MEMORANDUM

OCTOBER 6, 1972.

To: The Commissioner.
From: Henry E. Simmons, M.D., M.P.H., Director, Bureau of Drugs.
Subject: Amphetamines and other Anorectics—*Action Memorandum.*

ISSUE

The use of amphetamines and other anorectic drugs in treating obesity has raised questions with respect both to efficacy and to abuse potential of these drugs. FDA must act upon a large number of New Drug Applications for many of these drugs. In addition, FDA must recommend to BNDD whether those anorectic drugs as yet unscheduled under the Controlled Substances Act possess sufficient abuse potential to require rescheduling.

FACTS

By a Statement of Policy and Interpretation (August 8, 1970), FDA required the submission of New Drug Applications for amphetamines. One hundred and six applications were submitted and 55 are awaiting action, 51 having been withdrawn in the interim because marketing ceased.

In addition to the amphetamines, phenmetrazine, phendimetrazine, benzphetamine, phentermine, chlorphentermine, and diethylpropion are also marketed as anorectics. All but chlorphentermine require action under the Drug Efficacy Study, since they were first marketed prior to 1962. The initial publication on these drugs as single entities under the DESI study has not yet occurred.

New Drug Applications for three previously unmarketed drugs (clortermine (Voranil), fenfluramine (Pondimin), mazindole (Sanorex)), have been submitted and also require action.

The amphetamines and phenmetrazine are in Schedule II of the Controlled Substances Act. As such, the Bureau of Narcotics and Dangerous Drugs sets manufacturing quotas for them, based in large part upon estimates of medical need for these substances provided by FDA. Our estimates for 1973 are overdue.

All of the anorectic drugs appear to possess at least some degree of abuse potential, but only the amphetamines and phenmetrazine are currently scheduled under the Controlled Substances Act. The scheduling of all drugs in this class thus appears in need of revision.

DISCUSSION

The attached *action memorandum* from Dr. Crout to me outlines in depth the problems, alternative solutions, and potential impact of various solutions to this complex question. There are numerous drugs involved, the medical condition for which they are used is widespread, and a number of value judgments are involved; none of the solutions is free of controversy.

Staff within the Bureau have studied these problems intensively and compiled all available data over the past seven months, utilizing consultant advice where possible.

I believe that the attached memorandum describes a coherent and reasonable set of actions on these problems. I also believe that action should be taken now on each of the items listed, but we should be explicitly prepared to re-evaluate our position in a year, particularly with respect to the use, or overuse, of the amphetamines and to the possible increased abuse of alternative agents.

RECOMMENDATION

That under the set of *Decisions* below, those alternatives numbered "1" be approved under sections "A" through "D" and all actions except "E5" be approved under "E" and "F".

DECISIONS

A. With respect to the approval of anorectics in general: (These alternatives are mutually exclusive.)

1. Base judgments on the efficacy of anorectic drugs on the currently available substantial evidence derived from short-term studies (up to 3 months). We recommend that this be coupled with a requirement for further testing with respect to abuse potential. (See D–1 below)

Approved ———— Disapproved ————.