information, for information on the child, information describing the type of trafficking and circumstances surrounding the situation, and the strengths and needs of the child. The form also asks the requestor to verify the information contained in the form because the information could be the basis for a determination of an alien child's eligibility for federally funded benefits. Finally, the form takes into consideration the need to compile information regarding a child's circumstances and experiences in a non-directive, child-friendly way, and assists the potential requestor in assessing whether the child may have been subjected to trafficking in persons.

The information provided through the completion of a Request for Assistance for Child Victims of Human Trafficking form will enable HHS to make prompt determinations regarding the eligibility of an alien child for interim assistance, inform HHS' determination regarding the child's eligibility for assistance as a victim of a severe form of trafficking in persons, facilitate the required consultation process, and enable HHS to assess and address potential child protection issues.

Respondents: Representatives of governmental and nongovernmental entities providing social, legal, or protective services to alien persons under the age of 18 (children) in the United States who may have been subjected to severe forms of trafficking in persons.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Request for Assistance for Child Victims of Human Trafficking	200	1	1	200

Estimated Total Annual Burden Hours: 200.

Additional Information: Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection. E-mail address: *infocollection@acf.hhs.gov.*

OMB Comment: OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following:

Office of Management and Budget, Paperwork Reduction Project, *Fax:* 202–395–7285, *E-mail: OIRA_SUBMISSION@OMB.eop.gov, Attn:* Desk Officer for the Administration for Children and Families.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 2011–19715 Filed 8–3–11; 8:45 am]

BILLING CODE 4184–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2011–N–0543]

Authorization of Emergency Use of Oral Formulations of Doxycycline; Availability

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the issuance of an Emergency Use Authorization (EUA) (the Authorization) for oral formulations of doxycycline for the post-exposure prophylaxis of inhalational anthrax during a public health emergency involving aerosolized *Bacillus anthracis* (*B. anthracis*). FDA is issuing this Authorization under the Federal Food, Drug, and Cosmetic Act (the FD&C Act), as requested by the Centers for Disease Control and Prevention (CDC). The Authorization contains, among other things, conditions on the emergency use of the authorized doxycycline products. The Authorization follows the determination by the Secretary of the Department of Homeland Security (DHS) that there is a significant potential for a domestic emergency involving a heightened risk of attack with a specified biological, chemical, radiological, or nuclear agent or agents—in this case, *B. anthracis.* On the basis of such determination, the Secretary of the Department of Health and Human Services (HHS) declared an emergency justifying the authorization of the emergency use of doxycycline hyclate tablets, accompanied by emergency use information, and later renewed that declaration. The Secretary of HHS then renewed and amended that declaration so that it applies to all doxycycline products covered by this authorization. The Authorization, which includes an explanation of the reasons for issuance, is reprinted in this document.

DATES: The Authorization is effective as of July 21, 2011.

ADDRESSES: Submit written requests for single copies of the EUA to the Office of Counterterrorism and Emerging Threats, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 32, rm. 4121, Silver Spring, MD 20993. Send one self-addressed adhesive label to assist that office in processing your request or include a fax number to which the Authorization may be sent. See the **SUPPLEMENTARY INFORMATION** section for electronic access to the Authorization.

FOR FURTHER INFORMATION CONTACT: Luciana Borio, Office of Counterterrorism and Emerging Threats, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 32, rm. 4280, Silver Spring, MD 20993, 301–796–8510.

SUPPLEMENTARY INFORMATION:

I. Background

Section 564 of the FD&C Act (21 U.S.C. 360bbb-3), as amended by the Project BioShield Act of 2004 (Pub. L. 108–276), allows FDA to strengthen the public health protections against biological, chemical, nuclear, and radiological agents. Among other things, section 564 of the FD&C Act allows FDA to authorize the use of an unapproved medical product or an unapproved use of an approved medical product during a public health emergency that affects,

or has a significant potential to affect, national security, and that involves biological, chemical, radiological, or nuclear agent or agents, or a specified disease or condition that may be attributable to such agent or agents. With this EUA authority, FDA can help assure that medical countermeasures may be used in an emergency to diagnose, treat, or prevent serious or life-threatening diseases or conditions caused by such agents, when there are no adequate, approved, and available alternatives.

Section 564(b)(1) of the FD&C Act provides that, before an EUA may be issued, the Secretary must declare an emergency justifying the authorization based on one of the following grounds: ''(A) A determination by the Secretary of Homeland Security that there is a domestic emergency, or a significant potential for a domestic emergency, involving a heightened risk of attack with a specified biological, chemical, radiological, or nuclear agent or agents; (B) a determination by the Secretary of Defense that there is a military emergency, or a significant potential for a military emergency, involving a heightened risk to United States military forces of attack with a specified biological, chemical, radiological, or nuclear agent or agents; or (C) a determination by the Secretary of a public health emergency under section 319 of the Public Health Service Act (PHS Act) that affects, or has a significant potential to affect, national security, and that involves a specified biological, chemical, radiological, or nuclear agent or agents, or a specified disease or condition that may be attributable to such agent or agents.''

Once the Secretary has declared an emergency justifying an authorization under section 564 of the FD&C Act, FDA may authorize the emergency use of a drug, device, or biological product if the Agency concludes that the statutory criteria are satisfied. Under section 564(h)(1) of the FD&C Act, FDA is required to publish, in the **Federal Register**, a notice of each authorization, and each termination or revocation of an authorization, and an explanation of the reasons for the action. Section 564 of the FD&C Act permits FDA to authorize the introduction into interstate commerce of a drug, device, or biological product intended for use in a declared emergency. Products appropriate for emergency use may include products and uses that are not approved, cleared, or licensed under sections 505, 510(k), and 515 of the FD&C Act (21 U.S.C. 355, 360(k), and 360e) or section 351 of the PHS Act (42 U.S.C. 262). FDA may issue an EUA only if, after consultation with the National Institutes of Health and CDC (to the extent feasible and appropriate given the circumstances of the emergency), FDA [1] concludes: (1) That an agent specified in a declaration of emergency can cause a serious or life-threatening disease or condition; (2) that, based on the totality of scientific evidence available to FDA, including data from adequate and well-controlled clinical trials, if available, it is reasonable to believe that: (A) the product may be effective in diagnosing, treating, or preventing—(1) Such disease or condition; or (2) a serious or life-threatening disease or condition caused by a product authorized under section 564, approved or cleared under the FD&C Act, or licensed under section 351 of the PHS Act, for diagnosing, treating, or preventing such a disease or condition caused by such an agent; and (B) the known and potential benefits of the product, when used to diagnose, prevent, or treat such disease or condition, outweigh the known and potential risks of the product; (3) that there is no adequate, approved, and available alternative to the product for diagnosing, preventing, or treating such disease or condition; and (4) that such other criteria as the Secretary may by regulation prescribe are satisfied.

No other criteria of issuance have been prescribed by regulation under section 564(c)(4) of the FD&C Act. Because the statute is self-executing, FDA does not require regulations or guidance to implement the EUA authority. However, in the **Federal Register** of July 26, 2007 (72 FR 41083), FDA announced the availability of a guidance entitled ''Emergency Use Authorization of Medical Products.'' The guidance provides more information for stakeholders and the public about the EUA authority and the Agency's process for the consideration of EUA requests.

II. EUA Request for Oral Formulations of Doxycycline Products

In 2004, the Secretary of DHS issued a material threat determination indicating that *B. anthracis,* the biological agent that causes anthrax disease, presents a material threat against the population of the United States sufficient to affect national security. On September 23, 2008, under section 564(b)(1)(A) of the FD&C Act, the Secretary of DHS determined that there is a significant potential for a domestic emergency involving a heightened risk of attack with a specified biological, chemical, radiological, or nuclear agent or agents—in this case, *B. anthracis.* On October 1, 2008, under section 564(b) of the FD&C Act, and on the basis of such determination, the Secretary of HHS then declared an emergency justifying the authorization of the emergency use of doxycycline hyclate tablets accompanied by emergency use information subject to the terms of any authorization issued under section 564(a) of the FD&C Act, and on October 1, 2009, and on October 1, 2010, renewed that declaration. On July 20, 2011, the Secretary of HHS renewed and amended that declaration so that it applies to all doxycycline products covered by this authorization. Notice of the determination and the declaration of the Secretary were published in the **Federal Register on** July 27, 2011 (76 FR 44926). On May 5, 2011, CDC requested and, on July 21, 2011, FDA issued an EUA for oral formulations of doxycycline products for the post-exposure prophylaxis of inhalational anthrax during a public health emergency involving aerosolized *B. anthracis,* subject to the terms and conditions of this authorization.

III. Electronic Access

An electronic version of this document and the full text of the Authorization are available on the Internet at *http://www.regulations.gov.*

IV. The Authorization

Having concluded that the criteria for issuance of the Authorization under section 564(c) of the FD&C Act are met, FDA has authorized the emergency use of oral formulations of doxycycline products for the post-exposure prophylaxis of inhalational anthrax during a public health emergency involving aerosolized *B. anthracis* subject to the terms and conditions of the authorization.

The Authorization for doxycycline products follows and provides an explanation of the reasons for its issuance, as required by section 564(h)(1) of the FD&C Act:

BILLING CODE 4160–01–P

[1] The Secretary has delegated her authority to issue an EUA under section 564 of the FD&C Act to the Commissioner of Food and Drugs.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Food and Drug Administration
Silver Spring, MD 20993

July 21, 2011

Thomas R. Frieden, M.D., M.P.H.
Director
Centers for Disease Control and Prevention
1600 Clifton Road, MS D-14
Atlanta, GA 30333

Dear Dr. Frieden:

This letter is in response to your May 5, 2011, submission[1] requesting that the Food and Drug Administration (FDA) issue an Emergency Use Authorization (EUA) for the emergency use of oral formulations of doxycycline products for the post-exposure prophylaxis (PEP)[2] of inhalational anthrax during a public health emergency involving aerosolized *Bacillus anthracis* (*B. anthracis*), pursuant to section 564 of the Federal Food, Drug, and Cosmetic Act (the Act) (21 U.S.C. § 360bbb-3).

In 2004, the Secretary of the Department of Homeland Security (DHS) issued a Material Threat Determination indicating that *B. anthracis*, the biological agent that causes anthrax disease, presents a material threat against the population of the United States sufficient to affect national security. On September 23, 2008, pursuant to section 564(b)(1)(A) of the Act (21 U.S.C. § 360bbb-3(b)(1)(A)), the Secretary of DHS determined that there is a significant potential for a domestic emergency involving a heightened risk of attack with a specified biological, chemical, radiological, or nuclear agent or agents—in this case, *B. anthracis*.[3] On October 1, 2008, pursuant to section 564(b) of the Act (21 U.S.C. § 360bbb-3(b)), and on the basis of such determination, the Secretary of Health and Human Services (HHS) then declared an emergency justifying the authorization of the emergency use of doxycycline hyclate tablets for PEP accompanied by emergency use information subject to the terms of any authorization issued under section 564(a) of the Act (21 U.S.C. § 360bbb-3(a)), and on October 1, 2009, and on October 1, 2010, renewed that declaration.[4] On July 20, 2011, the Secretary of HHS renewed and amended that declaration so that it applies to all doxycycline products covered by this authorization.

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[1] In submitting this request, the Centers for Disease Control and Prevention (CDC)/Department of Health and Human Services (DHHS) stated that it was acting in coordination with the Department of Homeland Security (DHS) and the Department of Defense. CDC/DHHS will be responsible for requesting any amendments to the EUA.

[2] The Act uses the terms "diagnosing, treating, or preventing" in section 564(c)(2)(A). Post-exposure prophylaxis is encompassed by these statutory terms.

[3] Memorandum from Michael Chertoff to Michael O. Leavitt, Determination Pursuant to § 564 of the Federal Food, Drug, and Cosmetic Act (Sept. 23, 2008).

[4] Declaration of Emergency Pursuant to Section 564 of the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. 360bbb-3(b) (Oct. 1, 2008); renewed October 1, 2009 (74 Fed. Reg. 51,279) (Oct. 6, 2009); renewed October 1, 2010 (75 Fed. Reg. 61,489) (Oct. 5, 2010).

The Centers for Disease Control and Prevention (CDC) requested this EUA because oral formulations of doxycycline products will be distributed and stored by stakeholders for preparedness purposes in advance of an actual anthrax event, with the intent that they may be dispensed post-event as part of a mass distribution strategy. As used in this letter, the term "stakeholder(s)" means the public agency or its delegate that has legal responsibility and authority for responding to an incident, based on political or geographical, e.g., city, county, tribal, State, or Federal boundary lines, or functional, e.g., law enforcement or public health range or sphere of authority to prescribe, administer, deliver, distribute, or dispense doxycyline in an emergency situation. An EUA is needed to facilitate stakeholder pre-event planning and preparedness activities, which may include elements that would otherwise violate provisions of the Act under FDA's legal interpretations,[5] to enable rapid initiation of antimicrobial therapy through various distribution and dispensing modalities during an actual emergency event involving *B. anthracis*.

Having consulted with the CDC and the National Institutes of Health (NIH), and having concluded that the criteria for issuance of this authorization under section 564(c) of the Act (21 U.S.C. § 360bbb-3(c)) are met, I am authorizing the emergency use of doxycycline products,[6,7,8] where not contraindicated, for the post-exposure prophylaxis[9] of inhalational anthrax in the event of a public health emergency involving *B. anthracis*, subject to the terms of this authorization. This EUA will apply in all circumstances in which stakeholders reasonably believe that there is a need to mass dispense authorized doxycycline products because of their constituent recipients' suspected or likely imminent exposure to *B. anthracis* spores.

The remainder of this letter is organized into five sections: (I) Criteria for Issuance of Authorization; (II) Scope of Authorization; (III) Current Good Manufacturing Practice (CGMP); (IV) Conditions of Authorization; and (V) Duration of Authorization.

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[5] Such elements include but are not limited to: distribution and use of emergency use information sheets, e.g., fact sheet for health care professionals, fact sheet for recipients, and fact sheet for recipients with home preparation instructions for children or adults who cannot swallow pills; dispensing doxycycline without a prescription and without all of the required information on the prescription label per section 503(b)(2) (U.S.C. § 353(b)(2)); dispensing a partial supply of the full 60-day dosage regimen, i.e., initial start-up 10-day supply; pre-event storage or distribution of doxycycline packaged or repackaged for emergency distribution; and waiver of current good manufacturing practice requirements during an event, under certain circumstances.

[6] FDA is authorizing the emergency use of oral formulations of doxycycline products for the post-exposure prophylaxis of inhalational anthrax as described in the scope section of this letter (see Section II. Scope of Authorization).

[7] For the purpose of this letter, "emergency use of authorized doxycycline product(s)" includes stakeholders' pre-event preparedness activities for, and post-event implementation of, post-exposure prophylaxis for inhalational anthrax with authorized doxycycline products for individuals who have been exposed, or who may have been exposed, to aerosolized *B. anthracis* spores.

[8] For ease of reference, this letter of authorization will use the terms "authorized doxycycline product(s)" or "doxcycline product(s)."

[9] Prophylaxis is generally considered to apply in situations in which the person receiving the drug has not exhibited symptoms. Because, in many cases in which doxycycline may be used pursuant to this authorization, it will not be practical to distinguish between persons who have exhibited symptoms and those who have not, this authorization permits the administration of doxycycline to persons who may have been exposed to *B. anthracis* during a public health emergency whether or not they have begun to exhibit symptoms. We would expect that responsible authorities would direct any persons who have begun to exhibit symptoms to appropriate medical care as expeditiously as possible.

I. Criteria for Issuance of Authorization

I have concluded that the emergency use of authorized doxycycline products, where not contraindicated, for the post-exposure prophylaxis of inhalational anthrax during an emergency involving *B. anthracis* meets the criteria for issuance of an authorization under section 564(c) of the Act, because I have concluded that:

(1) *B. anthracis* can cause inhalational anthrax, a serious or life-threatening disease or condition;

(2) based on the totality of scientific evidence available to FDA, it is reasonable to believe that authorized doxycycline products may be effective for the post-exposure prophylaxis of inhalational anthrax, and that the known and potential benefits of authorized doxycycline products, when used for the post-exposure prophylaxis of inhalational anthrax in the specified population, outweigh the known and potential risks of such products; and

(3) there is no adequate, approved, and available alternative to the emergency use of authorized doxycycline products for the post-exposure prophylaxis of inhalational anthrax.[10]

Therefore, I have concluded that the emergency use of authorized doxycycline products for the post-exposure prophylaxis of inhalational anthrax meets the above statutory criteria for issuance of an authorization.

II. Scope of Authorization

I have concluded, pursuant to section 564(d)(1) of the Act, that the scope of this authorization is limited to the emergency use of authorized doxycycline products for purposes of stakeholder pre-event planning and preparedness activities, and, in a post-event scenario, implementation of post-exposure prophylaxis for inhalational anthrax for individuals who have been exposed, or who may have been exposed, to aerosolized *B. anthracis* spores. The emergency use of authorized doxycycline products under this EUA must be consistent with, and may not exceed, the terms of this letter, including the scope and the conditions of authorization set forth below.

The authorized doxycycline products are as follows:

FDA-approved oral formulations of doxycycline, including capsule, tablet, and liquid formulations,[11] such as:

- Doxycycline hyclate 100 mg oral tablets, supplied in a unit-of-use (UoU) bottle containing 120 tablets for a 60-day treatment or containing 20 tablets for an initial 10-day supply;

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[10] No other criteria for issuance have been prescribed by regulation under section 564(c)(4) of the Act.
[11] FDA-approved drugs can be identified at the *Drugs at FDA* website at http://www.accessdata.fda.gov/scripts/cder/drugsatfda/.

- Doxycycline monohydrate 100 mg oral capsules, supplied in a UoU bottle containing 120 capsules for a 60-day treatment or containing 20 capsules for an initial 10-day supply;
- Doxycycline 25 mg/5 mL suspension, supplied as dry powder in a 60 mL bottle;
- Doxycycline (Vibramycin) 50 mg/5 mL syrup in a 473 mL bottle; and
- Any other formulation of doxycycline that has been approved by the FDA for post-exposure prophylaxis to reduce the incidence or progression of disease, including inhalational anthrax, following exposure to aerosolized *B. anthracis*.

The examples provided are for purposes of illustration. During an emergency, this authorization would permit dispensing of FDA-approved drugs that are not supplied in a UoU container if necessary.

Doxycycline is a semisynthetic tetracycline antimicrobial product approved as a prescription drug by FDA for treatment and post-exposure prophylaxis of anthrax due to *B. anthracis*, including inhalational anthrax, to reduce the incidence or progression of disease following exposure to aerosolized *B. anthracis*.[12] The post-exposure prophylaxis indication generally means that drug administration is expected to start after a known or suspected exposure to aerosolized *B. anthracis* spores, but before clinical symptoms of the disease develop. The indication includes presumed exposure, since it is often difficult to know whether and when exposure has actually occurred. The indication also encompasses instances where *B. anthracis* exposure via inhalation is expected and likely imminent. In such cases, the first few doses of prophylaxis may be taken pre-exposure, but the remainder of the course would be taken post-exposure. The indication is commonly referred to as "post-exposure prophylaxis of inhalational anthrax," and this term will be used throughout this document. Generally, once symptoms develop, the approved indication for "treatment" would apply. Although it is expected that stakeholder emergency use plans will, to the extent possible, direct symptomatic individuals to health care professionals for appropriate treatment, FDA recognizes that circumstances may necessitate dispensing doxycycline product to individuals seeking post-exposure prophylaxis who may be symptomatic; therefore, FDA is authorizing dispensing to symptomatic individuals without a prescription consistent with the conditions set out in this letter.

1. The above doxycycline products are authorized for pre-event storage and distribution, and for post-event storage, distribution, and dispensing, when packaged in their original manufacturers' packaging or repackaged for emergency distribution with labels containing directions for use, National Drug Code, and lot number (pursuant to the requirements under Section III. CGMP of this document), despite the fact that they may not contain all of the required information on the prescription label under section 503(b)(2) of the Act (21 U.S.C. § 353(b)(2)), e.g., name and address of dispenser; serial

[12] The full course of doxycycline tablets for adults for the post-exposure prophylaxis of inhalational anthrax is 100 mg twice daily for 60 days. Children weighing 40 kg or more (89 pounds or more) should receive the adult dose. Children weighing less than 40 kg should receive 2.2 mg/kg of body weight per dose, by mouth, twice daily (maximum 100 mg per dose).

number; date of prescription or of its filling; name of prescriber; name of patient, if stated on prescription; directions for use and cautionary statements, if contained in the prescription. During an emergency, this authorization would permit dispensing of FDA-approved drugs that are not supplied in a UoU container if necessary.

2. The doxycycline products previously referenced are authorized to be dispensed without a prescription[13] and to be accompanied by authorized emergency use information, to be made available to health care professionals and to recipients respectively, to facilitate understanding of anthrax disease and the risks and benefits of doxycycline therapy and to improve medication compliance. Representative examples of such information are as follows:

- Doxycycline EUA Fact Sheet for Health Care Professionals (Exhibit 1)
- Doxycycline EUA Fact Sheet for Recipients (Exhibit 2)

In addition, a short version and a long version of instructions for home preparation of doxycycline for those who cannot swallow pills are authorized as follows:

- Doxycycline EUA Fact Sheet for Recipients—Home Preparation Instructions for Children or Adults Who Cannot Swallow Pills (Exhibit 3—short version) (or as updated by FDA)[14]
- In an Emergency: How to Prepare Doxycycline for Children and Adults Who Cannot Swallow Pills (Exhibit 4—long version) (or as updated by FDA).[15]

3. The doxycycline products previously referenced are authorized to be stored, distributed, and dispensed as a partial supply,[16] e.g., 10-day supply, of a full 60-day dosage regimen

[13] It is expected that stakeholder emergency use plans will, to the extent possible under the circumstances, involve guidance from health care professionals in the dispensing of product under this EUA beyond the fact sheets contemplated by this request. In this request, however, FDA is being asked to recognize that, in some circumstances, such guidance may not be possible and thus to authorize dispensing without a prescription, including dispensing by non-health care professionals. Depending on the state or local health jurisdictions' preparedness plan for a mass distribution strategy, individuals responsible for dispensing doxycycline may include licensed health care professionals, pharmacists, emergency responders, volunteers, or others. This is not intended to be an exhaustive list. It is possible that public health officials or other volunteers might dispense authorized doxycycline products to recipients, if permitted, in accordance with applicable state and local law and/or in accordance with the public health and medical emergency response of the stakeholder to prescribe, administer, deliver, distribute, or dispense the covered countermeasures, and of their officials, agents, employees, contractors, or volunteers, following a declaration of an emergency.

[14] Any such updates will be available at: http://www.fda.gov/doxyprepare.

[15] The Exhibit 4 fact sheet is also available at: http://www.fda.gov/doxyprepare.

[16] The required and FDA-approved duration of doxycycline therapy for PEP against inhalational anthrax is 60 days. An initial, partial supply of doxycycline may be utilized to facilitate a rapid initiation of antimicrobial therapy, i.e., to provide start-up doses through various distribution modalities. Thus, the partial dispensing of the required quantity of doxycycline to complete therapy duration will also be allowed under this EUA. Once the antimicrobial susceptibility of the associated *B. anthracis* strain involved in the exposure has been determined per its minimum inhibitory concentration, and potential exposure to *B. anthracis* has been confirmed, an additional supply of doxycycline must be dispensed to patients to allow the full 60-day antimicrobial PEP regimen. For example, an

when stored, distributed, and dispensed as part of a stakeholder mass distribution strategy.

4. The doxycycline products previously referenced may include pre-event storage, distribution, and potential use of doxycycline products that are distributed from certain stakeholders' stockpiles and are authorized to have their expiration date extended under the federal government's Shelf-Life Extension Program (SLEP).

CDC and stakeholders are also authorized to make available additional information relating to the emergency use of authorized doxycycline products that is consistent with the terms of this letter of authorization. (See Section IV. Conditions of Authorization.)

I have concluded, pursuant to section 564(d)(2) of the Act, that it is reasonable to believe that the known and potential benefits of authorized doxycycline products, when used for the post-exposure prophylaxis of inhalational anthrax, outweigh the known and potential risks of such products.

I have concluded, pursuant to sections 564(c)(2)(A) and 564(d)(3) of the Act, based on the totality of scientific evidence available to FDA, that it is reasonable to believe that the authorized doxycycline products may be effective for the post-exposure prophylaxis of inhalational anthrax. FDA has reviewed the scientific information available, including the information supporting the conclusions described in Section I above, and concludes that the authorized doxycycline products, when used for the post-exposure prophylaxis of inhalational anthrax in the specified population in accordance with the conditions set out in this letter, meet the criteria set forth in section 564(c) of the Act concerning safety and potential effectiveness.

Subject to the terms of this EUA and consistent with the Secretary of DHS's determination under section 564(b)(1)(A) of the Act and the Secretary of HHS's corresponding declaration under 564(b)(1) of the Act described above, the doxycycline products described above are authorized for the post-exposure prophylaxis of inhalational anthrax for individuals who have been exposed, or who may have been exposed, to aerosolized *B. anthracis* spores.

This EUA will cease to be effective when the declaration of emergency is terminated under section 564(b)(2) of the Act or when the EUA is revoked under section 564(g) of the Act. When this EUA ceases to be effective, the doxycycline products described herein will no longer be authorized for emergency use under this EUA.[17]

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individual may only receive a 10-day supply as an initial start-up dose. The individual will receive further instructions on whether the additional 50-day supply is necessary based on the results of the antimicrobial susceptibility and on where to obtain the 50-day supply of doxycycline.

[17] Pursuant to Section 564(f)(2) of the Act, 21 U.S.C. 360bbb-3(f)(2), continued use of a product authorized by this letter may continue after the expiration of this authorization to the extent found necessary by the patient's health care professional.

III. Current Good Manufacturing Practice

This authorization only covers doxycycline products that have been manufactured, (re)packaged, and (re)labeled under CGMP requirements and were stored in compliance with the manufacturers' labeled storage conditions for the products, except that, in the event of a release of *B.anthracis* and a decision on the part of the responsible stakeholder to mass dispense doxycycline under the terms and conditions of this EUA, doxycycline products may require transportation for rapid dispensing without the capacity to maintain labeled storage conditions in the midst of the response. The products, i.e., doxycycline tablets, doxycycline delayed release tablets, doxycycline capsules, doxycycline powder for oral suspension, and doxycycline oral suspension, may be stored with temperature excursions up to 40°C for a total period of up to 7 days.

IV. Conditions of Authorization

Pursuant to section 564 of the Act, I am establishing the following conditions on this authorization:

A. Information must be provided to health care professionals administering the product and to recipients that includes the following minimum elements:

(1) For Health Care Professionals:

- Statement that the product is authorized for emergency use, e.g., "The Food and Drug Administration (FDA) has issued an Emergency Use Authorization (EUA) for the distribution of doxycycline to people who may have been exposed to *Bacillus anthracis* (*B. anthracis*), the causative pathogen of anthrax.";
- The significant known and potential benefits, e.g., "The expected benefits are prevention of disease, including death, associated with anthrax exposure.";
- The significant known and potential risks of using this drug, including:
  - Serious allergic/hypersensitivity reactions (anaphylactic);
  - Dental problems in children associated with women taking doxycycline during the last half of pregnancy or when nursing, and associated with children under the age of 8 years taking doxycycline;
  - Slowed bone growth in children;
  - Antibiotic-associated diarrhea and pseudomembranous colitis;
  - Liver failure;
  - Esophogeal ulcers;
  - Photosensitivity;
  - Unusual bleeding or bruising;
  - Severe headaches, dizziness, or double vision; and
  - Decreased effectiveness of oral contraceptives;
- The extent to which such benefits and risks are unknown, e.g., "It is unknown how recipients will respond to the emergency instructions, how many recipients will receive the full, 60-day course of PEP, or what the impact of dispensing without an individual prescription will be. The benefit of mass dispensing to

provide recipients with access to an initial supply of doxycycline is expected to outweigh the risks.";

- If alternatives to the product are available to the recipients, an explanation of their benefits and risks, e.g., "In this emergency situation, you will be informed of any alternative products that are available. The risks and benefits of those products are explained separately with those products.";[18]
- Authorized information on home preparation instructions for children or adults who cannot swallow pills, i.e., Exhibit 3 or Exhibit 4; these instructions are appropriate for tablet formulations;
- Dosing information, including for children weighing less than 14 kg (30 lbs) dosed by weight (see table below); and

Weight in Pounds (lbs)	**Weight in kilograms (kg)**	**Dose in milliliters (mL) (*based on 5mg/mL concentration*)** - Give one dose in the morning and one dose in the evening	**Number of 60 mL bottles provided to each patient to cover first 10 days of treatment**
0-5 lbs	0-2 kg	1 mL	ONE (1) Bottle
6-10 lbs	3-4 kg	2 mL	
11-15 lbs	5-7 kg	3 mL	
16-20 lbs	8-9 kg	4 mL	TWO (2) Bottles
21-25 lbs	10-11 kg	5 mL	
26-30 lbs	12-14 kg	6 mL	

- A statement on adverse event and medication error reporting, e.g., "You should report adverse events or medication errors to MedWatch at www.fda.gov/medwatch, by submitting a MedWatch Form 3500 (available at http://www.fda.gov/medwatch/safety/FDA-3500_fillable.pdf) or by calling 1-800-FDA-1088." or similar information.

(2) For Recipients:[19]

- Statement that the product is authorized for emergency use, e.g., "Doxycycline is a prescription drug approved by the Food and Drug Administration (FDA) to prevent anthrax. Federal authorities have specially authorized certain uses of doxycycline, including use without a prescription, for this emergency situation.";
- The significant known and potential benefits, e.g., "Taking doxycycline to treat anthrax will reduce your risk of getting sick and dying.";

[18] This authorization is intended to apply to the use of doxycycline in a wide range of different circumstances, and it is recognized that the availability of alternatives to the product will vary in different circumstances. If alternatives are available, this requirement may be satisfied by assuring that the health care professional has available any approved labeling for the alternative product or, if that product is covered by an EUA, the authorized health care professional information under that EUA.

[19] To the extent feasible, stakeholders are encouraged to ensure that recipient fact sheets provide information in such a way as to adequately inform individuals with low literacy.

- The significant known and potential risks of using this drug, including:
  - Allergic reaction, such as swelling of the tongue, hands, or feet;
  - Tooth problems in children when women take doxycycline during the last half of pregnancy or when nursing, and associated with children under the age of 8 years taking doxycycline;
  - Slowed bone growth in children;
  - Diarrhea and stomach cramps;
  - Serious liver problems, including liver failure;
  - Pain when swallowing;
  - Sensitivity to the sun;
  - Unusual bleeding or bruising;
  - Severe headaches, dizziness, or double vision; and
  - Birth control pills might stop working;
- The extent to which such benefits and risks are unknown, e.g., "The benefit of providing you with emergency access to an initial supply of doxycycline is expected to outweigh the risks. However, it is unknown how well these emergency instructions will be used, how many individuals will receive the full, 60-day course of (PEP), or what the impact of dispensing without an individual prescription will be.";
- Statement that the recipient is not required to use this drug and the consequences, if any, of refusing administration, e.g., "You do not have to take this drug, but taking doxycycline to treat anthrax will reduce your risk of getting sick and dying.";
- If alternatives to the product are available to recipients, an explanation of their benefits and risks. But in circumstances in which alternatives are not available, an explanation that there are other drugs that may be used as alternatives to doxycycline, but those drugs may not be readily available to the recipient, accompanied by a statement that, if the recipient has access to a medical professional, the recipient may wish to discuss the benefits and risks of any available alternative therapies with that medical professional;
- Dosing information;
- Authorized information on home preparation instructions for children or adults who cannot swallow pills, i.e., Exhibit 3 or Exhibit 4; and
- A statement addressing the reporting of side effects or errors including advising recipients to contact their physician regarding side effects and providing MedWatch contact information for reporting (www.fda.gov/medwatch or 1-800-FDA-1088), e.g., "Tell your doctor right away and report side effects or medication errors to MedWatch at www.fda.gov/medwatch (1-800-FDA-1088).".

B. For planning purposes, Exhibit 1, accompanied by either Exhibit 3 or Exhibit 4 (or any updated home preparation instructions that may be provided by FDA on the FDA website), meets the minimum requirements set forth above for the Doxycycline EUA Fact Sheet for Health Care Professionals. Exhibit 2, accompanied by either Exhibit 3 or Exhibit 4 (or any updated home preparation instructions that may be provided by FDA on the FDA website), meets the minimum requirements set forth above for the Doxycycline EUA Fact Sheet for Recipients.

CDC

C. CDC will ensure that the terms and conditions of this EUA are made available through appropriate means.

D. CDC will make available to stakeholders through appropriate means the following as representative examples of fact sheets pertaining to the emergency use authorized to be made available to health care professionals and to recipients:

(1) Exhibit 1: Doxycycline EUA Fact Sheet for Health Care Professionals. Exhibit 1 is an example fact sheet of the minimum information necessary to provide to health care professionals.

(2) Exhibit 2: Doxycycline EUA Fact Sheet for Recipients. Exhibit 2 is an example fact sheet of the minimum information necessary to provide to recipients.

CDC will make available to stakeholders through appropriate means the following authorized instructions of the home preparation instructions for children or adults who cannot swallow pills:

(3) Exhibit 3: Doxycycline EUA Fact Sheet for Recipients—Home Preparation Instructions for Children or Adults Who Cannot Swallow Pills (short version) (or as updated by FDA); or

(4) Exhibit 4: In an Emergency: How to Prepare Doxycycline for Children and Adults Who Cannot Swallow Pills (long version) (or as updated by FDA).

CDC will also make available to stakeholders through appropriate means at least one representative FDA-approved package insert that covers the dosage forms and strengths of authorized doxycycline products for each type of doxycycline product stockpiled or dispensed.

E. CDC is authorized to issue additional recommendations and instructions related to the emergency use of authorized doxycycline products as described in this letter of authorization, to the extent that additional recommendations and instructions are necessary to meet public health needs during a declared public health emergency involving *B. anthracis* and are reasonably consistent with the authorized emergency use of the products.

Stakeholders (including CDC)

F. Stakeholders will be responsible for authorizing public and/or private entities acting as part of the public health response to dispense authorized doxycycline products in accordance with the terms and conditions of this EUA, including instructing public

and/or private entities acting as part of the public health response about the terms and conditions of the EUA with regard to pre-event storage and distribution and post-event storage, distribution, and dispensing of doxycycline products, and for instructing their constituent recipients about the means through which their constituent recipients are to obtain authorized doxycycline products.

G. Stakeholders must make available through appropriate means information provided to health care professionals and to recipients, respectively, that include the minimum elements set forth above in A. and B. of this section, as exemplified in Exhibit 1 and Exhibit 2, and as authorized in Exhibit 3 and Exhibit 4: Doxycycline EUA Fact Sheet for Health Care Professionals (Exhibit 1), Doxycycline EUA Fact Sheet for Recipients (Exhibit 2), Doxycycline EUA Fact Sheet for Recipients—Home Preparation Instructions for Children or Adults Who Cannot Swallow Pills (short version) (Exhibit 3) (or as updated by FDA), and In an Emergency: How to Prepare Doxycycline for Children and Adults Who Cannot Swallow Pills (long version) (Exhibit 4) (or as updated by FDA). Stakeholders may use Exhibit 1 as the fact sheet for health care professionals and Exhibit 2 as the fact sheet for recipients, or they may develop alternative fact sheets for health care professionals and for recipients, so long as any such information made available to health care professionals and to recipients includes the minimum elements set forth under this EUA in Section IV. Conditions of Authorization. Alternative fact sheets for home preparation instructions for children and adults who cannot swallow pills may not be developed by stakeholders for Exhibit 3 or Exhibit 4.

H. Stakeholders must maintain an inventory record of doxycycline distribution (including lot number, quantity, receiving site, and distribution date) under this EUA, including distribution of doxycycline product prior to, during, or after an anthrax emergency. This requirement does not require record-keeping related to dispensing of doxycycline products to recipients during an emergency in those circumstances in which such record-keeping would not be consistent with an efficient program for the dispensing of the drug to recipients.[20] Stakeholders acting under this EUA will be aware of and ensure that anyone storing and distributing doxycycline for preparedness purposes and storing, distributing, and dispensing doxycycline for response purposes under this EUA are informed of and instructed on the actions necessary to enable stakeholders to comply with the terms and conditions of this EUA, such as data collection, recordkeeping, and records access. Stakeholders acting under this EUA will provide FDA access to such records when requested.

I. Stakeholders are also authorized to make available additional information relating to the emergency use of authorized doxycycline products that is consistent with, and does not exceed, the terms of this letter of authorization.

The emergency use of authorized doxycycline products as described in this letter of authorization must comply with the conditions above and all other terms of this authorization.

[20] While such record-keeping is not a requirement of this EUA, it is expected that stakeholders will, to the extent possible, keep such records for purposes of their own follow-up of recipients, including for the purpose of assuring that any individual who has been provided less than a full course of doxycycline receives, if necessary, a full course.

V. Duration of Authorization

This EUA will be effective until the declaration of emergency is terminated under section 564(b)(2) of the Act or the EUA is revoked under section 564(g) of the Act.

Margaret A. Hamburg, M.D.
Commissioner of Food and Drugs

Enclosures

Dated: July 28, 2011.

Leslie Kux,

Acting Assistant Commissioner for Policy.

[FR Doc. 2011–19622 Filed 8–3–11; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2011–N–0518]

Notices of Filing of Petitions for Food Additives and Color Additives; Relocation in the Federal Register

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is notifying the public that notices of filing of petitions for food additives and color additives that are published in accordance with the Federal Food, Drug, and Cosmetic Act (FD&C Act) will now be published in the ''Proposed Rules'' section of the **Federal Register**. Notices of filing have historically been published in the ''Notices'' section of the **Federal Register**. The Office of the Federal Register (OFR) recently informed FDA that, under OFR rules, these documents actually fall into the ''Proposed Rules'' category and requested that FDA reclassify these notices of filing documents as proposed rules. This change is effective immediately.

FOR FURTHER INFORMATION CONTACT: Joyce Strong, Regulations Editorial Section, Office of Policy, Planning and Budget, Food and Drug Administration,10903 New Hampshire Ave., Bldg. 32, Rm. 3208, Silver Spring, MD 20993–0002, 301–796–9148, *joyce.strong@fda.hhs.gov.*

SUPPLEMENTARY INFORMATION:

I. Background

Section 409 of the FD&C Act (21 U.S.C. 348) establishes the food additive petition approval process for food additives for use in human and animal food. Section 409(b)(5) requires that the Secretary of Health and Human Services publish notice in general terms of the receipt of a petition within 30 days of its filing. Similarly, section 721 of the FD&C Act (21 U.S.C. 379e) establishes a petition approval process for color additives used in food, drugs, cosmetics, and devices, and requires that the Secretary publish notice in general terms of the receipt of a color additive petition within 30 days of its filing. These responsibilities of the Secretary have been delegated to the Commissioner of Food and Drugs and redelegated to certain other FDA officials. These notices of filing are published in the **Federal Register**.

Under the **Federal Register** Act (44 U.S.C. chapter 15), the Administrative Committee of the **Federal Register** issues regulations regarding publishing documents in the **Federal Register** (1 CFR chapter I). Based on these governing regulations, the OFR classifies Agency documents published in the **Federal Register** in one of three categories: rules and regulations, proposed rules, and notices. The regulation establishing document types is 1 CFR 5.9. FDA's section 409 and section 721 notices of filing have historically been published in the ''Notices'' section of the **Federal Register**. OFR recently informed FDA that, in their view, these documents actually fall into the ''Proposed Rules'' category and requested that FDA classify future such notices of filing documents as proposed rules (Ref. 1).

Accordingly, FDA documents providing notice under section 409(b)(5) or section 721(d)(1) of the FD&C Act will appear in the proposed rule section of the **Federal Register**. This change is effective immediately.

II. Reference

The following reference has been placed on display in the Division of Dockets Management (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852, and may be seen by interested persons between 9 a.m. and 4 p.m., Monday through Friday.

1. Memo from Amy P. Bunk, Office of the Federal Register, to Joyce Strong, Food and Drug Administration, May 9, 2011.

Dated: July 29, 2011.

Leslie Kux,

Acting Assistant Commissioner for Policy.

[FR Doc. 2011–19765 Filed 8–3–11; 8:45 am]

BILLING CODE 4160–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket Nos. FDA–2011–M–0323, FDA–2011–M–0256, FDA–2011–M–0257, FDA–2011–M–0241, FDA–2011–M–0284, FDA–2011–M–0295, FDA–2011–M–0300, FDA–2011–M–0296, FDA–2011–M–0342, FDA–2011–M–0338, FDA–2011–M–0343, FDA–2011–M–0348, FDA–2011–M–0349, FDA–2011–M–0430, FDA–2011–M–0431, FDA–2011–M–0445, FDA–2011–M–0470, FDA–2011–M–0472, FDA–2011–M–0502, and FDA–2011–M–0503]

Medical Devices; Availability of Safety and Effectiveness Summaries for Premarket Approval Applications

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is publishing a list of premarket approval applications (PMAs) that have been approved. This list is intended to inform the public of the availability of safety and effectiveness summaries of approved PMAs through the Internet and the Agency's Division of Dockets Management.

ADDRESSES: Submit written requests for copies of summaries of safety and effectiveness data to the Division of Dockets Management (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. Please cite the appropriate docket number as listed in table 1 of this document when submitting a written request. See the **SUPPLEMENTARY INFORMATION** section for electronic access to the summaries of safety and effectiveness.

FOR FURTHER INFORMATION CONTACT: Nicole Wolanski, Center for Devices and Radiological Health, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 66, rm. 1650, Silver Spring, MD 20993, 301–796–6570.

SUPPLEMENTARY INFORMATION:

I. Background

In the **Federal Register** of January 30, 1998 (63 FR 4571), FDA published a final rule that revised 21 CFR 814.44(d) and 814.45(d) to discontinue individual publication of PMA approvals and denials in the **Federal Register**. Instead, the Agency now posts this information on the Internet on FDA's home page at *http://www.fda.gov*.

In accordance with section 515(d)(4) and (e)(2) of the Federal Food, Drug, and Cosmetic Act (the FD&C Act) (21 U.S.C. 360e(d)(4) and (e)(2)), notification of an