

BANNER
PHARMACAPS

October 6, 2000

Dockets Management Branch (HFA-305)
Food and Drug Administration
5630 Fishers Lane, Room 1061
Rockville, MD 20852

**Re: Docket No. 00D-1392
Guidance for Industry
Botanical Drug Products**

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In response to the Federal Register notice related to this Docket # 00D-1392 dated August 11, 2000, Banner Pharmacaps Inc. is pleased to comment on Botanical Drug Products Guidance for Industry. Banner Pharmacaps Inc. is one of the leading contract manufacturers of dietary supplements, OTC's and Rx products in the softgel industry and therefore has a vital interest in the actions of the FDA as they relate to botanical drug products.

In general, we find the Botanical Drug Products Guidance to be a step in the right direction. When properly complied with, it will lend legitimacy to the botanical drug products and consumers will have faith in the safety and efficacy of these products.

The reduced CMC requirements for Phase I and Phase II studies provide a sensible approach since identification of actives, markers, etc. in botanical products is relatively non-existent. The acceptability of chromatographic fingerprinting is crucial in lieu of identifiable actives and/or markers.

We would like the FDA to address the following concerns:

- Developing and validating stability-indicating methods, demonstrating mass balance over time, and control of specific degradation products may be difficult, if not impossible to develop for most botanicals. The FDA should outline or provide guidance on minimum expectations. The presence of marker compounds (at levels consistent with those normally observed in efficacious preparations) should serve as a useful quality control parameter (Awang, 1999).¹ Also, since comprehensive requirements will already be in place for raw material controls, manufacturing in-process controls, and batch-to-batch consistency, could this serve in lieu of stability indicating methods? Perhaps the stability of the chromatographic fingerprinting as function of time would satisfy that requirement.
- The requirement to demonstrate clinical relevancy of bioassays and characteristic markers by direct or indirect correlation to the clinical outcome should be clearly defined with examples.

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For instance, would the level of characteristic marker at different concentrations with corresponding improvements in identifiable symptoms (clinical outcome) serve as a parameter of clinical relevancy? What are the minimum expectations?

- For minor disorders, non-specific indications and prophylactic use of botanicals, the FDA shall consider guidance similar to World Health Organization declaration (Akerele, 1993).² Namely, that some relaxation of the requirements is justified for the proof of efficacy for traditional medicines.
- Exclusivity period of 3 to 5 years is inadequate in light of the fact that clinical trials and filings are very costly.
- Will user fees apply to botanical drug product approval application process?
- The Dietary Supplement Health and Education Act (DSHEA) of 1994 granted the FDA full authority to regulate dietary supplements in the US. FDA has the authority to pre-approve health claims, regulate structure/function claims, reject a manufacturer's safety notification of a new ingredient and establish GMPs. DSHEA does provide broad guidance for the dietary supplement industry and protection for consumers, if it is fully implemented. The problem is that currently DSHEA is not fully enforced and hence the consumers do not have faith in the products that are currently on the market. Banner Pharmacaps is concerned as to how will the FDA insure the enforcement of the Botanical Drug Guidance, since DSHEA guidelines have not been fully enforced?

Banner Pharmacaps Inc. is committed to working within FDA guidelines in providing consumers with safe and beneficial products made to quality standards.

Sincerely,

Kamali Chance

Kamali Chance, Ph.D., RD
Manager of Regulatory Affairs-Nutritionals

¹ Awang, D. Standardization of Herbal Medicines, *Alternative Therapies in Women's Health*, 1 (7): 57-64 (1999).

² Akerele O. Summaries of WHO Guidelines for the Assessment of Herbal Medicines, *Herbal Gram*, 28: 13-20 (1993).



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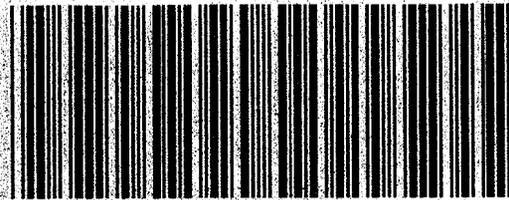
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