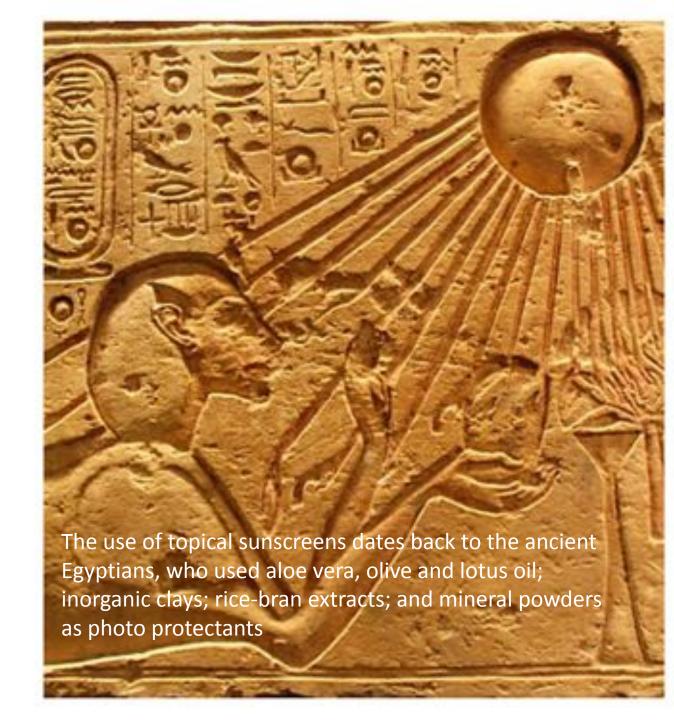


### **Agenda**

- 1. Overview of how sunscreens are regulated in US and abroad
- 2. History of FDA OTC Sunscreen monograph and ingredients
- 3. Overview of 2021 Sunscreen Monograph Proposed Order
- 4. PCPC Sunscreen Consortium activities related to supporting safety of 7 Category III ingredients
- 5. Innovation incentives under 2021 PO
- 6. New Sunscreen Innovation activities and FDA GRASE status new FDA sunscreen UV-filters: Bemotrizinol



### **Regulatory Overview:**

#### UV Filters Are Regulated as Drugs in the US

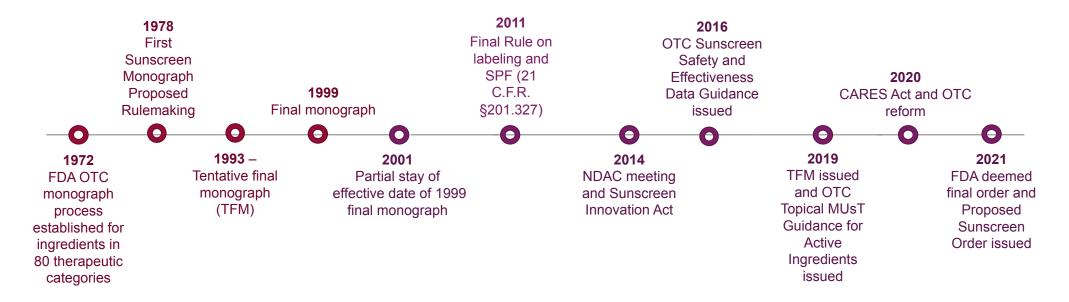
- In the US, UV-filters are regulated as drugs because they fall under the legal definition of "drug" per the Federal Food, Drug and Cosmetic Act
  - "articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease" and "articles (other than food) intended to affect the structure or any function of the body of man or other animals" [FD&C Act, sec. 201(g)(1)]
- Intended use:
  - To help prevent sunburn or to decrease the risks of skin cancer and early skin aging caused by the sun
- Primarily regulated under FDA's OTC Sunscreen Drug Products Monograph
- In other regions of the world, sunscreen products and UV filters are primarily regulated as Cosmetics

Country	Classification
USA	OTC Drug
Canada	Natural Health Products or OTC Drugs
Australia	Cosmetic / Therapeutic Product
China	Special Cosmetic
Taiwan	Specific Purpose Cosmetic
Korea	Functional Cosmetic
Europe	Cosmetic
Japan	Cosmetic
UK	Cosmetic
New Zealand	Cosmetic
Mercosur	Cosmetic
South Africa	Cosmetic
ASEAN	Cosmetic
India	Cosmetic
Israel	Cosmetic
Russia	Cosmetic
Mexico	Cosmetic



### FDA OTC Sunscreen Drug Monograph (M020)

#### **Key Milestones**



#### Full history:

https://www.fda.gov/drugs/historical-status-otc-rulemakings/rulemaking-history-otc-sunsc reen-drug-products#Original



### Number of Available UV Filters in US

#### Has decreased over time!



7 PCPC Consortium supported UV-Filters

> Independently being supported

Not marketed and not industry supported

	Proposed Order 2021 GRASE Status				
	Active Ingredient	Category*			
	Aminobenzoic acid (PABA)	II			
	Trolamine salicylate	II			
	Zinc oxide	1			
_	Titanium dioxide	1			
	Avobenzone	III			
	Ensulizole	III			
	Homosalate	III			
	Octinoxate	III			
	Octisalate	III			
	Octocrylene	III			
	Oxybenzone	III			
	Meradimate	III			
	Sulisobenzone – BZ-4	III			
	Dioxybenzone – BZ-8	III			
	Cinoxate	III			

<sup>\*</sup> Category I – Generally regarded as safe and effective (GRASE) and not misbranded Category II - Not GRASE and/or misbranded Category III - Insufficient data to classify as either Category I or Category II



# 2021 Proposed Order GRASE Status and Testing Requirements

For Category III Sunscreen Actives<sup>1</sup>



- Dermal irritation and sensitization
- Dermal photosafety
- Human absorption studies/maximum usage trials (MUsT)<sup>2</sup>

**Nonclinical (Animal) Studies** 

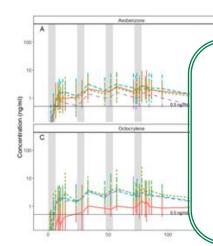
- Dermal carcinogenicity
- Systemic carcinogenicity
- Developmental and reproductive toxicity (DART)
- Toxicokinetics (ADME)
- Hormonal Effects



- In vitro permeation tests (IVPT)
- Pediatric data (case-by-case basis depending on MOS)
- Postmarketing Safety Data



### FDA's Rationale for Proposed Order Data Requests



FDA MUsT studies show that UV-filters are absorbed through skin, (>0.5ng/ml) and therefore need to assess systemic effects (carcinogenicity, endocrine, reproductive)

B Oxybercone

Proposed safety framework is supported per Sept 2014 NDAC meeting

> Aligns and extends SIA **GRASE** determination requirements for new ingredients to current TFM Cat III active ingredients

Highly sensitive validated bioanalytical methods are now available

Changing patterns of sunscreen use - indicate more frequent and longer use

**Evolving scientific** knowledge

> NDAC, Nonprescription Drugs Advisory Committee SIA, Sunscreen Innovation Act



# FDA Pharmacokinetic (PK) Maximal Usage Trials (MUsT)

Why is the MUsT a must<sup>1</sup>?

#### Clinical Significance

MUsT is the FDA's standard approach for assessing the in vivo bioavailability of topical drug products and measuring the systemic absorption potential of topically applied active ingredients that are under consideration for inclusion in an OTC monograph.

FDA absorption threshold value of 0.5 ng/mL = the highest plasma level below which the carcinogenic risk of any unknown compound would be less than 1 in 100,000 after a single dose.<sup>2</sup>

#### **Regulatory Utility**

Results from pilot and pivotal MUsT studies, together with data from other long-term nonclinical studies help FDA estimate a safety margin for systemic exposure to the active ingredient and determine whether additional safety data are needed to support a GRASE finding for an active ingredient.

If MUsT shows that a sunscreen active is not absorbed systemically, some aspects of toxicology testing may not be needed.

For example, A systemic carcinogenicity study would not be needed if:

- (1) PK MUsT results in a steady state blood level < 0.5 ng/mL and
- (2) Toxicology data does not reveal any other safety signals for the ingredient or for any known structurally similar compound indicating the potential for adverse effects at lower levels

<sup>&</sup>lt;sup>2</sup> Threshold value is consistent with the Threshold of Toxicological Concern concept applied to impurities in the ICH guidance for industry M7 Assessment and Control of DNA Reactive (Mutagenic) Impurities in Pharmaceuticals to Limit Potential Carcinogenic Risk



<sup>&</sup>lt;sup>1</sup>FDA (2016). Nonprescription Sunscreen Drug Products Safety and Effectiveness Data: Guidance for Industry

# **OTC Sunscreen Monograph regulation**

2021 Sunscreen Proposed Order Timeline

2019 **Tentative Final** Monograph

2020 **CARES Act** Mandated proposed Order

2021 **Proposed Order** 

Substantively consistent with 2019 Tentative Final Monograph

- No deadline to finalize the 2021 Proposed Order!
- When final order *is* issued, it must have an effective date of at least 1-year after publication



### **FDA Active Ingredient Deferrals**

For Category III ingredients

FDA has indicated that if it receives "satisfactory indication of timely and diligent progress on the necessary studies for a specific ingredient," then it would be prepared to initially defer issuance of a revised final order regarding the status of sunscreens containing that ingredient – renewed annually



#### **PCPC Sunscreen Consortium**

#### PCPC sunscreen consortium

• Established in 2019 to support safety and deferral from rulemaking of 7 Sunscreen Ingredients:



- Clinical and Non-clinical Workplans have been developed to address FDA data requests
- Currently engaging with FDA on proposed data request approaches



#### 2021 PO New Sunscreen Innovation Incentives

#### Industry initiated OTC Monograph Order Requests (OMORs)

- **Tier 1** Fee based review of new ingredients/indications/monograph therapeutic categories
  - 18 mo. exclusivity innovation incentive
  - 2023 fee: \$517,381
  - Require GRASE and MUsT Guideline data submissions
- Tier 2 Drug fact label or condition of use changes
  - No exclusivity
  - 2023 fee: \$103,476
- OMOR Format and Content Draft Guidance for Industry issued April 10, 2023
  - 60-day comment period

	Tier 1 - GRASE Finalization	Tier 1 <sup>1</sup>	Tier 2	Tier 1 - Specified Safety Labeling Change
Filing determination	60 calendar days after receipt of OMOR	60 calendar days after receipt of OMOR	60 calendar days after receipt of OMOR	60 calendar days after receipt of OMOR
Proposed Order Issued	12 months after receipt of OMOR	12 months after receipt of OMOR	10 months after receipt of OMOR	6 months after receipt of OMOR
Public Comment Period	45 calendar days	45 calendar days	45 calendar days	45 calendar days
Assessment of comments	60 calendar days	60 calendar days	60 calendar days	60 calendar days
Comment review extension <sup>2</sup>	6 months <sup>2</sup>	5 months <sup>2</sup>	3 months <sup>2</sup>	3 months <sup>2</sup>
Final Order Issued	17.5 months after receipt of OMOR (or 23.5 months <sup>3</sup> )	17.5 months after receipt of OMOR (or 22.5 months³)	15.5 months after receipt of OMOR (or 18.5 months <sup>3</sup> )	11.5 months after receipt of OMOR (or 14.5 months <sup>3</sup> )



# **Current Status of FDA Sunscreen Active Ingredients Summary**

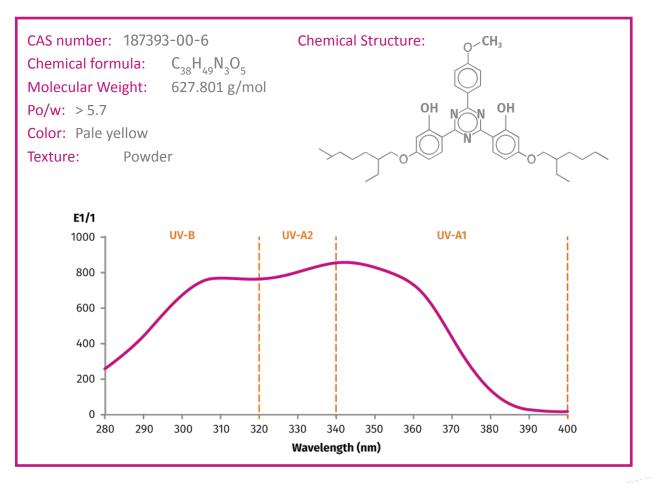
- FDA's 2021 Final Deemed Order effectively maintains the "status quo" in the OTC sunscreen space by utilizing the previously stayed monograph from 1999 as the current applicable monograph until FDA issues a finalized order
- Sunscreen products that comply with the 2021 Final Deemed Order do not need to be removed from the market
- Manufacturers who want to continue marketing sunscreen products that contain active ingredients for which insufficient data exist (based on the Proposed Order Category III) are requested to submit additional data to FDA
- New OMOR Ingredient Innovation requests data requirements are like NDAs
- No deadline For FDA to finalize the 2021 Proposed Order!





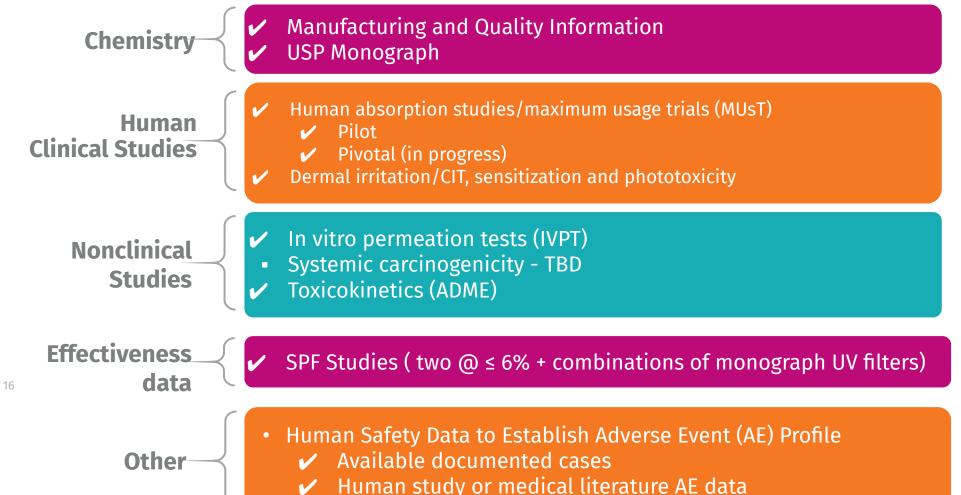
# New UV-filters: PARSOL® Shield (Bemotrizinol - BEMT)

- A generally recognized as safe and effective (GRASE) determination is being sought by DSM for the inclusion of a new broad-spectrum UV sunscreen active ingredient called Bemotrizinol (BEMT - PARSOL® Shield) 6% on FDA's OTC Sunscreen Monograph
- BEMT is the first new US sunscreen active ingredient ('new molecular entity') to be evaluated under FDA's revised GRASE and new Maximum Usage Trial (MUsT) PK test guidelines for OTC drug substances
- Currently, all BEMT clinical studies requested by FDA have been completed
- Preliminary results from Pivotal MUsT study are supportive of a GRASE determination for BEMT





# Studies required to support GRASE determination for BEMT<sup>1,2,3</sup>



<sup>1</sup> As agreed with FDA on 6/2019 and per FDA 11/13/2014, Proposed Sunscreen Order (PSO).

Note: All other required studies previously submitted under TEA (FDA Docket 2005-N-0453A)

<sup>2</sup>FDA (2016). Nonprescription Sunscreen Drug Products Safety and Effectiveness Data: Guidance for Industry

<sup>3</sup>FDA (2019) Maximal usage trial (MUsT) for topical active ingredients being considered for inclusion in an OTC monograph

DSM

# **BEMT Pivotal MUsT Study Recently Completed**

- Open-label, randomized, 3-arm, 162 subject, 4-day pivotal Phase 3 PK clinical trial
- PK and Systemic absorption of BEMT was assessed with 3 market image sunscreen formulations containing 6% BEMT in oil + 10% ethanol permeation enhancer, Oil-Water and Water-Oil excipient phases
- Daily applications represented maximal-use conditions in healthy adult participants (≥ 18 yrs.)
- Subjects received 4 topical applications/day: on the morning of Days 1 through 4, between 07:00 and 10:00 hours followed by 3 more applications each day at 2, 4, and 6 hours after the first application, resulting in study drug application at 0, 2, 4, 6, 24, 26, 28, 30, 48, 50, 52, 54, 72, 74, 76, and 78 hours relative to the first application (16 applications total)
- For each "dose," approximately 2 mg of a sunscreen formulation (about 0.12 mg BEMT) per 1 cm<sup>2</sup> of body surface area was applied to at least 75% of the body surface area (105g sunscreen/d for an average 60kg person!)
- 23 blood samples per subject were collected at pre-specified times through 96 hours after the first application
- A validated lower limit of quantification (LLOQ) threshold of 0.100 ng/mL was used to improve the study's ability to determine to what extent, if any, systemic exposure to BEMT exceeds 0.5 ng/mL
- Plasma concentrations below the lower limit of quantitation (BLQ) were set to 0.050 ng/mL (½ LLOQ) and treated as "missing" for PK parameter calculations
- Safety evaluations included adverse event (AE) monitoring, vital sign measurements, and physical examinations (including skin examinations)



### **Pivotal MUsT Preliminary Results**

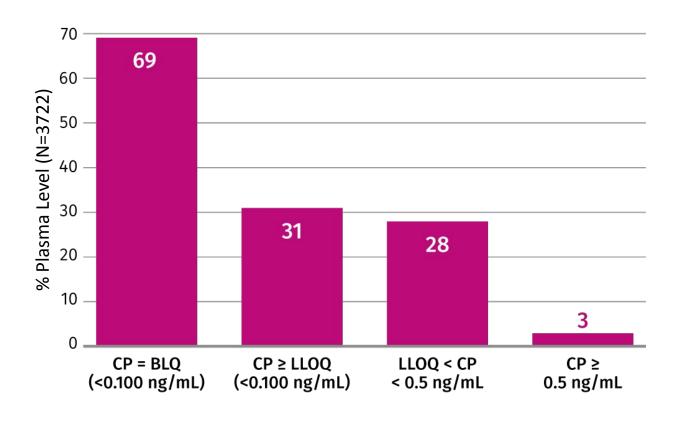
#### Number of Analyzed Plasma BEMT Samples, by Treatment

Treatment		T2	Т3	T4
N		55	53	54
N u m be r of Sa m pl es	Total	1263 (100.0)	1218 (100.0)	1241 (100.0)
	Cp = BLQ	906 (71.7)	790 (64.9)	857 (69.1)
	Cp≥LLOQ < 0.1 ng/mL	357 (28.3)	428 (35.1)	384 (30.9)
	LLOQ < Cp < 0.5 ng/mL	325 (25.7)	389 (31.9)	342 (27.6)
	Cp ≥ 0.5 ng/mL isma concentration	32 (2.5)	39 (3.2)	42 (3.4)

Maximum steady-state concentration = 0.5 ng/mL

**BLQ**: Below the lower limit of quantitation (ie <0.100 ng/mL);

**LLOQ**: lower limit of quantitation (ie 0.100 ng/mL) N: Number of subjects





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**BEMT Study Findings and Conclusions** 

• All FDA required clinical pharmacokinetic (PK), human dermal safety, nonclinical and efficacy studies for BEMT have been completed.

 The preliminary analysis of results from pivotal MUsT gave 3722 plasma samples from 162 subjects indicate:

- 70% of samples were below 0.1 ng BEMT/mL plasma (BLQ)
- 97% of samples did not exceed FDA's threshold of 0.5ng/mL
- Adverse events were moderate to mild, and plasma did not show evidence of BEMT accumulation or steady-state BEMT concentrations above FDA's target threshold of 0.5 ng/mL plasma
- The results of these studies indicate that maximal topical applications of 6% BEMT are safe and do not contribute to meaningful systemic exposure.
- Results appear to be supportive of an FDA GRASE Determination



# Summary of BEMT's journey towards acceptance under the monograph

- Bemotrizinol TEA submitted to FDA
- FDA determines that BEMT is eligible for review

2014

- Sunscreen Innovation Act (SIA) introduces new process for determining GRASE of TEA ingredients
- Nonprescription Drugs Advisory Committee (NDAC) advises FDA re: scope of safety testing that should be conducted to support GRASE determinations for active ingredients in OTC sunscreens
- FDA issues a Proposed Sunscreen Order (PSO) for BEMT indicating it is eligible to be considered for inclusion on the OTC sunscreen monograph pending the submission of additional data needed to support a **GRASE** determination

2019

- FDA issues final guidance for conducting maximum usage trials (MUsT) for assessing the dermal absorption of topical sunscreen active ingredients
- **DSM meets with FDA** to indicate that it is an Interested Party to the OTC listing of BEMT (6%) and obtains feedback re: approach for addressing the data gaps that will support FDA's amending its initial determination that BEMT has not been shown to be GRASE

FDA creates time and extent application (TEA) regulatory process for accepting new foreign actives on OTC monographs

Additional data submitted to FDA by Sponsor to support BEMT TEA data requirements

- FDA amends TEA process review timelines per SIA mandates
- FDA issues guidance on sunscreen safety and effectiveness data, identifying the data needed to support long-term use of sunscreen actives and support FDA GRASE determinations
- FDA issues guidance on the format and content of information submitted by a sponsor in support of a TEA/SIA request
- No further activity on BEMT TEA by Sponsor

NDAC: Nonprescription Drugs Advisory Committee GRASE: Generally recognized as safe and effective MUsT: maximum usage trials

Current

- FDA advice / recommendations re: remaining studies to be completed obtained
- New BEMT USP monograph drafted
- FDA clinical, nonclinical and SPF studies completed and will be submitted to FDA in Q2/'23
- GRASE petition expected to be filed in Q3'23 following FDA feedback
- Precedent setting NDAC meeting likely required
- Final GRASE determination expected Q1-Q2 '24

**BEMT: Bemotrizinol** 

2002

TEA: time and extent application SIA: Sunscreen Innovation Act

Personal Care & Aroma Bioactives Technical & Performance Ingredients

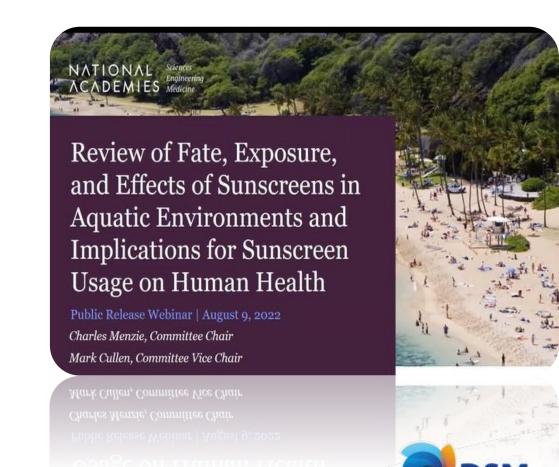
2006

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# **US National Academy of Sciences**

- ☐ **Reinforces the public health benefits** associated with the use of broad-spectrum sunscreens and the importance of formulation flexibility to drive consumer use
- ☐ Confirms PCPC's and DSM's long-held position that:
  - There is currently insufficient relevant and reliable scientific data to conduct realistic ERAs (ecological risk assessment),
  - There is not enough scientific data to support sunscreen ingredient bans and
  - Policymakers, regulators and legislators should not make any decisions that impact consumers' access to FDA-approved sunscreen UV filters until the scientific community reaches an informed consensus



# A more modern UV filter -PARSOL® SHIELD (Bemotrizinol or BEMT)

Testing demonstrates that it is eco-friendly: With regards to Persistence, Bioaccumulation and Toxicity (PBT) measures<sup>1</sup>,

BEMT has a Favorable Eco-Profile

No adverse effects were observed in 5 other aquatic eco-tox concerns:





Short term aquatic invertebrates / Acute







fish / Acute

Algae



Aquatic Microorganisms



#### ANTICIPATED US FDA **GRASE DETERMINATION**





USA

1. EU Reach\* PBT Regulation



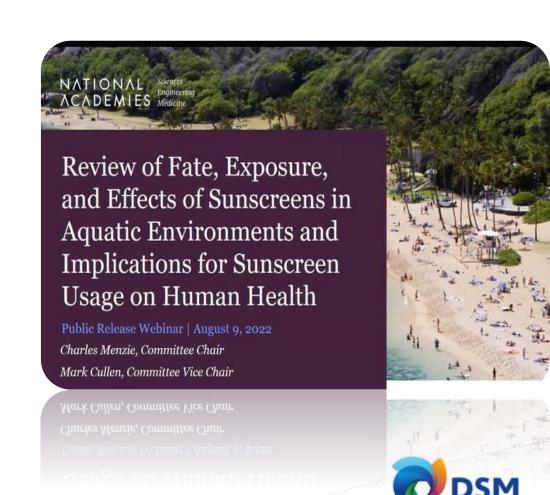
### BRIGHT SCIENCE. BRIGHTER LIVING.™



# **US National Academy of Sciences**

On 9 Aug 2022 released a report entitled: **Review of Fate, Exposure,** and **Effects of Sunscreens in Aquatic Environments and Implications for Sunscreen Usage and Human Health** 

- Study was mandated by Congress under the direction of the US Environmental Protection Agency (EPA) due to concerns raised about the potential toxicity of sunscreens to a variety of marine and freshwater aquatic organisms, particularly corals and concerns that people will use less sunscreen rather than substituting sunscreens with UV filters that are considered environmentally safe
- Bottom line: recommends that EPA conduct an ecological risk assessment of UV filters to characterize the possible risks to aquatic ecosystems and the species that live in them and describes the role of sunscreens in preventing skin cancer and what is known about how human health could be affected by potential changes in usage

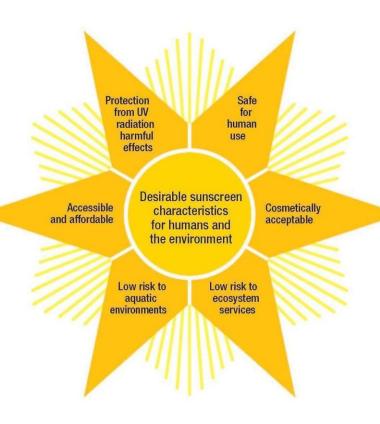


### **US National Academy of Sciences**

**Recommendation 1:** The U.S. Environmental Protection Agency should conduct an ecological risk assessment (ERA) for all currently marketed UV filters and any new ones that become available

**Recommendation 2: "Call For Data"** The U.S. Environmental Protection Agency, partner agencies (e.g., Centers for Disease Control and Prevention, U.S. Department of the Interior, U.S. Food and Drug Administration, National Institutes of Health, National Oceanic and Atmospheric Administration, National Science Foundation), and sunscreen formulators and UV filter manufacturers should conduct, fund or support, and share research and data on sources, fate processes, environmental concentrations, bioaccumulation studies, modes of action, and ecological and toxicity testing for UV filters alone and as part of sunscreen formulations.

Additionally, epidemiological risk modeling and behavioral studies related to sunscreen usage should be conducted to better understand human health outcomes from changing availability and usage





#### FDA new Proposed Order for sunscreens What's new and what's not?

### Active ingredients

#### **Maximum SPF**

**GRASE**: zinc oxide and titanium dioxide

#### **NOT GRASE:**

- aminobenzoic acid and trolamine salicylate
- ·cinoxate. dioxybenzone. ensulizole. homosalate. meradimate. octinoxate. octisalate, octocrylene, padimate O, sulisobenzone. oxvbenzone. and avobenzone
- inadequate data to support a safety finding
- · one vear renewable "deferrals" possible if progress made to support their safety
- · clinical and non-clinical safety studies required

**Maximum labeled SPF of** 60+ and permits the marketing of products formulated with SPF value up to 80

#### **Broad spectrum** requirements

To address the growing evidence of significant harms associated with UVA exposure, the proposed order states that all sunscreens with SPF values of 15 and above should satisfy broad spectrum requirements

**New requirement that** broad spectrum products meet a UVA I / UV ratio of 0.7 or higher

#### **Dosage Forms**

Oils, lotions, creams, gels, butters, pastes, ointments, sticks, sprays, or powders are allowed

GRASE status for spray sunscreens. subject to testing and labeling requirements, and additional data are needed to determine that powders are GRASE

Nano - Not proposing to categorically classify sunscreen products manufactured using nanotechnology (or containing nanomaterials) as GRASE or not GRASE, but invites public comments



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