

Acceptance Program Requirements



Fluoride-Containing Oral Rinses



Acceptance Program Requirements

This document outlines specific category requirements. Please also refer to the General Guidelines for Participation in the ADA Seal of Acceptance Program.

Category:	Fluoride-Containing Oral Rinses
Purpose:	The Acceptance Program applies to over-the-counter dental products for which safety and efficacy has been established by laboratory and/or clinical evaluations where appropriate. Accordingly, the purpose of these requirements is to provide a structure upon which fluoride-containing rinses can be considered for ADA Acceptance.
Scope:	These requirements apply to over-the-counter fluoride-containing oral rinses. These include ready-to-use solutions, concentrated solutions for use after dilution with water, and solutions for use after mixing.
Notice Regarding Submission of Copyrighted Materials:	To make the review of submissions to the ADA Acceptance Program as efficient as possible, the Council on Scientific Affairs provides copies of submitted materials to Council members and consultant reviewers, and also posts submitted materials to an area of the ADA's web site the access to which is restricted to Council members and staff.

By making a submission, you are representing and warranting to the Council on Scientific Affairs and the ADA that you have obtained sufficient permission(s) from the copyright owner(s) of any copyrighted material included with your submission to allow for the publication and distribution of that material by the ADA as described above, and agree to indemnify and hold ADA harmless from any and all claims arising from such publication or distribution.

Questions can be directed to adaseal@ada.org.



1. **SEAL STATEMENT**

The following statement applies to products approved under the below-listed criteria:

“The ADA Council on Scientific Affairs’ Acceptance of (Product Name) is based on its finding that the product is safe and has shown efficacy in helping to prevent tooth decay when used as directed.”

Format for product packaging:

- Helps prevent cavities

2. **SUBMISSION DIRECTIONS**

- A. Submissions are to be sent in electronic format (email) to adaseal@ada.org. Additional instructions will be provided regarding shipment of necessary samples.
- B. The submission fee is a one-time, non-refundable fee and is required before review begins. Maintenance fees are billed to the company in January of every year.
- C. The review timeline for new submissions is typically 4-6 weeks after all materials have been received. The decision to award the ADA Seal to a new product is made by the Council on Scientific Affairs. Family submissions may take anywhere from 2-4 weeks to review. Eligibility criteria for Family Submissions are outlined in the Guidelines for Participation in the ADA Seal of Acceptance Program.

Note: This is an estimated timeline. Extended review time may be required if additional information or clarification is needed from the manufacturer.

- D. When a product is classified as “Accepted” and is awarded the ADA Seal of Acceptance, the Acceptance period is five years. Manufacturers will be contacted approximately six months before the expiration of the current Acceptance period to complete the requirements for the next five-year Acceptance period.
- E. Classification of a product under the Acceptance Program is subject to the conditions stated in the Agreement Governing Use of ADA Seal of Acceptance.
- F. Guidelines for the design and conduct of clinical studies are provided in Appendix I. Manufacturers interested in seeking the ADA Seal of Acceptance are encouraged to submit their clinical protocols to the Council for review prior to the start of clinical studies.

3. **SUBMISSION MATERIALS**

All submissions must include the following information based on product type and comply with the ‘General Criteria for Acceptance’ described in the Guidelines for Participation in the ADA Seal of Acceptance Program.

A. **Product Information**

- i. Name of product(s)
- ii. Name of company

iii. FDA Documentation

- a) FDA registration and product listing must be provided.
- b) Evidence of FDA approval to market, if applicable (e.g., 510 (k) letter, pre-market approval, NDA/Evidence of FDA registration).

iv. Product Claims

- a) Products approved under these category requirements will receive the following Seal bullet claim: helps prevent cavities. Data required to substantiate efficacy towards the Seal bullet claim is explained in Section C below. ***Please provide a list of all additional safety and efficacy claims beyond the Seal bullet claim. These claims should follow the ADA Brand Standards and must undergo review and approval by the Council on Scientific Affairs before they can be included on product packaging.*** Substantiation for any health benefit claims, outside of the Seal bullet claims, must be provided through clinical and/or laboratory data specific to the product and is not addressed in Section C below. Whether clinical or laboratory data is required depends on the nature of the claim. For any questions regarding claim substantiation, please contact the ADA Seal Program.

v. Product Specifications

- a) Chemical composition or components of the product and purpose of the various ingredients. To facilitate review, submitting the chemical composition, concentration, and purpose in tabular form is recommended.
- b) Material Safety Data Sheet (MSDS) (if applicable).
- c) Design of the product (if applicable).

vi. Product Manufacturing

- a) Describe or list the quality procedures for manufacturing or testing of the product which demonstrate compliance with Good Manufacturing Practices.
- b) Certification of Good Manufacturing Practices can also be provided.

vii. Product Instructions

- a) Include detailed instructions for product use.
- b) Include indications and contraindications for use, warnings, etc.

viii. Product Labeling/Packaging

- a) All labeling/packaging should follow the ADA Brand Standards and must be approved by the Council on Scientific Affairs before use. Companies may submit draft copy for approval. See iv. Product Claims above.

ix. Product Samples

- a) Submission requires three samples, one from three different production lots for analysis by the ADA Laboratories.

B. Safety Data

- i. Evidence must be provided that the components of the product are safe for use in the oral cavity, (as outlined under 3.A.v. Product Specifications). When appropriate, standard toxicological, mutagenic, and/or carcinogenic testing may be required. Compliance with applicable FDA standards should be provided (where appropriate).
- ii. In cases where new agents that do not appear on the Generally Recognized as Safe (GRAS) list have been introduced into a fluoride rinse, clinical studies must be submitted which include examinations of oral soft and hard tissues, toxicological studies, and microbiological profiles that should demonstrate that pathogenic or opportunistic microorganisms do not develop over the course of the study (see Appendix). Also, there may be occasions where an ingredient has an established record of safe use in the oral cavity but does not appear on the GRAS list. In this case, the clinical testing specified in these requirements may not be necessary, but the manufacturer should supply supporting data and a rationale for it being considered safe to use in the rinse.
- iii. All submitted fluoride rinses must meet ANSI/ADA Standard No. 116 or ISO 16408, Dentistry – Oral Care Products – Oral rinses. Tests include pH, total fluoride, heavy metals, compatibility with oral tissues, microbial contamination, stability, and readily fermentable carbohydrates. Chemical data must be submitted to document that the active fluoride agent is chemically free and available in concentrations within $\pm 10\%$ of the labelled amount.

C. Efficacy Data

- i. For fluoride rinses that adhere to the FDA Code of Federal Regulations and contain GRAS ingredients, clinical anticaries studies will not be required. Instead, pH measurement and fluoride concentration, as indicated in ANSI/ADA Standard No. 116 or ISO 16408, shall be performed in order to demonstrate anticaries efficacy.
- ii. For fluoride rinses with other fluoride concentrations, other fluoride species additional active agents, or inactive agents that might be expected to interfere with fluoride, clinical anticaries studies may be required (see Appendix). In addition, for products that also contain active agents for other purposes (e.g. gingivitis reduction), additional ADA Acceptance Program Requirements must also be satisfied, as appropriate.



D. Supporting Literature: Copies of the most significant articles or supporting literature demonstrating safety or efficacy of the product should be provided, where applicable.

4. REFERENCES

The following references were used in the development of these requirements and can be consulted for a more detailed discussion:

- ANSI/ADA Standard No. 116 – Oral Rinses 2020
- ISO 16408:2015, Dentistry – Oral Care Products – Oral rinses
- Food and Drug Administration Code of Federal Regulations Title 21, Volume 5; 21CFR355.50 Labeling of anticaries drug products
- ADA Brand Standards: https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/seal/ada_seal_brand_standards_nov2024.pdf

Appendix I

Caries Clinical Design Protocol for Fluoride-Containing Oral Rinses

The following guidelines are provided for the design and conduct of clinical studies to generate evidence for the evaluation of safety and efficacy of fluoride rinse formulations. These guidelines attempt to define minimal requirements necessary to provide evidence of efficacy and safety in the reduction of dental caries. Manufacturers are encouraged to submit their clinical protocols to the Council for review prior to the start of clinical studies. The information indicated below is applicable to each independent clinical study.

Study design: Clinical trials should be randomized whenever possible, with participants allocated to treatments through a randomization process. Studies should be blind regarding participants, examiners and data analysts; when blinding is not possible, a justification must be provided. IRB approval is required for all studies involving human subjects. Clinical studies must be conducted under conditions that the product will be used. The frequency of product use should mimic actual clinical use. Studies should be conducted for a minimum of two years, preferably three.

Number of studies: At least two studies should be conducted at a different site and including a separate participant pool. One study may be waived by the Council when appropriate supporting clinical data exist. Studies are expected to be independent, and free from direct control from the manufacturers. At least one study should be performed in the target population, and another may be in a high-risk population. Studies are expected to adhere to the CONSORT guideline, and the checklist should be completed and uploaded with the submission.

Sample size: A sufficient number of subjects should be enrolled to ensure that appropriate statistical tests can be performed. The protocol should describe how sample size was determined, including all assumptions supporting the calculation and clearly defining the primary and secondary outcome variable(s) for which the study is being powered. A power of at least 80%, at an alpha error of 5%, is expected for variables leading to a Seal claim.

Eligibility criteria: Trial participants should be representative of the population for which the product is intended. Inclusion and exclusion criteria for participant's enrollment should be clearly described. Each subject will have a complete oral examination to determine eligibility for the study, with both genders and representative age groups included according to intended use. It is recommended that participants taking medications that may affect the oral microbiota during the course of the study should be excluded (unless this is the intended population of the study).

Test product and comparator: The test product should be compared with an established, clinically proven positive control. Clear determination is to be made about the goal of the study to show superiority, equivalence or non-inferiority.

Clinical procedures: The phases of the study (lead-in, test, wash-out, when applicable) should be clearly described, preferably using a diagram. The instructions given to participants regarding any study-specific procedures should be clearly described. The duration of the study, and when assessments will be performed, must be clearly described. For studies involving evaluators, their number and calibration methods should be provided, as well as intra/inter examiner agreement data. The study should be conducted for a minimum of two years, preferably three. Measurements should be taken at least at baseline (prior to the study), at the conclusion of the study, and at an intermediate time period.

Assessments for efficacy: Variables assessing efficacy should be clearly described and allow for a comparison between the test product and the comparator. Caries lesions at the cavitated level must be used as the marker of disease. Incipient lesions may be monitored as secondary markers.

Assessments for safety: Variables assessing safety should be clearly described and allow for a comparison between the test product and the comparator. Evidence for potential effects of any new agents on oral soft tissues should be provided, including observation of abnormal conditions such as candidiasis,

oral ulcerations, and other manifestations of opportunistic microorganisms. Evidence of effects on oral hard tissues and dental restorations should also be supplied. Information on possible toxic effects and adverse reactions should be included, via standard toxicological profiles. Monitoring for changes in oral microbiota to detect opportunistic or pathogenic organisms should also be performed.

Statistical analysis: Depending on the type of study (superiority, equivalence, non-inferiority), the statistical analysis plan should be described allowing for a comparison between the test product and the comparator, for all study variables, considering the predetermined power and significance level. Mean group whole mouth scores for caries (e.g. DMFT or DMFS) should be compared at baseline, at an intermediate period, and at the termination of the study.

Copyright © 2016-2026 American Dental Association.
All rights reserved.

Any form of reproduction is strictly prohibited without prior written permission.