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# Statement of Identity and Strength — Content and Format of Labeling for Human Nonprescription Drug Products Guidance for Industry

## *DRAFT GUIDANCE*

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For questions regarding this draft document, contact (CDER) the Office of Nonprescription Drugs at 301-796-6848.

**U.S. Department of Health and Human Services  
Food and Drug Administration  
Center for Drug Evaluation and Research (CDER)**

**September 2022  
Labeling**

# Statement of Identity and Strength — Content and Format of Labeling for Human Nonprescription Drug Products Guidance for Industry

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**U.S. Department of Health and Human Services  
Food and Drug Administration  
Center for Drug Evaluation and Research (CDER)**

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*Contains Nonbinding Recommendations*

*Draft — Not for Implementation*

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1                   **Statement of Identity and Strength — Content and Format**  
2                   **of Labeling for Human Nonprescription Drug Products**  
3                   **Guidance for Industry<sup>1</sup>**  
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6

7  
8                   This draft guidance, when finalized, will represent the current thinking of the Food and Drug  
9                   Administration (FDA or Agency) on this topic. It does not establish any rights for any person and is not  
10                  binding on FDA or the public. You can use an alternative approach if it satisfies the requirements of the  
11                  applicable statutes and regulations. To discuss an alternative approach, contact the FDA staff responsible  
12                  for this guidance as listed on the title page.  
13

14  
15  
16  
17                  **I.           INTRODUCTION**  
18

19                  This guidance provides recommendations on the labeling of human nonprescription drug  
20                  products for the content and format of the required statement of identity<sup>2</sup> and the drug product's  
21                  strength.<sup>3</sup> The recommendations in this guidance are intended to help manufacturers<sup>4</sup> ensure  
22                  consistent content and format of the statement of identity and strength for all nonprescription  
23                  drug products.  
24

25                  In general, FDA's guidance documents do not establish legally enforceable responsibilities.  
26                  Instead, guidances describe the Agency's current thinking on a topic and should be viewed only  
27                  as recommendations, unless specific regulatory or statutory requirements are cited. The use of  
28                  the word *should* in Agency guidances means that something is suggested or recommended, but  
29                  not required.  
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<sup>1</sup> This guidance has been prepared by the Office of Nonprescription Drugs in the Center for Drug Evaluation and Research at the Food and Drug Administration.

<sup>2</sup> See 21 CFR 201.61.

<sup>3</sup> For purposes of this guidance, we interpret the term *nonprescription drug products* to cover over-the-counter (OTC) drug products marketed under a new drug application, abbreviated new drug application, or as an OTC monograph drug under section 505G of the Federal Food, Drug, and Cosmetic Act. This guidance does not apply to human prescription drugs or biologic products or human nonprescription biological products.

<sup>4</sup> Manufacturers, packers, distributors, applicants, relabelers, and sponsors are henceforth referred to as *manufacturers*.

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### 32 **II. BACKGROUND**

33  
34 Labeling for nonprescription drug products is intended to enable consumers to self-select  
35 appropriately and use the nonprescription drug product safely and effectively without the  
36 supervision of a health care practitioner. Nonprescription drug products must comply with  
37 applicable labeling requirements under 21 CFR part 201, including, but not limited to, the  
38 statement of identity under section 201.61. The statement of identity is one of the principal  
39 features on nonprescription drug product labeling and consists of the established name for the  
40 nonprescription drug product, if one exists, followed by an accurate statement of the general  
41 pharmacological category(ies) or the principal intended action(s) of the drug product.<sup>5</sup> The  
42 labeling of all nonprescription drug products must display the statement of identity on the drug  
43 product’s principal display panel (PDP).<sup>6, 7</sup> Consistent content and format of the statement of  
44 identity and strength<sup>8, 9</sup> on the PDP may aid consumers in comparing nonprescription drug  
45 products and assist consumers in appropriate self-selection.

### 46 47 48 **III. CONTENT AND FORMAT OF THE STATEMENT OF IDENTITY AND** 49 **STRENGTH**

#### 50 51 **A. Content of the Statement of Identity**

52  
53 The statement of identity must consist of the established name for the nonprescription drug  
54 product, if one exists, followed by an accurate statement of the general pharmacological  
55 category(ies) or the principal intended action(s) of the drug product.<sup>10</sup> For over-the-counter  
56 (OTC) monograph drug products, if the applicable OTC monograph contains a statement of  
57 identity, the drug product must use the statement of identity in the applicable monograph.<sup>11</sup>  
58 However, to the extent they are not consistent, FDA does not intend to take action against the  
59 marketing of an OTC monograph drug product that follows the content guidelines for the

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<sup>5</sup> See 21 CFR 201.61(a) and (b).

<sup>6</sup> The term *principal display panel* (PDP), as it applies to over-the-counter drugs in package form, means the part of a label that is most likely to be displayed, presented, shown, or examined under customary conditions of display for retail sale. The PDP “shall be large enough to accommodate all the mandatory label information required to be placed thereon by [21 CFR part 201] with clarity and conspicuousness and without obscuring designs, vignettes, or crowding” (21 CFR 201.60).

<sup>7</sup> See 21 CFR 201.61(a).

<sup>8</sup> See the guidance for industry *Safety Considerations for Container Labels and Carton Labeling Design to Minimize Medication Errors* (May 2022). We update guidances periodically. To make sure you have the most recent version of a guidance, check the FDA guidance web page at <https://www.fda.gov/regulatory-information/search-fda-guidance-documents>.

<sup>9</sup> See the guidance for industry *Safety Considerations for Product Design to Minimize Medication Errors* (April 2016).

<sup>10</sup> See 21 CFR 201.61(b).

<sup>11</sup> See section 505G(a) of the Federal Food, Drug, and Cosmetic Act; 21 CFR 330.1(c)(1).

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60 statement of identity as described in this guidance rather than the applicable OTC drug  
61 monograph, as long as the drug product is marketed in compliance with all other applicable  
62 statutes, regulations, and requirements (including other applicable requirements set forth in a  
63 corresponding OTC drug monograph).

64

### 65 1. *Established Name*

66

67 The term *established name* is defined in section 502(e)(3) of the Federal Food, Drug, and  
68 Cosmetic Act (FD&C Act) as an official name designated pursuant to section 508 of the FD&C  
69 Act. If no such official name has been designated, and the drug or ingredient is an article  
70 recognized in an official compendium (such as the United States Pharmacopeia (USP)), then the  
71 established name is the official title described in such compendium.<sup>12</sup> If neither of the two  
72 options above applies, then the established name is the common or usual name of the drug. FDA  
73 does not routinely designate official names under section 508 of the FD&C Act.<sup>13, 14</sup> Therefore,  
74 the established name of a drug product will ordinarily be the USP drug product monograph title  
75 for that drug product.

76

77 The USP General Chapter <1121> *Nomenclature* and USP Nomenclature Guidelines describe  
78 the general format for a drug product monograph title as “[DRUG] [ROUTE OF  
79 ADMINISTRATION] [DOSAGE FORM].” For some dosage forms, the route of administration  
80 (ROA) is omitted.<sup>15</sup> Consistent with these principles, if there is no USP drug *product*  
81 monograph for a nonprescription drug product with a single active ingredient, FDA recommends  
82 that the nonprescription drug product use the USP drug *substance* monograph title “[DRUG],”  
83 which should be followed by the “[ROA] [DOSAGE FORM],” as the established name of the  
84 drug product.<sup>16</sup>

85

86 For a nonprescription drug product that consists of a mixture of two or more active ingredients  
87 and that does not have a USP drug *product* monograph, FDA recommends that the

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<sup>12</sup> In general, manufacturers of OTC drug products should refer to 21 CFR 299.4(e) on established names for drugs, as well as USP General Chapter <1121> *Nomenclature* available at <http://www.usp.org> and the USP Nomenclature Guidelines available at <https://www.usp.org/health-quality-safety/compendial-nomenclature>.

<sup>13</sup> See 21 CFR 299.4(e); see also the final rule, “Designated Names: Revocation of List of Official Names of Drugs,” published September 25, 1984 (49 FR 37574).

<sup>14</sup> The terminology “common or usual name of the drug” refers to a historical concept that with time has fallen out of use. See the final rule, “Designated Names: Revocation of List of Official Names of Drugs,” published September 25, 1984 (49 FR 37574) (explaining that “common or usual name” was used to refer to names for drug products adopted in *USAN (U.S. Adopted Names)* and the *USP Dictionary of Drug Names*). Therefore, we recommend following the more typically used USP drug product monograph compendial name.

<sup>15</sup> The ROA is omitted from dosage form titles for which the ROA is understood. Some examples include “oral” for orally administered capsules, tablets, and lozenges and “topical” for products such as topically applied creams, ointments, and lotions. See the USP Nomenclature Guidelines for more detailed information on this topic.

<sup>16</sup> When the drug substance is a salt, see the guidance for industry *Naming of Drug Products Containing Salt Drug Substances* (Salt guidance) (June 2015). While the Salt guidance addresses prescription drug products approved under the FD&C Act, FDA applies the principles in the Salt guidance for naming nonprescription drug products to align with USP General Chapter <1121> and the USP Nomenclature Guidelines.

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88 nonprescription drug product use the applicable USP drug *substance* monograph title<sup>17</sup> for each  
89 active ingredient in the drug product, which should be followed by the “[ROA] [DOSAGE  
90 FORM],” as the established name of the drug product.<sup>18</sup> Further, in general, FDA recommends  
91 that each drug substance monograph title for each active ingredient in such a drug product be  
92 listed in alphabetical order.<sup>19</sup>

93

### 94 2. *Pharmacological Category*

95

96 The pharmacological category is based on the principal intended action(s) of the nonprescription  
97 drug product. For OTC monograph drug products, the pharmacological category is specified in  
98 the applicable OTC drug monograph.<sup>20</sup>

99

### 100 **B. Strength**

101

102 FDA recommends that the strength of the drug product’s active ingredient(s)<sup>21</sup> immediately  
103 follows the statement of identity on the PDP.

104

### 105 **C. Formatting and Placement of the Statement of Identity and Strength**

106

#### 107 1. *Direct Conjunction of the Proprietary Name and Statement of Identity*

108

109 FDA recommends that the statement of identity be placed either directly to the right of or  
110 directly below the most prominent display of the proprietary name in the PDP. The statement of  
111 identity must be placed in direct conjunction with the most prominent display of the proprietary

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<sup>17</sup> When the drug substance is a salt, see the Salt guidance.

<sup>18</sup> For some dosage forms, the ROA is omitted. The ROA is omitted from dosage form titles for which the ROA is understood. Some examples include *oral* for orally administered capsules, tablets, and lozenges and *topical* for products such as topically applied creams, ointments, and lotions. See the USP Nomenclature Guidelines for more detailed information on this topic.

<sup>19</sup> There may be cases when FDA has determined or recommended a listing configuration other than alphabetical order for active ingredient names in the statement of identity. A possible example could be that of a prescription to OTC switch, where the consumer or health care practitioner may already be familiar with a particular listed order based on historical practice, and a change in order might negatively affect how the health care practitioner recommends the drug product or how the consumer uses the drug product. These cases should be further discussed with FDA.

<sup>20</sup> See 21 CFR 330.1(c)(1); FD&C Act section 505G(a).

<sup>21</sup> When the drug substance is a salt, see the Salt guidance.

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112 name,<sup>22</sup> if one is present.<sup>23, 24</sup> This implies that the proprietary name and the statement of  
113 identity should not be separated by any intervening matter, such as a logo, tagline, descriptor, or  
114 any other graphic, which may detract, obfuscate, or de-emphasize the statement of identity. FDA  
115 does not consider trademark symbols associated with proprietary names on the PDP (e.g.,  
116 registered trademark symbols (®), unregistered trademark symbols (™)) to be intervening  
117 matter. The statement of identity must be in lines generally parallel to the base on which the  
118 package rests as it is designed to be displayed.<sup>25</sup>

### 2. *Configuration of the Statement of Identity and Strength*

122 FDA recommends the following configurations for the statement of identity and strength in  
123 labeling for nonprescription drug products:

- 125 • Recommendation 1: for a nonprescription drug product with a single active ingredient,  
126 the statement of identity and strength should be consistent with any of the following  
127 configurations:<sup>26</sup>

129 [Established Name] [Pharmacological Category] [Strength]

131 OR

133 [Established Name] [Pharmacological Category]  
134 [Strength]

136 OR

138 [Established Name]  
139 [Pharmacological Category]  
140 [Strength]

- 142 • Recommendation 2: for a nonprescription drug product that consists of a mixture of  
143 active ingredients, the established name should be followed by the pharmacological

---

<sup>22</sup> The proprietary name of a drug product is its brand name (sometimes referred to as the product's *trade name*).

<sup>23</sup> See 21 CFR 201.61(b).

<sup>24</sup> Drug products marketed without a proprietary name may use the statement of identity and strength as the *product title* of the nonprescription drug product (see the second example in the Appendix). Alternatively, the established name of the drug product may be used as the *product title* followed by the statement of identity and strength (see the last example in the Appendix).

<sup>25</sup> See 21 CFR 201.61(c).

<sup>26</sup> Consistent with the recommendation in section III.A.1., Established Name, of this guidance, if there is no USP drug *product* monograph for a nonprescription drug product with a single active ingredient, FDA recommends that the established name be presented as the USP drug *substance* monograph title “[DRUG],” followed by the “[ROA] [DOSAGE FORM].”



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144 category and the strength of each active ingredient.<sup>27</sup> To reduce redundancy and  
145 consumer confusion, the statement of identity should appear vertically aligned in columns  
146 consistent with the following configuration:  
147

<b>[Drug A]</b>	<b>[Pharmacological Category A]</b>	<b>[Strength A]</b>
<b>[Drug B]</b>	<b>[Pharmacological Category B]</b>	<b>[Strength B]</b>
<b>[Drug C]</b>	<b>[Pharmacological Category C]</b>	<b>[Strength C]</b>
<b>[ROA] [Dosage Form]</b>		

148  
149 • Recommendation 3: in cases in which the ROA is omitted, the statement of identity and  
150 strength should appear consistent with the following configuration:  
151

<b>[Drug A]</b>	<b>[Pharmacological Category A]</b>	<b>[Strength A]</b>
<b>[Drug B]</b>	<b>[Pharmacological Category B]</b>	<b>[Strength B]</b>
<b>[Drug C]</b>	<b>[Pharmacological Category C]</b>	<b>[Strength C]</b>
<b>[Dosage Form]</b>		

152  
153 Though the configurations in Recommendations 1, 2, and 3 have left-aligned text, in general, text  
154 for the statement of identity and strength can be presented in other alignment types (e.g., center  
155 aligned, right aligned, justified).  
156

157 An OTC monograph drug product must follow the applicable requirements specified in its OTC  
158 monograph, including requirements for the statement of identity.<sup>28</sup> However, to the extent they  
159 are not consistent, FDA does not intend to take action against the marketing of an OTC  
160 monograph drug product that follows the content and formatting guidelines for the statement of  
161 identity and strength as described in this guidance rather than the applicable OTC monograph, as  
162 long as the drug product is marketed in compliance with all other applicable statutes, regulations,  
163 and requirements (including other applicable requirements set forth in a corresponding OTC drug  
164 monograph).  
165

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<sup>27</sup> Consistent with the recommendation in section III.A.1, Established Name, of this guidance, for a nonprescription drug product that consists of a mixture of two or more active ingredients and that does not have a USP drug *product* monograph, FDA recommends that the established name be presented as the applicable USP drug *substance* monograph title for each active ingredient in the drug product (in alphabetical order), followed by the “[ROA] [DOSAGE FORM].”

<sup>28</sup> Section 505G of the FD&C Act. Nonprescription drug products marketed under the OTC drug review are referred to as OTC monograph drugs. An OTC monograph drug can be marketed without an approved drug application described in section 505 of the FD&C Act if it meets the requirements of section 505G of the FD&C Act (known as the OTC drug review), as well as other applicable requirements.

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166           3.     *Prominence*

167  
168     The statement of identity must be presented in bold face type.<sup>29, 30</sup> FDA recommends the  
169     statement of identity be at least half the size of the most prominent printed matter on the PDP.<sup>31,</sup>  
170     <sup>32</sup> Furthermore, the statement of identity should be prominent on the PDP considering all  
171     pertinent factors, including typography, layout, contrast, and other printing features on the PDP.  
172     FDA recommends that the strength, following the statement of identity on the PDP, also be  
173     presented in bold face type.  
174

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<sup>29</sup> See 21 CFR 201.61(c).

<sup>30</sup> In certain instances, there may be additional formatting requirements for the statement of identity. For example, see 21 CFR 201.326(a)(1)(i).

<sup>31</sup> At times, there may be additional size requirements for the statement of identity. For example, see 21 CFR 201.326(a)(1)(i)(A) and (B).

<sup>32</sup> See 21 CFR 201.15.

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**APPENDIX:  
CONFIGURATION OF THE STATEMENT OF IDENTITY AND STRENGTH**

The following principal display panels are examples of appropriate configuration for the statement of identity and strength in labeling for a nonprescription drug product with multiple active ingredients.<sup>1</sup>

**Proprietary Name**

[Drug A] [Pharmacological Category A] [Strength A]  
[Drug B] [Pharmacological Category B] [Strength B]  
[Drug C] [Pharmacological Category C] [Strength C]  
[ROA] [Dosage Form]

Net Quantity of Contents

[Drug A] [Pharmacological Category A] [Strength A]  
[Drug B] [Pharmacological Category B] [Strength B]  
[Drug C] [Pharmacological Category C] [Strength C]  
[ROA] [Dosage Form]

Net Quantity of Contents

**Drug A, Drug B, and Drug C  
ROA Dosage Form**

[Drug A] [Pharmacological Category A] [Strength A]  
[Drug B] [Pharmacological Category B] [Strength B]  
[Drug C] [Pharmacological Category C] [Strength C]  
[ROA] [Dosage Form]

Net Quantity of Contents

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<sup>1</sup> ROA = route of administration. The ROA is omitted from dosage form titles for which the ROA is understood. Some examples include *oral* for orally administered capsules, tablets, and lozenges and *topical* for products such as topically applied creams, ointments, and lotions. See the USP Nomenclature Guidelines for more detailed information on this topic.