Questions to the Committee

1. Taking into consideration the efficacy data from the AFCAPS/TexCAPS and EXCEL studies, plus any additional information provided by the sponsor, please respond to the following questions:

   a. Does the proposed target population merit treatment with a statin to lower cholesterol and thereby reduce heart disease risk?

   b. Has the sponsor provided adequate rationale for the use of a fixed dose of lovastatin 20 mg to lower cholesterol and heart disease risk in this population (e.g. will a sufficient proportion of the population be able to reach an LDL less than 130 mg/dl)?

Questions to the Committee

2. Lovastatin and other statins cause elevation in hepatic transaminase serum levels of unknown clinical significance in individuals with normal baseline hepatic function.

   a. Has the sponsor addressed the extent to which a population with undiagnosed liver disease maybe exposed to lovastatin 20 mg in the OTC setting?

   b. Has the potential hepatic risk of lovastatin 20 mg in individuals with liver disease been adequately addressed?

   c. Is it safe to use the product in the OTC setting without LFT monitoring ?

Questions to the Committee

3. Statins have been associated with the development of serious muscle toxicity. Furthermore, drug-drug interactions with lovastatin may increase the risk of muscle toxicity.

   Is the risk of muscle toxicity with lovastatin 20 mg acceptable for an OTC drug?

Questions to the Committee

4. Lovastatin and other statins are currently labeled as Pregnancy Category X (the drug should not be used during pregnancy).

   Has the spectrum and magnitude of fetal toxicity with lovastatin 20 mg been adequately studied?

   Is the risk for women of child bearing potential appropriate for an OTC drug product?

Questions to the Committee

Taking into consideration the results from the CUSTOM actual use study:

5. Does the frequency of appropriate self-diagnosis and self selection support the conclusion that lovastatin 20 mg can be used safely and effectively in the OTC setting?

   Please describe which analysis influenced your decision.

Questions to the Committee

6. A high percentage of study subjects in the CUSTOM actual use study relied upon a physician for correct self-selection and/or self-diagnosis.

   a. Do you expect the general population will have this degree of physician interaction?

   b. Do the CUSTOM actual use study results support a conclusion that individuals can use lovastatin 20 mg safely and effectively in the OTC setting without the guidance of a physician?

Questions to the Committee

7. Do the results regarding self management (i.e. user behavior after the initiation of treatment) raise any concerns about the safe and effective use lovastatin 20 mg in the OTC setting?

   If yes, what are the concerns?

   Please consider in your discussion: monitoring LDL-C, physician interaction, new risk factors or medication after initiation of therapy.

Questions to the Committee

8. Based on all the information provided:

   Should Mevacor OTC be marketed OTC for the proposed target population?

   a. If no, why not?

   b. If yes, why?

   c. If yes, do you think Mevacor OTC is safe and effective for use in the OTC setting without the "self-management system"?