

**SPECIFIC REQUIREMENTS ON CONTENT AND FORMAT OF LABELING FOR
HUMAN PRESCRIPTION DRUGS;
ADDITION OF "GERIATRIC USE" SUBSECTION IN THE LABELING
0910-0370
Docket Number 2004N-0079**

A. Justification

1. Circumstances of Information Collection

OMB approval under the Paperwork Reduction Act (44 U.S.C. 35) is requested for the information requirements contained in the Food and Drug Administration (FDA) Specific Requirements on Content and Format of Labeling for Human Prescription Drugs; Addition of "Geriatric Use" Subsection in the Labeling (Geriatric Labeling).

Section 201.57(f)(10) (21 CFR 201.57(f)(10)) requires that the "Precautions" section of prescription drug labeling must include a subsection on the use of the drug in elderly or geriatric patients (aged 65 and over). The information collection burden imposed by this regulation is necessary to facilitate the safe and effective use of prescription drugs in older populations. The geriatric use subsection enables physicians to more effectively access geriatric information in physician prescription drug labeling.

Section 201.57(f)(10) requires that a specific geriatric indication, if any, that is supported by adequate and well-controlled studies in the geriatric population must be

described under the "Indications and Usage" section of the labeling, and appropriate geriatric dosage must be stated under the "Dosage and Administration" section of the labeling.

The "Geriatric use" subsection must cite any limitations on the geriatric indication, need for specific monitoring, specific hazards associated with the geriatric indication, and other information related to the safe and effective use of the drug in the geriatric population. The data summarized in this subsection of the labeling must be discussed in more detail, if appropriate, under "Clinical Pharmacology" or the "Clinical Studies" section. As appropriate, this information must also be contained in "Contraindications," "Warnings," and elsewhere in "Precautions." Specific statements on geriatric use of the drug for an indication approved for adults generally, as distinguished from a specific geriatric indication, must be contained in the "Geriatric use" subsection and must reflect all information available to the sponsor that is relevant to the appropriate use of the drug in elderly patients. These statements are described further in § 201.57(f)(10).

2. Purpose and Use of Information

The information collection burden imposed by this regulation is necessary to facilitate the safe and effective

use of prescription drugs in older populations. The geriatric use subsection enables physicians to more effectively access geriatric information in physician prescription drug labeling.

3. Use of Improved Information Technology

In the Federal Register of December 11, 2003, FDA issued a final rule requiring the submission of labeling for human prescription drugs and biologics in electronic format. FDA has also issued several guidances describing how to make voluntary electronic submissions to the agency. In January 1999, FDA issued a guidance on general considerations for electronic submissions entitled "Providing Regulatory Submissions in Electronic Format--General Considerations." The general considerations guidance included a description of the types of electronic file formats that we are able to accept for processing, reviewing, and archiving electronic documents. In January, 1999, FDA announced the availability of a guidance entitled "Providing Regulatory Submissions in Electronic Format--NDAs," which provided information on how to submit a complete archival copy of an NDA in electronic format. In November 1999, FDA published a guidance to assist applicants in submitting documents in electronic format for review and archive purposes as part of a BLA, product license

application (PLA), or establishment license application (ELA).

Most recently, FDA published a guidance for ANDAs, "Providing Regulatory Submission in Electronic Format--ANDAs" (June 27, 2002), and "Providing Regulatory Submission in Electronic Format-- Annual Reports for NDAs and ANDAs" (August 2003).

4. Efforts to Identify Duplication

The information required for geriatric labeling is not available from any other source except the manufacturer. No other government agency collects these data.

5. Involvement of Small Entities

The affected pharmaceutical companies can be classified into three industry sectors: Large innovator firms (more than 750 employees), small innovator firms (fewer than 750 employees), and independent generic firms (fewer than 750 employees). Within the two innovator sectors, almost all the costs will be borne by the large innovators because large firms sponsor almost all innovator product applications. Although the occasional product sponsored by a small innovator firm may require additional research and analysis to support geriatric labeling, it is unlikely that any one firm would have more than one or two such products or that any one of

these products would be marketed if it could not generate over several hundred thousand dollars in revenue per year. In addition, firms had up to 6 years to comply with the regulation for all products; the estimated one-time cost per product would be extremely low relative to the income generated from such product(s) during this period. FDA concluded that this regulation will not have a significant effect on a substantial number of small entities.

It is also important to note that FDA must ensure that regulated products from all manufacturers (large and small) are safe and effective. It is not possible to provide exemptions or reduce prescription drug labeling requirements for small businesses without seriously compromising information important to the safe and effective use of prescription drugs.

6. Consequences if Information Collected Less Frequently

FDA would be unable to ensure that new drug products with clinically significant use in a geriatric population carry adequate labeling for use in that subpopulation.

7. Consistency with Guidelines in 5 CFR 1320.6

Special circumstances that would cause an information

collection to be conducted in a manner:

a) Requiring respondents to report information to the agency more often than quarterly - Any public health emergency as, for example, a situation in which a drug product might pose a threat to the lives of those using it, could require the agency to immediately solicit information directly related to the emergency.

b) Requiring respondents to prepare a written response to a collection of information in fewer than 30 days after receipt of it - No requirement in 21 CFR 201.57(f)(10).

c) Requiring respondents to submit more than an original and two copies of any document - No requirement in 21 CFR 201.57(f)(10).

d) Requiring respondents to maintain records, other than health, medical, government contract, grant-in-aid, or tax records for more than three years - Drug product manufacturers are required to retain records specifically associated with a drug product for at least 1 year after the expiration date. Depending on the approved dating period, it is possible that records would be retained for more than 3 years. Availability of these records provide an opportunity to followup on complaints and adverse reports received during a drug's marketing period. Failure to have these records available for

an investigation could prevent the resolution of undesirable and potentially life-threatening conditions.

d) In connection with a statistical survey, that is not designed to produce valid and reliable results that can be generalized to the universe of study - No requirement in 21 CFR 201.57(f)(10).

e) Requiring the use of a statistical data collection that has not been reviewed and approved by OMB - No requirement in 21 CFR 201.57(f)(10).

f) That includes a pledge of confidentiality that is not supported by authority established in a statute or regulation, that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use - No requirement in 21 CFR 201.57(f)(10).

g) Requiring respondents to submit proprietary trade secret, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law - FDA regularly deals with proprietary information and has procedures in place to protect the information's confidentiality.

8. Consultations Outside the Agency

In the Federal Register of March 9, 2004 (69 FR 11021), FDA requested public comments on this information collection. No comments were received.

In the August 27, 1997, final rule (62 FR 45313) amending the drug labeling regulations to establish a geriatric subsection in the "Precautions" section of the labeling, FDA responded to approximately 60 comments it received on the proposed rule. These comments represented many interests-- Congress; individual consumers; nonprofit institutions or associations; physicians; professional societies; organizations with special interests in the elderly; drug manufacturers.

9. Remuneration of Respondents

No payment or gift was provided to respondents.

10. Assurance of Confidentiality

Certain data and information involved in a labeling supplement may be confidential. Confidentiality is maintained over trade secret or confidential, commercial or financial information under 21 CFR 20.61 and investigatory records under 21 CFR 20.64. In addition, certain subparagraphs of 21 CFR

314.430 and 514.11 provide confidentiality of information contained in NDAs, ANDAs, and NADAs.

11. Questions of a Sensitive Nature

There are no questions of a sensitive nature.

12. Estimates of Annualized Hour Burden

The information collection requirements of the Geriatric labeling regulations can be charted as follows:

Estimated Annual Reporting Burden					
21 CFR Section	Number of Respondents	Number of Responses Per Respondent	Total Annual Responses	Hours Per Response	Total Hours
201.57(f)(10) NDAs	73	1.48	108	8	864
201.57(f)(10) ANDAs	96	4.67	449	2	898
TOTAL					1,762

There are no capital costs or operating and maintenance costs associated with this collection.

13. Estimates of Annualized Cost Burden to Respondents

The cost of this provision includes the time needed for reviewing instructions, gathering and maintaining the data needed, and designing and manufacturing new labeling that includes a geriatric use subsection in the "Precautions" section of the labeling. The estimate is based on the following wage rates: Upper management at \$70.00 per hour; middle management at \$35.00 per hour; and clerical assistance at \$23.00 per hour. Using an averaged wage rate of \$50.00 per hour (based on the percentage of time required for each type of employee), the total cost burden to respondents would be \$88,100.

14. Estimates of Annualized Cost Burden to the Government

The cost to FDA of reviewing revised labeling including the geriatric subsection will vary considerably for already approved drug products, depending on whether the drug is a

priority drug, and which of the labeling options in ? 201.57(f)(10) is appropriate for the product. For drug products approved after the effective date of the rule, approval of a geriatric labeling subsection will be part of the NDA approval process.

The agency estimates it takes reviewers approximately 5 hours to review the revised geriatric labeling subsection for the 108 innovator products and 1 hour for the 449 generic products. Based on an average hourly cost of \$55.00 per hour for this level of reviewer (including overhead expenses and support), the total cost to FDA would be \$59,620 (108 submissions x 5 hours x \$55.00 = \$29,700); (449 x 1 hour x \$55.00 = \$24,695).

15. Changes in Burden

There is a 158 burden hour decrease in this collection renewal. This reflects the change in the number of applications submitted containing the geriatric labeling.

16. Time Schedule, Publication, and Analysis Plans

FDA does not intend to publish the results of the information collection requirements that would be imposed by these regulations.

17. Displaying of OMB Expiration Date

There are no forms associated with this collection.

18. Exceptions to Certification Statement - Item 19

There are no exceptions to the "Certification for Paperwork Reduction Act Submissions" for this proposal.

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