The potential environmental impact of this action is being reviewed. To encourage public participation consistent with regulations promulgated under the National Environmental Policy Act (40 CFR 1501.4(b)), the agency is placing the environmental assessment submitted with the petition that is the subject of this notice on public display at the Dockets Management Branch (address above) for public review and comment. Interested persons may, on or before February 25, 1998, submit to the Dockets Management Branch (address above) written comments. Two copies of any comments are to be submitted, except that individuals may submit one copy. Comments are to be identified with the docket number found in brackets in the heading of this document. Received comments may be seen in the office above between 9 a.m. and 4 p.m., Monday through Friday. FDA will also place on public display any amendments to, or comments on, the petitioner's environmental assessment without further announcement in the **Federal Register**. If, based on its review, the agency finds that an environmental impact statement is not required and this petition results in a regulation, the notice of availability of the agency's finding of no significant impact and the evidence supporting that finding will be published with the regulation in the **Federal Register** in accordance with 21 CFR 25.40(c).

Dated: January 7, 1998.

Laura M. Tarantino,

Acting Director, Office of Premarket Approval, Center for Food Safety and Applied Nutrition.

[FR Doc. 98–1663 Filed 1–23–98; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 97D–0528]

Draft ''Guidance for Industry: Efficacy Studies to Support Marketing of Fibrin Sealant Products Manufactured for Commercial Use''

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the availability of a draft document entitled ''Guidance for Industry: Efficacy Studies to Support Marketing of Fibrin Sealant Products Manufactured for Commercial Use.'' After reviewing recent experience with fibrin sealant products in clinical studies conducted under Investigational New Drug (IND) regulations, the agency is proposing to accept applications for licensure of fibrin sealant products based on evidence from pivotal studies in which the primary endpoint is hemostasis effectiveness. As in the past, other endpoints such as wound healing or tissue sealing may serve as primary endpoints for pivotal studies, depending on the nature of the indications sought. This draft document will provide guidance to manufacturers of fibrin sealant products for the design of clinical trials intended to support licensure.

DATES: Written comments may be submitted at any time, however, comments should be submitted by April 27, 1998, to ensure their adequate consideration in preparation of the final document.

ADDRESSES: Submit written requests for single copies of the draft guidance document ''Guidance for Industry: Efficacy Studies to Support Marketing of Fibrin Sealant Products Manufactured for Commercial Use'' to the Office of Communication, Training, and Manufacturers Assistance (HFM–40), Center for Biologics Evaluation and Research (CBER), Food and Drug Administration, 1401 Rockville Pike, Rockville, MD 20852–1448. Send one self-addressed adhesive label to assist that office in processing your requests. The draft guidance document may also be obtained by mail by calling the CBER Voice Information System at 1–800–835–4709 or 301–827–1800, or by fax by calling the FAX Information System at 1–888–CBER–FAX or 301–827–3844. Submit written comments on the draft guidance document to the Dockets Management Branch (HFA–305), Food and Drug Administration, 12420 Parklawn Dr., rm. 1–23, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: Paula S. McKeever, Center for Biologics Evaluation and Research (HFM–17), Food and Drug Administration, 1401 Rockville Pike, Rockville, MD 20852–1448, 301–827–6210.

SUPPLEMENTARY INFORMATION:

I. Background

FDA is announcing the availability of a draft document entitled ''Efficacy Studies to Support Marketing of Fibrin Sealant Products Manufactured for Commercial Use.'' This draft guidance document represents the agency's current thinking with regard to information on the efficacy studies to support marketing of licensure of fibrin sealant products manufactured for commercial use. It does not create or confer any rights for or on any person and does not operate to bind FDA or the public. An alternative approach may be used if such approach satisfies the requirements of the applicable statute, regulations, or both. As with other guidance documents, FDA does not intend this draft document to be all-inclusive and cautions that not all information may be applicable to all situations. The draft guidance document is intended to provide information and does not set forth requirements.

II. Comments

This draft document is being distributed for comment purposes only, and is not intended for implementation as general guidance at this time. Interested persons may submit to the Dockets Management Branch (address above) written comments on the draft guidance document. Written comments may be submitted at any time, however, comments should be submitted by April 27, 1998, to ensure adequate consideration in preparation of the final document. Two copies of any comment are to be submitted, except individuals may submit one copy. Comments and request for copies should be identified with the docket number found in the brackets in the heading of this document. A copy of the draft guidance document and received comments are available for public examination in the Dockets Management Branch between 9 a.m. and 4 p.m., Monday through Friday.

III. Electronic Access

Persons with access to the internet may obtain the draft document using the World Wide Web (WWW). For WWW access connect to CBER at ''http://www.fda.gov/cber/guidelines.htm''.

Dated: January 13, 1998.

William K. Hubbard,

Associate Commissioner for Policy Coordination.

The text of the draft guidance is set forth below:

BILLING CODE 4160–01–F

Guidance for Industry

Efficacy Studies to Support Marketing of Fibrin Sealant Products Manufactured for Commercial Use

DRAFT - NOT FOR IMPLEMENTATION

This guidance document is being distributed for comment purposes only.

Draft released for comment on January 1998

Comments and suggestions regarding this draft document should be submitted by April 1998 to Dockets Management Branch (HFA-305), Food and Drug Administration, 12420 Parklawn Dr., rm. 1-23, Rockville, MD 20857. All comments should be identified with the docket number 97D-0528. For questions regarding this draft document, contact Paula McKeever (CBER), 301-827-6210.

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Biologics Evaluation and Research (CBER)
January 1998

BILLING CODE 4160–01–C

Draft-Not for Implementation

Guidance for Industry [1]: Efficacy Studies to Support Marketing of Fibrin Sealant Products Manufactured for Commercial Use

I. Introduction

This document pertains to commercially-produced fibrin sealants composed of purified, virus-inactivated/removed human fibrinogen and human or bovine thrombin, with or without added components such as virus-inactivated/removed human factor XIII and/or aprotinin. Such products are currently available in Europe and Canada as hemostasis agents. Although manufacturers and clinicians in the United States have been actively engaged in the development and testing of fibrin sealants, no fibrin sealant product has been licensed in this country. This document outlines the agency's current position with regard to clinical data used to support licensure of safe and effective commercially-produced fibrin sealants in the United States.

II. Background

As early as 1909, surgeons were reporting the hemostatic properties of fibrin powder used in the operative field. In the 1940s, combinations of fibrinogen and thrombin were first utilized. The development of Cohn fractionation in the 1940s, and a method for cryoprecipitation of fibrinogen in the 1960s, led to the development of fibrin sealants in the 1970s. However, fibrinogen concentrates were found to transmit hepatitis and thus all U.S. licenses for Fibrinogen (Human) were revoked on December 7, 1977. Since that time, a number of manufacturers have been evaluating a new generation of virus-inactivated/removed fibrin sealants.

In 1994, the FDA co-sponsored a conference on the characteristics and clinical uses of fibrin sealants, held at the Uniformed Services University of the Health Sciences, Bethesda, Maryland (summarized in Transfusion 35:783–790, 1995). A number of academic investigators presented data from clinical trials in which fibrin sealants either reduced blood loss or reduced the time to achieve hemostasis. However, based on the available data, FDA representatives were of the opinion that a direct clinical benefit to patients treated with fibrin sealant should be demonstrated in a well-controlled clinical trial to support product licensure for a narrow indication.

Despite FDA's requests for well-controlled trials with patient outcomes as endpoints, many clinicians have been reluctant to conduct placebo-controlled trials in settings where they view the standard of care to be the use of fibrin sealant prepared on site from commercial bovine thrombin and various sources of fibrinogen. These clinicians consider the use of locally-prepared fibrin sealant to be of such benefit in controlling bleeding in confined or nearly inaccessible areas that a placebo-controlled trial would put the control patients at significant and unnecessary risk. However, locally-prepared fibrin sealants are not standardized or consistent, and the available sources of fibrinogen are not treated to inactivate or remove viruses.

III. Guidance

Based on clinical trial experience since 1994, FDA's Center for Biologics Evaluation and Research (CBER) proposes to consider, for licensure of commercially-produced fibrin sealants, data from pivotal studies in which the primary endpoint is hemostasis effectiveness. This review standard is similar to that used by the Center for Devices and Radiological Health, in clearing a number of commercial medical devices on the basis of clinical studies in which the primary endpoint was control of hemostasis within a specific time in a variety of clinical settings. CBER proposes that time to hemostasis could also serve as a primary endpoint for pivotal studies of fibrin sealants.

As in the past, CBER also encourages manufacturers to conduct well-controlled clinical trials using a variety of other endpoints, including blood loss, transfusion requirements, tissue sealing, and wound healing. Endpoints for such trials will be reviewed on a case-by-case basis. Manufacturers who demonstrate the safety and efficacy of their fibrin sealant preparations for specific indications may, upon FDA licensure, label and promote their products for these indications. FDA licensure for a given indication will denote that the specific formulation of fibrin sealant is safe and effective for that specific indication.

For fibrin sealant products containing multiple biologic components, the contribution of each component may be demonstrated in a non-clinical setting appropriate to the indication(s) sought, although the overall efficacy of multiple-component fibrin sealant products should be demonstrated in clinical trials. Proposals to utilize in vitro and/or animal studies to support the inclusion of multiple biologic components into a fibrin sealant product should be discussed with CBER.

The following points are proposed for review of pivotal clinical trials of fibrin sealant products:

1) Fibrin sealant products should be tested in settings and under conditions where they would normally be expected to be used in clinical practice.

2) Fibrin sealant products may be tested against a placebo, a cleared hemostatic device, or other control, as appropriate.

3) Efficacy of fibrin sealant products may be tested by using either hemostasis endpoints or other measures of clinical benefit, depending on the indications sought.

IV. Comments

The agency will review all submitted comments and consider them in the preparation of any final guidance document. Two copies of any comment should be submitted, except that individuals may submit one copy. Comments are to be identified with the docket number found in brackets in the heading of this document. Comments received are available for public examination in the Dockets Management Branch (address above) between 9 a.m. and 4 p.m., Monday through Friday.

[FR Doc. 98–1664 Filed 1–23–98; 8:45 am]

BILLING CODE 4160–01–F

[1] This draft guidance document represents the FDA's current thinking on efficacy studies to support marketing of fibrin sealant products manufactured for commercial use. It does not create or confer any rights for or on any person and does not operate to bind FDA or the public. An alternative approach may be used if such approach satisfies the requirements fo the applicable statute, regulations, or both. For additional copies of this guidance, contact the Office of Communication, Training and Manufacturers Assistance, HFM–40, Center for Biologics Evaluation and Research, Food and Drug Administration, 1401 Rockville Pike, Rockville, MD 20852-1448. Send one self-addressed adhesive label to assist that office in processing your requests. The document may also be obtained by mail by calling the CBER Voice Information System at 1–800–835–4709 or 301–827–1800, or by fax by calling the FAX Information System at 1–888–CBER–FAX or 301–827–3844. Persons with access to the INTERNET may obtain the document using the World Wide Web (WWW) by connecting to CBER at ''http//www.fda.gov/cber/guidelines.htm''.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

HCFA–2005-NC

RIN 0938–AI39

Medicaid Program; State Allotments for Payment of Medicare Part B Premiums for Qualifying Individuals: Federal Fiscal Year 1998

AGENCY: Health Care Financing Administration (HCFA), HHS.

ACTION: Notice with Comment Period.

SUMMARY: Section 4732 of the Balanced Budget Act of 1997 (Public Law 105–33) amended the Social Security Act to provide for two additional eligibility groups of low-income Medicare beneficiaries for whom Medicaid payment can be made for Medicare Part B premiums during the period beginning January 1998 and ending December 2002. This notice announces the Federal fiscal year 1998 State allotments that are available to pay Medicare Part B premiums for these two new eligibility groups and describes the methodology used to determine each State's allotment.

DATES: *Effective Date:* This is a major rule under 5 U.S.C. section 804(2). As indicated in the preamble of this notice, pursuant to section 5 U.S.C. section 553(b)(B), for good cause we find that prior notice and comment procedures are unnecessary and impracticable. Pursuant to 5 U.S.C. section 808(2), this notice is effective January 1, 1998, for