



U.S. Food and Drug Administration

**Notice: Archived Document**

The content in this document is provided on the FDA's website for reference purposes only. It was current when produced, but is no longer maintained and may be outdated.

# **Transcript of FDA Press Conference on FDA Actions on Bio-Identical Hormones**

**FTS HHS FDA**

**Moderator: Susan Cruzan  
January 9, 2008  
12:00 pm CT**

Coordinator: Good afternoon and thank you all for holding.

I would like to remind all parties that your lines will be on listen only mode until the question and answer session. During the question and answer session, you may press star and 1 on your touchtone telephone. Questions will only be taken today from the media.

This call is also being recorded. If you have any (unintelligible) to that, you may disconnect at this time. I would like to turn the call over to Susan Cruzan. Ma'am, you may begin.

Susan Cruzan: Thank you very much. Thank you all for joining us today for FDA's ongoing effort to communicate the latest information on drug related actions.

Today we will be discussing issues related to compounded bio-identical hormones. For today's call, we have also invited non-media stakeholders who may participate in listen only mode. And I will provide some more information as we open up the call to questions after our brief remarks.

Joining us for today's tele-briefing are Deborah Autor, Esquire, Director of the Center for Drug Evaluation and Research Office of Compliance for the Food and Drug Administration and Doctor Kathleen Uhl, Assistant Commissioner, Office of Women's Health, also with FDA.

Following the brief remarks, we will open up the call to a Q&A session again for credentialed media. For that session, we have a number of experts who will assist in answering your questions.

They include Steven Silverman – excuse me, Assistant Director, (Unintelligible) Office of Compliance, Kathy Anderson, Deputy Director, Division of New Drugs and Labeling Compliance, (Unintelligible) Office of Compliance and Doctor (Phillip Price), Medical Officer, Division of Reproductive and Urologic Products for (Unintelligible).

We will now begin with Ms. Autor. Thank you, Deborah.

Deborah Autor: Good afternoon. I'm Deborah Autor, Director of the Office of Compliance and FDA Center for Drug Evaluation and Research.

Today, FDA is announcing an enforcement action against pharmacy operations that compound so called bio-identical hormone replacement therapy drugs. These products are used by women to treat the symptoms of menopause.

These drugs typically contain the hormones estrogen and progesterone. They sometimes also contain the ingredient estriol, which is not FDA approved for any use. FDA has issued warning letters to seven pharmacies that make falsely misleading claims about

their hormone therapy drugs and that compound drugs containing estriol.

In conjunction with this enforcement action, the FDA is publishing an informational page on our consumer health education web site to provide women with factual information about so called bio-identical hormone drugs.

FDA also responded today to a citizen petition from the Wyeth Pharmaceutical company concerning so called bio-identical hormone replacement therapy drugs. In the petition, Wyeth asked the FDA to take a number of actions including a public health – public outreach effort to address concerns about these drugs. While FDA has denied certain parts of Wyeth’s citizen petition, it has granted Wyeth’s request for public outreach.

FDA is concerned that the claims made by pharmacy compounders about so called bio-identical drugs can mislead patients and practitioners about the risks and benefits of these drugs. Many pharmacy compounders use the term bio-identical to imply that their drugs are natural or identical to hormones made by the body.

There is no credible scientific support for this claim. The misuse of bio-identical is false and misleading.

The seven pharmacies receiving warning letters claim that their hormone therapy drugs can be used to prevent or treat Alzheimer’s disease, various forms of cancer, stroke and other serious illnesses. We know of no reliable scientific support for any of these claims. And we consider the claims to be false and misleading.

Some pharmacy operations also claim that their drugs are safer and more effective than FDA approved hormone therapy drugs. We are unaware of any sound evidence of the side effects and risks of so called bio-identical drugs are less than those of similarly formulated FDA approved drugs. Claims like these mislead consumers and healthcare providers with inaccurate information.

In addition to making false and misleading claims, some pharmacy operations compound hormone therapy products contain the drug estriol. Estriol has not been approved by FDA in any dosage form for any use and the safety and efficacy of estriol are unknown. Unless they have a valid investigational new drug application, pharmacy operators may not compound drugs containing estriol.

Seven pharmacies identified by FDA are responsible for assuring that their operations comply with federal laws and FDA regulations. FDA has advised these pharmacies that they must immediately correct the cited violations or face possible enforcement action. FDA expects responses from these pharmacies within 15 days explaining the steps that they are taking to correct and prevent recurrence of the violation.

Because so called bio-identical hormone drugs are gaining popularity and there's a lot of false and misleading information being provided to consumers, FDA has published an article on the agency's consumer health education web site entitled Bio-Identicals: Sorting Myths from Facts. This article outlines the facts about so called bio-identical hormone therapy and dispels a number of misconceptions about these drugs.

Although today's action targets compounding pharmacies, focus of today's action is not to put an end to traditional pharmacy compounding. FDA views traditional compounding as a pharmacist combining ingredients in response to a doctor's prescription to tailor a drug to patient's specific medical need. For example, pharmacists may compound a drug without a dye or other inactive ingredient in response to a patient allergy.

Traditional compounding serves an important public health need but in cases like the ones discussed today, where pharmacies go beyond the scope of traditional compounding or make false and misleading claims about the drugs that they compound then FDA will consider enforcement action.

Factors that FDA uses to decide whether pharmacies operations are within the scope of traditional compounding are listed in FDA's pharmacy compounding compliance policy guide, which is available online at FDA's web site.

FDA respects and takes seriously a licensed practitioner's decision that an FDA approved drug may not be appropriate for his or her patient's medical needs. When a licensed practitioner decides that his or her patient's specific medical needs will be best served by compounded hormone therapy drug, the FDA expects to exercise enforcement discretion towards the compounding of that drug consistent with the compounding compliance policy guide.

But doctors and pharmacists should be aware that estriol is not a component of an FDA approved drug and consistent with agency

policy pharmacies may not compound drugs containing estriol unless they have a valid investigational new drug application.

Today's action demonstrates FDA's commitment to ensuring that consumers are well informed about the risks and benefits of the drugs that they take and that pharmacy operations do not hide inappropriate and sometimes unsafe practices behind the veil of traditional compounding.

At this time, I'd like to turn the call over to Doctor Kathleen Uhl from FDA's Office of women's health.

Kathleen Uhl: Thank you. Hi, I'm Kathleen Uhl, Assistant Commissioner for Women's Health at FDA.

FDA's office of women health supports the actions today regarding false and misleading claims for bio-identical hormone replacement therapy. Bio-identical hormone replacement therapy is also called BHRT, a form of menopausal hormone therapy.

BHRT is not a term that is recognized by FDA. It is essentially used as a marketing term. Sellers of bio-identical products often claim that these products are natural and because they are natural, they are safer.

FDA's Office of Women's Health wants women to know that credible scientific evidence to support claims regarding the safety and effectiveness of these bio-identical products are lacking.

Women should be aware that these bio-identical products are not safer just because they are called natural. Bio-identical products have not been shown to prevent or cure any diseases. In fact, just like other FDA other approved therapies for the treatment of menopausal symptoms, bio-identical products may increase the risk of blood clot, heart attack, stroke, breast cancer or gall bladder disease in some women.

Women using or considering using bio-identicals should be aware of these risks and should talk to their health care professional about their options for treatment of their menopausal symptoms.

Thank you.

Susan Cruzan: Thank you. This is Susan Cruzan.

Before opening this up to questions, I just want to provide some housekeeping remarks for the stakeholders who are on the line. As we advised earlier, we have invited a variety of non-media stakeholders to participate in listen only mode and we thank you for your interest and participation.

We would like to ask you to if you have questions during the call or following the call to please email Ms. Brenda Evelyn with our Office of Special Health Initiatives who will assist in answering all of your questions later this afternoon or after this call.

Brenda's at – email address is [brenda.evelyn](mailto:brenda.evelyn@fda.hhs.gov) – excuse me, E V E L Y N @fda.hhs.gov; that's [brenda.evelyn@fda.hhs.gov](mailto:brenda.evelyn@fda.hhs.gov) and please specify your question. If we have enough or sufficient interest later on, we may



actually hold a stakeholder call so please let her know if you have interest there.

Also we want to make sure that everyone knows that the FDA press release is posted on FDA's web site and that does contain the links to warning letters and Q's & A's and a consumer article. And we will be posting a link to the petition response as soon as that is available as well.

At this time, we can open the call up to questions from the media.  
Thank you.

Coordinator: Thank you. At this time, if you would like to ask a question, please press star and 1 on your touchtone telephone. Please make sure you record your name so that you may be introduced. Once again, that is star and 1.

Our first question is from Peggy Peck from MedPage Today. Ma'am, you may go ahead with your question.

Peggy Peck: Yes, thank you very much for taking our questions. I'm a little confused here so I just want to try to kind of nail down some things.

One, the seven pharmacies that are being sanctioned today that you're announcing this action against, are these pharmacies that advertise online, that are national pharmacies? I'm trying to figure out how one identified these seven compounding pharmacies.

And on follow up, I'm wondering if there are any data that suggests an increase in use of these bio-identical products and compounding them

following the reports – the initial reports from the women’s health initiative study.

Steve Silverman: This is Steve Silverman and I’ll respond to your question about the manner in which we identified these pharmacies. In fact, these pharmacies do promote their product online. And as the warning letters that were issued today indicate, they promote their products with claims that cause the product to be misbranded because the claims are in the agency’s view false and misleading.

We identified these firms by conducting surveillance of pharmacies that promote and market by – quote unquote bio-identical hormone therapy product and try to identify those firms that were most actively engaged in this area and making claims that were particularly troublesome.

Peggy Peck: Okay and in terms of just there – was there a surge in popularity following the initial reports in July of I believe it was 2001 from Women’s Health Initiative.

Kathleen Uhl: In answer – this is Kathleen Uhl from Office of Women’s Health.

Peggy Peck: Uh-huh.

Kathleen Uhl: In answer to your question, we don’t really have any data on the actual use to give you numbers because you did ask about is – has there been a surge.

Peggy Peck: Uh-huh.

Kathleen Uhl: But certainly we have – our office and many other people involved in the whole issue of menopause have received and – certainly an increased number of questions about the bio-identical products. So in answer to has there been increased interest since WHI, absolutely.

Peggy Peck: Okay. And there – and just to clarify these are compounded – are they compounded as creams as well as oral substances?

Steve Silverman: Both.

Peggy Peck: Both. Okay. Thank you.

Susan Cruzan: Thank you. May we have the next question, please?

Coordinator: The next question comes from Joann Silberner. Your line is open from NPR.

Joann Silberner: Thanks. I have two questions about marketing. One is does it take a doctor's prescription for a pharmacy to compound this? And two, I know you don't have data on actual use but do you have numbers of pharmacies that have advertised on the web? Do you have a sense of how widely available these things are?

Steve Silverman: I'll respond to the first part of your question first.

In our experience, these drugs and certainly the drugs that are implicated in the warning letters that were sent today are dispensed pursuant to prescriptions written by doctors. What constitutes a valid prescription is a matter of state law and changes from state to state.

But it is our experience that these drugs – drugs that are dispensed by pharmacies that compound them typically are dispensed following or consistent with a prescription from a doctor.

Joann Silberner: The pharmacy can't do it on its own; it has to be told to do it.

Steve Silverman: Again, that is a matter of state law and I am not conversant with the law of all 50 states as it speaks to that issue. However, as a general matter I'm certainly comfortable saying that these products are dispensed pursuant to prescriptions.

Joann Silberner: Okay and then on the number of pharmacies or the number of the ones on the net or the availability of this around the country – I mean, any data there?

Steve Silverman: We have seen through our surveillance that this is a wide spread practice. I don't have absolute concrete data to answer your question but as was indicated earlier this has been a growing practice particularly in the wake of the WHI study claims are often communicated via the internet.

Unlike commercial drug manufacturers, pharmacies that produce and market these products are not required to register and to list their products with FDA so we have less information about the scope of this practice for pharmacies like these than we would for example for commercial drug manufacturers.

Joann Silberner: Thank you.

Susan Cruzan: Next question please.

Coordinator: Our next question comes from (Jennifer Corbit) from Dow Jones. Your line is open.

(Jennifer Corbit): Yes. Hey, thanks. The question I have is on (the) seven warning letters. It looks like they – these particular I guess companies were – are also making the products with that one component, the estriol. And you've asked them to stop making that but then on the – just want to make sure that this isn't a broader crack down on compounders that use estrogen and progesterone and as long as they're not making these sort of false and misleading claims?

Deborah Autor: Well, we're really concerned in both areas. This is Deborah Autor. Both the question of pharmacies compounding products with – using things that are not compliance with FDA approved drugs, that's the estriol situation. We are concerned about pharmacies compounding products containing estriol and we're also concerned about pharmacies that make false and misleading claims for compounded products. So we are looking at both areas.

Steve Silverman: This is Steve Silverman. I'll just add briefly that it is our hope that pharmacies other than the ones who are targeted for warning letters today will take notice of the concerns raised by the agency and adjust their practices accordingly.

(Jennifer Corbit): (Okay).

Susan Cruzan: Thank you. May we have the next question?

Coordinator: Our next question comes from Anna Matthews from Wall Street Journal. Your line is open.

Anna Matthews: Hi. Couple of questions; one is have you guys received any reports of adverse events or other harm to patients from these products? Two, is this the first – are these the first warning letters you've sent out to pharmacies or anyone else about this kind of product? Or have there been previous warnings or other enforcement actions? And three, forgive me, is this in response to Wyeth's petition to the agency?

Kathy Anderson: I can speak to that first part of the question.

Susan Cruzan: Is this Kathy Anderson?

Kathy Anderson: Sorry, this is Kathy Anderson. With respect to your question about whether we received any adverse event reports, we have not. But the part – the oddest part of that answer is pharmacy's are not required to report adverse events like commercial drug manufacturer's would be. So we just (unintelligible) – we don't have – we haven't received any but again they're not required to (unintelligible).

Anna Matthews: Thank you.

Steve Silverman: With respect to your question about whether the agency's taken action in this area previously, in the first letters that we're sending to compounding pharmacies – pharmacies that prepare these products in the manner described in the letters that we've sent today.

However, previously the agency has sent warning letters to firms that were marketing products targeting the relief of hormones symptoms

that were sold over the counter. The – those firms were not pharmacies. However, they made claims that were in some respect very similar to the ones that are addressed today.

Finally, let me state clearly and without any confusion, we are not taking today's action as a result of the Wyeth citizen petition. The concern and the points that are referenced in the warning letters that were issued today as well as the consumer article pre-dated receipt of the Wyeth petition and they relate to ongoing concern. While we have answered Wyeth's citizen petition, the action today is distinct and a standalone initiative.

Anna Matthews: That answer is the answer to the petition on your site – on your web site?

Susan Cruzan: We do have the response (and) now we are planning on posting that but we can send you a link as soon as we're off the call.

Anna Matthews: Great, I'd love to see it. So this is not a response to petition – the petition is not what sort of turned you on to this issue?

Steve Silverman: This is not what turned us on to the issue. We were of and concerned about this issue well before receipt of the citizen petition. I will say, however, that in response we have granted and denied various parts of the citizen petition. And one part of the citizen petition that we granted was a request by Wyeth that we educate consumers and healthcare providers about some of our concerns and misconceptions about these products.

And as I mentioned earlier and has been discussed, there is an article that is being published today and which is available on FDA's web site that does try to put to rest some of the – what we would characterize as mischaracterizations about these products.

Anna Matthews: Thank you. And, forgive me, one brief thing. You said these are the first letters you've sent to compounding pharmacies about hormone products. What were the entities that previously received letters? And where could I look those up?

Steve Silverman: I – we – unfortunately I can't recall the particular firms sitting here this afternoon. We can get you that information following today's call. If you just send an email, we'll be happy to follow up with you.

(Susan Cruzan): (I think that was about) a year or so ago.

Steve Silverman: Okay.

(Susan Cruzan): (Two thousand five). Okay.

Anna Matthews: Two thousand five and they were drug makers or they were web sites?

Susan Cruzan: They were over the counter drug products because didn't we do the action in conjunction with (STC)?

Steve Silverman: These were firms operating via the internet, not pharmacies that were selling various OTC remedies including products that were targeted for the relief of menopausal symptoms.

Susan Cruzan: And making false and misleading claims as well.



Anna Matthews: And was there a press release about that in '05?

Susan Cruzan: Yes.

Anna Matthews: I'll email you, Susan. Sorry, I'll shut up now.

Susan Cruzan: Can we have the next caller, please?

Coordinator: Our next question comes from Julie Appleby from USA Today. Your line is open.

Julie Appleby: Thanks. You could also send me that citizen petition when you get it as well. I'd like that. What was that was denied in the petition? What did they ask for that you denied?

Steve Silverman: Well, among other things, Wyeth asked us to take enforcement action against pharmacies that were compounding hormone replacement drugs where we made determination that their practices violated the Federal Food, Drug and Cosmetic Act.

And as you'll see when you get a chance to actually review the response, from our position is that requesting enforcement action by a citizen petition is not an appropriate process. And so we declined to grant that portion of Wyeth's request.

Kathleen Uhl: What we do however is we wanted to bundle the warning letters together with the article and with the petition response because an important part of today's announcement is to get the word out to

women and to their care givers and their physicians that FDA has concerns about these processes.

Julie Appleby: And in terms of these seven pharmacies, these are just the seven that get the warning letter but is it correct to say that this warning also goes out to any other pharmacists out there who might be compounding and marketing these products in the same way?

Kathleen Uhl: We certainly do hope that the other pharmacies will take heat.

Julie Appleby: And again I know we're all trying to get at the number of these pharmacies; is there any way you can give us a feel for how many of them are out there are making this?

Steve Silverman: We don't have that information.

Julie Appleby: Okay. Thank you.

Coordinator: Our next question comes from Lisa Richwine, your – from – I'm sorry, Rob Forman from CBS News.

Rob Forman: Yes, thank you. Two questions; do you have any sense of how many prescriptions have gone to women from the places that your citing today?

And a second possibly bigger issue and you touched on it a moment ago, get word out to women that FDA has concerns about these products, how vigorously are you out there saying that bio-identicals simply should not be done – or what – let me put it this way, what is the vigorous message that you're putting out?

We have a Suzanne Somers who is not a compounding pharmacy who's gotten a lot of attention promoting these things. Are you actively counteracting things like that? And feel that's appropriate and what's being done there?

Steve Silverman: Well, those are really important questions. And so I will try to answer them and if I haven't fully responded please let me know.

First of all, with respect to your question about how many prescriptions have been dispensed to these women by these pharmacists, the answer is we do not have that information. We identified and targeted these pharmacies based on these claims that they were making about these products, which we considered to be false and misleading claims.

And based on the fact that they appear to be compounding drugs containing estriol, which is noted earlier, is not part of an FDA approved drug and consistent with agency policy may not be used without an investigational new drug application in compounded drugs.

With respect to how vigorously we are engaging in this area and what the message is for women, we have engaged in this area previously. This is not the first (foray) on the agency's part into trying to give women and health care providers good information related to hormone therapy. This is, however, a push in a new direction in so far as it relates to pharmacies that are marketing quote unquote bio-identical drugs.

We view today's action as a very important opportunity to communicate clearly to women the following message. It is not the agency's view specifically and emphatically not the agency's view that these drugs should not be available to women.

Rather we think that women need to be able to have informed conversation with their health care providers about whether compounded hormone replacement drugs are the best, safest and most appropriate treatment for the symptoms that they're experiencing.

And so the purpose to today's action leaving aside the fact that pharmacy's shouldn't be producing these drugs in any case with estriol is to empower women and their health care providers with accurate information about these drugs and to make clear that the types of claims referenced in the warning letters are not supported by credible evidence.

Rob Forman: But just to follow up there are so many claims made about so many drugs in the marketplace but your sense here as the – these claims went beyond. You're not necessarily saying that the products being put out other than the estriol are necessarily harmful but what you're saying – in regard to any number of pharmaceutical claims is that these went beyond where they don't – a pharmacy doesn't have a problem. Correct?

Steve Silverman: Let me respond first to the question of harm. These products because they are compounded do not undergo the agency's drug approval process. Therefore, we do not have information that speaks to whether they are safe or effective. That information is simply unavailable to the agency.

And the reason that these products don't go through the approval process is that as a policy decision even though under the Food, Drug and Cosmetic Act they ought to be approved and ought to go through that process, we recognize that there is value in having drugs available to women that are produced by pharmacies when their health care providers decide that FDA approved drugs are not available or appropriate for treatment of their conditions.

So in those cases we exercise discretion to allow those products to be made available to women without having first undergone the approval process.

That said we lack information about the safety and efficacy of these specific products. Although as has also been communicated, there is no reason to believe given the inclusion in these drugs of the same kinds of active ingredients that we find in FDA approved drugs that these compounded drugs do not pose the same risks as the FDA approved drugs.

With respect to claims, what I'll say is simply that we have focused on these claims. We have not looked at every claim being made by every compounding pharmacy, which is a point that you obviously already understand. These claims, which we have identified, we consider to be patently inappropriate. And we would take the same position if we saw the same or similar claims from other compounding pharmacies.

Rob Forman: Thank you.

Kathleen Uhl: I – this is Kathleen Uhl from Office of Women’s Health. I’d actually like to follow from your previous question where you asked about the agency’s outreach activities regarding this.

So you do know that there’s the consumer health education article that is posted but also FDA’s Office of Women’s Health has tremendous amount of health information for consumers and particularly for women. On our web site, we have free health materials. We have a fact sheet on menopause. We have a medication chart for menopause. And this medication chart lists all of the FDA approved drug products for the treatment of menopause and menopausal symptoms.

In addition, FDA’s Office of Women’s Health has tremendous outreach activities and partnership development to disseminate health information. We have lots of free online info. We exhibit at national meetings and provide health information about FDA regulated products to include menopause.

Rob Forman: I guess the bottom line there is do you discourage or are you neutral if it’s in the clinician’s hands and the advertising hasn’t misled somebody?

Kathleen Uhl: You know, what our office says is that these products just like the FDA approved products have risks and they may increase the risk of blood clot, heart attack, stroke, breast cancer, gall bladder disease just like the FDA approved products. And that the discussion is really between the woman and her health care provider to make a decision what the appropriate therapy for treatment of her menopausal symptom.

Rob Forman: Okay. Thank you.

Susan Cruzan: And all of that information that Dr. Uhl just presented is linked to the consumer article (unintelligible) linked on the FDA press release (unintelligible) everyone (unintelligible) that. May we have the next question?

Coordinator: The next question is from Lisa Richwine from Reuters. Your line is open.

Lisa Richwine: Hi, thanks for taking my question. I wanted to follow up on the last line of discussion. I just want to make sure I'm absolutely clear here. You're asking these companies not to make the claims anymore but they can still sell the bio-identical hormones if they don't make the unsupported claims? Is that correct?

Steve Silverman: We expect these pharmacies who receive warning letters today to stop making the claims that they have that were identified in the letters sent to them.

Lisa Richwine: Uh-huh.

Steve Silverman: We expect these pharmacies and other compounding pharmacies unless they have an investigational new drug application to stop compounding drugs including estriol.

Lisa Richwine: Right. Okay. Yes.

Steve Silverman: Those are not the only requirements that these companies are subject to. Those are the ones that were highlighted in the letter sent to these companies today.

Lisa Richwine: Uh-huh.

Steve Silverman: These pharmacies are otherwise subject to the other provisions of the Federal Food, Drug and Cosmetic Act that may apply to them. We will continue to closely monitor these firms operations and if we determine that they're – that there are other violations that were not identified today then we may take action.

Lisa Richwine: Okay. But you haven't told them to stop making the hormones that just have – the bio-identical hormones that just have estrogen and progesterone?

Steve Silverman: That's correct. We have not; that portion of our letter focused on the claims being made about those products.

Lisa Richwine: Okay. So they can continue making bio-identical hormones with estrogen and progesterone if they're following other regulations dealing with compounding pharmacies?

Steve Silverman: We have a compliance policy guide that explains the FDA's enforcement approach to pharmacy compounding. It is pretty well known within the compounding community.

Lisa Richwine: Okay.

Steve Silverman: We expect pharmacies to operate in a manner that is consistent with that compliance policy guide. And as that guide makes clear the agency's expectation is to exercise enforcement discretion for firms that operate in a manner that is consistent with that document.



Lisa Richwine: Uh-huh.

Steve Silverman: But in no circumstances may firms make claims about their products that are either false or misleading.

Lisa Richwine: Okay. Okay. Thanks for clearing that up and just one more thing. Can you tell us how many comments you got in response to the Wyeth petition? I think at one point it was in the tens of thousands.

Steve Silverman: We received over 70,000 comments about 14,000 or 15,000 of which were in the form of form comments. Boiler plates.

Lisa Richwine: Can you say how many, you know, were in support of Wyeth's view and how many were against Wyeth's view?

Steve Silverman: I don't think that we have that breakdown at this time. I can tell you that there were comments that came out on both sides of the issue.

Lisa Richwine: Okay. Thanks.

Susan Cruzan: Thank you. Do we have another question?

Coordinator: Your next question comes from Liz Szabo from USA Today. Your line is open.

Liz Szabo): (It's) been answered. Thanks.

Coordinator: Thank you. We'll go on to our next, Lisa Stark from ABC News. Your line is open.

Lisa Stark: Thank you very much. Just to try to clarify something and I haven't had a chance to look at these letters yet so forgive me. You said most of these are probably dispensed with prescription. Are these pharmacies that are advertising online and then managing to get prescriptions? Or are women seeing this, going to their doctors and then coming back to the pharmacies? Do you have any idea just how that works?

Steve Silverman: I think that it can be both of those scenarios. There are situations in which pharmacies have relationships with doctors and they advertise the products both to doctors and to patients that they make available via compounding. Women may contact these pharmacies and the pharmacies will then put them in touch with doctors with whom the pharmacies have relationships.

There are also pharmacies who simply advertise the availability of these products and the reason why women should consider using these products. The women then go to their doctors and advise their doctors that they are interested in having the doctors prescribe these quote unquote bio-identical drugs.

The doctors may then be aware of these particular pharmacies that offer them or women may take the prescription and follow up with these pharmacies on their own.

Lisa Stark: Okay and I know we keep harping on numbers. I think part of the reason is early on in the presentation today someone mentioned that there has been an increase in the use of these compounds and yet later on no one could point to any numbers.

So can you try to clarify why you think there's been an increase? Is it simply because you've had a lot more questions after the women's health study? Or why do you – why are you making that comment that you think that these are increasing if you can't provide any numbers?

Kathleen Uhl: This is Kathleen Uhl from Office of Women's Health. The answer to the question is that we have had tremendous increase in interest and we received lots of questions about the use of bio-identicals either in our roles here as FDA regulators or in our roles as clinicians outside of the agency.

Lisa Stark: Okay so just based on that you still – there's a lot of buzz about it – a lot of people (trying to) (unintelligible)...

Kathleen Uhl: There's a tremendous buzz about it.

Lisa Stark: ...(unintelligible). Yes.

Kathleen Uhl: Yes.

Lisa Stark: And finally – I'm sorry if this is – I've been a number of these calls and I don't remember stakeholders being included in the past, maybe that just my ignorance. Is there a reason they were included as listeners in today's call?

Susan Cruzan: That's something that we do quite often. It's not unusual.

Lisa Stark: Okay, thank you so much.

Coordinator: Our next question comes from Nancy Metcalf with Consumer Reports Magazine. Your line is open.

Nancy Metcalf: Thanks so much. I have a couple of questions. The first one is and, forgive me, I'm not a big expert on this subject. I'm sorry, my cell phone is ringing.

You've mentioned a couple of times that you – that doctors are free to prescribe these if they feel that it's in the best interest of the patient. And I'm trying to imagine given your position that they're no different than any other kind of hormone replacement. What circumstances that would actually be the case?

And my second question is about what – that you – you're saying these pharmacies can and can't do. As I understand, I just need to clarify they can still dispense these compounded hormone replacement as long as they are not making the unsupported claims about them? Or – as long as they're not including estriol but can they continue to say we're dispensing bio-identical hormones? Does that have an accepted – meaning you're comfortable with them promoting it that way?

Steve Silverman: Let me respond to your second question first and then I'll invite some of my colleagues to your first question about what rationale doctors would have for prescribing these products. This is Steve Silverman again.

Pharmacies – as a general matter, it's the FDA's view that pharmacies can and need to be able to produce traditionally compounded drugs. And as it's explained before that means drugs that are produced when a doctor decides that his or her patient has a specific medical need

that can't be met by an FDA approved drug; that's made on a patient's specific basis.

So that continues to be the case where doctors are deciding that their female patients need bio-identical drugs for relief of their menopausal symptoms and that fits within the model of traditional compounding then we would expect that practice to continue.

However, one of the points that was made today in the warning letters that were issued is the fact that the agency considers bio-identical to be a marketing term without a recognized scientific meaning. FDA's view of the use of bio-identical in connection with hormone replacement drugs to cause those drugs to be misbranded under the act.

In so far as use of the term of bio-identical, the pharmacies that compound these drugs implies the drugs are natural or have (identical) – effects identical to those from hormones made by the body. FDA is not aware of credible or scientific evidence to support those claims. And for that reason regards the use of bio-identicals as a basis to cause these drugs to be misbranded in violation of the act.

Let me stop there and allow some of my colleagues to respond to your first question.

Kathleen Uhl: Can you repeat the first question?

Nancy Metcalf: Well, actually I think that Mr. Silverman answered it – under which circumstances – well, under which circumstances would these hormones be preferable? And I guess a related question is I know that

I mean FDA has good manufacturing practices for, you know, conventional pharmaceuticals.

What guarantee or what protection do consumers have that these products have been safely compounded? And, you know, that the raw materials, which I have no idea where they come from actually are safe and, you know, properly manufactured?

Steve Silverman: There are a number of safeguards that are in place, although as we mentioned earlier FDA doesn't have empirical data that speaks to the safety and efficacy of these specific products. By the same token, as part of our enforcement policy in this area we expect that pharmacies will get the ingredients that they use to produce their products from registered suppliers.

FDA inspects both those suppliers to assure that they are following good manufacturing practice, and FDA inspects compounding pharmacies. If the agency were to find for example that a pharmacy was producing a drug that was adulterated, produced in a way to make it unsafe then the agency would be able to take enforcement action under those circumstances.

Pharmacy compounding is also regulated by state pharmacy boards, which has separate regulatory regimes that control the manner in which drugs are produced by pharmacies and that affords additional safeguards to consumers.

Nancy Metcalf: Okay. Thanks.

Coordinator: Our next question comes from Hannah Wiest from Casper Star-Tribune. Your line is open.

Hannah Wiest: Hi, thanks for taking the time. I was wondering and this might be a quick answer. I have a few questions but will the FDA ever test these bio-identical hormone things? Or is that not a possibility?

Steve Silverman: The answer is yes. The FDA has tested bio-identical hormones as part of an overall testing program of many kinds of compounded drugs. In 2001, FDA collected and analyzed 29 compounded drugs, which included eight hormone drugs such as progesterone, estrogen and estradiol. Ten of the 29 drugs failed analytical testing and two of those 10 drugs were hormone drugs.

Under the agency's continuing surveillance program, we continue to sample compounded drugs including compounded hormone replacement drugs in order to assess their quality.

Hannah Wiest: Okay so this is kind of an ongoing thing, (right)?

Steve Silverman: Yes.

Hannah Wiest: Maybe eventually we'll get answers on exactly what's good about them and what's bad. (Great); I'm also just wondering I guess to kind of put a human face, you know. This is all really confusing for women. And how do you recommend that a woman go to her doctor? Like what should she know – what should she be able to discuss with her doctor as far as stats and medicines?

Steve Silverman: Well, let me just – in a moment I'll ask you to repeat the question that you just asked. Let me clarify my earlier response because my colleagues pointed out that I might have caused some confusion.

Hannah Wiest: Okay.

Steve Silverman: The testing that we conducted that I described from 2001 and the testing that is going on currently is testing to evaluate the (post) – the purity.

Hannah Wiest: Okay.

Steve Silverman: And potency of these drugs. It's not the type of testing that would demonstrate that the drugs are safe or effective for their labeled uses. That type of testing traditionally is provided by firms that seek approval for their drugs and they submit that data to the agency; that type of data is absent here and the agency doesn't have data in that regard. That's true of all compounded drugs. We lack data demonstrating safety and efficacy.

If you can repeat your last question, I or someone else will be happy to respond to it.

Hannah Wiest: Okay, awesome. I was just wondering all of this information is pretty confusing for women just kind of from what I've discovered in my research. And I'm just wondering if you have just some kind of very human oriented advice? You know, what should they know when they go in? What should they seek to find when they talk with their doctor?



Steve Silverman: I'm a lawyer. So human oriented advice is not my forte so I'll let somebody else answer.

Kathleen Uhl: (Unintelligible) come to me. This is Kathleen Uhl from the Office of Women's Health. You know, you're very – you're correct in what you're saying though. This is an extremely complicated manner and a matter.

Hannah Wiest: (Right).

Kathleen Uhl: So if you're looking for a one word or a one sentence answer, it really doesn't exist.

Hannah Wiest: No, I...

Kathleen Uhl: This is very complicated. The – women need to know that any products that they're going to take for treatment for menopausal symptoms has benefits and they have risks.

Hannah Wiest: Okay.

Kathleen Uhl: And that (it's – to) decide what's the appropriate therapy for each individual women is really a conversation between her and her doctor. And what the agency has advocated for the FDA approved products is that women take the lowest dose for the shortest duration of time.

Hannah Wiest: Okay. (Thanks).

Kathleen Uhl: But you're – it's very complicated – it's a confusing issue. And you're right. It's hard.

Susan Cruzan: And you might want to take a look at the consumer article that is posted with the press release. And that also has links to the information that Kathleen described earlier to what is actually approved and the issues related to (unintelligible) benefits and risks...

Hannah Wiest: Okay. (Awesome).

Susan Cruzan: ...(unintelligible) (approved) drugs.

Hannah Wiest: Do you mind if I ask one more question?

Susan Cruzan: Go ahead.

Hannah Wiest: Okay. This may be if possible quickly – what is the FDA's kind of current thoughts and stances on their approved estrogen and progesterone therapies? As the – has the fire died down from all the studies?

(Margaret Cober): This is (Margaret Cober). I'm with the Division of Reproductive and Neurologic products.

Hannah Wiest: Okay.

(Margaret Cober): Our stance remains that these products represent valuable therapy for women who need them.

Hannah Wiest: Okay.

(Margaret Cober): Again consistent with the policy that women talk with their providers, use lowest dose with the shortest duration consistent with

their individual needs. We continue to approve drugs for this indication and we continue to encourage sponsors to continue development of drugs for menopausal symptoms, not just in the categories currently available. There are other types of compounds under development.

Hannah Wiest: Okay.

Susan Cruzan: And there is lots of consumer information as we've pointed out and consumer labeling that provides advice on these products as well.

Hannah Wiest: (I see).

Susan Cruzan: And I think we have one more call that we will take today?

Coordinator: Our final question comes from Rob Forman from CBS News.

Rob Forman: Yes, thanks for coming back to me. Just a quick question – estriol – just wondering what it's doing in the product that these certain pharmacies have put out; are they putting it there with the knowledge of doctor and patient? Or are they using it as I don't know as filler? Or – why are they – why is it even in these products? And – yes, that's the basic question. Why was it appearing there?

Kathleen Uhl: It's an estrogen – this is Kathleen Uhl. It's an estrogen so it has estrogenic properties but, you know, the – yes, it's a relatively weak estrogen and that may be part of the reason why it's being selected for use. However, we don't have any data to demonstrate its efficacy or its safety in the treatment of menopausal hormone – I mean menopausal symptoms.

Steve Silverman: From an enforcement perspective as I mentioned earlier, we also have a long standing policy that indicates that pharmacies should not compound drugs using active ingredients that are not components of FDA approved drugs. And estriol falls squarely into that category.

Rob Forman: I guess my question is reading their minds, why have they been putting it in there? Have they even been putting it in there with the knowledge of prescribing physicians? What's it doing there? Why are they putting it there?

Steve Silverman: I think that's an excellent. Unfortunately, I'm not a mind reader. And I just wouldn't want to speculate about what their rationale is.

Rob Forman: Okay, whether it's, you know – whether is it filler or is it supposed to work better and the woman will say, wow I felt even better or what. I'm just trying to get at that and I guess there isn't...

Steve Silverman: I understand that (unintelligible) a valid question....

Woman: (Unintelligible).

Steve Silverman: ...(unintelligible) but those are really valid questions and we just don't have the answers.

(Rob Foreman): Okay. Thank you.

Susan Cruzan: Hi, this is Susan Cruzan. I'd like to wrap up the call today. I do want to remind callers – stakeholders actually that you should be getting any questions that have not been addressed today by this call to Brenda Evelyn, [brenda.evelyn@fda.hhs.gov](mailto:brenda.evelyn@fda.hhs.gov).

Please specify your question. Again, we are wanting to respond to questions that have not been responded to on this call and if you can get those to her by 3:30 or 3:40, excuse me, folks can back to you and determine the next course of action.

Thank you so much. Have a great day.

Coordinator: Thank you. That does conclude today's conference call. You may disconnect at this time.

END