FINAL LABELING APPROVED FOR
ORAL HYPOGLYCEMIC DRUGS

The most recent labeling for the sulfonylurea drugs and for phenformin, approved by the Food and Drug Administration, provides that these drugs are indicated in the treatment of adult-onset, non-ketotic diabetes mellitus only when the condition cannot be controlled adequately by diet and reduction of excess weight alone.

The labeling includes a **SPECIAL WARNING** which says:

Diet and reduction of excess weight are the foundations of initial therapy of diabetes mellitus. When the disease is adequately controlled by these measures, no hypoglycemic drug therapy is indicated.

Because of the apparent increased cardiovascular hazard associated with oral hypoglycemic agents, they are indicated in adult-onset, non-ketotic diabetes mellitus only when the condition cannot be adequately controlled by diet and reduction of excess weight alone, and when, in the judgment of the physician, insulin cannot be employed because of patient unwillingness, poor adherence to injection regimen, physical disabilities such as poor vision and unsteady hands, insulin allergy, employment requirements, and other similar factors.

This labeling and therapeutic regimen for diabetes mellitus are consistent with the therapeutic recommendations of the American Diabetes Association and the Council on Drugs of the American Medical Association, with which FDA consulted on the evaluation of the University Group Diabetes Program (UGDP) study.

The long-term UGDP study provided the basis for the labeling. That study suggested that the use of the sulfonylurea drug tolbutamide and the biguanide drug phenformin were associated with a greater incidence of cardiovascular mortality than diet alone, or than insulin plus diet.

Although the specific sulfonylurea drug studied by UGDP was tolbutamide (Orinase), the conclusions apply equally to all sulfonylureas — Diabinese, Dymelor, Orinase and Tolinase — because of their close chemical relationship. Of the biguanides, only DBI-TD was studied by UGDP, but the conclusions apply to DBI and Meltrol as well.

Further studies are being undertaken to shed additional light on the role of sulfonylureas and phenformin in the management of diabetes mellitus.

The "indications" section of the labeling approved recently by FDA for all oral hypoglycemic drugs says:

Oral hypoglycemic drugs are indicated in the treatment of adult-onset, non-ketotic diabetes mellitus only when the condition cannot be controlled adequately by diet and reduction of excess weight alone.

Because of the increased cardiovascular hazard which appears to be associated with oral hypoglycemic agents, the drugs should be used only after full consideration of the special warning.

FDA'S USE OF OUTSIDE CONSULTANTS

All four of the Food and Drug Administration decisions described in this Drug Bulletin were made only after the Agency consulted experts outside the Federal Government.

The use of non-Government experts as consultants on major medical judgments reflects FDA's commitment to base important regulatory decisions on the best available scientific evidence.

Fourteen advisory committees made up of 112 medical experts meet regularly with FDA's medical staff in the Bureau of Drugs to discuss important issues. Additional committees are now being formed. The overall direction of the Agency's regulation of prescription and over-the-counter drugs is influenced by a National Drug Advisory Council.

These committees supplement FDA's medical capabilities. FDA believes that the use of outside consultants, combined with the expertise of FDA's own physicians, leads to sound and well-balanced medical regulatory actions.