conditions existing or anticipated at the affected airports.

The FAA has determined through testing that current non-localizer type, non-precision instrument approaches developed using the TERPS criteria can be flown by aircraft equipped with Global Positioning System (GPS) equipment. In consideration of the above, the applicable Standard Instrument Approach Procedures (SIAPs) will be altered to include "or GPS" in the title without otherwise reviewing or modifying the procedure. (Once a stand alone GPS procedure is developed, the procedure title will be altered to remove "or GPS" from these non-localizer, non-precision instrument approach procedure titles.) Because of the close and immediate relationship between these SIAPs and safety in air commerce, I find that notice and public procedure before adopting these SIAPs are, impracticable and contrary to the public interest and, where applicable, that good cause exists for making some SIAPs effective in less than 30 days.

The FAA has determined that this regulation only involves an established body of technical regulations for which frequent and routine amendments are necessary to keep them operationally current. It, therefore—(1) is not a "significant regulatory action" under Executive Order 12866; (2) is no a "significant rule" under DOT Regulatory Policies and Procedures (44 FR 11034; February 26, 1979); and (3) does not warrant preparation of a regulatory evaluation as the anticipated impact is so minimal. For the same reason, the FAA certifies that this amendment will not have a significant economic impact on a substantial number of small entities under the criteria of the Regulatory Flexibility Act.

List of Subjects in 14 CFR Part 97

Air Traffic Control, Airports, Navigation (Air).

Issued in Washington, DC on May 3, 1996.

Thomas C. Accardi,

Director, Flight Standards Service.

Adoption of the Amendment

Accordingly, pursuant to the authority delegated to me, part 97 of the Federal Aviation Regulations (14 CFR part 97) is amended by establishing, amending, suspending, or revoking Standard Instrument Approach Procedures, effective at 0901 UTC on the dates specified, as follows:

PART 97—STANDARD INSTRUMENT APPROACH PROCEDURES

1. The authority citation for part 97 is revised to read as follows:

Authority: 49 U.S.C. 40103, 40113, 40120, 44701; 49 U.S.C. 106(g); and 14 CFR 11.49(b)(2).

2. Part 97 is amended to read as follows:

§§ 97.23, 97.27, 97.33, 97.35 [Amended]

By amending: § 97.23 VOR, VOR/DME, VOR or TACAN, and VOR/DME or TACAN; § 97.27 NDB, NDB/DME; § 97.33 RNAV SIAPs; and § 97.35 COPTER SIAPs, identified as follows:

** * * Effective June 20, 1995*

Mountain Home, AR, Baxter County Regional, VOR/DME RNAV or GPS RWY 5, Amdt IA CANCELLED
Mountain Home, AR, Baxter County Regional, VOR/DME RNAV RWY 5, Amdt IA
Paragould, AR, Kirk Field, VOR or GPS RWY 4, Amdt 3A CANCELLED
Paragould, AR, Kirk Field, VOR RWY 4, Amdt 3A
Vacaville, CA, Nut Tree, RNAV or GPS RWY 20, Amdt 1 CANCELLED
Vacaville, CA, Nut Tree, RNAV RWY 20, Amdt 1
Harrisburg, IL, Harrisburg-Raleigh, NDB or GPS RWY 24, Amdt. 9 CANCELLED
Harrisburg, IL, Harrisburg-Raleigh, NDB RWY 24, Amdt. 9
Winfield/Arkansas City, KS, Strother Field, NDB or GPS RWY 35, Amdt. 3A CANCELLED
Winfield/Arkansas City, KS, Strother Field, NDB, RWY 35, Amdt. 3A
Houma, LA, HounaTerrebonne, NDB or GPS RWY 18, Amdt. 4A CANCELLED
Houma, LA, HounaTerrebonne, NDB RWY 18, Amdt. 4A
Corinth, MS, Roscoe Turner, NDB or GPS RWY 17, Amdt. 8 CANCELLED
Corinth, MS, Roscoe Turner, NDB RWY 17, Amdt. 8
Portales, NM, Portales Muni, NDB or GPS RWY 1, Orig. CANCELLED
Portales, NM, Portales Muni, NDB RWY 1, Orig.
Alice, TX, Alice Intl, VOR or GPS RWY 31, Amdt. 11 CANCELLED
Alice, TX, Alice Intl, VOR RWY 31, Amdt. 11
Alpine, TX, Alpine-Casparis Municipal, NDB or GPS RWY 19, Amdt. 5 CANCELLED
Alpine, TX, Alpine-Casparis Municipal, NDB RWY 19, Amdt. 5
Ballinger, TX, Bruce Field, NDB or GPS RWY 35, Amdt. 1 CANCELLED
Ballinger, TX, Bruce Field, NDB RWY 35, Amdt. 1
Houston, TX, Houston Gulf, VOR or GPS RWY 31, Amdt 1A CANCELLED
Houston, TX, Houston Gulf, VOR RWY 31, Amdt 1A
Monahans, TX, Roy Hurd Memorial, VOR/DME or GPS RWY 12, Amdt. 1 CANCELLED
Monahans, TX, Roy Hurd Memorial, VOR/DME RWY 12, Amdt. 1
Palestine, TX, Palestine Muni, NDB or GPS RWY 35, Amdt. 7 CANCELLED
Palestine, TX, Palestine Muni, NDB RWY 35, Amdt. 7
Fond Du Lac, WI, Fond Du Lac County, VOR/DME or GPS RWY 36, Amdt. 6 CANCELLED
Fond Du Lac, WI, Fond Du Lac County, VOR/DME RWY 36, Amdt. 6
Sparta, WI, Sparta/Fort Mc Coy, NDB or GPS RWY 29, Amdt. 1 CANCELLED
Sparta, WI, Sparta/Fort Mc Coy, NDB RWY 29, Amdt. 1
Summersville, WV, Summersville, NDB or GPS RWY 4, Amdt. 2 CANCELLED
Summersville, WV, Summersville, NDB RWY 4, Amdt. 2

[FR Doc. 96–12639 Filed 5–17–96; 8:45 am]
BILLING CODE 4910–13–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

21 CFR Parts 310 and 341

[Docket No. 94N–0247]

RIN 0910–AA01

Cold, Cough, Allergy, Bronchodilator, and Antiasthmatic Drug Products for Over-the-Counter Human Use; Amendment of Monograph for OTC Bronchodilator Drug Products

AGENCY: Food and Drug Administration, HHS.

ACTION: Final rule.

SUMMARY: The Food and Drug Administration (FDA) is amending the final monograph for over-the-counter (OTC) bronchodilator drug products by removing pressurized metered-dose aerosol container dosage forms for the ingredients epinephrine, epinephrine bitartrate, and racepinephrine hydrochloride. This action is being taken because the OTC marketing of such drug products will require an approved application containing certain information not required by the monograph. The agency is also amending the regulation that lists nonmonograph active ingredients by adding any ingredient(s) in a pressurized metered-dose aerosol container for OTC bronchodilator drug products. This final rule is part of the ongoing review of OTC drug products conducted by FDA.

EFFECTIVE DATE: June 19, 1996.

FOR FURTHER INFORMATION CONTACT: William E. Gilbertson, Center for Drug Evaluation and Research (HFD–105), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–2304.

SUPPLEMENTARY INFORMATION:

I. Background

In the **Federal Register** of October 2, 1986 (51 FR 35326), FDA issued a final monograph establishing conditions

under which OTC bronchodilator drug products are generally recognized as safe and effective and not misbranded. Section 341.76(d)(2)(i) (21 CFR 341.76(d)(2)(i)) provides for products containing epinephrine, epinephrine bitartrate, and racepinephrine hydrochloride for use in a pressurized metered-dose aerosol container (hereinafter referred to as an inhaler or MDI). The agency stated in the final monograph (51 FR 35326 at 35333 to 35334) that data and information available at that time concerning the technology to produce reliable MDI dosage forms allowed the agency to generally recognize OTC MDI drug products as safe and effective. Further, the agency had anticipated that MDI drug products would continue to contain a chlorofluorocarbon (CFC) propellant and that marketing would continue under approved applications, as stated in § 2.125(d) (21 CFR 2.125(d)), containing information on manufacturing controls for the MDI.

In the **Federal Register** of March 9, 1995 (60 FR 13014), FDA issued a notice of proposed rulemaking to amend the final monograph for OTC bronchodilator drug products to remove pressurized MDI aerosol container dosage forms for the ingredients epinephrine, epinephrine bitartrate, and racepinephrine hydrochloride. The agency also proposed to amend the regulation that lists nonmonograph active ingredients to add any ingredient(s) in a pressurized MDI aerosol container for OTC bronchodilator drug products.

In the proposal, the agency discussed several developments that changed its view about the inclusion of pressurized MDI dosage forms in the final monograph for OTC bronchodilator drug products. The agency determined that an assessment of the safety and effectiveness of each MDI aerosol drug product must be made based on a reconsideration of the nature of MDI aerosol drug products, potential future reformulations to include new propellants, and the recommendations of various international workshops and FDA advisory committee discussions. The agency proposed that all MDI aerosol dosage forms must have premarket approval to ensure their safety and effectiveness.

Interested persons were invited to file by May 23, 1995, written comments or objections on the proposed regulation. Interested persons were invited to file comments on the agency's economic impact determination by May 23, 1995.

In response to the proposal, one drug manufacturer and an association of pharmaceutical scientists submitted comments. Copies of the comments are on public display in the Dockets Management Branch (HFA–305), Food and Drug Administration, 12420 Parklawn Dr., rm. 1–23, Rockville, MD 20857. Final agency action on OTC MDI aerosol drug products containing epinephrine, epinephrine bitartrate, and racepinephrine hydrochloride occurs with the publication of this final rule amending the final monograph for OTC bronchodilator drug products.

As discussed in the proposal (60 FR 13014), the agency advised that the conditions under which the drug products that are subject to this amendment to the final monograph will no longer be generally recognized as safe and effective and are misbranded (nonmonograph conditions) will be effective 30 days after the date of publication in the **Federal Register**. Therefore, on or after June 19, 1996, 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 or abbreviated application (hereinafter called application). Manufacturers are encouraged to comply voluntarily with the final rule at the earliest possible date.

All "OTC Volumes" cited throughout this document refer to the submissions made by interested persons pursuant to the call-for-data notice published in the **Federal Register** of August 9, 1972 (37 FR 16029), or to additional information that has come to the agency's attention since publication of the advance notice of proposed rulemaking. The volumes are on public display in the Dockets Management Branch.

II. The Agency's Conclusions on the Comments

One comment, from a pharmaceutical scientists' association, agreed with the agency's proposal to amend the final monograph for OTC bronchodilator drug products to remove MDI aerosol dosage forms for the ingredients epinephrine, epinephrine bitartrate, and racepinephrine hydrochloride. The comment also agreed that such products should have premarket approval to ensure their safety and effectiveness. The comment explained that changes in an MDI aerosol could have significant effects on the distribution characteristics of the drug in the airways, produce a pharmacological interaction, and/or enhance toxicity of the drug product. With the phaseout of CFC-containing propellants in MDI aerosol drug products, the comment mentioned that the safety and effectiveness of the replacement propellants in these products will need to be established.

The comment stated that appropriately focused and well-designed clinical studies will be necessary to establish the clinical safety and effectiveness of new non-CFC-containing MDI aerosol formulations. New chemistry, manufacturing, and controls evaluations will be needed to document that the new formulation is compatible with the bronchodilator active ingredient and that drug delivery from the new system is comparable to the old system. The comment added that much of the testing needed to confirm the integrity and proper functioning of MDI aerosol drug products containing non-CFC propellants can be determined by in vitro testing. Such testing could determine particle size, total canister contents, and consistency and reproducibility of dose delivery through the life of the dosage form, as well as assess drug related impurities and leakage rate.

The comment expressed some concern about epinephrine, epinephrine bitartrate, and racepinephrine hydrochloride used in a hand-held rubber bulb nebulizer. The comment stated that the agency's concerns about MDI aerosol dosage forms, particularly changes in the distribution characteristics of the drug in the airways, are equally applicable to hand-held rubber bulb nebulizers and spraying devices currently available. The comment also questioned the emphasis placed on many of the comments and conclusions drawn by the authors of articles cited within the proposed amendment because many of those references did not provide details of the composition of MDI aerosol drug products discussed. The comment did not specify which references failed to provide sufficient details.

Another comment, from a drug manufacturer, disagreed with the agency's proposal. The comment claimed that the proposal does not provide a reasonable basis to support the revocation of the "generally recognized as safe and effective" status of these OTC MDI aerosol drug products. The comment contended that the proposal raises questions about the safety and effectiveness of these drug products in the absence of any data showing that epinephrine-containing MDI aerosol drug products are not safe and effective when used according to

the labeling. The comment stated that the safety information discussed in the proposal relates to MDI aerosol products containing albuterol, and it does not raise any questions with respect to the safety of epinephrine-containing MDI aerosol drug products. The comment argued that because all CFC-containing MDI aerosol drug products must now be the subject of an approved new drug application (NDA), there is no public health issue concerning these drug products and, therefore, no need for this proposed monograph amendment.

The comment added that in the final monograph for OTC bronchodilator drug products (51 FR 35326 at 35333), the agency recognized that manufacturer compliance with FDA's current good manufacturing practice (CGMP) regulations would adequately address the control of the quality of drug product containers, components, and the drug product itself, and that specific requirements for MDI aerosol drug delivery systems in the monograph were unnecessary. The comment indicated that while CGMP compliance is important to assure the proper use of MDI aerosol delivery systems, the proposed amendment provides no evidence that CGMP compliance is a concern for currently-marketed epinephrine MDI aerosols.

The comment agreed with the agency that non-CFC propellants could render an MDI aerosol product a "new drug" under § 310.3(h)(1) (21 CFR 310.3(h)(1)). In that case, additional data would be required to support safety and effectiveness. However, the comment argued that new propellant formulations can be reviewed under an NDA without revoking the OTC monograph status of currently marketed CFC-containing MDI aerosol formulations.

The comment mentioned that the proposal to remove OTC MDI aerosol drug products from the final monograph for OTC bronchodilator drug products is not based on the deliberations of any advisory committee and is in conflict with the determination of the Advisory Review Panel on OTC Cold, Cough, Allergy, Bronchodilator, and Antiasthmatic Drug Products that epinephrine-containing OTC MDI aerosol drug products are "generally recognized as safe and effective." The comment stated that the agency should withdraw the proposal until such time as an advisory committee has reviewed the data and voted on a recommendation.

The comment also expressed concern that the agency's action could unnecessarily raise the data burden of NDA's for epinephrine-containing, CFC-propelled MDI's by imposing, without justification, new safety and effectiveness data requirements that are satisfied by the current monograph status. The comment noted that in § 330.11 (21 CFR 330.11), if an OTC drug product meets all the conditions of an applicable monograph, only a review of information pertaining to deviations from those conditions is necessary. The comment contended that § 330.11 encourages innovation and improvement in the pharmaceutical industry without unnecessary regulatory delays and unjustified data burdens. The comment added that, if new NDA's need to be submitted, the additional data required could have the effect of forcing from the market a product that has been the subject of an approved NDA and has had a safe marketing history for many years. Therefore, for these reasons, the comment requested that the agency withdraw the proposed amendment and take no further steps to complete this rulemaking.

The agency has considered the information presented by the comments and determined that marketing of pressurized MDI aerosol bronchodilator drug products containing CFC propellants requires an approved NDA containing information beyond that required by the final monograph for OTC bronchodilator drug products. Since publication of that final monograph in 1986, the agency has reconsidered the nature of MDI aerosol drug products, potential future reformulations to include new propellants, and the recommendations of various international organizations and agency advisory committees concerning the regulatory and data requirements needed to assure the clinical community and patients of the safety and effectiveness of MDI aerosol drug products.

In the proposed monograph amendment (60 FR 13014 to 13020), the agency discussed several specific developments that have changed its views about MDI aerosol dosage forms. These included: (1) Recent publications reporting chemistry, manufacturing, and controls problems resulting from changes to the container and closure system of redesigned MDI aerosol dosage forms; (2) the need for safety and effectiveness data for the new drug products as a result of those chemistry, manufacturing, and controls changes; (3) international workshops and FDA advisory committee discussions focusing on regulatory requirements for modifications to an approved innovator MDI and bioequivalence of generic MDI aerosol drug products; (4) legislation that requires a phaseout of ozone-depleting substances, including CFC propellants in MDI aerosol drug products; and (5) the need for safety data on the alternative propellants that will replace CFC's in MDI aerosol dosage forms, as well as evidence that the new MDI's deliver the drug effectively.

The agency's decision to remove epinephrine ingredients in pressurized MDI aerosol dosage forms from the final monograph for OTC bronchodilator drug products is not based on a specific safety or effectiveness concern that has been identified for any of the currently marketed OTC MDI aerosol drug products. All such products are currently the subject of an approved NDA based on agency regulations in § 2.125(d). The removal of these OTC drug products from the monograph is being done to ensure continued safety and effectiveness of these products and to provide a regulatory basis for adequate regulation of the manufacture of all future OTC MDI aerosol drug products, including those with the new propellants. This action is based on the agency's increased awareness that minor modifications in the manufacturing procedures of these products and the proposed phaseout of CFC propellants have the potential for substantial impact on the safety and effectiveness of these OTC drug products and are not adequately addressed by CGMP guidelines.

In response to the comment regarding the "generally recognized as safe and effective" status of currently marketed OTC MDI aerosol drug products containing epinephrine, epinephrine bitartrate, and racepinephrine hydrochloride, the agency maintains that its preclearance of these products under NDA's alleviates concerns about the safety and effectiveness of these drug products. However, the agency now considers preclearance of the manufacturing processes of these products an important part of assuring their continued safe and effective use.

The agency points out that the safety information discussed in the proposal relates not only to MDI aerosol drug products containing albuterol, but to all such products in pressurized MDI dosage form. Recent data presented to the agency indicate that variability in the performance of an MDI aerosol may result from the physical characteristics of the drug substance, formulation differences, valve and actuator design, and the adequacy of control parameters, specifications, and test methods for each component and the final drug product. Design modification of any component of the drug product may result in significant alterations of the dose delivered to the lung. In addition,

changes in the source or the composition of the drug product may introduce unknown contamination or impurities (extractables) when the propellant comes in contact with the plastic or rubber components of the canister (Ref. 1).

Because all currently marketed OTC CFC-containing MDI aerosols containing epinephrine are the subject of approved applications, the agency does not agree with one comment that this monograph amendment will require additional data or new applications to support the safety and effectiveness of these bronchodilator drug products. Based on agency preclearance under existing applications, the safety and effectiveness of currently marketed OTC MDI drug products are not in question. However, the agency does consider it necessary that OTC marketing of new or reformulated MDI aerosol drug products or products manufactured by a different manufacturer or in a different facility require preclearance via an approved application containing information not required by the monograph to assure the continued safe and effective use of these drug products.

An NDA deviation (§ 330.11) applies to products whose ingredient(s) is included in an OTC drug monograph. OTC MDI aerosol drug products already require an NDA for marketing because of the CFC propellants (§ 2.125(d)). A change in manufacturing procedures may only require a supplement to an NDA. If a change in manufacturing facilities occurs or a product is manufactured by a different company, the affected manufacturer should consult with the agency to ascertain what will be required in the supplemental application.

In the proposed amendment (60 FR 13014 at 13018), the agency cited several international workshops and agency advisory committee discussions that identified the regulatory requirements necessary to determine the safety and effectiveness of reformulated bronchodilator drug products. The Commission of the European Communities, the Drug Information Association, and the agency's Generic Drugs Advisory Committee with representatives from the Pulmonary-Allergy Drugs Advisory Committee (Refs. 2, 3, and 4, respectively) agreed that any change in excipients (including propellants) might result in changes in drug deposition patterns within the lung and might affect absorption and systemic safety. Further, these organizations and committees stated that premarket approval is essential to ensure the identity, strength, quality, and purity of pressurized OTC and prescription bronchodilator drug products.

In response to some of the comment's concerns regarding the use of ephinephrine, epinephrine bitartrate, and racepinephrine hydrochloride in hand-held rubber bulb nebulizers, the agency agrees that some of these concerns about MDI aerosol dosage forms, particularly changes in the distribution characteristics of the drug in the airways, are equally applicable to hand-held rubber bulb nebulizers and spraying devices. The agency intends to reexamine the use of these OTC bronchodilator drugs in hand-held rubber bulb nebulizers in a future issue of the **Federal Register.**

The agency does not agree with one comment that this amendment should be withdrawn until an advisory committee has provided its recommendation. As stated earlier, the agency is not questioning the safety and effectiveness of currently marketed OTC MDI aerosol drug products. However, the agency considers it necessary to review and evaluate the manufacturing controls for these drug products to assure their continued safe and effective use. This monograph amendment deals with process issues (the procedure by which the product gets on the market or how manufacturing changes occur), and in this particular case the agency does not consider it necessary to bring this amendment to an advisory committee for deliberation. However, in some cases, it may be appropriate to bring procedural issues to an advisory committee.

In the proposed monograph amendment (60 FR 13014 at 13020), the agency indicated that there is a statutory phaseout of CFC propellants used in these MDI aerosol products, although an exemption for MDI's for the treatment of asthma and chronic obstructive pulmonary disease exists through 1997. Based on the intended phaseout of CFC-containing propellants in MDI aerosol dosage forms, the agency is aware that the pharmaceutical and other industries are investigating alternative propellants to replace CFC's in MDI's. Given the complexity of MDI aerosol formulations and the interdependence of each of the MDI components, the agency is concerned that the use of new excipients, including non-CFC-containing propellants, could change the distribution characteristics of the MDI bronchodilator drug in the airways, produce a pharmacological interaction, or enhance toxicity of the active drug substance. Such changes in MDI aerosol formulations might alter pulmonary absorption, potentially resulting in changes in the safety and/or therapeutic effectiveness of the bronchodilator drug product. Thus, the agency intends to require manufacturers who reformulate currently approved MDI aerosol drug products with new propellants to submit additional data or a new NDA to demonstrate that inhalation and ingestion of new formulations will not result in local tissue irritation effects or other undesirable consequences, such as loss of effectiveness or local retention, resulting from inappropriate drug deposition characteristics. The additional data must include an assessment of the absorption, distribution, and retention characteristics of new propellant systems in man following inhalation. Drug deposition profiles including the quantity of drug reaching the respiratory airways and its depth of penetration must also be characterized.

Based on the above discussion, the agency considers it essential that any reformulated MDI aerosol (including use of a new propellant or component design alterations) have premarket approval under an approved NDA to ensure the safety and effectiveness of the bronchodilator drug product. Therefore, the agency is removing the ingredients epinephrine, epinephrine bitartrate, and racepinephrine hydrochloride in pressurized MDI aerosol dosage forms from the final monograph for OTC bronchodilator drug products because such products will continue to require an approved NDA containing certain information not required by the monograph. However, the monograph status of these ingredients when used in a hand-held rubber bulb nebulizer is not changed. Such products will remain in the final monograph at this time.

III. References

The following references are on display in the Dockets Management Branch (address above) and may be seen by interested persons between 9 a.m. and 4 p.m., Monday through Friday.

(1) Adams, W. P. et al., "Regulatory Aspects of Modifications to Innovator Bronchodilator Metered Dose Inhalers and Development of Generic Substitutes," Journal of Aerosol Medicine, 7:119–134, 1994.

(2) "Report of the Commission of the European Communities' Committee for Proprietary Medicinal Products, Matters Relating to the Replacement of CFCs in Medicinal Products," December 15, 1993, in OTC Vol. 04BFMA3.

(3) Drug Information Association, MDI's in the Milennium: Workshop on Regulatory Issues of Efficacy, Safety, and Quality with Metered Dose Inhalers (MDI's) Drug Dosage Forms, October 18 and 19, 1993, in OTC Vol. 04BFMA3.

(4) Transcripts of the FDA Generic Drugs Advisory Committee Meeting with

Pulmonary-Allergy Drugs Advisory Committee Representation, September 14 and 15, 1993, identified as TS, Docket No. 94N–0247, Dockets Management Branch.

IV. The Agency's Final Conclusions

In this amendment, the agency is removing the ingredients epinephrine, epinephrine bitartrate, and racepinephrine hydrochloride in pressurized MDI aerosol dosage forms from the final monograph for OTC bronchodilator drug products. Accordingly, the agency is amending § 341.76(d)(2) to remove § 341.76(d)(2)(i)(a) and (d)(2)(i)(b). The agency is also amending § 310.545(a)(6)(iv) for bronchodilator drug products by adding new paragraph (a)(6)(iv)(C) and listing thereunder "any ingredient(s) in a pressurized metered-dose aerosol container." In addition, the agency is removing § 341.76(e) from the final monograph because that information now appears in § 330.1(i) (21 CFR 330.1(i)) as part of the general labeling policy for OTC drug products.

The agency points out that incorrect dates were inadvertently inserted in § 310.545(a)(6)(iv)(C) and (d)(26) of the proposed amendment (60 FR 13014 at 13020). Consequently, the agency is revising the dates in these sections to indicate that the conditions of this final rule will be effective 30 days after the date of publication in the **Federal Register**. Further, proposed § 310.545(d)(26) is renumbered in this final rule as § 310.545(d)(25).

V. Analysis of Impacts

The agency received one comment in response to the agency's request for comments on any substantial or significant economic impact that this rulemaking would have on OTC bronchodilator MDI aerosol drug products that contain epinephrine, epinephrine bitartrate, and racepinephrine hydrochloride (60 FR 13014 at 13020). The comment indicated that this rulemaking would have a significant impact on the OTC bronchodilator industry and itself if additional data or new NDA's were requested for existing NDA-approved MDI aerosol drug products. As discussed above, this monograph amendment should have minimal impact on any existing MDI aerosol drug product marketed under an approved NDA. Any changes in manufacturing procedures will require a standard supplemental application that would have been required before the amendment was finalized.

FDA has examined the impacts of this final rule under Executive Order 12866 and the Regulatory Flexibility Act (Pub. L. 96–354). Executive Order 12866 directs agencies to assess all costs and benefits of available regulatory alternatives and, when regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety, and other advantages; distributive impacts; and equity). The agency believes that this final rule is consistent with the regulatory philosophy and principles identified in the Executive Order. In addition, the final rule is not a significant regulatory action as defined by the Executive Order and so is not subject to review under the Executive Order.

The Regulatory Flexibility Act requires agencies to analyze regulatory options that would minimize any significant impact of a rule on small entities. This monograph amendment does not change the status of any currently marketed MDI aerosol drug products. All such products are currently the subject of an approved application. As is currently the case for marketed MDI aerosol products, in the interest of public health and safety, an approved application will be required for any product that is reformulated to contain a non-CFC propellant. In addition, there are a limited number of MDI aerosol bronchodilator drug product manufacturers. Accordingly, the agency certifies that this final rule will not have a significant economic impact on a substantial number of small entities. Therefore, under the Regulatory Flexibility Act, no further analysis is required.

VI. Environmental Impact

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.

List of Subjects

21 CFR Part 310

Administrative practice and procedure, Drugs, Labeling, Medical devices, Reporting and recordkeeping requirements.

21 CFR Part 341

Labeling, Over-the-counter drugs.

Therefore, under the Federal Food, Drug, and Cosmetic Act and under authority delegated to the Commissioner of Food and Drugs, 21 CFR parts 310 and 341 are amended as follows:

PART 310—NEW DRUGS

1. The authority citation for 21 CFR part 310 continues to read as follows:

Authority: Secs. 201, 301, 501, 502, 503, 505, 506, 507, 512–516, 520, 601(a), 701, 704, 705, 721 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321, 331, 351, 352, 353, 355, 356, 357, 360b–360f, 360j, 361(a), 371, 374, 375, 379e); secs. 215, 301, 302(a), 351, 354–360F of the Public Health Service Act (42 U.S.C. 216, 241, 242(a), 262, 263b–263n).

2. Section 310.545 is amended by adding new paragraphs (a)(6)(iv)(C) and (d)(25) and by revising paragraph (d) introductory text to read as follows:

§ 310.545 Drug products containing certain active ingredients offered over-the-counter (OTC) for certain uses.

(a) * * *

(6) * * *

(iv) Bronchodilator drug products.

* * *

(C) Approved as of June 19, 1996. Any ingredient(s) in a pressurized metered-dose inhaler container.

* * * * *

(d) Any OTC drug product that is not in compliance with this section is subject to regulatory action if initially introduced or initially delivered for introduction into interstate commerce after the dates specified in paragraphs (d)(1) through (d)(25) of this section.

* * * * *

(25) June 19, 1996, for products subject to paragraph (a)(6)(iv)(C) of this section.

PART 341—COLD, COUGH, ALLERGY, BRONCHODILATOR, AND ANTIASTHMATIC DRUG PRODUCTS FOR OVER-THE-COUNTER HUMAN USE

3. The authority citation for 21 CFR part 341 continues to read as follows:

Authority: Secs. 201, 501, 502, 503, 505, 510, 701 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321, 351, 352, 353, 355, 360, 371).

§ 341.76 [Amended]

4. Section 341.76 is amended by removing paragraphs (d)(2)(i) and (e), redesignating paragraph (d)(2)(ii) as paragraph (d)(2), and revising the heading of newly redesignated paragraph (d)(2) to read as follows:

§ 341.76 Labeling of bronchodilator drug products.

* * * * *

(d) * * *

(2) For products containing epinephrine, epinephrine bitartrate, and racepinephrine hydrochloride identified

in § 341.16(d), (e), and (g) for use in a hand-held rubber bulb nebulizer.

* * *

Dated: April 11, 1996.

William K. Hubbard,

Associate Commissioner for Policy Coordination.

[FR Doc. 96–12499 Filed 5–17–96; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF THE INTERIOR

30 CFR Part 250

RIN 1010–AB96

Flaring or Venting Gas and Burning Liquid Hydrocarbons

AGENCY: Minerals Management Service (MMS), Interior.

ACTION: Final rule.

SUMMARY: This rule amends regulations governing restrictions on flaring or venting gas to include restrictions on burning liquid hydrocarbons. MMS made this amendment to clarify that burning liquid hydrocarbons is allowable only under certain circumstances as approved by the Regional Supervisor.

EFFECTIVE DATE: This final rule is effective on June 19, 1996.

FOR FURTHER INFORMATION CONTACT: Sharon Buffington, Engineering and Standards Branch, telephone (703) 787–1600.

SUPPLEMENTARY INFORMATION: On February 17, 1995, MMS published a rule in the **Federal Register** (60 FR 9312) that proposed to amend the requirements at 30 CFR 250.175, flaring and venting of gas, to include burning liquid hydrocarbons. This rule is necessary because requests to burn liquid hydrocarbons are increasing, and we determined that we needed to provide regulatory guidance on burning.

Response to Comments

During the 60-day comment period, MMS received eight comments, predominately from the oil and gas industry. MMS appreciates the suggestions and comments that we received. We reviewed all of the comments, and in some instances, we revised the final language based on these comments. MMS grouped the comments by the following major issues:

1. In § 250.175(c), MMS proposed that the Regional Supervisor allow a lessee to burn a "minimal" amount of liquid hydrocarbons with prior approval. Several comments suggested that MMS determine the absolute value of "minimal." One comment suggested that we create a table of allowable burn amounts by using distance from shore as the determining factor. In general, the comments said that the term "minimal" is not specific enough.

Response

MMS agrees that, if possible, using an absolute value for the term "minimal" would be desirable. However, we feel that it is impractical to determine an solute value because it depends on many economic, technical, safety, and environmental factors. Therefore, an amount that may be prudent to burn in one area may not be acceptable to burn in another correlative area. Conserving natural resources is a major consideration in burning liquid hydrocarbons. However, our determination of the allowable "minimal" amount that you can burn will also depend on technical, safety, and environmental factors.

2. Several comments suggested that storing and transporting or re-injecting liquid hydrocarbons poses a greater risk than burning them.

Response

MMS agrees that in some cases the alternatives to burning liquid hydrocarbons may be risky to the environment or personnel. That is the reason MMS provided the option of showing the Regional Supervisor that the alternatives are infeasible or pose significant risk. MMS will evaluate the information that you supply concerning the risks of the alternatives case by case. Please be assured that the Regional Supervisor will evaluate your requests to burn hydrocarbons fairly and promptly by using the information that you supply in your requests.

3. Section 250.175(c)—One comment suggested that MMS rewrite the first sentence of paragraph (c) because the phrase "lessees must not burn liquid hydrocarbons" may portray a negative bias against burning liquid hydrocarbons.

Response

MMS did not intend to portray a negative bias against burning liquid hydrocarbons. Our intent was only to set boundaries on burning liquid hydrocarbons. However, to avoid any confusion, MMS will restate the first sentence of paragraph (c) to say that "Lessees may burn produced liquid hydrocarbons only if the Regional Supervisor approves."

4. Section 250.175(a)(3)—Several comments opposed MMS's changing the limit on flaring, without prior approval, during well evaluations and cleaning, t 48 cumulative hours (from 48 continuous hours). The individuals felt that 48 cumulative hours are not always sufficient (especially in deep water). Similarly, one comment recommended that MMS state that the Regional Supervisor has the authority to increase the flaring limit.

Response

MMS feels that, for environmental and conservation reasons, it needs to change the term "continuous" to "cumulative" for flaring during well evaluations and cleaning operations (without prior approval). Otherwise, the term "continuous" would permit multiple flarings of up to 48 hours each simply by having a shut-in period between flarings.

MMS realizes that 48 hours of flaring will not always meet well testing needs. For these occasions, the Regional Supervisor has the authority to increase the flaring limit. MMS will continue to evaluate requests for more than 48 cumulative hours of flaring during well evaluations or cleaning. However, without prior approval, MMS will only allow 48 cumulative hours per testing operation on a single completion. This limit of 48 hours should be adequate to accommodate most operations.

MMS amended the final rule to clarify that the Regional Supervisor has the authority to specify a shorter or longer flaring limit. In addition, the MMS Regions are working on guidelines for extended testing and flaring for deep water.

5. Section 250.175(a)(2)—One comment recommended that MMS delete or define "temporary" which modified "situations" because it is too vague.

Response

MMS agrees that the term "temporary" can be vague, and we deleted it from the final rule.

6. Section 250.175(c)—One comment recommended that MMS define "significant risk" because it is vague.

Response

MMS has changed the phrase to "significant risk that may harm."

7. Several comments suggested that MMS mandate the type of burner that it will permit a lessee to use.

Response

MMS recognizes that many burners exist with widely varying specifications. However, since technology constantly changes, MMS feels that it is impractical and too restrictive to mandate an allowable type of burner. However, the