhibitor).
- Under the subheading *"Dosage and Administration"*, provide specific information for dose adjustment in renal failure for those drugs where this is required. As well, the dose for specific patient populations (e.g., pediatrics, geriatrics) should be indicated provided it was supported by clinical trials submitted as part of a given NDA.
- Further highlight the admonition to report serious ADRs (e.g., place the current statement referencing the MedWatch program in a box similar to that used for "boxed warnings").
- Immediately preceding the subheading *"Drug Interactions"*, insert an additional subheading entitled "Toxicity and Overdose". This new section should include concise information pertaining to the evaluation and emergency management or accidental or intentional drug overdose (e.g., average toxic dose, life-threatening symptoms of toxicity, availability of antidotes, recommendations for initial decontamination).
- Under the subheading *"Use in Specific Populations"*, mention should be made as to whether a given drug has been studied in a given population (e.g., "Pediatric Use: Safety and efficacy not established. Information pertaining to use in pediatric patients provided below (section X.X)").

As is true for any novel communication "tool", effective implementation of the proposed new format for product labeling will be crucial to insure that its full potential/impact can be realized. To this regard, ASCPT recommends that FDA consider the following actions designed to further improve accessibility and utility of the proposed new product labeling format:

- Work diligently with the pharmaceutical industry to collapse the time period for revision of product labeling once an evidence-based determination is made to add any information to the product labeling sufficient to profile a given drug product and/or impact its therapeutic use in any patient population.
- Work cooperatively with USP, professional societies such as ASCPT, and the pharmaceutical industry (i.e., PhARMA) to develop mechanisms to widely disseminate the proposed new product labeling to practitioners in a timely manner. Potential mechanisms include Internet applications suitable for "point of contact" citation/reproduction and also, transmittal to hand-held computing devices (e.g., PDAs, Palm PCs, etc.).

- Apply the new format for product labeling not only to new drug products but also, to the top 150 prescribed drugs currently on the market in the U.S.

Again, ASCPT applauds the efforts of FDA with regard to this particular initiative which when enacted, will improve therapeutic drug use in our country. We thank the Agency for taking this initiative to improve the utility of approved product labeling and for considering the recommendations we have made. We look forward to working cooperatively with FDA to improve the lives of patients through the application of knowledge and the use of accurate drug information.

Sincerely,

Scott Waldman, M.D., Ph.D.
President

Gregory L. Kearns, Pharm.D.
Chair, Government Affairs Committee