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Provincial and Territorial Deputy Ministers of Health
Provincial and Territorial Drug Program Managers
Deans of Pharmacy
Registrars of Provincial Medical and Pharmacy Associations
Industry and Consumer Associations
Regulatory and Health Professional Associations
Other Interested Parties

Dear Sir/Madam:

Re: *Food and Drug Regulations* - Project # 1441 – Schedule F

The purpose of this letter is to provide an opportunity for comment on the proposed addition of a medicinal ingredient to Part I of Schedule F to the *Food and Drug Regulations*.

Schedule F is a list of medicinal ingredients, the sale of which is controlled under sections C.01.041 to C.01.049 of the *Food and Drug Regulations*. Part I of Schedule F lists ingredients that require a prescription for human use and for veterinary use. Part II of Schedule F lists ingredients that require a prescription for human use, but do not require a prescription for veterinary use if so labelled or if in a form unsuitable for human use.

The Drug Schedule Status Committee determines the necessity for prescription status for medicinal ingredients on the basis of established and publicly available criteria. These criteria include, but are not limited to, concerns related to toxicity, pharmacological properties and therapeutic uses of the ingredients.

Description of the medicinal ingredient:

Zaleplon belongs to a class of drugs referred to as non-benzodiazepine hypnotics. Other members of this class include zopiclone and zolpidem. Zaleplon has been shown to decrease the time to sleep onset, however, it has not been shown to increase total sleep time or decrease the number of awakenings. Zaleplon is used for short-term treatment of insomnia, which is a disorder experienced when individuals find it difficult to fall asleep. Since sleep disturbances may be a symptom of a serious condition, treatment of insomnia should only be initiated after a careful evaluation of the patient by a physician. The safe and effective use of zaleplon requires individualized dosage, instructions and close medical supervision. Treatment with hypnotics should generally be limited to seven to ten days of use and reevaluation of the patient is recommended if prolonged use exceeds more than two to three weeks.

The degree of regulatory control afforded by Schedule F (prescription drug) status coincides with the risk factors associated with this medicinal ingredient. Oversight by a practitioner is necessary to ensure that adequate risk/benefit information is available before the drug containing the medicinal ingredient is administered and that the drug therapy is properly monitored.

Alternatives

It was initially proposed (see Consultation Section below for details) that zaleplon, as well as zopiclone, based on the similarities of the pharmacologic profiles, be subject to the same controls afforded to zolpidem by adding them to Schedule IV to the *Controlled Drugs and Substances Act* (CDSA) and to the *Benzodiazepines and Other Targeted Substances Regulations*. Zopiclone is currently listed on Schedule F to the *Food and Drug Regulations*.

The CDSA limits the possession, import, export, production, distribution and sale of narcotics, controlled drugs, targeted substances and precursor chemicals that can result in harm when distributed or used without controls. The CDSA specifies restrictions and offences that apply to drugs that are subject to abuse and illicit activity. These more stringent limitations to access assist in minimizing abuse and diversion of these substances for illegal purposes. The CDSA includes six schedules of controlled substances and precursor chemicals, each associated with different offences, penalties and controls. The CDSA is a tool used to implement Canada's obligation under the United Nations drug control conventions.

While zaleplon, zolpidem and zopiclone have chemical structures that are unrelated to the benzodiazepines, they have similar pharmacological properties. Clinical studies have indicated that these drugs also have an abuse potential comparable to benzodiazepines and benzodiazepine-like hypnotics among known sedative users. Based on these findings, the World Health Organization (WHO) recommended that zolpidem be controlled in the same manner as the benzodiazepines and be placed in Schedule IV of the United Nations Convention on Psychotropic Substances. Subsequently, in Canada, zolpidem was removed from Schedule F to the *Food and Drugs Regulations* and added to Schedule IV to the CDSA and to the Schedules to the *Benzodiazepines and Other Targeted Substances Regulations* (SOR/2003-36).

In September 2002, a review by the WHO Expert Committee on Drug Dependence (ECDD) concluded that, although the abuse potential of zaleplon is considered to be similar to that of zolpidem and the benzodiazepine, triazolam, information on the actual abuse available to the ECDD was insufficient to confirm the existence of significant public health and social problems in more than one country. However, the ECDD recommended that the WHO continue the surveillance of zaleplon.

Zaleplon is regulated as a controlled drug in some countries, for example, the United States. The evidence of actual abuse in Canada, however, does not support this alternative proposal. Health Canada will continue to monitor the use of zaleplon to determine if there is any new evidence suggesting it should be scheduled as a controlled drug.

Any alternatives to the degree of regulatory control recommended in this amendment would need to be established through additional scientific information and clinical experience.

Benefits and Costs

The amendment would impact on the following sectors:

- **Public**

Prescription access to drug products containing this medicinal ingredient would benefit Canadians by decreasing the opportunities for improper use and by ensuring the guidance and care of a practitioner.

Another benefit is that drug products for human use containing medicinal ingredients listed on Schedule F may be covered by both provincial and private health care plans.

- **Health Insurance Plans**

Drug products for human use containing medicinal ingredients listed on Schedule F may be a cost covered by both provincial and private health care plans.

- **Provincial Health Care Services**

The provinces may incur costs to cover practitioners' fees for services. However, the guidance and care provided by the practitioners would reduce the need for health care services that may result from improper use of drug products for human use that contain medicinal ingredients listed on Schedule F. The overall additional costs for health care services should therefore be minimal.

Compliance and Enforcement

This amendment would not alter existing compliance mechanisms under the provisions of the *Food and Drugs Act* and the *Food and Drug Regulations* enforced by the Health Products and Food Branch Inspectorate.

Consultation

As mentioned above, the proposal to add zaleplon to Schedule IV to the CDSA and to the *Benzodiazepines and Other Targeted Substances Regulations* was prepublished in the *Canada Gazette*, Part I on June 29, 2002. Health Canada received one letter of objection to the proposed scheduling of zaleplon as a controlled drug. As a result of the comments received and, considering the September, 2002 WHO ECDD decision, Health Canada re-evaluated the scheduling proposal.

The process for this consultation with stakeholders is described in the Memorandum of Understanding (MOU) to streamline regulatory amendments to Schedule F, which came into effect on February 22, 2005. The MOU is posted on the Health Canada website.

This letter is being sent by email to stakeholders and is also being posted on the Health Canada website and the *Consulting With Canadians* website.

Any comments regarding this proposed amendment should be sent within **75-days** following the date of posting of this letter on the Health Canada website. The policy analyst for this project, Karen Ash, may be contacted at:

Refer to Project No. 1441
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Final Approval

In accordance with the MOU process, it is anticipated that this amendment will proceed directly from this consultation to consideration for final approval by the Governor in Council, approximately six to eight months from the date of posting of this letter on the Health Canada website. If approved by the Governor in Council, publication in the *Canada Gazette*, Part II, would follow. The amendment would come into force on the date of registration.

Yours sincerely,

Neil Yeates
Assistant Deputy Minister