Dragon, Karen E. (CDC/NIOSH/EID)

From: Lawrence Wylie [WYLIEL@wyeth.com]
Sent: Tuesday, September 18, 2007 1:51 PM
To: NIOSH Docket Office (CDC)
Subject: 105 - HazDrug Update Comments
Attachments: Wyeth NIOSH Letter 18Sept2007.doc

Dear NIOSH;
Please see the attached letter from Wyeth regrading our formal request for delisting of two Wyeth drugs included on the proposed updated NIOSH list of "hazardous drugs".
Thank you.

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Wyeth

September 18, 2007

Ms. Diane Miller
Robert A. Taft Laboratories
National Institute for Occupational Safety and Health
4676 Columbia Parkway
MS C-34 Docket 105
Cincinnati, OH 45226

RE: Wyeth's Request for Delisting two Wyeth drug products from the NIOSH Alert List of New FDA Drug Warnings Fitting NIOSH Criteria for Hazardous Drugs 2006.

REF: NIOSH Alert: Preventing Occupational Exposures to Antineoplastic and Other Hazardous Drugs in Health Care Settings 2004. U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, DHHS (NIOSH) Publication No. 2004-165.

Dear Ms. Miller:

This letter herby requests the delisting of the two of Wyeth's pharmaceutical products Rapamune® (Sirolimus) and Tygacil® (Tigecycline) that were included in the above referenced proposed updated NIOSH List of Hazardous Drugs.

We understand that the NIOSH Alert's basis for inclusion on the list is that the drug product must meet one of the six criteria definitions with significant health hazard risk potential for healthcare workers who may be exposed in foreseeable workplace use of such pharmaceuticals. It must be recognized by NIOSH that the FDA Warning Statements used as the basis for inclusion of these drugs are FDA physician and patient package insert (PPI) statements. These PPIs pertain only to patients who are chronically administered the drug where biologically significant doses may result in systemic risk.

These PPI statements are not intended to be used out of context for worker health hazard assessments. Wyeth review of the hazards, anticipated exposure potential, and healthcare risks for these two drug products is outlined below. Essentially, for both of these drugs in oral tablet and IV formulations, there is no foreseeable workplace use in which biologically significant worker exposure could occur.

Tigecycline

Wyeth's health hazard assessment of Tigecycline, a glycycline, indicates it does not fully meet any of the six NIOSH criteria used to define a hazardous drug. Pregnancy Category D for this product is not a NIOSH hazard assessment criterion. The PPI listed equivocal reproductive effects do not accurately reflect the extensive toxicological data on this drug substance. This product's FDA label warning was placed as a "class effect" warning for fetal effects seen at high doses in laboratory test animals. No other similar in class antibiotics (e.g., tetracycline or minocycline) were placed on the original list, nor are they included on the proposed NIOSH Hazardous Drug List. This is considered reasonable given the history of incident-free safe administration (that certainly includes a significant number of pregnant nurses) of millions of doses over several decades of use in healthcare settings worldwide.

Further, Tigecycline is reconstituted in a closed vial in a sterile manner to a liquid form and is administered only as an IV infusion. The drug is not significantly orally bioavailable. It is then aseptically administered to the patient. The risk of healthcare worker exposure is minimal as there is no significant potential for aerosolization of this drug. Should a healthcare worker be exposed accidentally via a spill, Tigecycline is not cutaneously absorbed, and spill response protocols and the MSDS specify wearing of protective equipment including gloves.

Sirolimus

Sirolimus does demonstrate immunosuppressive properties that are considered hazardous to those subjects who would not benefit from its immunosuppressive properties. The listed product is a coated tablet and the layer containing Sirolimus is not found on the tablet surface. Further, Sirolimus tablets are only to be given orally; it is provided in a complex microparticulate that cannot be compounded due to the complexity of the tablet dosage form. Thus, the exposure potential and overall risk to healthcare workers approaches zero in any foreseeable handling and intended product use in a healthcare setting.

Data supporting the statements made above are available upon request.

We appreciate your review of Wyeth's health risk assessments, and we thank you in advance for your removal of both Tigecycline and Sirolimus from the proposed expanded NIOSH List of Hazardous Drugs.

Respectfully submitted,

Lawrence G. Wylie, Ph.D., CIH, CSP