PURPOSE:

To explain the difference between patient-specific preparations of a prescription which is compounding as compared to the process of bulk mixing or non-patient specific preparation which is manufacturing?

OBJECTIVES:

1. To establish preparation systems and processes to minimize medication errors during the compounding of patient-specific prescriptions.

2. To comply with Boards of Pharmacy, state, and federal laws and regulations.

3. To address the USP/NF and FDA concerns regarding compounding.

DEFINITIONS:

- Compounding versus Manufacturing Definitions- See Attachment I

POLICY:

1. The organization will address all of the above FDA policy statements and only compound patient-specific medications following accepted standards of practice such as USP Final Version Sterile Products for Home Use, ASHP technical bulletin on quality assurance for pharmacy-prepared sterile products, USP 28– NF 23 2006 Chapter <797>. The new compounding provisions, as set forth in the Food and Drug Modernization Act (FDMA) of 1997, where to be followed beginning November 1998, but do to the Supreme Court decision ruling that regarding advertisement and promotion amounted to unconstitutional restrictions on commercial speech and therefore struck down the FDMA. The Supreme Court did suggest though that many of the factors that were part of the FDA’s 1992 Compliance Policy Guide (CPG) could be used to differentiate between manufacturing and compounding. Thus, the FDA has chosen to implement the following policy (taken from FDA Web page at
FDA Policy Regarding Compounding:

The following policy was taken from the FDA Web page and provides their stance on compounding. The FDA though will continue to defer to state authorities regarding less significant violations of the Act related to pharmacy compounding of human drugs. FDA anticipates that, in such cases, cooperative efforts between the states and the Agency will result in coordinated investigations, referrals, and follow-up actions by the states.

However, when the scope and nature of a pharmacy's activities raise the kinds of concerns normally associated with a drug manufacturer and result in significant violations of the new drug, adulteration, or misbranding provisions of the Act, FDA has determined that it should seriously consider enforcement action. In determining whether to initiate such an action, the Agency will consider whether the pharmacy engages in any of the following acts:

I. Compounding of drugs in anticipation of receiving prescriptions, except in very limited quantities in relation to the amounts of drugs compounded after receiving valid prescriptions.

II. Compounding drugs that were withdrawn or removed from the market for safety reasons.

III. Compounding finished drugs from bulk active ingredients that are not components of FDA approved drugs without an FDA sanctioned investigational new drug application (IND) in accordance with 21 U.S.C. § 355(i) and 21 CFR 312.

IV. Receiving, storing, or using drug substances without first obtaining written assurance from the supplier that each lot of the drug substance has been made in an FDA-registered facility.

V. Receiving, storing, or using drug components not guaranteed or otherwise determined to meet official compendia requirements.

VI. Using commercial scale manufacturing or testing equipment for compounding drug products.

VII. Compounding drugs for third parties who resell to individual patients or offering compounded drug products at wholesale to other state licensed persons or commercial entities for resale.

VIII. Compounding drug products that are commercially available in the marketplace or that are essentially copies of commercially available FDA-approved drug products. In certain circumstances, it may be appropriate for a pharmacist to compound a small quantity of a drug that is only slightly different than an FDA-approved drug that is commercially available. In these circumstances, FDA will consider whether there is documentation of the medical need for the particular variation of the compound for the particular patient.

IX. Failing to operate in conformance with applicable state law regulating the practice of pharmacy.

The foregoing list of factors is not intended to be exhaustive. Other factors may be appropriate for consideration in a particular case.

Other FDA guidance interprets or clarifies Agency positions concerning nuclear pharmacy, hospital pharmacy, shared service operations, mail order pharmacy, and the manipulation of approved drug products.
1. The above guidelines will be followed regarding the differentiation between compounding and manufacturing. Our organization will only be involved in the practice of pharmacy and therefore will provide compounding services and will not be involved in bulk compound and/or manufacturing.

2. The organization will not manufacture, unless the appropriate permits have been obtained and the organization addresses GMP (Good Manufacturing Practices) standards.

3. Medications will be compounded per a physician’s orders via a prescription for a specific patient.

4. Medications can be compounded in anticipation of receiving a prescription if in "limited" quantities and if based on a history of the pharmacist receiving valid prescriptions for these products.

5. The advertisement of the compounding of any specific drug is not recommended; however, the pharmacy can market and promote the fact that compounding services are available.

6. Prescriptions compounded must use approved bulk drug substances that comply with USP or National Formulary Monograph Standards and must be procured from FDA licensed manufacturers and/or repackages. If no monograph exists, the drug substances used must either be components of drugs approved by the Secretary of Health and Human Services or be on a list being developed by the Secretary of Health and Human Services. At no time will the pharmacy compound any drugs that were removed from the market for safety reasons by the FDA or the manufacturer.

7. A medical record including a care plan (see procedure #3.1.01) will be maintained for each patient who is provided compounded prescriptions.

8. Drug products that are essentially copies of commercially available products cannot be compounded "regularly or in inordinate amounts" without a substantial change in formulation.

9. Patients/caregivers may be taught to prepare their own parenteral medications by a nurse, respiratory therapist (as appropriate) or pharmacist when the medication has a short stability after mixing (less than 24 hours). Otherwise, the pharmacy’s appropriately trained and certified pharmacists and technicians in a laminar airflow workbench/hood LAFW should compound all sterile medications.

10. Patients/caregivers, as well as the pharmacy staff, shall never prepare hazardous drugs/chemicals, i.e., chemotherapy at home without a biological safety cabinet (BSC).

11. Compounding of finished drugs, not requested by a licensed prescriber for a specific patient, from bulk active ingredients that are not components of FDA approved drugs should have an FDA sanctioned investigational new drug application.

**PROCEDURE:**

1. All compounded medications require a patient-specific prescription from a licensed prescriber prior to compounding. The pharmacist will obtain a medical, allergy (including symptoms), and drug history from the patient and/or their physician prior to beginning compounding of the prescription.
2. Sterile parenteral medications will be compounded in the appropriate LAFW, which is housed within an appropriate “Buffer Room” (see definitions attachment I). Non-sterile inhalation medications (i.e., respiratory medications) will also be compounded in the LAFW.

3. Aseptic techniques and gowning procedures will be followed (see procedures 3.3-08, 3.3-09).

4. Medications will be compounded per the appropriate specific procedures, i.e., TPN, LVP, medications, hazardous drugs/chemicals, respiratory medications, enteral, etc. (See procedures 3.3-12.1 through 3.3-12.8 for details.)

5. All compounded prescriptions, whether sterile or non-sterile, will only be prepared after the receipt of a patient-specific prescription from a licensed prescriber. An exception is the compounding of a reasonable quantity of a commonly prescribed drug and dosage form in anticipation of a new prescription or refill.

6. The pharmacy will not receive, store, or use any drug substance without first obtaining written assurance from the supplier that each lot of the drug substance has been made in an FDA-registered facility or where the pharmacist-in-charge has personally inspected the suppliers’ facilities and assured that they are duly licensed by the FDA as a manufacturer or repackager. The supplier should meet the required GMP standards.

7. The pharmacy at NO time will compound drugs for third parties who resell to individual patients or offer compounded drug products. At all times there must be a patient, prescriber, and pharmacist relationship in order to be considered compounding. Redistribution of any compounded drug by any third party must be avoided at all times. This includes the bulk reconstitution of sterile products for use in prescribers’ offices.

8. The pharmacy will avoid the compounding of drug products that are commercially available in the marketplace or that are essential copies of the commercially available FDA approved products. Exceptions to this rule include documented medical need for a particular variation of the compound for the particular patient. Examples of this would be the development of an oral liquid dosage form for a pediatric patient, an oral dosage form for an adult who can’t swallow a solid dosage form, or a patient with allergy to the preservatives (i.e. metabisulfite, methyparabens) in the commercially available product.

REFERENCES:


5. The complete FDA Pharmacy Compounding Policy Guide is available at: http://google.fda.gov/search?output=xml_no_dtd&oe=&lr=&proxystylesheet=FDA&client=FDA&site=FDA&restrict=&getfields=*&q=compounding&as=Search


