



Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

AUG 2 2006

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Donald S. Rehm  
International Myopia Prevention Association  
1054 Gravel Hill Road  
Ligonier, Pennsylvania 15658

Re: Docket No. 2005P-0166

Dear Mr. Rehm:

This letter responds to your citizen petition dated April 28, 2005 ("Petition") regarding the labeling of prescription contact lenses and glasses. Your petition states that it is submitted under 21 U.S.C. § 352(f); however, Food and Drug Administration (FDA or the agency) regulations regarding the submission of citizen petitions are found at 21 CFR part 10.30. Nonetheless, we have reviewed the information in your submission and, in accordance with 21 CFR 10.30(e)(3), address your requests in this response. For the reasons explained below, we are denying your petition.

**I. Your Request for Enforcement Action and Legal Basis of the Petition.**

You request that "[b]efore any child with initial myopia [or nearsightedness] is prescribed or provided with distance (minus) lenses, [a] written notification shall be given to a parent or other responsible adult," (Petition, page 3). The written notification you suggest would declare that "[d]istance (minus) lenses cause myopia to worsen progressively," and that "[m]yopia may be reduced or prevented entirely if a child in the earliest stage of myopia uses prescribed reading glasses (plus lenses) for reading, viewing a computer monitor, or other prolonged close work," (Petition, page 3). You assert that "failure to advise consumers that myopia can be reduced or prevented by use of prescribed reading glasses" is unlawful misbranding. You further state that FDA is required to take enforcement action under 21 U.S.C. 352(f)(1) because the regulatory exemptions are not applicable and there are no exemptions under 21 U.S.C. 352(f)(2). (Petition, pages 6, 54-5.)

Based on our review of the information submitted in the petition and available scientific literature, the agency concludes that this action is not warranted. FDA's Center for Devices and Radiological Health (CDRH) is responsible for evaluating the safety and effectiveness of prescription eyewear, as well as any accompanying labeling, and we believe that the current regulations provide adequate assurance of the safety and effectiveness of these devices. We respond in more detail to your assertions, below.

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## II. Legal Framework.

Section 502(f) of the Federal Food, Drug, and Cosmetic Act (FFDCA or the act) (21 U.S.C. § 352(f)) provides that a device shall be deemed to be misbranded:

[u]nless its labeling bears (1) adequate directions for use; and (2) such adequate warnings against use in those pathological conditions or by children where its use may be dangerous to health, or against unsafe dosage or methods or duration of administration or application, in such manner and form, as are necessary for the protection of users, except that where any requirement of clause (1) of this paragraph, as applied to any drug or device, is not necessary for the protection of the public health, the Secretary shall promulgate regulations exempting such drug or device from such requirement.

As your petition notes, FDA has issued regulatory exemptions at 21 CFR 801 subpart D. The exemption for prescription devices is at 21 CFR § 801.109, which provides that “[a] device which . . . is not safe except under the supervision of a practitioner licensed by law to direct the use of such device, and hence for which ‘adequate directions for use’ cannot be prepared, shall be exempt from section 502(f)(1) of the act” when specific conditions are met.<sup>1</sup> The identification and classification of the eyewear devices referenced in your petition are codified under 21 CFR §§ 886.5844, 886.5916, and 886.5925. These devices are available by prescription only.

## III. Response to Your Request for an Enforcement Action.

Your petition states that “§ 502(f)(1) requires eye care professionals to give ‘adequate directions for use’ of distance (minus) lenses unless they are exempt under 21 C.F.R. §801.109 or § 801.116,”<sup>2</sup> (Petition, page 54, emphasis added). You also state that section 502(f)(2) applies and requires warnings stating that distance (minus) lenses worsen myopia and can result in retinal detachment (Petition, page 55). Your petition generally states that failure to provide this information, i.e., advising consumers that myopia can be reduced or prevented by the appropriate use of prescribed reading glasses, constitutes misbranding, and you request that the Agency undertake an enforcement action. As discussed in more detail in section IV, *Response to Request to Establish or Refer to a Scientific Advisory Panel or Advisory Committee*, we do not believe that the information you submitted and other information available supports your

<sup>1</sup> Your petition also refers to 21 CFR § 801.116 and notes that it does not apply. We agree that it is not relevant in this instance and do not address it further.

<sup>2</sup> See previous footnote regarding 21 CFR § 801.116.

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assertions. Moreover, we disagree with your assertion that the exemption for prescription devices (502(f)(1)), as implemented by 21 CFR § 801.109, does not apply (Petition, page 54). These are prescription devices and, therefore, are subject to 21 CFR § 801.109.

We further note that your petition states that because the information you believe should be provided is not being provided, the Agency should bring enforcement actions (Petition, page 54). As we stated above and will discuss in more detail below, we do not believe you have provided support for any enforcement action. Further, we note that as a general matter, section 906 of the act (21 U.S.C. § 396) provides that “[n]othing in this Act shall be construed to limit or interfere with the authority of a health care practitioner to prescribe or administer any legally marketed device to a patient for any condition or disease within a legitimate health care practitioner-patient relationship.” Thus, regarding your request for enforcement action by FDA, which you imply should be taken against individual practitioners, the practice of medicine is regulated by the particular State in which a licensed professional practices. The FFDCA contains no basis for an enforcement action by FDA concerning the conduct of a licensed eye care practitioner because of the way that practitioner uses or prescribes legally marketed devices as part of his or her practice.<sup>3</sup>

#### **IV. Response to Request to Establish or Refer to a Scientific Advisory Panel or Advisory Committee.**

Your petition states that to “the extent that the FDA believes that there is a scientific controversy, the FDA may establish a scientific advisory panel or advisory committee. See 21 C.F.R. § 10.75(2) [sic]. Any such review by a scientific advisory panel or advisory committee ‘shall take place in a timely manner.’ 21 U.S.C. §360bbb-1.” (Petition, page 56.) While it is not clear, FDA assumes that you are asserting 21 CFR 10.75 (a)(3), whereby “[a] decision of an FDA employee other than the Commissioner, on a matter, is subject to review . . . [a]t the request of an interested person outside the agency”; and section 562 of the act regarding dispute resolution which provides:

[i]f, regarding an obligation concerning drugs or devices under this Act or section 351 of the Public Health Service Act, there is a scientific controversy between the Secretary and a person who is a sponsor, applicant, or manufacturer and no specific provision of the Act involved, including a regulation promulgated under such Act, provides a right of review of the matter in controversy, the Secretary

<sup>3</sup> You should also be aware that while FDA may receive and evaluate trade complaints and other correspondence alleging violations of the FFDCA, the actual decision as to whether to undertake enforcement action is within the Agency’s discretion. *Heckler v. Chaney*, 470 U.S. 821, 831-2 (1985).

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shall, by regulation, establish a procedure under which such sponsor, applicant, or manufacturer may request a review of such controversy, including a review by an appropriate scientific advisory panel described in section 505(n)<sup>4</sup> or an advisory committee described in section 515(g)(2)(B)<sup>5</sup>

21 U.S.C. 360bbb-1.

Regulations regarding public hearing before public FDA advisory committees are found at 21 CFR part 14; see specifically, 21 CFR 14.5(b), which provides that “[t]he Commissioner has sole discretion concerning action to be taken and policy to be expressed on any matter considered by an advisory committee.”

FDA does agree with you that preventing and slowing the progression of myopia is an important issue. On September 25th, 2003, FDA’s Center for Drug Evaluation and Research (CDER) held a public meeting of its Dermatologic and Ophthalmic Drugs Advisory Committee to discuss the development of guidance documents to aid sponsors of drug products or therapies intended to prevent or slow the progression of myopia. The transcript of this meeting is available at <http://www.fda.gov/ohrms/dockets/ac/03/transcripts/3988T1.htm>.

At this time, however, FDA finds no scientific evidence among the material provided in your petition that would allow us to conclude that current labeling provisions for corrective lenses do not provide the public health with adequate assurance of the devices’ safety and effectiveness. Your petition relies upon a clinical trial conducted by the National Eye Institute (NEI),<sup>6</sup> a supplement to that study<sup>7</sup> (the COMET reports), and various other literature on the pathology and prevalence of myopia, or nearsightedness. FDA does not dispute the findings of the COMET study you reference, nor the factual elements that you identify regarding the nature of myopia. However, FDA points out that the authors of the COMET study themselves concluded:

Use of PALs [progressive addition lenses] compared with SVLs [single vision lenses] slowed the progression of myopia in COMET children by a small, statistically significant

<sup>4</sup> Applicable to the labeling of drug products.

<sup>5</sup> Applicable to the review of premarket device applications.

<sup>6</sup> A Randomized Clinical Trial of Progressive Addition Lenses versus Single Vision Lenses on the Progression of Myopia in Children, also referred to as the Correction of Myopia Evaluation Trial (COMET); as published in *Investigative Ophthalmology & Visual Science*, April 2003.

<sup>7</sup> Accommodation and Related Risk Factors Associated with Myopia Progression and Their Interaction with Treatment in COMET Children; as published in *Investigative Ophthalmology & Visual Science*, July 2004.

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amount only during the first year. The size of the treatment effect remained similar and significant for the next 2 years. The results provide some support for the COMET rationale—that is, a role for defocus in progression of myopia. The small magnitude of the effect does not warrant a change in clinical practice. (Attachment 1, First COMET Report, p. 1492, emphasis added.)

Further, in follow-up statistical analyses of the COMET study, the authors found that a sub-group of patients that had larger accommodative lag and esophoria at near seemed to show the largest effects (on the order of 0.50 D over three years). (Attachment 2, Supplemental COMET Report, p. 2145.) Thus, while it might be possible to identify a limited sub-group of patients for whom progressive addition lenses (PALs) provide a greater benefit in limiting myopic progression, the authors concluded that “any clinical recommendations will have to await results from a follow-up study to establish the efficacy of PALs in slowing the progression of myopia in children with the risk profile reported in this article.” (Attachment 2, Supplemental COMET Report, p. 2150.) Overall, the COMET study does not recommend PALS for halting the progression of myopia in the general pediatric population.

Moreover, you state in your petition that the COMET study was “badly flawed.” (Petition, pages 7, 40.) Specifically, you state that:

- 1) distance lenses should not have been used at all;
- 2) there should have been +3 add to eliminate all accommodation
- 3) the children should have been given +3D add single vision lenses; and
- 4) the children were not instructed to follow the “[d]istance, [i]nterrupt, [a]ngle, [l]ighting (DIAL)” rules identified in your petition.

At the present time, however, FDA is unaware of any large, multicenter trial that incorporates the recommendations you suggest.

With regard to the other literature within your petition, you refer to a number of case studies concerning the effects of bifocal or multifocal lenses on the progression of myopia. The agency does not believe these studies provide scientific evidence that the rate of myopia progression can be affected by the type of spectacle lens used. For example:

- You cite a study done in Hong Kong<sup>8</sup> on the beneficial effects of multifocal lenses. However, the assignment of subjects in this study was not random, and thus the results may have been subject to bias.
- You cite a 1975 study by Francis A Young and Kenneth H. Oakley<sup>9</sup> concerning the beneficial effects of bifocal lenses. However, this also was not a randomized study and, again, the findings may have been subject to bias.
- You also cite some case studies that were presented in your book, The Myopia Myth.<sup>10</sup> While these cases are interesting, the evidence provided is only anecdotal because it was not the result of controlled studies.

FDA has identified another study<sup>11</sup> where scientists discuss a large number of published randomized trials that evaluate the myopia-limiting effects of bifocals. They concluded that none of the studies had demonstrated a significant effect on the rate of progression.

As a result of our review, FDA does not believe the material you provide in support of your hypotheses, nor current scientific literature warrants referral of the matter to FDA's Ophthalmic Devices Panel of the Medical Devices Advisory Committee. Some literature, in fact, provides evidence that under-correction of myopia may actually increase its progression.<sup>12</sup> Without corrective lenses, myopic children cannot see distant objects clearly and would be at a significant visual disadvantage in school, sports, and other activities of daily life. If, however, sufficient evidence is established demonstrating that distance lenses may cause myopia to progress in certain individuals, physicians will need to consider the risks and benefits presented by these devices and determine their appropriateness for each patient. As stated previously, FDA does not have authority to interfere in practice of medicine issues provided for under section 906 of the act (21 U.S.C. § 396); these matters are regulated by the States, through which practitioner licenses are issued.

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<sup>8</sup> Leung JT, Brown B. Progression of myopia in Hong Kong Chinese schoolchildren is slowed by wearing progressive lenses. *Optom Vis Sci* 1999; 76:346-54.

<sup>9</sup> Oakley KH, Young FA. Bifocal control of myopia. *Am J Optom Physiol Opt*. 1975;52:758-64.

<sup>10</sup> Rehm DS. The Myopia Myth – The Truth About Nearsightedness and How to Prevent It. The International Myopia Prevention Assn. 1981.

<sup>11</sup> Saw SM et al. Myopia: attempts to arrest progression. *Br J Ophthalmol* 2002; 86:1306-11.

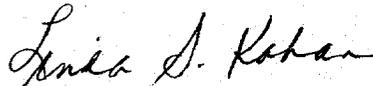
Chung K, et al. Undercorrection of myopia enhances rather than inhibits myopia progression. *Vision Res*. 2002;42:2555-9.

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**V. Conclusion.**

After thoroughly reviewing the information submitted in your petition, as well as available, relevant scientific evidence, we conclude that the agency's current labeling requirements for prescription eyewear are appropriate and adequate. We also conclude that referral of this issue to an FDA advisory committee is unwarranted at this time. If you have any questions about this response, please contact Ms. Domini Cassis at 240-276-2342.

Sincerely,



Linda S. Kahan  
Deputy Director  
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and Radiological Health

cc:  
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